

2020
PLAN UPDATE



**Tulsa Regional
Coordinated Public
Transit-Human Services
Transportation Plan**



Prepared for the
Tulsa Transportation
Management
Area

THANK YOU

to the members of the
Regional Council on Coordinated Transportation (RCCT)
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Tulsa Regional Coordinated Public Transit-Human Services
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Tulsa Public Schools
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United We Ride
Workforce Tulsa
Youth Services of Tulsa

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Table of Contents



1.0 Introduction	1
1.1 INCOG’s Role.....	1
1.2 Why Coordination?.....	1
1.3 Planning Requirements.....	2
1.4 Plan Goals.....	4
2.0 Plan Development Process	5
3.0 Demographic Profile	7
3.1 Elderly.....	9
3.2 Population with Disability.....	12
3.3 Low-Income Population.....	15
3.4 Zero-Vehicle Households.....	17
4.0 Transportation Resources	20
4.1 Regional Resources and Services Available	20
4.2 Section 5310 Funding Source	22
4.3. Projects Funded Under Previous Coordinated Plans	25
5.0 Transportation Gaps and Needs	27
5.1 Gap Analysis – Transit Needs Index Methodology.....	27
5.2 Gap Analysis – Public Outreach	29
5.2 Coordination Obstacles/Opportunities.....	35
6.0 Strategies and Actions	37
6.1 Recommended State/Local Actions.....	37
6.2 Recommendations for the Tulsa Region.....	38
7.0 Section 5310 Selection Process	42

Appendix 1: Tulsa Transit (MTTA) Service Map

Appendix 2: Survey

Appendix 3: Facilities within the Tulsa Transit (MTTA) Service Area

Appendix 4: Major Employers Map

1.0 Introduction



Transportation is vital to connect and move people more easily throughout the region to neighborhoods, employment, shopping, education, health care, recreation, and many other services and activities. Historically, individuals with disabilities, older adults, and people with low incomes have been transportation disadvantaged, and it has been a challenge for this population to maintain a basic level of mobility.

Even though a significant amount of resources is committed to transportation infrastructures, there are still service gaps and needs in transportation services for disadvantaged populations. The transportation system is often fragmented, and services are not available to meet existing needs. The Tulsa Region has seen considerable growth especially in areas only accessible by a personal vehicle, an option not available to many elderly, low income, and people with disabilities. With lack of mobility, the transportation-disadvantaged citizens can be marginalized without any opportunity to access medical care, jobs, social and recreational opportunities.

Human service transportation includes a broad range of transportation service options designed to meet the needs of a variety of populations. Choices range from the public transit fixed-route system, specialized dial-a-ride van programs, taxi/rideshare vouchers, to volunteer drivers. The array of services often results in multiple, underutilized vehicles, inefficiently operated. At the same time there are often large numbers of people unable to access transportation services when and where they need them.

It is essential to expand travel options in the Tulsa Region and it should be a priority to provide economical and sustainable transportation services

to all citizens. With coordination of transportation programs, community resources can be shared and services improved and expanded. Mobility for all residents is enhanced with more efficient transportation choices at lower costs.

1.1 INCOG's Role

The Indian Nations Council of Governments (INCOG) is a voluntary association of local and tribal governments in the Tulsa metropolitan area in northeast Oklahoma. Established in 1967, it is one of 11 Councils of Governments in the State of Oklahoma, and one of several hundred regional planning organizations across the country. INCOG provides planning and coordination services to assist in creating solutions to local and regional challenges in such areas as land use, transportation, community and economic development, environmental quality, public safety, and services for older adults. It serves Creek, Osage, Rogers, Tulsa, and Wagoner counties, more than 50 cities and towns located in those counties, and the Cherokee, Muscogee (Creek), and Osage Nations.

INCOG, in coordination with local officials, was designated by the Governor of Oklahoma as the organization responsible for developing and implementing the Coordinated Public Transit-Human Services Transportation Plan (CTP) and a process to select and prioritize projects for the Tulsa Transportation Management Area (TMA).

1.2 Why Coordination?

Significant economic and social benefits can be realized by the community when transportation services are coordinated. The implementation of successful coordination programs can further



generate combined economic benefits to human service agencies and transit providers in our region.

The benefits of coordinating human services and transportation services include:

Economic Benefits:

- Enhanced mobility: expanding the service area and hours increases employment opportunities for potential and underemployed workers
- Increased efficiency: reducing the cost per vehicle hours or miles traveled, potentially saves money for providers and users
- Economies of scale: allows bulk purchasing of vehicles, insurance, maintenance, and training
- Additional funding: more total funding and greater number of funding sources
- Increased productivity: more trips per month or passengers per vehicle hour

Social Benefits:

- Allows independence: improves quality of life by providing access to work, medical needs, shopping, social events, and religious services for those who cannot drive
- Easy to use system: coordinated services are better publicized, reliable, and accessible for users with the potential of serving more destinations

The best way to achieve the potential benefits of coordinated transportation services is to establish specific goals and strategies for achieving

improvements. Specific coordination goals and strategies that could provide significant economic benefits include generating new revenues, saving costs, sharing resources, and creating service innovations.

1.3 Planning Requirements

The Coordinated Public Transit-Human Services Transportation Plan focuses on transportation services for the populations of low income, older adults, and persons with disabilities. It was first developed in 2007 and has been updated every four years by the Indian Nations Council of Governments with ongoing participation of representatives from public and private transportation providers, Departments of Human and Social Services, Departments of Health, Mental Health, Rehabilitation Services, Employment, Education, Area Agency on Aging, faith-based organizations, and private, non-profit organizations such as the United Way.

The Coordinated Transportation Plan includes the identification of transportation gaps and needs of the disadvantaged populations, such as persons with limited means, individuals with disabilities, and seniors, and the development of alternatives to address these needs. These alternatives were developed by INCOG in coordination with the

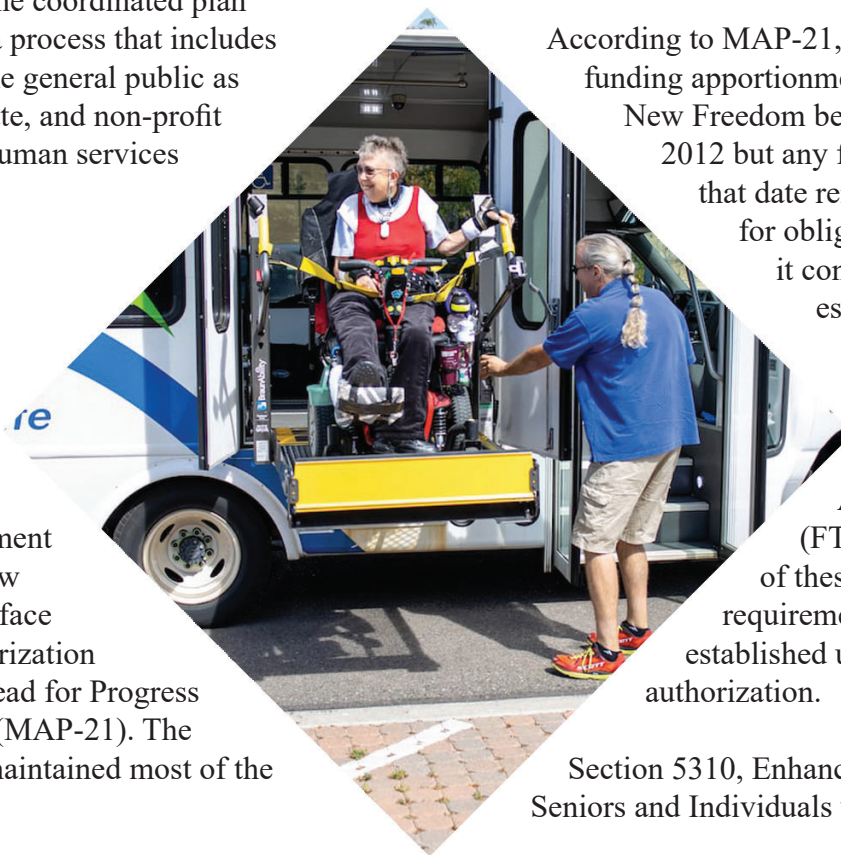
region's transit providers and the Regional Council for Coordinated Transportation (RCCT).

This document is an update of the 2015 Coordinated Public Transit-Human Services Transportation Plan for the Tulsa Region. The first Coordinated Public Transit-Human Services Transportation Plan was developed in 2007 to fulfill requirements of The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), the federal transportation reauthorization act, which required the establishment of a locally-developed Coordinated Public Transit-Human Services Transportation Plan for three Federal Transit Administration (FTA) human services transportation programs — the Job Access and Reverse Commute Program (JARC, Section 5316), New Freedom (Section 5317), and the Formula Program for Elderly Individuals and Individuals with Disabilities (Section 5310). Under SAFETEA-LU, to receive program funding beginning from FFY 2006, federal program grantees must certify that approved projects were derived from the coordinated plan developed through a process that includes representatives of the general public as well as public, private, and non-profit transportation and human services providers.

Through continuing resolutions, SAFETEA-LU was extended through the end of federal fiscal year 2012. In June 2012, the Federal Government signed into law a new two-year federal surface transportation authorization entitled Moving Ahead for Progress in the 21st Century (MAP-21). The new authorization maintained most of the

coordinated planning provisions under SAFETEA-LU but made significant changes to the specialized transportation grant programs under the new bill.

Under MAP-21, the New Freedom Program, which provided grants for services for individuals with disabilities that went above and beyond the requirements of the Americans with Disabilities Act (ADA), was consolidated with the existing Section 5310 program for the Enhanced Mobility of Seniors and Individuals with Disabilities. In addition to renaming the program, the new legislation expanded the activities eligible for funding and allowed more flexibility in the administration of the program. While funds were previously allocated directly to the State, MAP-21 allows the MPOs to be the designated recipient of these funds and be responsible for program administration. JARC, which focused on providing services to low-income individuals to access jobs, was consolidated into Section 5307 Urbanized Area Formula Program and the coordinated planning requirement for this program was eliminated.



According to MAP-21, there was no more funding apportionment for JARC and New Freedom beyond fiscal year 2012 but any funds prior to that date remained available for obligation providing it conformed to the established period of availability determined by the Federal Transit Administration (FTA) regulations. Use of these funds followed requirements previously established under SAFETEA-LU authorization.

Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities

Program, is the only funding program with coordinated planning requirements under MAP-21. For distribution of any funds under Section 5310, projects selected have to be included in the coordinated public transit-human services transportation plan, developed and approved through participation of seniors, people with disabilities, representatives of public, private, and nonprofit transportation and human service providers and other members of the public, and services coordinated with other transit providers.

The 2020 Coordinated Transportation Plan is developed under the Fixing America's Surface Transportation Act (FAST) that was signed into law on December 3, 2015. With older adult and people with disabilities populations rapidly growing, it is vital to identify ways to meet the demand and mobility needs of these populations.

It is an FTA requirement that Coordinated Transportation Plans include an assessment of available services that identifies current transportation providers (public, private, and non-profit), an assessment of transportation needs for individuals with disabilities and seniors, strategies to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery, and

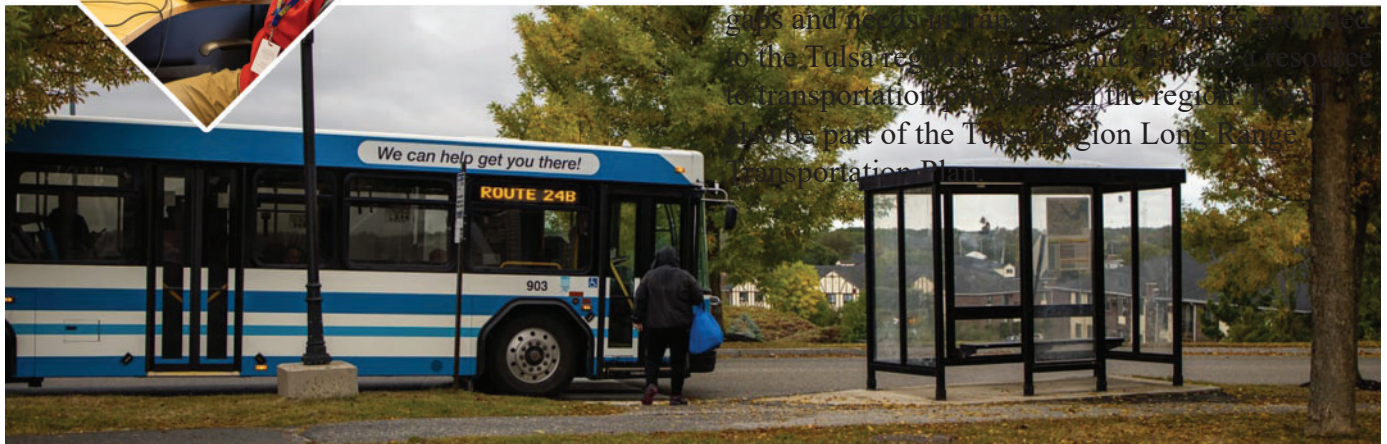
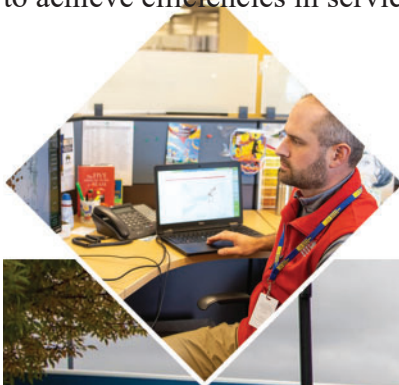
priorities for program implementation. FTA also requires that projects identified for funding in a coordinated transportation plan be included in the Statewide Transportation Improvement Program (STIP) and in the local Transportation Improvement Program (TIP) for urbanized areas with populations over 50,000.

1.4 Plan Goals

The purpose of the plan is to identify the transportation needs of individuals with disabilities, the elderly, and low-income people, provide strategies for meeting these needs, and prioritize transportation services for funding and implementation. The Coordinated Plan aims to move transportation coordination efforts forward and improve the availability, quality and efficiency of transportation services for disadvantaged population groups, with limited mobility options, by matching transportation resources to needs.

To develop the 2020 Coordinated Plan, INCOG, local governments, transit agencies, and human services organizations came together in an effort to maximize resources to better serve the Tulsa region residents. The 2020 Coordinated Plan includes updated regional demographic data, transit capacity building strategies, as well as updated information on new and existing transportation providers serving the transportation-dependent and disadvantaged populations in the Tulsa region.

This Plan will assist transit agencies and human service organizations in identifying and addressing gaps and needs for individuals with limited mobility to the Tulsa region and provide strategies to transportation providers in the region. This Plan will be part of the Tulsa Region Long Range Transportation Plan.



2.0 Plan Development Process



The Coordinated Public Transit-Human Services Transportation Plan development is a process in which the main objective is to guide funding decisions for the FTA’s Section 5310 Enhanced Mobility program, aimed at improving mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. To achieve this goal, the Plan includes five key components: (1) a comprehensive assessment of existing transportation services and service coordination; (2) an assessment of unmet transportation needs; (3) strategies to address and improve the identified transportation needs; (4) project implementation priorities; and (5) a competitive selection process. The Coordinated Plan is also a tool for increasing communication between human service agencies and transportation providers and a tool for human service agencies and transportation providers to identify coordination opportunities.

The first part of the coordination planning process consisted of engaging the public and stakeholders through focus groups and a public meeting. INCOG engaged the help of a consultant to facilitate the process. INCOG staff and the consultant identified a list of consumers, advocates, transportation agencies, education and employment specialists, health care providers, and organizations providing disability-related services. A survey was made available to these organizations to compile a comprehensive inventory of the transportation resources



available in the Tulsa TMA.

Two Focus Group meetings and one public meeting were conducted to inform about the Coordinated Public Transit-Human Services Plan update and seek input on the transportation needs of the Tulsa region. The meetings took place at INCOG offices and also at the Tulsa Central Library Conference room. Members and attendees shared thoughts, perceptions and experiences on the strengths and weaknesses of local human services agencies and public transit providers, opportunities and obstacles to coordination, and recommendations for strategy and action. Participants had key input on the gap analysis, identifying the region’s needs and guiding the development of the Plan. Approximately fifteen people representing public transit providers, human service agencies, private for-profit providers, advocacy groups, neighborhood associations, among others, attended each focus group meeting. The meetings included brainstorming sessions and exchange of information and experience.

The Regional Council for Coordinated Transportation (RCCT) formed with representatives from organizations serving low-income populations, elderly individuals, and persons with disabilities, including private and non-profit services providers, advocacy groups, and health care providers assisted in



identifying services needs and gaps, analyzing origin-destination data, and identifying existing transit services. Aspects of coordination programs used across the country were analyzed, and the experiences that best fit the needs of the Tulsa region were utilized as models to develop an action plan for implementation of coordinated transportation services in the Tulsa TMA. Finally, methods to monitor the delivery of coordinated services and improve the quality of those services were established.

The 2020 Plan Update reviews the priorities for the region and reports on the progress of the strategies established in the 2015 Coordinated Plan. Documentation of the transportation needs and solutions for older adults and persons with disabilities is based on extensive, locally-targeted outreach conducted in the development of the 2020

Coordinated Plan, a synthesis of locally-developed plans and needs assessments specific to these populations completed since then, and outreach to regional stakeholders and advisory groups during the Plan update process.

Coordination must take place in every state and community across the country. The shift from managing resources to managing mobility is the key to the success of a fully coordinated transportation system. The coordination of services between transit providers and local human service providers has potential social and economic benefits and is designed to reduce duplicate efforts, enhance service quality, provide better staff training, and improve the overall cost-effectiveness of the system. Coordinated systems increase the ability of transit agencies to provide services that meet the needs of residents who must have access to health and social services, jobs, education, and other locations that improve their quality of life and connection with the community. Coordination also increases the ability of the government to effectively and efficiently manage limited resources.

3.0 Demographic Profile



To be able to develop the 2020 Transportation Coordinated Plan, it was necessary to analyze the demographic profile and mobility needs of various segments of the population. Specific population groups that are more likely to be dependent on public transit and specialized transportation are identified:

- Elderly: all individuals 65 years of age or older.
- Individuals with disabilities: The FTA defines disability as a physical or mental impairment that substantially limits one or more of the major life activities of such individuals.
- Below poverty level: individuals whose family income is at or below the 150 percent poverty line threshold.

The Tulsa TMA (Map 1), comprised of Tulsa County and parts of Creek, Osage, Rogers, and Wagoner counties, reached a population of 821,539 in 2017. This figure is projected to grow by 31.4% by 2045, an average annual growth rate

of 1.1%. Map 1 illustrates the Human Services Transportation Plan study area.

In the Tulsa TMA, individuals most likely to have special mobility needs make up a significant percentage of the population. Of the total TMA population, 14.2% (130,768 individuals) are 65 years & older, 14.1% (130,373 individuals) represents the total civilian non-institutionalized population with a disability, and 14.3% are considered below the poverty level (131,616 individuals).

To better help understand the transportation needs and demand of services and demonstrate how transit-dependent populations are represented throughout the region, demographic data was collected for the transportation-disadvantaged population groups for each county comprising the Tulsa Transportation Management Area.



3.1 Elderly

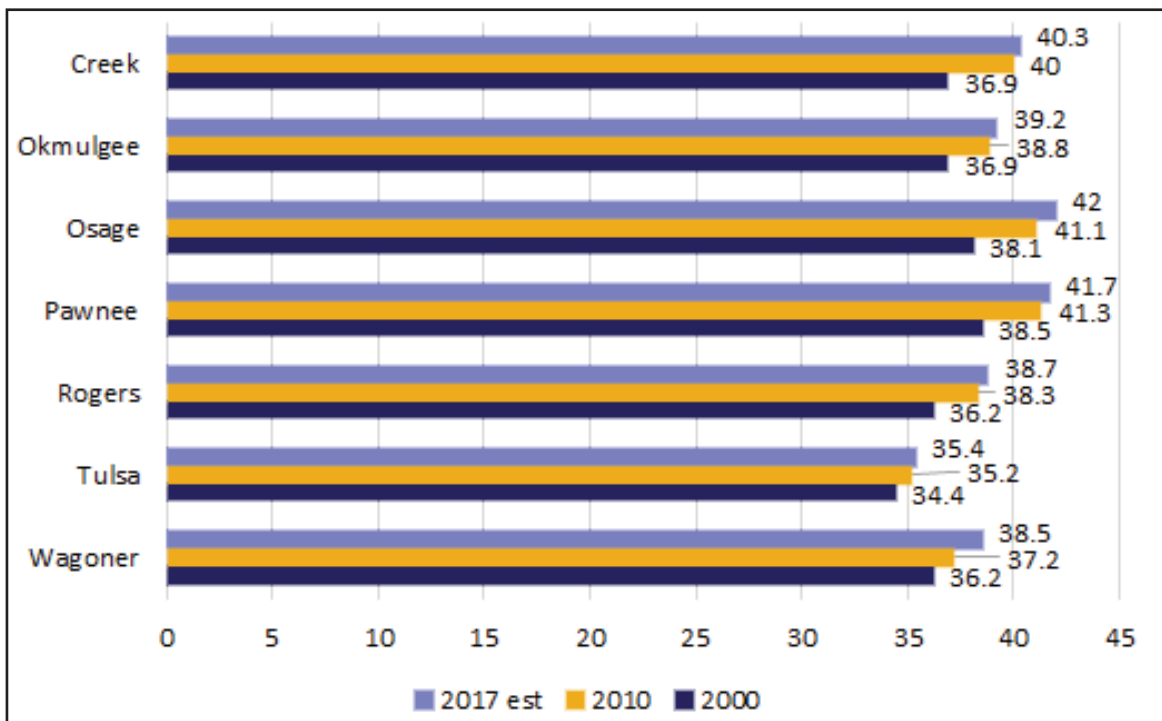
The number of seniors has been growing significantly in the Tulsa region. As can be seen in Table 1 and illustrated in Figure 1, the median age of residents has risen in the past decade. In addition, as seen in Table 2, seniors aged 65 years and older numbered 130,768 in 2017, comprising 14% of the total regional population. The number of seniors increased by 17% since 2010, compared to an increase of 2% for the 0 to 19 years-old population. The general population is aging, and the percentage of seniors is on the rise.

Table 1
Median Age by County

County	2000	2010	2017 est
Wagoner	36.2	37.2	38.5
Tulsa	34.4	35.2	35.4
Rogers	36.2	38.3	38.7
Pawnee	38.5	41.3	41.7
Osage	38.1	41.1	42
Okmulgee	36.9	38.8	39.2
Creek	36.9	40	40.3

Source: 2013-2017 5-Year ACS

Figure 1
Median Age by County



Source: 2013-2017 5-Year ACS

Table 2

Population by Age Group

	2000			2010			2017		
	Population	0 to 19yrs	65yrs+	Population	0 to 19yrs	65yrs+	Population	0 to 19yrs	65yrs+
Tulsa	563,299	164,224	66,735	603,403	170,944	72,856	637,123	177,605	84,958
Rogers	70,641	22,170	7,961	86,905	25,155	11,609	90,098	24,270	13,777
Osage	44,437	12,899	21,950	474,722	12,721	7,278	47,350	11,909	8,514
Creek	67,367	20,337	8,650	69,967	19,228	10,475	70,899	18,819	11,901
Wagoner	57,491	17,784	5,838	73,085	21,281	9,139	76,830	21,012	11,618
Totals	803,235	237,414	111,134	1,308,082	249,329	111,357	922,300	253,615	130,768

Source: 2013-2017 5-Year ACS

As seen in Table 3, by 2045, a much greater proportion of the region’s population is projected to be 65 or older. Tulsa and Rogers Counties are projected to have the highest percentages of seniors. Currently, existing mobility services do not have capacity to serve the senior population efficiently and will continue to be a challenge as a far greater proportion of the population loses their ability to drive.

Table 3

Population 65+ - 2010-2045

	2010	2045	2010 Population 65+	2045 Population 65+
Creek	69,967	91,245	10,475	16,756
Okmulgee	40,069	42,283	6,334	8,118
Osage	47,472	60,914	7,278	11,405
Pawnee	16,577	21,030	2,723	4,168
Rogers	86,905	132,513	11,609	22,197
Tulsa	603,403	780,379	72,856	120,697
Wagoner	73,085	111,253	9,139	17,686
Total	937,478	1,239,617	120,414	201,274

Source:

2010 Population 2010 Census Summary File 1

2045 Population - 2012 demographic State of the State Report, Oklahoma State and County Population Projections through 2075

2010 Population 65+: Age Groups and Sex: 2010, 2010 Census Summary File 1

Map 2 shows the concentration of the 65 years and older within the Tulsa Transportation Management Area. While many seniors reside in more urbanized parts of the region, large concentrations of seniors live in some more rural areas, distributed throughout the five counties with few areas of the region that are not impacted.

Population 65 Years and Older Concentrations within the Transportation Management Area

- Legend**
- [-] TMA Boundary
 - Highways
 - Major Arterials
 - Water Bodies
- Index Value 65 yrs plus**
- Less than 1.00
 - 1.00 to 1.99
 - Greater than 2.00

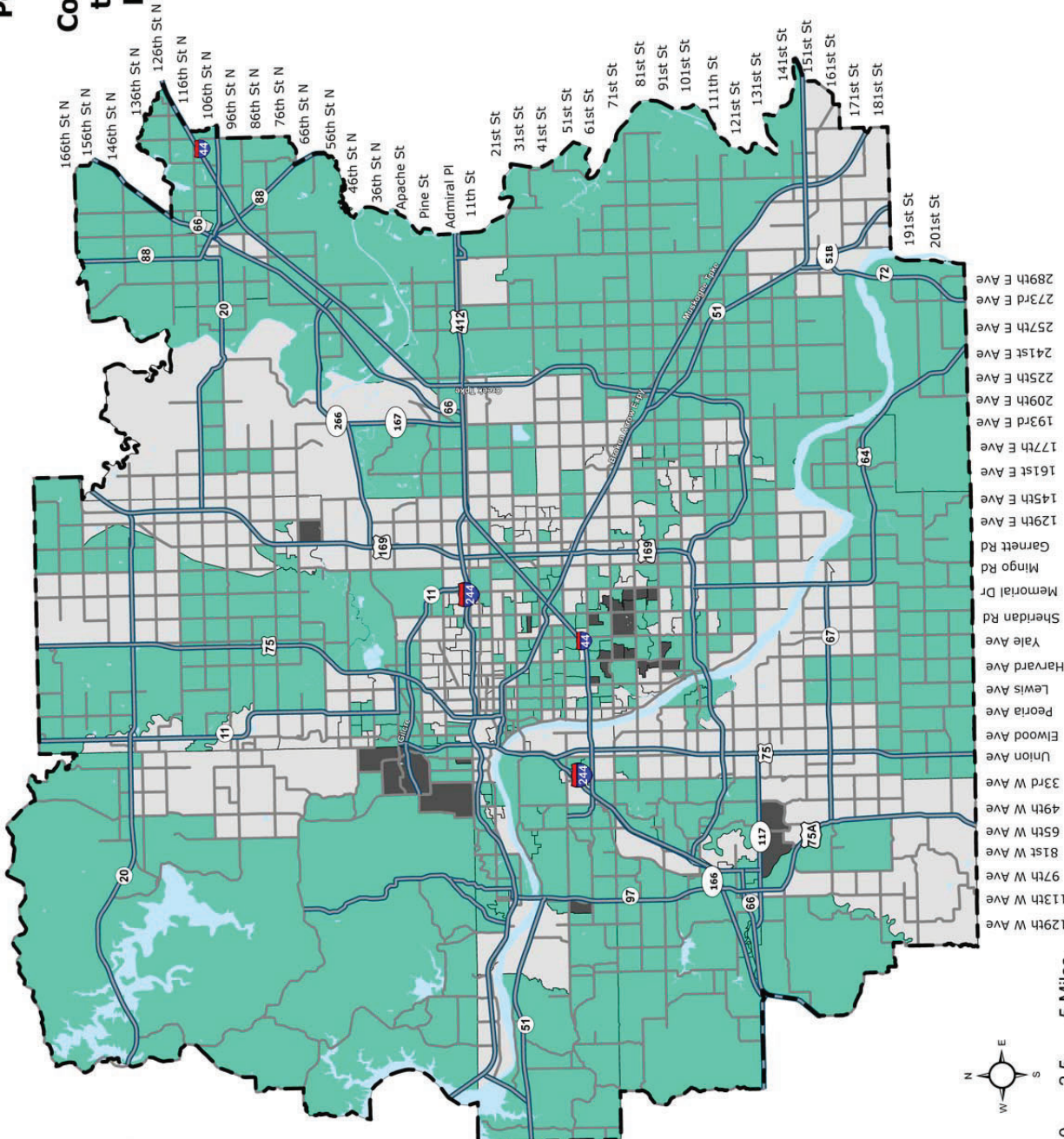
Total population within the TMA = 821,539

Total population 65 years and older within the TMA = 113,099
 Percent population 65 years and older within the TMA = 13.8%

The index value is the comparison of the percentage of the 65 yrs and older population for the block group to the same percentage of the 65 yrs and older population for the whole TMA. The higher the index number the greater the concentration of the 65 yrs and older population.



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 Geography: 2012 Tiger Block Groups
 Data Source: American Community Survey 5 Year Data 2013-2017



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3.2 Population with Disability

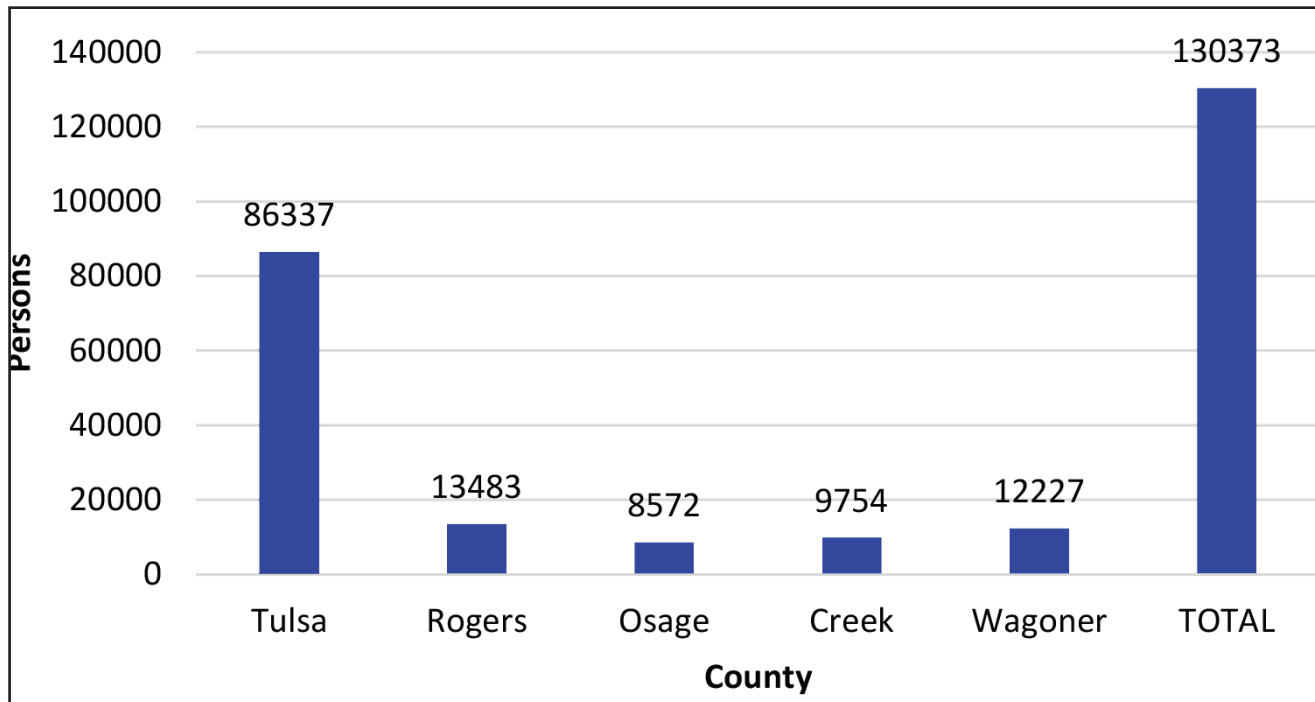
As can be seen in Table 4 and illustrated in Figure 2, according to the 2017 U.S. Census, in the Tulsa TMA area, there are over 130,373 people over 5 years old with at least one disability. This represents over 14.1% of the urbanized area population. Of the area’s senior (over 65 years) population, 37.6% has at least one disability. A much higher proportion of the senior population has a disability compared to the proportion of the youth population with disabilities, for each geographic area, as can be seen in Figure 3.

Table 4
2017 Persons with Disabilities by County

County	Population	Disability	%
Tulsa	637,123	86337	13.6%
Rogers	90,098	13483	15.0%
Osage	47,350	8572	18.1%
Creek	70,899	9754	13.8%
Wagoner	76,830	12227	15.9%
TOTAL	922,300	130373	14.1%

Source: 2017 ACS 5-Year Estimate

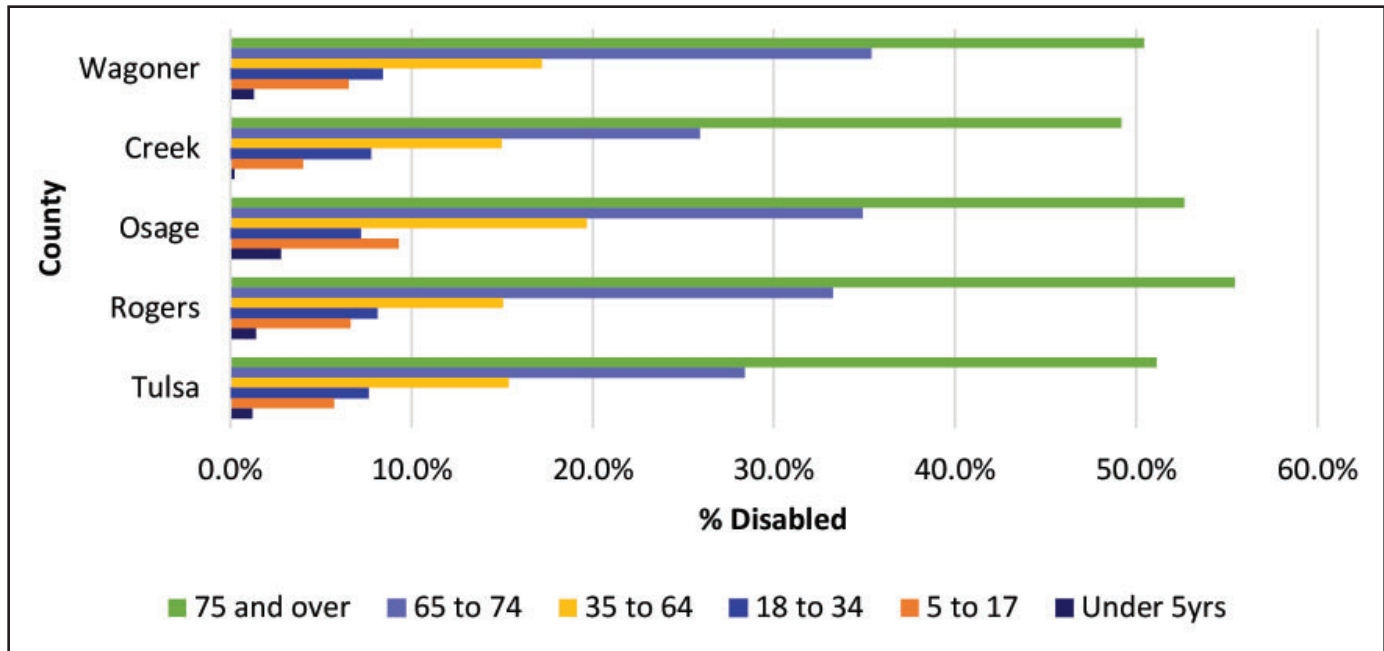
Figure 2
2017 Persons with Disabilities (above 5) by County



Source: 2017 ACS 5-Year Estimate

Figure 3

Disability % per Age Group by County



Source: 2017 ACS 5-Year Estimate

By 2045, it is estimated that the population with disabilities will increase by 82% almost doubling the 2010 total population in the Tulsa region (See Table 5). These changes will have significant effects on transportation needs. There will be an increased demand for transportation services for people with disabilities, as well as door-to-door services. Existing services will need to be improved and new services will need to be established to address the population demands.

Table 5

Persons with Disabilities Estimates by County

	2010	2045	2010 - Disability	2045 - Disability
Creek	69,967	91,245	4,568	7,875
Okmulgee	40,069	42,283	2,965	4,076
Osage	47,472	60,914	3,511	5,889
Pawnee	16,577	21,030	Disclosure	Disclosure
Rogers	86,905	132,513	4,270	8,917
Tulsa	603,403	780,379	27,549	49,734
Wagoner	73,085	111,253	3,690	7,741
Total	937,478	1,239,617	46,553	84,642

Source:

2010 Population – 2010 Census Summary File 1

2045 Population – 2012 Demographic State of the State Report, Oklahoma State and County Population Projections through 2075

2010 Population 65+: Age Groups and Sex: 2010, 2010 Census Summary File 1

3.3 Low-Income Population

Low-income persons tend to be more transit-dependent than the high-income population. According to Table 6, Tulsa County shows the greater percentage of low-income residents with 15.3% of the total population followed by Osage County with 15.2%.

Table 6

Low Income Population - 2017 by County

County	Population	Poverty	%
Tulsa	637,123	97,358	15.3%
Rogers	90,098	8,315	9.2%
Osage	47,350	7,203	15.2%
Creek	70,899	10,589	14.9%
Wagoner	76,830	8,151	10.6%
	922,300	131,616	14.3%

Source: 2017 ACS 5-Year Estimate

As can be seen in Table 7, the low-income population will continue to increase for each County of the Tulsa Region. Tulsa County will continue to lead with the highest percentage of low-income residents. Data shows that by 2045 Creek County will surpass Osage County

Table 7

Tulsa MSA Low Income Population - 2010 and 2045

	2010 Population	2045 Population	2010 Low-Income Population	2045 Low-Income Population
Creek	69,967	91,245	10,473	13,643
Okmulgee	40,069	42,283	7,909	8,134
Osage	47,472	60,914	5,718	8,297
Pawnee	16,577	21,030	2,964	3,432
Rogers	86,905	132,513	8,002	12,216
Tulsa	603,403	780,379	87,469	116,166
Wagoner	73,085	111,253	8,186	12,143
Total	937,478	1,239,617	130,721	174,032

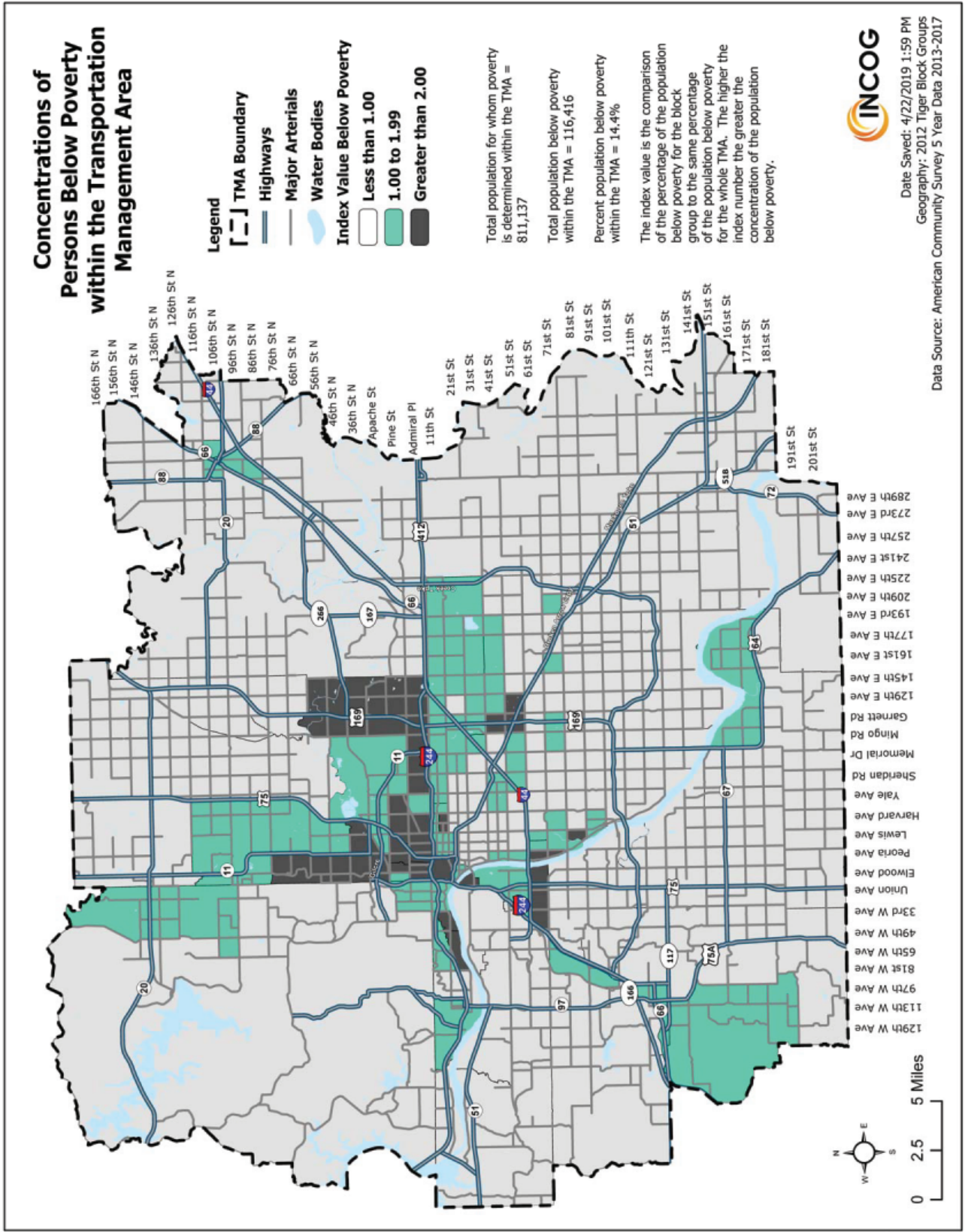
Source:

2010 Population – 2010 Census Summary File 1

2045 Population – 2012 Demographic State of the State Report, Oklahoma State and County Population Projections through 2075

Map 4 presents the geographical distribution of below-poverty persons within the study area.

Map 4



3.4 Zero-Vehicle Households

Table 8 and Figure 4 shows the distribution of households without their own vehicle by county. The census indicates that 15,291 of Tulsa County’s 637,123 residents did not have a vehicle in 2017, representing about 2.4% of the total. Osage County reported that 1.6% (758 residents) of their 47,350 population are without vehicles.

Table 8

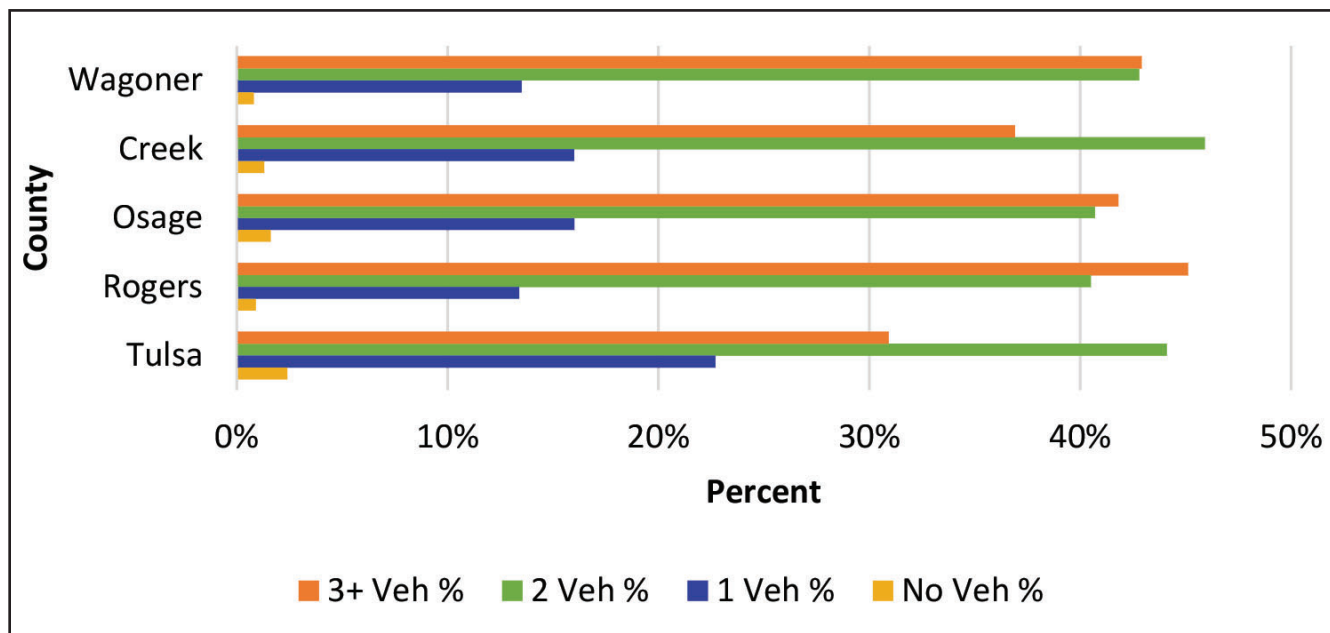
Zero Vehicle Households by County - 2017

2017	Population	No Veh	No Veh %	1 Veh	1 Veh %	2 Veh	2 Veh %	3+ Veh	3+ Veh %
Tulsa	637,123	15291	2.4%	144627	22.7%	280971	44.1%	196871	30.9%
Rogers	90,098	811	0.9%	12073	13.4%	36490	40.5%	40634	45.1%
Osage	47,350	758	1.6%	7576	16.0%	19271	40.7%	19792	41.8%
Creek	70,899	922	1.3%	11344	16.0%	32543	45.9%	26162	36.9%
Wagoner	76,830	615	0.8%	10372	13.5%	32883	42.8%	32960	42.9%

Source: 2017 ACS 5-Year Estimate

Figure 4

Zero Vehicle Households



Source: 2017 ACS 5-Year Estimate

The majority of the households in the Tulsa region have access to at least one vehicle. However, the number of zero-vehicle households will continue to grow by 2045.

Table 9

Tulsa MSA Zero Vehicle Households - 2010 and 2045

	2010 Households	2045 Households	2010 - Zero Vehicle Households	2045 - Zero Vehicle Households
Creek	26,633	34,353	1,428	1,548
Okmulgee	15,342	16,121	1,194	1,224
Osage	18,055	23,364	915	1,185
Pawnee	6,119	7,852	235	298
Rogers	31,318	48,960	1,101	1,552
Tulsa	238,715	307,514	16,058	21,010
Wagoner	25,576	39,963	775	1,209
Total	361,758	478,127	21,706	28,025

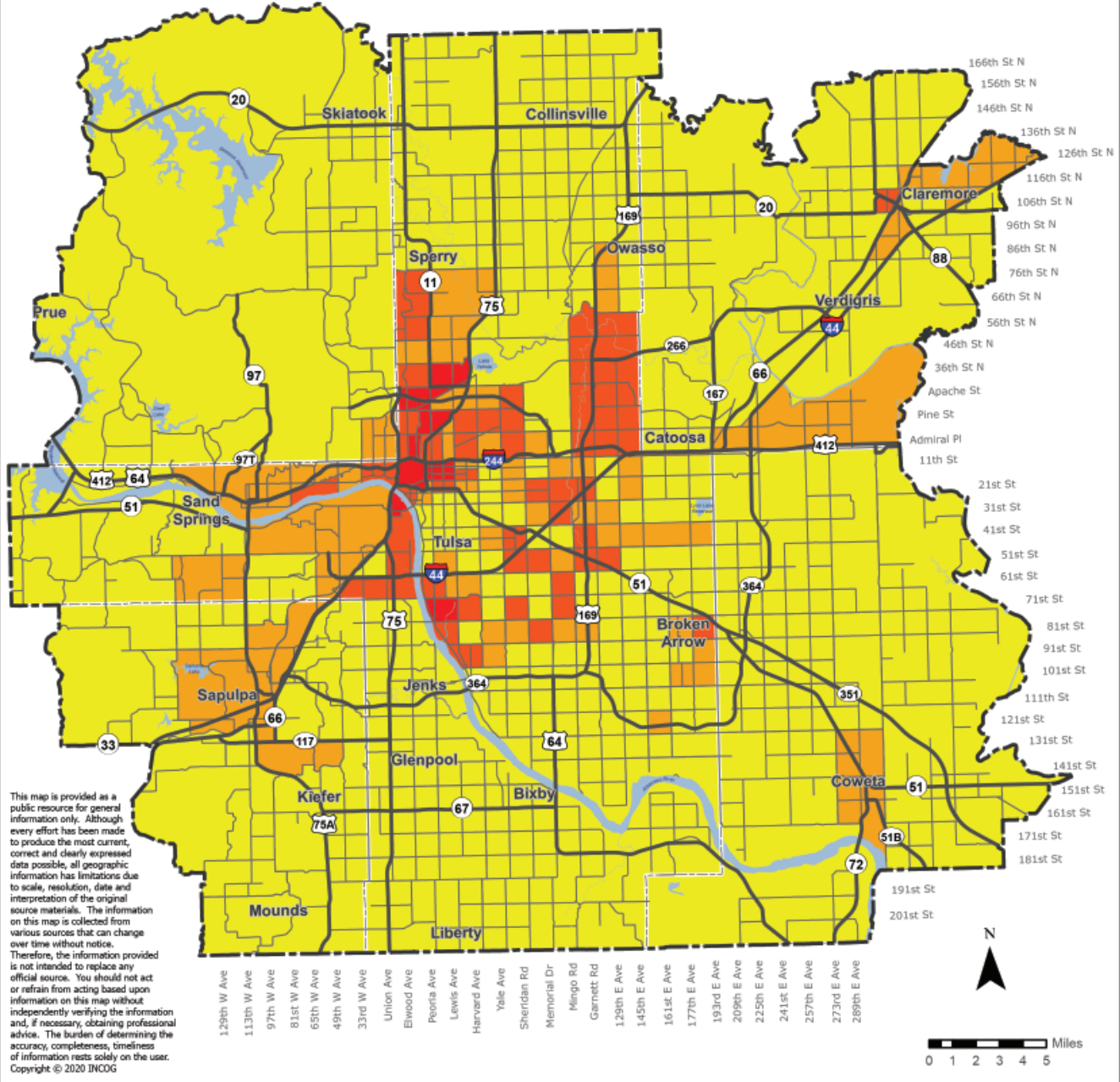
Source:

2010 households: B08201 - HOUSEHOLD SIZE BY VEHICLES AVAILABLE, Total Households, 2006-2010 American Community Survey 5-Year Estimates

2045 Households - Average share of households per population for 2010 and 2017 multiplied by the 2045 population estimate

Map 5 shows the distribution of households with no vehicles in the Tulsa TMA. As can be seen, north Tulsa, along the west side of the Arkansas River to 61st Street S, and along the east side of the River till 91st St S. have the highest number of zero-vehicle households. These areas are the most affected by the lack of transportation and the vital need of transit options that can provide for work, social, and other basic necessities.

Zero Vehicle Households



Legend

Zero-Vehicle Households

- 0% to 5%
- 5.1% to 10%
- 10.1% to 20%
- 20.1% to 35%

Reference Map



Source: ACS 2014-2018 5-yr data set, US Census Bureau.

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4.0 Transportation Resources



4.1 Regional Resources Available

Historically, the Tulsa region was served by passenger rail and trolley services, but today public transportation service is provided exclusively by bus. Inter-regional bus service is operated by Greyhound Bus Lines (one of the largest intercity transportation providers in the country) and Jefferson Lines. They operate from a terminal located in downtown Tulsa, providing services from Tulsa to other Oklahoma communities as well as to other states. Taxi service, an important source of demand-response transportation, is available primarily in Tulsa and Sand Springs, providing mobility for those who may not have other means of transportation available.

4.1.1. Transit Agencies

Metropolitan Tulsa Transit Authority (MTTA)

Within the Tulsa Transportation Management Area (TMA), bus and paratransit services are operated by the Metropolitan Tulsa Transit Authority (MTTA) (See Appendix 1 for Tulsa Transit existing services map). Tulsa Transit was created in 1968, and operates bus services for the region, as well as some of the region's paratransit services. Tulsa Transit provides 2.61 million fixed-route trips and 104,502 paratransit trips (through their Lift service) annually (Fiscal Year 2019 National Transit Database (NTD) Data). Though presently passenger rail does not exist in Tulsa, there are many significant corridors identified for future implementation as the need develops in the region.

Tulsa Transit fixed-route program uses 66 buses. Of these

vehicles, 50 traditional buses are used during peak hours and 49 are used during off-peak hours. The service is operated from 5:00 a.m. to 10:30 p.m. on weekdays, 5:20 a.m. to 10:30 p.m. on Saturdays, and 7:15 a.m. to 8:30 p.m. on Sundays. Frequency of service varies from route to route, however peak service ranges between 15 - 60 minutes and off-peak ranges from 20 - 60 minutes. The fixed-route buses provide service to major employment, shopping, medical, and entertainment locations.

End of 2019, Tulsa Transit implemented its first AERO Bus Rapid Transit service (BRT) along Peoria Avenue, while a second AERO BRT line is proposed to serve 11th and 21st streets. Improvements in customer service, trip speed, connections, frequency, and access were outcomes of the new BRT system. The AERO Bus Rapid Transit service also provides Saturday and Sunday trips.

Besides the fixed-route service, Tulsa Transit offers a variety of programs to help meet the needs of their customers:

- *Lift Program and Paratransit Services*
The Lift Program offers door-to-door paratransit service for people with disabilities who are not able to ride a regular fixed-route bus, have been determined ADA Paratransit Eligible, and are 5 years of age or older. This service utilizes lift-equipped mini-buses. The Lift Program drivers are trained in the special needs of persons with





disabilities and can provide help to passengers getting in and out of the vehicle.

• *Park and Ride and Guaranteed Ride Home*

Tulsa Transit offers two Express Routes that allow area residents to park & ride to downtown Tulsa. The **Route 902 and Route 909** both pick up passengers from park & ride lots in east Tulsa and Broken Arrow and deliver them directly to their destinations in downtown Tulsa. Routes 902 and 909 circulate around downtown and come within a block or so of most downtown employers.

There are three park & ride locations where costumers can catch the bus.

1. Battle Creek Church
3025 N. Aspen, Broken Arrow
2. Union Intermediate High School
7616 S. Garnett, Tulsa
3. Indian Springs Baptist Church
7815 S. Elm, Broken Arrow

For costumers that take either the Route 902 or the Route 909 to work and an emergency arises, during the mid-day, they just need to call Tulsa Transit and Tulsa Transit will send a supervisor, or taxi cab, to take the costumer to their car.

• *Bike and Bus*

Tulsa Transit provides a bike rack on every bus, making it possible to have bike riding as part of a regular commute.

• *Reduced Fare Program and Military Fare Program*

Tulsa Transit offers reduced fares to seniors, Medicare card holders, persons with disabilities, active duty military, and veterans. Customers must show the Reduced Fare Card to the bus operator each time upon boarding to get reduced fares on multi-ride passes.

Kibois Transit

Kibois Community Action Partnership has been providing transportation services for older adults, people with disabilities, and veterans to medical and health services, recreation, shopping, and employment related activities in the City of Coweta and the surrounding area. This service has improved transportation opportunities for the transportation-disadvantaged to access social services, education, shopping, and employment activities. Kibois Transit is the only transit system serving the City of Coweta and surrounding areas in southeast Oklahoma. Services are operated in the City of Coweta and the surrounding areas in Wagoner County. Kibois also provides services in Tulsa, Muskogee, Broken Arrow, Wagoner, and also links to the Metropolitan Tulsa Transit Authority routes when feasible. they operate sic ADA minivans and one transit van for this servicewith an annual ridership of 24,465 passengers (NTD FY19 data)

Veterans Ride Connect (VRC) - Veterans Transportation Services

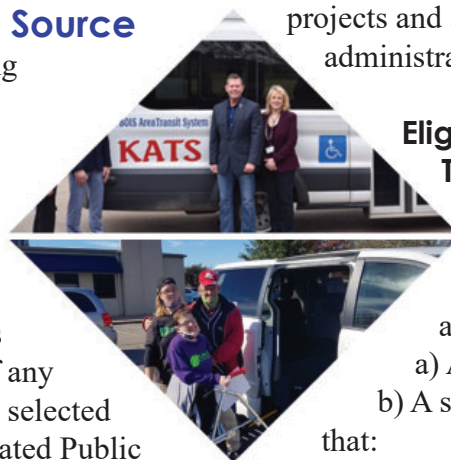
The VRC is an innovative partnership comprised of transit providers in the region (Pelivan Transit, Kibois Area Transit, Cimarron Transit, Muskogee County Transit Authority, and Muscogee (Creek) Nation) working together to offer Oklahoma veterans reliable, safe, and affordable transportation. The consortium provides services throughout 26 counties in the northeast region of Oklahoma, including those located in the Tulsa Transportation Management Area. Transportation services are provided to Oklahoma's veterans to and from vital medical appointments with origin and/or destination in the Tulsa Transportation Management Area.

4.1.2. Other Services Available

While the backbone of the Tulsa area public transportation system is the fixed-route service, it is not always available or may not meet special transportation needs. As a result, many organizations in the area operate transit services to provide transportation to their clients. These organizations include taxi companies, non-profit agencies, volunteer programs, schools, and human service agencies, among others. Some human service organizations provide demand-response transportation options for elderly and people with disabilities. Their primary role is not transportation, but they do offer the service solely for their clients' benefit.

4.2 Section 5310 Funding Source

FTA provides major federal funding mechanisms to be used for public and human services transportation. Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities Program, is the only FTA funding program with coordinated planning requirements under MAP-21. For distribution of any funds under Section 5310, projects selected have to be included in the Coordinated Public Transit-Human Services Transportation Plan,



developed and approved through participation of seniors, people with disabilities, representatives of public, private, and non-profit transportation and human service providers, and other members of the public, and services coordinated with other transit providers. For this reason, Section 5310 is the only grant program addressed in this Plan.

FTA 5310 – Enhanced Mobility of Seniors and Individuals with Disabilities

The goal of the Section 5310 program is to improve mobility for seniors and individuals with disabilities throughout the country by removing barriers to transportation services and expanding the transportation mobility options available. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas—large urbanized, small urbanized, and rural. Section 5310 funds will pay for as much as 50 percent of operating costs and 80 percent of capital costs. Mobility management and purchase of service are considered capital costs.

At least 55% of the funds must be used for capital public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities (“Traditional 5310 Projects”). At most, 45% can be spent for any other eligible purpose, including capital and operating expenses, and New Freedom type projects and at most, 10% is allowed for program administration.

Eligible Subrecipients for Traditional Section 5310 Projects

Section 5310(b) provides that a recipient may allocate the funds apportioned to it to:

- a) A private non-profit organization; or
- b) A state or local governmental authority that:

(1) is approved by a state to coordinate services for seniors and individuals with disabilities;
or

Eligible Subrecipients for Other Section 5310 Projects

Eligible subrecipients for other eligible Section 5310 activities include a state or local governmental authority, a private non-profit organization, or an operator of public transportation that receives a Section 5310 grant indirectly through a recipient.

Private operators of public transportation are eligible subrecipients. Private taxi companies that provide shared-ride taxi service to the general public on a regular basis are operators of public transportation, and therefore eligible subrecipients. “Shared-ride” means two or more passengers in the same vehicle who are otherwise not traveling together. Similar to general public and ADA demand response service, every trip does not have to be shared-ride in order for a taxi company to be considered a shared-ride operator, but the general nature of the service must include shared rides.

Taxi companies that provide only exclusive-ride service are not eligible subrecipients; however, they may participate in the Section 5310 program as contractors. Exclusive-ride taxi companies may receive Section 5310 funds to purchase accessible taxis under contract with a state, designated recipient, or eligible subrecipient such as a local government or non-profit organization.

Eligible Projects

Types of projects eligible for funding include:

1. Public transportation capital projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable
2. Public transportation projects that exceed ADA requirements
3. Public transportation projects that improve access to fixed-route service and decrease reliance on complementary paratransit
4. Alternatives to public transportation projects that assist seniors and individuals with disabilities

Local Share And Funding Requirements

Section 5310 funds may be used to finance capital and operating expenses. The federal share of eligible capital costs shall be in an amount equal to 80% of the net cost of the activity. The federal share of the eligible operating costs may not exceed 50 percent of the net operating costs of the activity. Recipients may use up to 10 percent of their apportionment to support program administrative costs including administration, planning, and technical assistance, which may be funded at 100 percent federal share. The local share of eligible capital costs shall be not less than 20 percent of the net cost of the activity, and the local share for eligible operating costs shall be not less than 50 percent of the net operating costs.

Section 5310 Program Funds Matching Requirements	
Type of Funding	Federal Grant/Local Match
Capital	80/20
Operating	50/50

The local share may be provided from an undistributed cash surplus, a replacement or depreciation cash fund or reserve, a service agreement with a state or local service agency or private social service organization, or new capital. Section 5310 funds are available for capital and operating expenses to support the provision of transportation services to meet the specific needs of seniors and individuals with disabilities. Some examples of sources of local match that may be used for any or the entire local share include:

- State or local appropriations
- Non-DOT Federal funds that are eligible to be expended for transportation
- Dedicated tax revenues
- Private donations
- Revenue from human service contracts
- Transportation Development Credits
- Net income generated from advertising and concessions
- Non-cash share such as donations, volunteered services, or in-kind contributions as long as the value of each is documented and supported, represents a cost which would otherwise be eligible under the program, and is included in the net project costs in the project budget
- Income from contracts to provide human service transportation

No FTA program funds can be used as a source of local match for other FTA programs, even when used to contract for service. All sources of local match must be identified and described in the grant application at the time of grant award.

Exceptions to Local Match Requirements

The federal share may exceed 80 percent for certain projects related to ADA and Clean Air Act (CAA) compliance as follows:

(1) Vehicles. The federal share is 85% for the acquisition of vehicles for purposes of complying with or maintaining compliance with ADA (42 U.S.C. 12101 et seq.) or the CAA. A revenue vehicle that complies with 49 CFR part 38 may be funded at 85 percent federal share.

(2) Vehicle-Related Equipment and Facilities.

The federal share for project costs for acquiring vehicle-related equipment or facilities (including clean fuel or alternative fuel vehicle-related equipment or facilities) for purposes of complying or maintaining compliance with the CAA (42 U.S.C. 7401 et seq.), or required by the ADA, is 90 percent. FTA considers vehicle-related equipment to be equipment on and attached to the vehicle.

Use of Other Federal Funds

Local share may be derived from federal programs that are eligible to be expended for transportation, other than DOT programs, or from DOT's Federal Lands Highway program. Examples of types of programs that are potential sources of local match include: employment, training, aging, medical, community services, and rehabilitation services.

The 5310 program was established in 1975 as a discretionary capital assistance program for private non-profit organizations. Under MAP-21, it has evolved to include capital and operating assistance. Traditional Section 5310 projects allow for capital costs associated with buying accessible vehicles, equipment, and transportation services among others. One of the strategies of the Tulsa region's coordinated efforts is to identify potential non-federal funding for public and human services transportation.

Under Federal Transit Administration guidelines, INCOG is the designated applicant and recipient for the Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) program. Applications for 5310 funding within the Tulsa TMA should meet a need identified by this Coordinated Plan.

To ensure consistency with the Coordinated Plan, 5310 applications are evaluated based on the selection process included in this plan. As the Plan continues to guide projects in successive years, this review process will be evaluated and refined as necessary to ensure projects funded under this program are complementary to one another and fit into the vision and goals of the Coordinated Plan.

Serving the growing population of elderly and people with disabilities will require more funds and INCOG and the RCCT will continue to seek more funding through innovative funding sources such as private foundations, United Way, among others. INCOG developed a selection process and criteria and will solicit applications from eligible entities for disbursement of the funds allocated to our region and use the selection process to evaluate applications and determine FTA funds grantees.

4.3 Projects Funded Under Previous Coordinated Plans

The Indian Nations Council of Governments (INCOG) is the designated recipient in the Tulsa region for the Federal Transit Administration Section 5310 funding for enhanced mobility for seniors and people with disabilities. The funding allocated to INCOG is based on Tulsa's Urbanized Area population.

INCOG also develops and implements the Coordinated Public Transit-Human Services Transportation Plan. These two processes enable prioritizing and selecting eligible projects for the Tulsa Transportation Management Area (TMA). Since 2007, INCOG has assisted transit agencies and human service organizations in identifying and addressing gaps and needs in transportation services provided to the citizens. INCOG also serves as a resource to all transportation providers in the region.

INCOG founded the Regional Council for Coordinated Transportation (RCCT) with representatives from organizations serving low-income populations, elderly individuals, and persons with disabilities, including private and nonprofit services providers, advocacy groups and health care providers. The group meets frequently each year to brainstorm and offer practical solutions to address needs. Examples of successful initiatives that resulted from those discussions include: Veterans Transportation Community

“Funding from INCOG plays a vital role in helping clients of NewView’s Tulsa Low Vision Center access the optometric and rehabilitation services they need to live independently. We are grateful to INCOG for their support of our efforts to improve the quality life for the thousands of individuals impacted by blindness and low vision in northeastern Oklahoma.”

– *Lauren Branch,*
New View Oklahoma President & CEO

Living Initiative (VTCLI) Grant that started a regional one-call, one-click service, a Veterans Ride Connect partnership involving multiple providers.

Federal Grants Administered New Freedom Program

INCOG administered the FTA New Freedom funding, a predecessor to FTA Section 5310 program, focused on transportation services for individuals with disabilities from 2007-2012. Local recipients included Morton Comprehensive Health Services, Day Spring Villa, Ki Bois Transit and others.

FTA Enhanced Mobility for Seniors and People with Disabilities Section 5310

Beginning in FFY 2013, FTA expanded the Section 5310 program to focus on transportation for seniors and disabled populations, suballocating funds based on metropolitan area population, maintained eligibility for all disabled populations and enhanced the flexibility to include “traditional/capital” and “operational assistance” to public

transportation providers in the region. With the newly enhanced Section 5310 program, INCOG granted over \$3.7 Million in federal funds for traditional capital needs such as vehicles and non-traditional needs such as operating expenses, contracts, and connection to transit facilities improvements. Flexibility allowed by FTA for awarding projects benefited all recipients.

Following the guidance from FTA, the allowable limits related to capital and operational, are regularly reviewed and awards are made in accordance with those allowances. The flexibility allows providers to seek contract services, utilize grant funds for

INCOG Section 5310 for Seniors and Disabled Individuals		% Award
Cimarron Transit	\$764,929	20.5%
KiBois Transit	\$549,720	14.8%
A New Leaf Inc.	\$381,768	10.2%
Pelivan Transit	\$373,149	10.0%
Morton Health Services	\$316,990	8.5%
Gatesway Foundation	\$286,550	7.7%
Life Senior Services	\$238,278	6.4%
DaySpring Villa	\$238,073	6.4%
City of Tulsa Police Dept.	\$142,867	3.8%
Veterans Ride Connect	\$134,115	3.6%
Rogers County Center	\$114,325	3.1%
Others	\$185,036	5.0%
Total	\$3,725,800	100.0%

Service Contracts

- NewView OK provides vouchers to Uber/Lyft services for blind/partially blind.
- INCOG contract with the Veterans Ride Connect (VRC), a consortium of transit agencies including Pelivan Transit, Cimarron Transit, Ki Bois Transit, Muskogee Transit, and Muskogee Creek Nation, to provide transit services to veterans.
- Youth Services of Tulsa contract with MODUS to provide services to youth suffering from mental health and substance abuse issues, connecting them to health care, counseling, and other services.
- City of Tulsa provides transportation of patients in need of inpatient mental health treatment at the Crisis Care Center of Family and Children’s Services.
- Vintage Housing contracts with a transportation provider to deliver services to the elderly

Non-Traditional Using Flexible Share as Allowed by FTA

- The City of Coweta connects residents to Tulsa and surrounding areas using KiBois Transit.
- Human trafficking and domestic violence victims connected to employment and health care services by Dayspring Villa (The Spring).
- People with disabilities connected to social activities and health care facilities in Broken Arrow, Owasso, and other surrounding communities using A New Leaf Inc., and Gatesway Foundation.
- Life Senior Services, serving affordable senior housing developments in Tulsa, Broken Arrow, Owasso, Bixby, Jenks, Sapulpa, Sand Springs, Glenpool, Coweta, Skiatook and Collinsville, connects clients to services and social activities).

preventative maintenance, or to provide for operational needs. INCOG also monitors all awardees for usage of vehicles funded in addition to reimbursing the costs allowed.

Vehicles — Traditional Capital Funding

A total of 45 vehicles purchased and serving Tulsa and surrounding areas:

- Ki Bois Area Transit System
- Cimarron Public Transit System
- Pelivan Transit (Grand Gateway EDA)
- Morton Comprehensive Health Services
- The Springs (Day Spring Villa)
- A New Leaf, Inc.
- Life Senior Services
- Rogers County Adult Day Center
- Gatesway Foundation

On average, six new ADA

5.0 Transportation Gaps & Needs



Despite all efforts to improve the quality and availability of transportation services, gaps and unmet needs persist affecting the community quality of life. The primary objective of the Coordinated Transit-Human Services Transportation Plan is to identify and assess the mobility needs of seniors, people with disabilities, and low-income population, gaps on the transportation resources available, and develop alternatives to address these needs. These alternatives are developed by INCOG in coordination with the region's transit providers and the Regional Council for Coordinated Transportation (RCCT).

The demographic analysis, described in chapter two of this Plan, the public outreach efforts, and a comprehensive gap analysis using the transit need index methodology were used to identify gaps in transportation availability and where additional services are needed.

To identify these needs, it was also necessary to:

1. List all the transit providers in the Tulsa TMA
2. Inventory service, equipment, and facilities available
3. Assess service gaps, equipment, and facilities needs

With that it was possible to:

1. Develop actions and strategies that address the gaps in service
2. Identify coordination actions to eliminate or reduce duplication in services and strategies for more efficient utilization of resources
3. Prioritize the implementation of strategies that address the area needs

5.1 Gap Analysis - Transit Needs Index Methodology

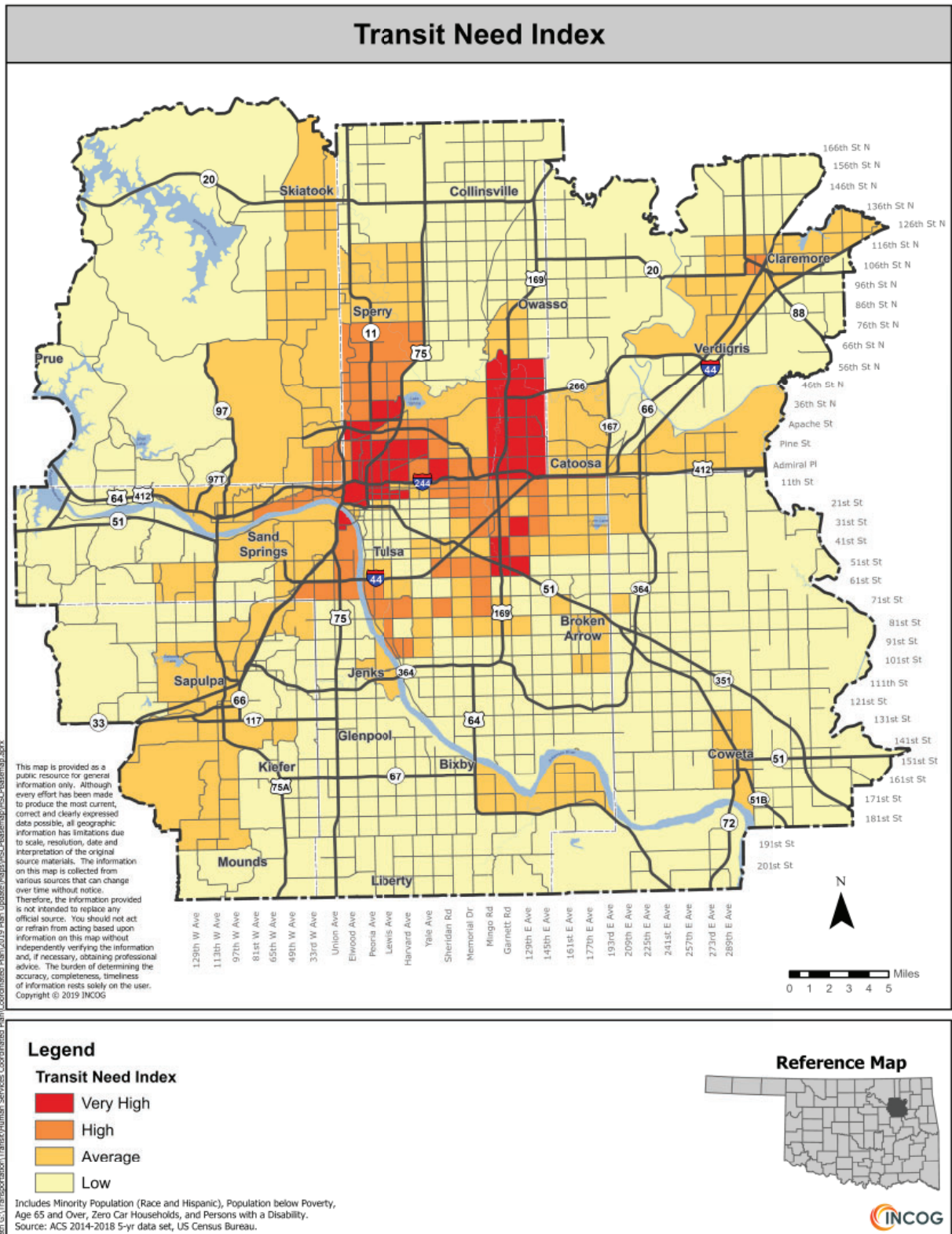
The transit need index aims to identify concentrations of people in the region who would likely rely on or benefit from transit. Specifically, the index focuses on identifying concentrations of minority populations (non-white races and the Hispanic population), populations below poverty levels, populations 65 years and older, populations with disabilities, as well as zero-car households. To do that, an index score was calculated by comparing the concentration of the above-listed populations at the census tract level with the region as a whole.

For example, the percentage of the population with a disability in census tract 12 in Tulsa County is 17.4 whereas the percentage of the population with a disability for the region is 13.8. The disability index score for tract 12 would be 1.26 (17.4 divided by 13.8), which means census tract 12 has a higher concentration of people with disabilities than the overall region. An index score of 1 would mean the concentration for the tract and the region are the same. An index score less than 1 indicates the concentration for the tract is less than that of the region and an index score of greater than 1 indicates the concentration for the tract is greater than that of the region.

An index score for each of the populations under consideration was calculated for each census tract and then summed. The mean and standard deviation of the resulting sum score was calculated and used to categorize each tract from low to very high in terms of transit needs. Census tracts

categorized as “Average” are those with sum scores that are within half a standard deviation of the mean. Tracts categorized as “Very High” had a sum score that was 1.5 standard deviations above the mean.

Once each tract was categorized from low to very high, a map was created to show where the need for transit is greatest. The map reveals that areas from downtown Tulsa to the north and east as well as areas along US Highway 169 have the highest need. See Transit Need Index Map below.



The transportation needs identified lie within portions of all five counties that make up the Tulsa TMA. Although there were three distinct groups (low-income, elderly, and people with disabilities) targeted in the planning process, their respective needs were similar if not identical. Further, the transportation needs of people living outside of existing transit service areas are due to limited mobility options while the needs of those living inside transit service areas are typically service related.

5.2 Gap Analysis – Public Outreach

5.2.1 Focus Groups and Public Meeting

Transit users on Tulsa Transit buses expressed concern that the ADA accessible spaces were not always available, and the riders would occasionally have to wait on multiple buses before an accessible seat was available.

A rider also identified the larger concern of the bus drivers not being able or qualified to ask a rider using the designated accessible spots to move seats to allow a wheelchair user to occupy that space. Drivers should be knowledgeable and assured that their efforts to provide accessible seating are supported by Tulsa Transit administration. Where there is limited space and multiple users, additional accommodations should be made.

There was adequate criticism and praise for Tulsa Transit who operates the most comprehensive transit system in the region. With a charge of serving “All of Tulsa” they face operational and budget challenges that limit service to the highest need corridors. Changes in the Tulsa Transit system from a flag-stop system to a more efficient fixed-route system is the first upgrade in the service model in more than 14 years. Service efficiencies are directly related to ridership numbers and population densities.

Transit providers attended the second focus group to discuss the larger ecosystem of transportation services and the gaps and opportunities that exist for collaboration. Restrictions on funding

also posed a barrier to increasing services. Participants pointed out the need of churches’ participation in providing assistance to those who need transportation; the need of assessing the connectivity to different appointments on the same day; obstacles to providing services because of insurance, liability and manpower; the need to expand alternative fuels use; the issue of relying on volunteer drivers; the need to better place bus stops and benches; and the necessity to improve the condition of sidewalks and pedestrian signals so residents can access transit routes. Some other essential issues were discussed, such as reduction of headways on bus routes and flexibility of the system.

At the meeting, there was discussion about strengths and weaknesses of local human service agencies and public transit providers and obstacles and opportunities to coordinate. These comments were reviewed and used in drafting the Coordinated Plan. At the meeting, members discussed federal, state, and local funding and prioritized gaps and actions for the region.

5.2.2 Major Challenges

Economic Mobility

A stated goal of the City of Tulsa and other related agencies is the need to advance economic mobility more broadly for all residents. This means an increasing importance will be placed on the reliability and performance of public transportation to provide comprehensive transportation services.

Jurisdictions

Jurisdictional boundaries limit successful agencies from expanding service to more riders in adjacent territories. Most transit riders who become familiar with one system will use that system exclusively and be reluctant to find an alternative transportation system, if one exists. The lack of funding-determinant transit planning creates overlaps in some areas, and huge gaps in service in others. Transit agencies do work incredibly hard to coordinate and share services where it is feasible

and legal to do so based on funding restrictions.

Technology

The movement toward smart mobility has relied heavily on internet enabled devices that provide information to riders. As mobile phone use has increased so too has the cost of maintaining a mobile phone plan. Therefore, many transit users do not have access to smart phones, cannot afford one or do not know how to use it.

Numerous transit agencies provide information updates on an infrequent basis and with limited information, maps, policies, and qualification requirements on websites and in print.

Recognizing that this information is complex and highly detailed compounds the level of detail necessary for potential riders to navigate. This poses a high barrier to new riders, and further complicates the trip process.

New micro-mobility options offer the potential to extend the reach of traditional transit systems but must be supported by the backbone of functional transit service.

Convenience

As a service provider of last resort, riders are resigned to accepting the terms of use without much criticism to the challenges posed by limited hours, long wait times, and the expense. Riders frequently expressed their desire to drive a personal automobile if they had enough money to purchase a car, insurance, fuel, and other maintenance costs.

Timing and Convenience

Many doctors' appointments and errands can be anticipated, but some transit systems require as much as 24-48 hours' notice before requesting a trip. This prevents any last minute or important non-emergency travel. The comparison to level of service or quality of life issues put transit service completely out of reach in semi-emergency situations.

5.2.3 Major Strengths

The following strengths of local human service agencies and public transit providers in the Tulsa region were identified based on feedback collected from transit users and other members of the community during the public outreach process:

- All Tulsa Transit weekday/daytime service buses are lift-equipped, affordable, curbside-to-curb and available to all residents, with senior passengers riding for free.
- The predominance of 15-passenger vans used by smaller agencies provides personalized services to clients. Apartments for low-income individuals have begun limited transportation services for residents' specialized needs. Services have short lead time, after sign-up.
- Strong advocates for transportation, as well as the desire in the community for coordinated services, are identified strengths. Some coordination/cooperation among agencies already exists, such as 2-1-1 data accessibility.
- Availability of federal funds.

5.2.4 Transit Providers and Users Surveys

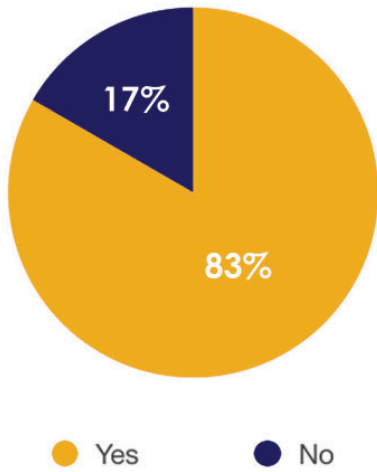
A survey was developed by INCOG in order to assess the resources available, areas served, and gaps in service throughout the Tulsa region (See Appendix 2 for Survey). The INCOG Area Agency on Aging (IAAA), the Department of Human Services (DHS), the City of Tulsa, among others, supplied agency lists that were used in the survey process. Generally, surveyed organizations included public and private transportation providers and human service agencies.

The surveys received unique responses from both public transit providers and transit users. Information was collected on service areas, hours of operation, and availability of transportation resources. The purpose of this survey is to understand transportation users' habits, examine transportation services provided in the community, and explore the attitude towards the coordination effort of public and human service transportation.

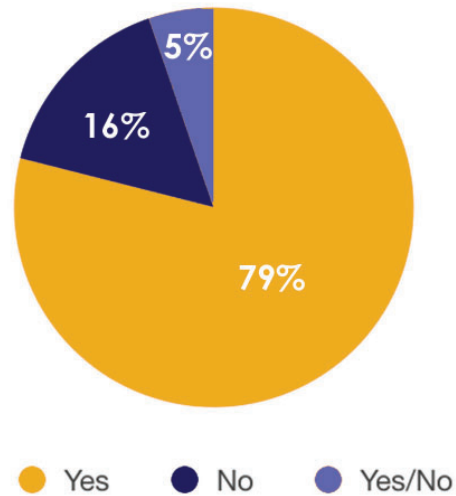
More than 80% of the respondents reported

that public transportation is available in their community; however, over half (57%) of the respondents were not satisfied with the current availability of transportation services. The vast majority (79%) of the respondents use public transportation while only 21% of the respondents owned or had access to a car. Of the transit rider responses, around 85% use Tulsa Transit; almost all of them use it on weekdays, while a small number of them (15%) use it on weekends or holidays.

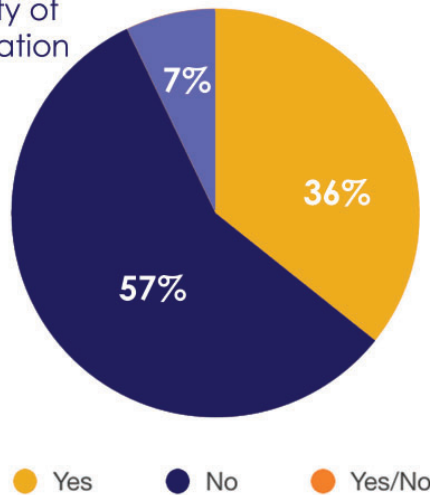
Is public transportation available in your area?



Do you use public transportation?

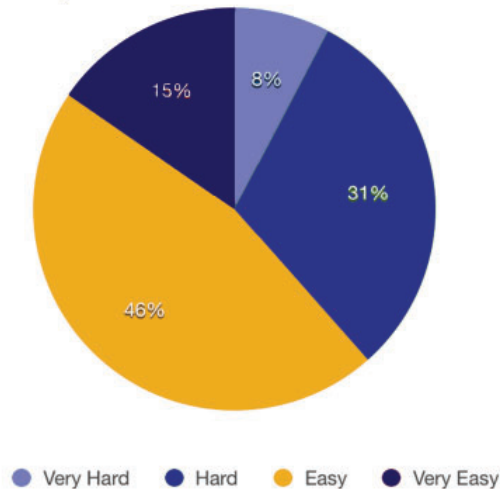


Are you satisfied with the current availability of transportation services?



When it comes to their frequent destinations when using public transportation, the most commonly cited destination was “Home” (61%), followed closely by “Work” (44%). “Medical Center“ (28%) was the third most common destination point. When asked about the availability of public transit to their community, only a few of respondents reported that “Shopping” or “Social Services” is available within half a mile. Sixty-one percent of respondents believe that it is easy or very easy to find and understand transportation services information. Some respondents believe that more frequent routes, more expanded service and more destinations would encourage them to use public transit or human service transportation more.

How easy is it to find and understand transportation services information?



The majority of the respondents (44%) identified funding as the main barrier to the coordination of public and human services transportation. Further, when asked to indicate what their transportation needs are, respondents selected “Inadequate transit funding” and “Transit frequency” (39%, respectively). In addition, “Limited area of coverage” (28%), and “Extended time schedule” (28%) also got relatively high response rate. On the basis of these findings, it would seem that a higher percentage of the transit users are expecting more frequent routes, more expanded service and more destinations. On the other hand, the respondents are worried about funding and not enough equipment availability.

User Comments:

“The frequency of buses is too low. Not all bus stops have good pedestrian accessibility.”

“The access to public transportation seems more expensive, and harder to obtain than other cities of our size.”

“Service is too infrequent to use if a transfer is necessary. Because of this, I only use transit for work commutes.”

The aim of the providers' survey is to get general characteristics and nature of transportation services provided, ridership data as well as their opinions toward local coordination efforts. These organizations provide various services, which mainly concentrate on "Transportation" followed by "Social Services" and "Health Care". Only a few (44%) of the organizations provide "Door-to-Door" assistance. In addition, 63% of the organizations purchase transportation from other service providers. When asked about the service restriction in their transportation program, more than half of the respondents reported "Clients only" and "Advanced reservations". Nearly all organizations (88%) provide transportation services on weekdays, and only 12% provide limited weekends and holiday transportation services.

With respect to the willingness and commitment to coordinating human service transportation trips, nearly all organizations (88%) said they are willing to coordinate services with other organizations, however only 44% are currently

coordinating with other transportation providers in the area. Respondents were asked to identify the barriers to coordination; the most popular answer was "Federal regulation" chosen 56% percent of the time. "Funding" was the second most popular choice (44%). Furthermore, more than half of the organizations identified funding as their high priority. Other than that, increasing the frequency and connectivity of bus service as well as increasing awareness about the benefits to riding and utilizing public transportation were mentioned as the middle priority.

The results of this survey suggest that limited financial resources are making it difficult for organizations to respond with increased and expanded service. Federal/state regulations together with lacking of funding and resources are making it very difficult for transit organizations to add new service to meet growing demand. Public transportation systems are seeking help to enable them to meet the growing demand for transportation services. Organizations are willing to coordinate human service transportation trips and maximize

Provider Comments:

“One barrier for applying for Federal funding could be the lack of matching local funds. Another barrier is our reliance on outside assistance for grant research and writing skills.”

“Lack of knowledge as to what is out there as far as funding to assist us with helping our clients.”

“We have managed to provide for the most critical transportation needs of our residents and clients. However, a more user friendly and frequent service transit system would help them greatly. Coordination with other transportation providers would also be a big plus for these transit dependent people.”

Based on the survey results and opinion expressed on focus group meetings, and public meeting, the following was identified, in order of priority, as gaps in local human service agencies and public transit providers:

1. Funding

- a. Inadequate transit funding – no dedicated funding source – prohibits the expansion of services
- b. Funding sources restrict services to specific populations for specific purposes
- c. Lack of local matching funds

2. Mobility

- a. Little or no service provided to Tulsa’s surrounding communities
- b. Little or no regional connections covering rural areas, job centers, and disadvantaged communities
- c. Lack of first and last mile services connecting riders to their origin and final destinations
- d. Lack of a centralized mobility call center and mobility coordinators.
 - i. Depending on the need and program, riders need to make different arrangements with different providers
 - ii. Multiple operators have different phone numbers and operating procedures
 - iii. Call centers are operated individually by each organization
 - iv. Different eligibility requirements for each program

3. Efficiency

- a. Lift service is not always on time making it difficult scheduling pick up from doctors’ appointment
- b. Human service agencies have limited capacity for scheduled services (shortage of seats)
- c. Lack of transportation and planning for emergencies/disasters
- d. Different transit systems have different fares and policy, which can be confusing
- e. Human service agencies often limited by federal requirements that restrict services to specific target population or destination type

- f. Advanced scheduling singles people out and doesn’t allow riders to be spontaneous about their trips
- g. Vehicles are not used efficiently (church buses, school buses, etc.)
- h. “Turfism” (concerns about loss of control over services, riders, funding)
- i. Individual purchase of vehicles and equipment
- j. Agencies believe that cost of liability insurance will increase if they transport riders who are not their clients

4. Safety and Accessibility

- a. No transit service on holidays and limited service on weekends
- b. Limited service in the evenings
- c. Safety at night and on-board
- d. Barriers to accessibility to routes such as lack of transit and pedestrian-friendly developments

5. Awareness

- a. Due to limited funding for marketing, riders are not aware of the options available to them
- b. Lack of education and advertising to alleviate transit stigma and low usage
- c. Confusion about how nightline system works, what routes are available, and calling for deviations

In addition to the data collected from the public outreach meetings, the identification of service gaps and needs was also based on concentrations of low-income, elderly and/or disabled residents (see Chapter 2 maps). The target population map was then compared with existing services to identify gaps in service coverage. Most areas with the highest concentration of low-income, disabled and elderly persons are somewhat well-served by the existing Tulsa Transit fixed route service.

Of the 339 schools in the TMA, 33% (111 schools) are served by transit routes, and 44% of the total number of day care centers (216) are within ¼ of a mile of transit routes. The TMA has a total of 31 hospitals/medical centers with 19 (61%) served by transit. Fifty-three percent of the libraries in the region (total of 30 libraries in the TMA) are also

served by transit routes. The total number of senior facilities within the TMA is 179, of those 82 or 46% are within the ¼ mile buffer of a transit route (See Appendix 3).

As can be seen in Appendix 4, the level of coverage for each employment area varies. Service gaps exist in the form of service provided by day of week/time of day. Transit service times may not always cover work shifts. The level of service coverage for each employment area varies.

Three major employment centers are either outside the city boundaries or on the outskirts of the city and are not served by any fixed route transit service (See Appendix 4). Long-term employment growth is expected to continue within the TMA based on the long range transportation plan, Connected 2045. In 2015, total employment reached nearly 430,000 – an increase of approximately 110,000 (nearly 540,000) is projected for 2045. Downtown employment has steadily grown after a sharp drop in the 1980s. Employment projections anticipate a gain of over 9,000 employees from 2015 to 2045. Service-providing industries are projected to hold the largest share of total employment at 83%.

Employment in 2015 represents 80% of the 2045 employment forecasts. Employment growth is anticipated throughout the TMA, with significant increases in several major employment centers including the Tulsa Hills Area (W. 81st St. around S. Elwood Ave), Highway 75 and W. 121st St. in Glenpool, the S. Yale Ave. Corridor (from 61st to 71st St. S.), the US-64/SH-51 (Broken Arrow Expressway) corridor in Broken Arrow, the Tulsa International Airport area, the Cherokee Industrial Park, the Port of Catoosa, Jenks, south of the Creek Turnpike (future outlet mall), and the north and east sections of downtown Tulsa.

5.3 Coordination Obstacles and Opportunities

Coordination of services and programs is key to enhance access, minimize duplication of services, and produce cost-effective solutions. Coordination should be a regional priority and anything that can obstruct and impede efforts to coordination, with adequate information and perseverance, can be successfully removed. The mere use of federal funds and the lack of uniformity in program delivery, report, and eligibility requirements may present obstacles to coordination. Based on the public outreach efforts for this Plan and the RCCT experience and knowledge, obstacles and opportunities to coordination efforts were identified for the Tulsa TMA.

Obstacles to Coordination:

The obstacles and challenges to coordination were identified as:

- “Turf” wars or the reluctance to give up ownership and control and allow another entity



to provide services to its clients. Atmosphere of competition instead of cooperation

- Sharing funding and the need of additional funding for coordination
- Lack of information and communication at all levels; agency to client, agency to agency
- Some organizations lack infrastructure and technology for scheduling and equipment
- Strong leadership needed to promote collaboration among existing organizations
- Duplication of some services, but still unmet needs
- Political and geographic divisions due to city county boundaries and the prohibitive cost nature to serve all these areas
- Challenges of maximizing existing capacity
- Establishing a comprehensive infrastructure for coordination, dissemination of information, and scheduling of services
- Reliance on volunteers to deliver services creates challenges because of the high turnover rate
- Liability issues, insurance and beyond
- Lack of resources (staff, time, etc.) to coordinate at individual organizations
- Reporting requirements by funding sources, especially for volunteer-run programs
- Staffing drivers for shared vehicles
- Cost of individual services



- Transportation providers meet regularly to discuss needs and services
- Centralized source for information on transportation resources
 - Advertise existing programs
 - Sharing costs with governmental entities; example, county governments paying for insurance under existing fleet policy in exchange for use of vehicles
 - Share resources, providing back-up vehicles, and inventory
 - Hold public forums to find out what the public needs and wants
 - Central location, or shared location, of vehicles to facilitate shared usage
 - Bulk purchase of vehicles through county purchasing, i.e., county health department
- For some services, think regionally, not just city or county
- Use resources available through coordination to enhance existing services covering hours that are either underserved or not served at all
- Think creatively about usage of private services such as taxis and limos
- Explore the use of technology implementing the Smart Card – one card for multiple transportation services – and computerized billing and scheduling
- Implement employer-based services, multiple uses of vehicles
- Allow charter use of vehicles to help cover expenses
- Provide paid staff to coordinate information and schedules
- Explore opportunities for programs using alternative forms of transportation, including bicycles and scooters that could be leased or rented
- Pursue opportunities for funding and sharing services

The biggest barriers to coordination, identified during the public participation process, had funding as the highest ranked answer. A regulatory review of federal funding programs indicates that the little uniformity in program delivery, report and eligibility requirements can also present obstacles to coordination.

Opportunities to Coordination:

When brainstorming opportunities to coordinate, the following was identified:

6.0 Strategies and Actions



Implementation of these strategies will rely on dedicated effort from multiple stakeholders. INCOG's role will be to develop and maintain data related to coordinated planning, update the Coordinated Plan, and host RCCT and other coordinated planning meetings. INCOG will also facilitate project and program coordination efforts among stakeholders and entities. Coordination will also involve the identification of projects from the Coordinated Plan for implementation based on need and availability of funding.

6.1 Recommended State and Local Actions

State and local Government participation in the transportation coordination process is considered vital to the development and implementation of the program. The list of action items recommended in the previous Coordinated Plan for the state and local Government to facilitate transportation coordination in the Tulsa region was reviewed and updated based on public input. Included in the state responsibilities are also actions and strategies defined in the recently completed Oklahoma Public Transit Policy Plan. Below is the summary of the key recommendations:

State Responsibility

- Propose legislation to create a state mandate for coordination by:
 - Allowing funding incentives for entities participating in coordination programs

- Allocating state funding for coordinated transportation
- Funding pilot projects to demonstrate coordination
- Allowing pooled purchasing (fuel, insurance, maintenance, training)
- Enhance public transit for all Oklahomans in every county
- Establish user training, provider education, and technology programs
- Encourage healthy living through public transit
- Champion statewide communication, collaboration, and coordination
- Implement education and marketing campaigns
- Support and implement funding flexibility to allow transit agencies to use funds for their needs including capital and operating expenses.

Regional Responsibility

- Hold transportation summit to bring members together to discuss who in our community has unmet needs and what services are now available
- Offer incentives and rewards for coordination, such as: increased funding for increased capacity, decreased local match for increased coordination, additional funds awarded on grants for coordination
- Develop an education and awareness program for transportation providers, local hospitals and medical staff, all entities identified as consumers of transportation, and the public on the benefits of



coordination and provide assistance and guidance on how to coordinate

- Identify a transportation contact in each state agency, informed about the transportation programs available and include that in a Providers' Inventory
- Provide assistance on how to navigate transportation options available to state agency staff and local transportation consumers such as hospitals, medical facilities, churches, etc.
- Acquire dedicated funding for expanding transit service to include nights, weekends, holidays, and employment centers
- Create and expand the providers inventory to include all transportation providers, including private for-profit providers and faith-based organizations and keep it updated and available to all entities.

Local Responsibility

- Improve homeless, elderly & disabled access to existing routes
- Local governments and private entities provide funding to support coordination

The implementation of a transportation coordination plan requires strong cooperation among state agencies, with the development of a program of incentives to promote coordination at the local level. It is the goal of the Coordinated Transit-Human Service Transportation Plan to endorse and support the state, regional, and local actions recommended in this Plan.

The RCCT, a local group composed of representatives from transportation providers, human service agencies, state agencies, and planning organizations should continue to provide guidance and directions for implementation of the recommended actions above. These actions will be pursued concurrently with the goals identified in section 6.2.

6.2 Recommendations for the Tulsa Region

FTA has defined the goals of the Enhanced

Mobility of Seniors and Individuals with Disabilities (Section 5310) program and, in the Tulsa Transportation Management Area, this program will be administered by the Indian Nations Council of Governments (INCOG) towards these goals and objectives. The goal of the Section 5310 program is to improve mobility for seniors and individuals with disabilities throughout the country by removing barriers to transportation services and expanding the transportation mobility options available. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas—large urbanized, small urbanized, and rural. The program requires coordination with other federally-assisted programs and services in order to make the most efficient use of federal resources.

To achieve FTA goals and address the needs of the region's growing population of elderly individuals, low-income individuals, and people with disabilities, INCOG, in conjunction with the participation of transit agencies and human service organizations, developed strategies and solutions to address the region's transportation problems and prioritized these strategies for implementation of the Coordinated Public-Transit and Human Service Transportation Plan. The strategies and solutions address the needs of a growing population of elders and people with disabilities. Nearly all new programs recommended are low-cost, non-traditional services to be implemented with Section 5310 and additional state/local funding.

The plan also endorsed the ongoing working of a planning committee, the RCCT, to promote adequate funding, inter-organization coordination, and oversee the implementation of all the recommendations presented in the Coordinated Public-Transit Human Services Transportation Plan. The Regional Council on Coordinated Transportation (RCCT) was established in February 2008 and has met every other month or on "as needed" basis since its creation. It is represented by state and local organizations as well as tribal agencies.

Goal 1: Funding

Strategy	Level of Priority
Develop funding strategy that includes a dedicated funding source for public transportation and allows expansion of the fixed-route and paratransit services	High
Allow mixing of funding so agencies aren't restricted to serving specific target populations or specific destination types	High
Share resources – vehicles, maintenance – to make more effective use of funds available	High
Diversify and expand funding sources by partnering with the private sector (both for-profit and non-profit)	Medium
Create innovative sources of local match funding including partnerships with local businesses and foundations to help federal grant applicants.	Medium

Goal 2: Mobility

Strategy	Level of Priority
Increase transit frequency to allow users to make health care and other appointments, look for employment, and chain trips for both paratransit and fixed route service	High
Increase service area to connect neighboring communities outside Tulsa Metro Area	High
<p>Improve and expand the Mobility Management Center – one scheduling and dispatching center for all trips</p> <ul style="list-style-type: none"> • Communit-based van program (give accessible vans to non-profit organization for their use if they also transport elders/disabled) • Integrate providers to increase sharing of vehicles, drivers, passengers • Joint Service Planning: reduce overlapping, fill in underserved gaps • Coordinate with private sector: joint scheduling and sharing of vehicles • On-line ride reservation system and companion call-in center • Assist users to plan trips with multiple stops and chain trips • Projects that utilize technology to share ride demand data between agencies and non-profits while maintaining rider privacy • Allow coordinated trip scheduling and billing among and between school districts, transit agencies, and human service agencies • Utilize technology to connect providers to transportation system dispatch • Hire drivers to be shared among providers • Help small transportation providers with developing quality programs • Provide training classes or expand existing programs for new and existing operators, staff, and travel hosts including sensitivity for affected populations • Simplify the ability for riders to use multiple systems (such as universal pass/smart card), instead of using different vehicles for different purposes • Allow bulk purchase of vehicles and equipment • Provide maintenance for all vehicles in pool 	High
Extend transit service to evenings	High
Expand transit service hours on holidays and Sundays	High

Goal 2: Mobility *(continued)*

Increase transit service area to include schools, hospitals, daycare centers, senior facilities, and employment centers not currently served by transit.	High
Implement regional connection services covering rural areas, job centers, and disadvantaged communities	Medium
Increase human service agencies capacity for scheduled services	Medium
Provide first and last mile services connecting riders to their origin and final destination	Medium

Goal 3: Efficiency

Strategy	Level of Priority
Increase service efficiency to decrease delayed pick-ups	High
Develop a unified policy that allows all providers to accept transit users regardless of their individual eligibility (ADA, Medicaid and other programs)	High
Agree upon common fare structure for all agencies represented in the vehicle pool	Medium
Decrease lead-time needed in scheduling for paratransit service	Medium
Increase the ability of school districts and churches to be part of the community transportation providers pool	Low

Goal 4: Safety and Accessibility

Strategy	Level of Priority
Develop, implement, and keep updated a Pedestrian Master Plan to assess sidewalks, safe routes to transit, and elimination of barriers.	High
Incorporate FHWA guidelines for new streets and highways that are accessible for aging and disabled populations.	High
Improve facilities and amenities at regional stops and transfer stations.	Medium
Implement policies and programs that address safety concerns at bus stops, transfer stations and on-board, especially at night.	Medium
Encourage provision of Travel Hosts to assist people making transfers, persons with disabilities, users needing door-to-door service, visitors, or those with other transit concerns.	Low
Create and implement an emergency/disaster plan and an inclement weather plan that addresses the need of those without personal transportation.	Low

Goal 5: Awareness

Strategy	Level of Priority
Educate transit providers and human service agencies about the benefits of coordination	High
Provide human service agencies with travel information resources or tools and help caseworkers and other appropriate agency representatives understand lowest cost transportation options for their clients	High
Add transit links to human service 211 hotline	High
Encourage projects that engage community members or other partners in spreading the word about available mobility options	Medium
Develop innovative marketing and information partnerships and strategies that alleviate the “stigma” of riding transit and illustrate available services	Medium
Add transit/mobility center links to sites for services provided to elderly individuals, low income, and people with disabilities	Medium
Create transit options brochure and website that is user-friendly and details options available to potential customers for printing	Low
Expand exposure of regional fixed routes and ride share programs to policy makers, funders, and “untapped” markets	Low

The following strategies should also be adopted to promote coordination of human services transportation in the Tulsa region. These strategies promote providing more rides for the targeted populations more efficiently by maximizing the capacity of the current system:

- Shared Vehicles: Applicants who share vehicles in an effort to reduce unused capacity will be given the greatest priority for Section 5310 funds.
- Match Mechanism: Coordinate agencies with greater trip capacity with those unable to transport clients.
- Transportation Coordination Consistency: Encourage agencies that implement and support coordination goals defined by this Plan. Assistance in matching partners for coordination will be provided by INCOG as needed by the agencies.
- Identify and take action to resolve barriers to coordination.
- Seek agencies and stakeholders to explore opportunities for coordination based on their geography, financial capabilities, target populations, and capacity.
- Encourage stakeholders to share barriers and opportunities with INCOG for consideration in future Human Services Coordination Transportation Plans. This information will be reflected in the gap analysis and resources sections of the plan.

FTA goals for the Section 5310 program, and the strategic objectives found in the Coordinated Public Transit-Human Services Transportation Plan (CTP), represent a regional strategy to increase personal mobility and travel options for those with special transportation needs in the Tulsa Transportation Management Area (TMA). The Tulsa Regional Transportation Plan supports the Coordinated Plan and incorporates the Coordinated Plan in its actions.

7.0 Section 5310 Selection Process



INCOG, the designated recipient of Section 5310 program funds, will conduct a competitive selection process to allocate funds for project implementation when deemed necessary. To ensure consistency with the Coordinated Plan, applications for Section 5310 program funds, within the Tulsa TMA, should meet the needs identified by the Coordinated Plan. Applications will be evaluated based on the Competitive Selection Process when funds availability is less than the total amount requested on the applications.

The Competitive Selection Process was developed by INCOG in cooperation with the RCCT. It will be conducted as directed by the Transportation Policy Committee, as long as funds for Section 5310 program are available. The solicitation of bids for projects will be announced annually and as early as possible to give applicants sufficient time to develop their proposals.

Applications will be reviewed to ensure compliance with the minimum requirements, including the submission of all mandatory forms, before being considered for funding. The minimum requirements that must be met are:

- The project or program must be an action identified in the Coordinated Transportation Plan for the Tulsa Transportation Management Area.
- The project must be eligible for Section 5310 program funding under Federal Transit Administration guidelines.
- The proposed project must not duplicate an existing service or program.
- Eligible matching funds must be identified and secured for the project. The match, including sources and amounts, should be listed in the application for funds and, at a minimum, must be 20% of the total cost of capital projects and 50% of operational projects. A resolution or certification from the governing board or authorized representative guaranteeing the timely availability of the local matching funds is required.
- The project must serve the targeted population groups (persons with disabilities and elderly) in the Tulsa Transportation Management Area (TMA).



If deemed necessary, as the designated recipient, INCOG will administer the competitive selection process. Eligible applications will be evaluated on the following criteria:

**1) Project Need/Goals and Objectives
(25 Points)**

The project should directly address the strategies identified in the Coordinated Plan. Project application should clearly state the overall program goals and objectives and demonstrate how the project is consistent with the Coordinated Plan strategies and with the objectives of Section 5310 grant program. Projects addressing more than one of the region's needs and/or gaps make better use of limited funding and will be assigned more points. Two questions are considered: How many needs and gaps does the project consider? How well does it address them?

Project application should indicate the number of persons expected to be served and the identified target population group, and the number of trips (or other units of services) expected to be provided. Projects that are focused regionally will be scored higher than those that are limited in geographic scope.

**2) Coordination And Program Outreach
(25 Points)**

Applications will be evaluated based on the level of cooperation and coordination with other public transportation agencies, human service organizations and/or the private sector. Project sponsors should include a description of the coordination that will be achieved as well as the expected benefits from the coordination efforts. Project sponsors should clearly identify project stakeholders and how they will keep stakeholders involved and informed throughout the project. Project sponsors should also describe how they would support and increase public participation in the project. Letters of support from key stakeholders and/or customers should be attached

to the grant application. Highest scores will be given to applications that demonstrate greater coordination with partners in project planning, operations, communications, and funding.

**3) Program Budget
(20 Points)**

Applicants must submit a comprehensive project budget, including capital costs and operational costs, demonstrating anticipated project expenditures and revenues. Documentation of matching funds should be included. Proposals should address long-term efforts and identify potential funding sources for maintaining the proposed service beyond the grant period. Projects that present a feasible proposal, identify reasonable strategies for sources of continued funding, and include greater local match than the minimum required will be scored the highest.

4) Cost-Effectiveness And Performance Indicators (20 Points)

The project will be scored based on the demonstration that it is the most appropriate and cost-effective match of service delivery to the identified need. Project sponsors must also identify clear, measurable outcome-based performance measures to track the effectiveness of the service in meeting the identified goals. A plan should be provided for continued monitoring and evaluation of the service, and steps to be taken if original goals are not achieved. Applicants should describe steps to measure the effectiveness and magnitude of the impact the project will have on target populations.

**5) Innovation
(10 Points)**

The project will be assessed for combined new and innovative ideas, new technologies, and creative sources of financing that have the potential for improving access and mobility for the target populations and may have replicability by other jurisdictions and agencies. Higher scores will be awarded to projects that employ new

and innovative ideas and demonstrate excellent prospects for feasibility of replication.

Capital projects will also be selected based on the following criteria:

- Proposals to buy vehicles to enable an existing service to continue (replacement vehicles) receive a higher priority than initiation of new services.
- The extent to which the vehicle(s) requested will serve a broad base of riders; the absence of restrictions on vehicle use.
- The applicant's experience and record in transportation, including maintenance and driver training.
- The applicant's financial ability to sustain the project.
- The applicant's history of coordination/cooperation with other transportation providers in its area.
- Equitable geographic distribution of projects throughout the TMA.

Application materials will be made available to organizations participating in the Coordinated Plan development efforts and an electronic version will be posted on INCOG's website at the time a

call for projects is issued. If project sponsors are unable to access the Internet, INCOG will mail a hard copy to the potential applicant. The Grant Application includes estimated available funds. Technical assistance will be offered to all project sponsors and during the grant application, INCOG will be available to explain program requirements, application process, and project selection criteria, as well as to give an opportunity for applicants to ask INCOG staff questions about the application and the process. This will also provide an opportunity for communication between INCOG and organizations interested in transportation coordination.

INCOG staff reviews, scores, and recommends Section 5310 applications with guidance from the RCCT. Recommendations are conveyed to INCOG's Technical and Policy committees and then to the Board of Directors. The Board of Directors makes the final determination on recipients of the 5310 grants for the Tulsa Transportation Management Area. Next step is to submit the Program of Projects (POP) selected to FTA. Projects selected are consistent with INCOG's transportation goals and the goals of the Coordinated Plan. All meetings are open to the public.

Appendix



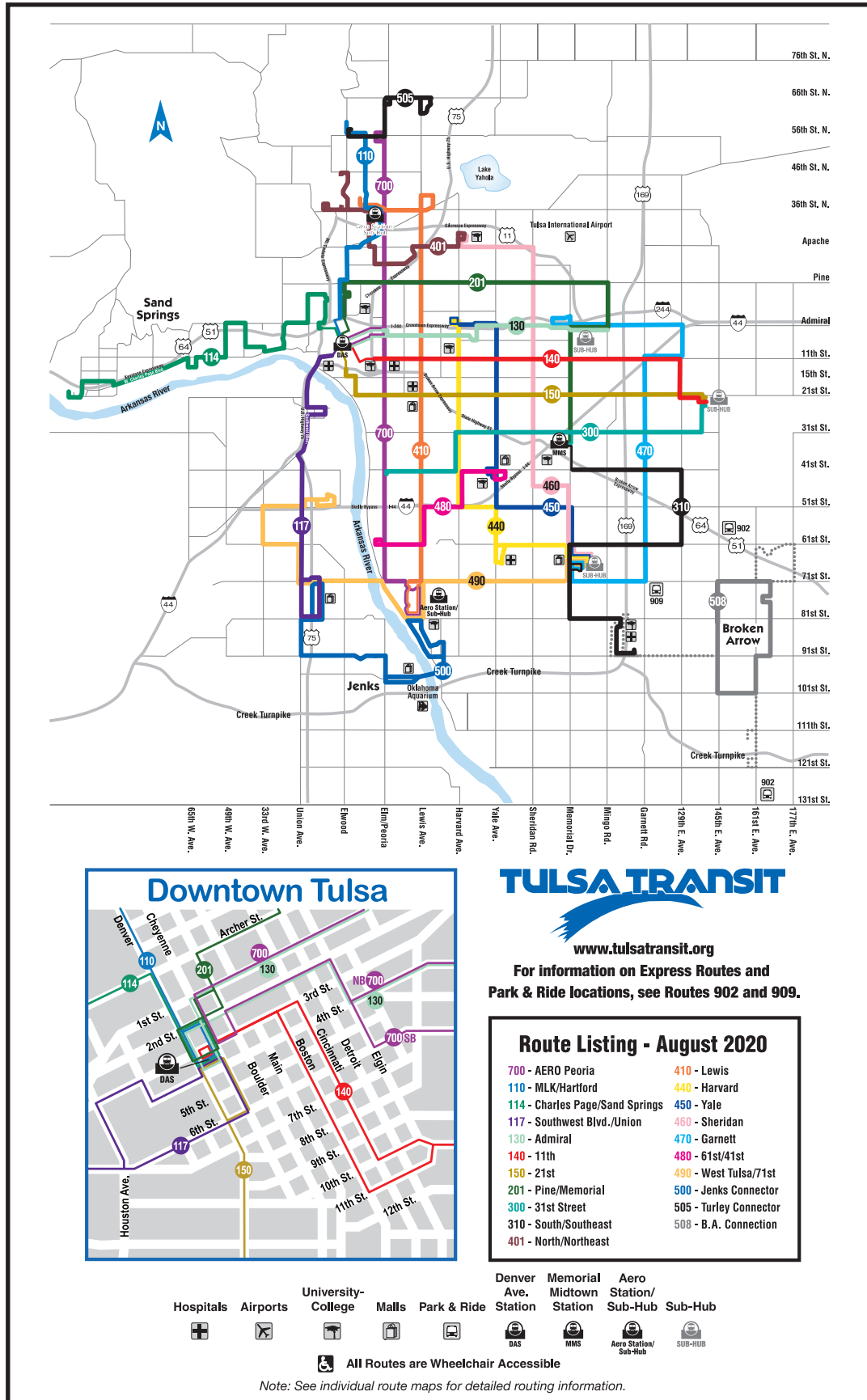
Appendix 1: Tulsa Transit (MTTA) Service Map

Appendix 2: Survey

Appendix 3: Facilities within the Tulsa Transit (MTTA)
Service Area

Appendix 4: Major Employers Map

Appendix 1: Tulsa Transit (MTTA) Service Map



Appendix 2: Survey

Human Services Transportation Coordination Action Plan Provider Update Questionnaire

Name of the Organization _____

Address _____

Telephone _____ Fax _____

Email _____

Name of Contact Person _____ Title _____

Agency Website _____

I. Organization Characteristics and Services Provided: These questions are related to the general characteristics of your organization and the general nature of the services provided.

1. Which of these best describes your organization? (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> School |
| <input type="checkbox"/> Hospital / Medical Center | <input type="checkbox"/> Church / Other faith-based Organization |
| <input type="checkbox"/> Nursing Home / Senior Center | <input type="checkbox"/> Public Sponsored Transit Agency |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Private Transportation Company |
| <input type="checkbox"/> Nutrition Site | <input type="checkbox"/> Neighborhood Center |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> YMCA / YWCA |
| <input type="checkbox"/> Social Service Agency – Public / Nonprofit | <input type="checkbox"/> Other _____ |

2. What are the major services of your organization? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Income Assistance |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Recreational / Social |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Homemaker / Chore |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Job Placement / Training / Employment |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Residential Facilities |
| <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Other _____ |

3. If not a 501(c)(3) organization, please indicate under what legal authority your organization operates

4. Does your organization purchase transportation from other service providers?

5. What is the service area that your organization covers? (If you have a map of the service area available, please attach it to this survey)

6. Does your transportation program have any service restriction? (check all that apply)

- Clients Only
- Trip Purpose
- Number of Riders per Month
- Advanced Reservations
- Other _____

7. Why are these services restricted? _____

8. If advanced reservations are required, how long in advance should clients call for reservation?

II. Modes of Transportation Services Provided: These questions are related to the types of transportation services provided directly on behalf of clients or the general public. Any non-passenger transportation service is excluded from this section.

9. How does your organization provide transportation for clients or the general public?

- | | | |
|--|---|---------------------------------------|
| Personal vehicles of agency staff or volunteer | <input type="checkbox"/> General Public | <input type="checkbox"/> Clients Only |
| Staff or volunteer using agency-owned vehicle | <input type="checkbox"/> General Public | <input type="checkbox"/> Clients Only |
| Pre-purchased tickets, tokens, passes or other transit providers | <input type="checkbox"/> General Public | <input type="checkbox"/> Clients Only |
| Reimbursement of mileage and auto expenses to clients/family | <input type="checkbox"/> General Public | <input type="checkbox"/> Clients Only |
| Other | <input type="checkbox"/> General Public | <input type="checkbox"/> Clients Only |

10. What vehicle types are used in the provision of transportation services provided directly by your agency?

<u>Vehicle Type</u>	<u>Number</u>	<u>Owned</u>	<u>Leased</u>
Sedans	_____	_____	_____
Station wagons	_____	_____	_____
Minivans	_____	_____	_____
Standard 15-passenger vans	_____	_____	_____
Converted 15-passenger vans	_____	_____	_____
Light-duty bus (16-24 passengers)	_____	_____	_____
Medium-duty bus (over 22 passengers)	_____	_____	_____
Small school bus (9 to 24 passengers)	_____	_____	_____
Large school bus (25 to 60 passengers)	_____	_____	_____
Other (describe)	_____	_____	_____

11. Are your vehicles equipped with any type of communication device? (check all that apply)

- Cellular phones
- Mobile data terminals
- Two-way mobile radios
- Other _____
- Pagers

12. Do you use any scheduling or data collection technology? Which one? If not, why?

13. What are the daily hours and days of operation for your transportation services?

- Weekdays: _____
- Saturday: _____
- Sundays: _____
- Holidays: _____

14. What level of assistance is provided for users of your transportation service?

- Curb-to-curb (drivers assist passengers in and out of vehicle only)
- Door-to-Door (drivers assist passengers to the entrance of their origin and destination)
- Drivers are permitted to assist passengers with packages
- Provide personal care escorts to passengers who require such service
- Passengers are permitted to travel with personal care escorts.
- Other: _____

III. Ridership: Please provide your organization's annual passenger statistics. If possible, use data for the most recently completed 12-month period for which data is available.

15. _____ Total number of persons provided transportation (A "person" is an unduplicated count of individuals receiving service - a person riding the vehicle 200 trips per year is counted as one person).

16. _____ Total number of passenger trips (A "trip" equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.)

17. _____ Estimated number of trips when the rider uses a wheelchair

18. _____ Time period for counts or estimates (Year data was completed)

19. Are ridership figures exact or estimated? Exact Estimated

IV. Annual Expenditures and Revenues: Please provide your organization's funding sources and annual revenues and expenditures.

20. What does your organization charge for providing transportation services?

Fare/fee _____ Donations _____

V. Purchased Transportation Services

21. If your agency purchases transportation services from third parties, please complete the following table. In case of private individuals, sum all entries in one line and label as “private individuals.”

Transportation Payments Made to Third Parties for the Purchase of Transportation Services			
<i>Name of Third Party</i>	<i>Total Number of Trips Purchased</i>	<i>Basis of Payment (per mile/per trip)</i>	<i>Total Amount Paid Last Fiscal Year</i>

22. Please identify all the funding sources that provide money for your transportation program:

_____ % of total funding is Federal (for example: FTA Section 5310/formerly Sec 16)
Federal Funding Sources _____

_____ % of total funding is State (for example: Division of Rehabilitation Services)
State Funding Sources _____

_____ % of total funding is Local (for example: County Commission or Donations)
Local Funding Sources _____

23. What are the barriers for applying for funding sources? _____

VI. Local Coordination Efforts

24. Is there any interest and commitment to coordinating human service transportation trips and maximizing resources? Why?

25. Is there an ongoing process for identifying duplication of transportation services, underused assets, and service gaps?

26. In your opinion, what enhancements are most needed to improve the coordination of public and human service transportation in your area?

27. Are your agency's transportation services coordinated with other transportation providers in your area? If yes, who do you coordinate with and to what extent?

28. Do you pick up and drop off customers within other providers' service areas?

29. Based on your experience, what are the barriers to coordination?

- Federal regulations Incompatible clients State regulations
- Liability issues Funding Turf battles
- Satisfied with present transportation program; do not see need to coordinate
- Reluctance of area transportation providers to coordinate
- Not enough equipment Other _____

30. If there are any other issues, concerns, or information relevant to the issue, please feel free to address them in the spaces below.

31. What actions would you recommend for the state and local Government to facilitate transportation coordination in the Tulsa region?

State responsibility _____

Regional Responsibility _____

Local responsibility _____

32. List in order of priority the unmet transit needs crucial to be addressed within the Tulsa TMA.

High Priority _____

Medium Priority _____

Low Priority _____

33. Based on your list of unmet needs, what strategies and solutions should be taken to address the region's transportation problems and achieve the following goals?

Safety _____

Accessibility _____

Mobility _____

Awareness _____

Funding _____

Efficiency _____

Return Deadline: June 30, 2019

Please mail or email completed form to: Patricia Dinoa • pdinoa@incog.org
INCOG • 2 W Second Street • Suite 800 • Tulsa, OK 74103 • Fax 918.579.9589

Thank you for your participation in this important update!



Human Services Transportation Coordination Action Plan User Update Questionnaire

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Do you belong to a Human Service Organization or Transit Provider? Yes No

Which _____

I. Transportation Services Provided: These questions are related to the use of public transit and/or human service transportation

1. Is public transportation available in your area? Yes No
2. Do you use public transportation? Yes No

If Yes, what type? Tulsa Transit Tulsa Lift Human Service Transportation (such as Morton, Gatesway, A New Leaf, etc.) Other _____

If No, why not? _____

3. What are your frequent destinations when using public transportation? (Select all that apply)

- Home Work Shopping
 Medical Center Social/Recreation Social Services
 Other: _____

4. What are the daily hours and days that you use transportation services?

- Weekdays: _____
 Saturday: _____
 Sundays: _____
 Holidays: _____

5. Is public transportation available within half a mile of (Select all that apply)

- Home Work Shopping
 Medical Center Social/Recreation Social Services

6 Are you satisfied with the current availability of transportation services? Yes No

Why? _____

7. How can current transportation services be improved?

8. What would encourage you to use public transit or human service transportation more?

9. How easy it is to find and understand transportation services information?

- Very Hard Hard Easy Very Easy

10. Where do you receive information about transportation services?

11. What level of assistance do you need when using transportation services?

- Curb-to-curb (drivers assist passengers in and out of vehicle only)
 Door-to-Door (drivers assist passengers to the entrance of their origin and destination)
 Drivers are permitted to assist passengers with packages
 Provide personal care escorts to passengers who require such service
 Passengers are permitted to travel with personal care escorts.
 Other: _____

II. Local Coordination Effort: These questions are related to coordinating public and human service transportation in your area.

12. Do you think that public transit and human service organizations coordinate their transportation services to fulfill the needs of the population in the area?

13. In your opinion, what enhancements are most needed to improve the coordination of public and human service transportation in your area?

14. Based on your experience, what are the barriers to coordination?

- Federal regulations
- State regulations
- Funding
- Satisfied with present transportation program; do not see need to coordinate
- Reluctance of area transportation providers to coordinate
- Not enough equipment
- Incompatible clients
- Liability issues
- Turf battles
- Other _____

15. What are the transportation needs in your area?

- Limited areas of coverage
- No weekend service
- Services are not always on time
- Limited service on holiday and Sunday
- Extended time schedule
- Limited service on holiday and Sunday
- Others _____
- Extended time schedule
- Inadequate transit funding
- Transit frequency
- Lack of transportation for emergencies/disasters
- Transportation to connect population to groceries

16. Based on your list of unmet needs, what solutions should be taken to address the region's transportation problems?

17. If there are any other issues, concerns, or information relevant to the issue, please feel free to address them in the spaces below.

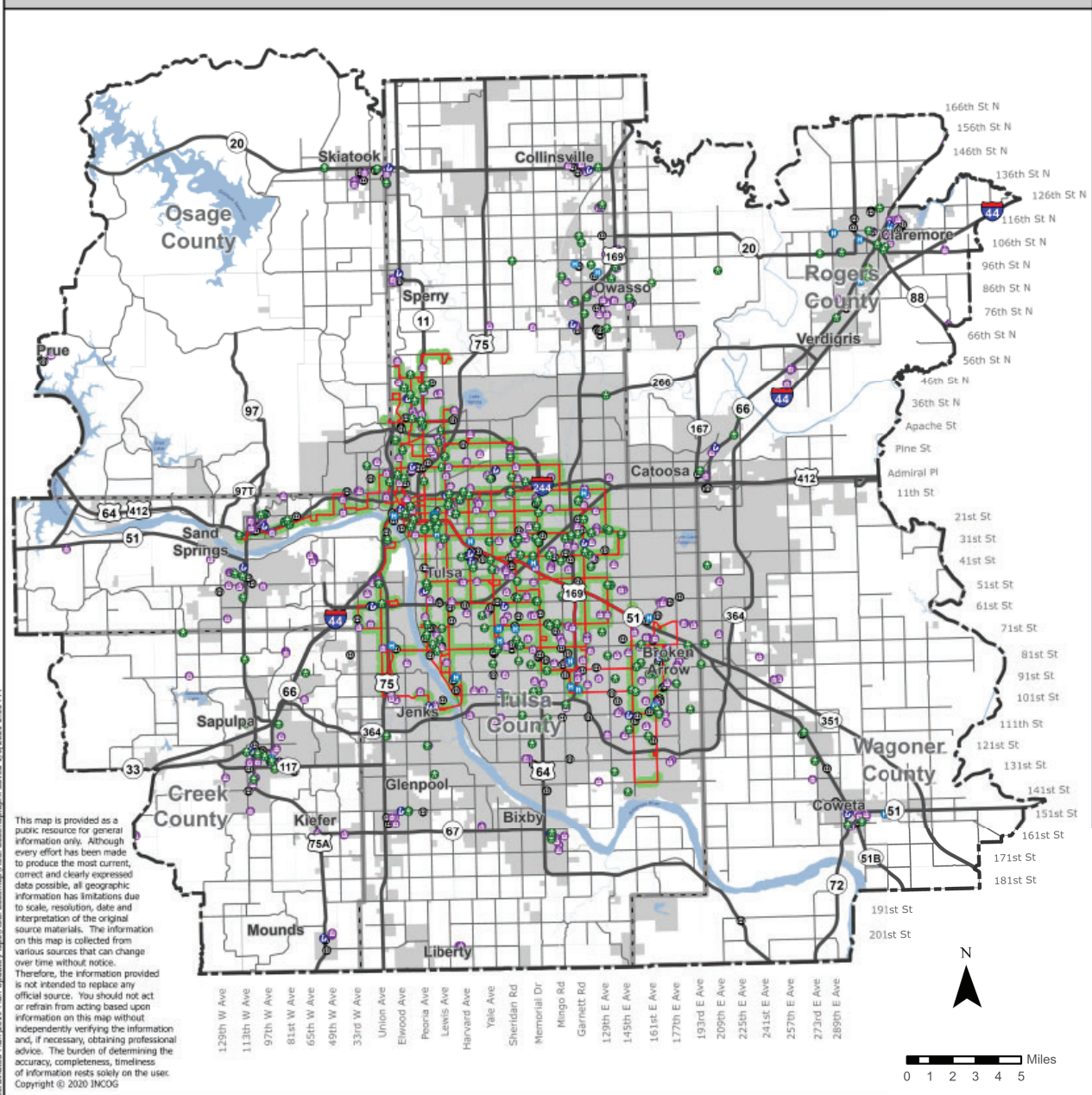
Return Deadline: June 30, 2019

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INCOG • 2 W Second Street • Suite 800 • Tulsa, OK 74103 • Fax 918.579.9589

Thank you for your participation in this important update!

Appendix 3: Facilities Within the Tulsa Transit (MTTA) Service Area

Facilities within the MTTA Service Area



This map is provided as a public resource for general information only. Although every effort has been made to produce the most current, correct and clearly expressed data possible, all geographic information has limitations due to scale, resolution, date and interpretation of the original source materials. The information on this map is collected from various sources that can change over time without notice. Therefore, the information provided is not intended to replace any official source. You should not act or refrain from acting based upon information on this map without independently verifying the information and, if necessary, obtaining professional advice. The burden of determining the accuracy, completeness, timeliness of information rests solely on the user. Copyright © 2020 INCOG



Legend

- Day Care Center
- Hospital
- Library
- School
- Senior Facility
- Highway
- Arterial Street
- MTTA Route
- 1/4 Mile Buffer of MTTA Stop
- TMA Boundary
- County Boundary
- Corporate Limit

Facility	TMA Total	Within 1/4 Mile Buffer	Percent of TMA Total
Day Care Center	216	96	44%
Hospital	31	19	61%
Library	30	16	53%
School	339	111	33%
Senior Facility	179	82	46%

Source: INCOG, Data Axle (March 2020)



