Tulsa Regional Coordinated Public Transit-Human Services Transportation Plan

2009 Plan Update
Prepared by the Indian Nations Council of Governments for the Tulsa Transportation Management Area

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Appendix available upon request or at the INCOG website:
www.incog.org/transportation/coordinatedplan.htm

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Thank You

Thank you to the members of the Regional Council on Coordinated Transportation (see list of members Appendix A) who have assisted in the Tulsa Regional Coordinated Public Transit-Human Services Transportation Plan implementation efforts:

- Ability Resources
- Bridges Foundation
- Center for Individuals with Physical Challenges
- Cherokee Nation
- City of Bixby
- City of Broken Arrow
- City of Claremore
- City of Owasso
- City of Sand Springs
- City of Sapulpa
- City of Tulsa
- Community Action program
- Creek Nation
- Department of Human Services
- Department of Rehabilitation Services
- Indian Health Care Resource Center
- Morton Health
- Metropolitan Tulsa Transit Authority
- Osage Nation
- Tulsa Area Agency on Aging
- Tulsa Area United Way
- Tulsa County Social Services
- Tulsa Day Center for the Homeless
- Tulsa Transit
- United We Ride

Thank you also to the Advisory Group (See list of members Appendix A) and those who provided comments during the Regional Council on Coordinated Transportation meetings.
1.0 Introduction

The Coordinated Public Transit-Human Services Transportation Plan focuses on transportation services for the populations of older adults, persons with disabilities, and lower income. It was developed by the Indian Nations Council of Governments (INCOG) with ongoing participation by representatives from public, private and agency 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.

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 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.

Coordination of transportation program services, appropriately implemented, reduces individual inefficiencies and encourages sharing of existing community resources. In communities where coordination is a priority, all citizens benefit from having more transportation choices through expanded service, lower costs, and easier access. In order to strengthen existing transportation services, and increase cost-effectiveness and responsiveness to consumers, the Federal Interagency Coordinating Council on Access and Mobility (CCAM), established by President George W. Bush in 2004, under the Executive Order on Human Service Transportation Coordination,
submitted a report to the President outlining five key recommendations:\footnote{Report to the President: Human Service Transportation Coordination Executive Order 13330, prepared by the Federal Interagency Coordinating Council on Access and Mobility (CCAM), 2005}

1. **COORDINATED TRANSPORTATION PLANNING:** the Administration should seek mechanisms to require participation in a community transportation planning process for human service transportation programs. Coordinated transportation planning promises increased cost-effectiveness and increased access for consumers by eliminating duplicative efforts and wasted resources.

2. **VEHICLE SHARING:** vehicles used in human service transportation should be made available to other federally funded programs, reducing duplicate transportation services as well as idle time for drivers and vehicles.

3. **COST ALLOCATION:** standard cost allocation principles for transportation should be developed and endorsed by federal human service and transportation agencies, where statutorily permitted, ensuring that adequate resources are available for transportation services for persons with disabilities, older adults and individuals with lower incomes, and encouraging the shared use of vehicles and existing public transportation services.

4. **REPORTING AND EVALUATION:** a method to permit cross-agency analysis of the effectiveness, efficiency, and progress of States, communities, and tribes toward improved coordination of transportation programs should be developed, as evidenced by improvements in the overall quality and cost-effectiveness of human service transportation.

5. **CONSOLIDATED ACCESS TRANSPORTATION DEMONSTRATION PROGRAM:** statutory authority should be sought to permit the development of ten to twelve demonstration projects in metropolitan, rural and/or tribal areas to test the feasibility and cost-effectiveness of a new approach to meeting the full range of transportation needs of persons with disabilities, older adults and individuals with lower incomes. In these demonstration projects, a single transportation system (not necessarily a single provider) financed through a consolidated federally funded stream would meet the total needs of transportation-disadvantaged populations.

In response to these recommendations, SAFETEA-LU, the federal transportation reauthorization act, requires the establishment of a locally developed Coordinated Public Transit-Human Services Transportation Plan for all FTA human services transportation programs. Under SAFETEA-LU, to receive program funding from FFY 2006 on, 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 nonprofit transportation and human services providers.

The Jobs Access and Reverse Commute (JARC) program (section 5316) already existed under TEA-21 as a discretionary program. Under SAFETEA-LU it became a formula program with the intent of providing transportation services to and from jobs and employment activities for low-income people. The reverse commute goal of the program is fulfilled by transporting low-income residents of urbanized areas and non-urbanized areas to suburban employment opportunities. All individuals served must be below 150 percent of the federal poverty level or less. Sixty percent of funds are allocated to areas with populations of 200,000 or more. Twenty percent is allocated to areas with fewer than 200,000 people with the balance going to non-urbanized areas. All projects must demonstrate compliance with the regional coordination plan.

Included in these new programs created by SAFETEA-LU, the New Freedom program (Section 5317) has the purpose of providing new transportation services beyond those required by the Americans with Disabilities Act (ADA) to improve mobility for people with disabilities. While this is the newest program of the three programs, it is also the smallest in terms of funding.

The Elderly and Disabled Program (Section 5310) started in 1975 and allocates funds by formula to states for capital costs of providing services to elderly persons and persons with disabilities. Public nonprofit organizations, public organizations in the absence of nonprofit agencies, and tribal governments or related agencies are eligible to apply. As of 2007, in the Tulsa Region, 17 agencies
received funding for 25 vehicles. The target population is anyone over the age of 65 or people of any age with a disability. Recent changes to the program include the award of mobility management grants, the use of funds to purchase trips for clients, and the requirement to comply with local coordination plans.

“United We Ride,” a national initiative implemented by CCAM to help carry out these recommendations, is addressing this challenge by educating human service agencies, transportation providers, consumers and policymakers on the benefits of transportation coordination; providing tools to help states and communities coordinate their transportation resources; analyzing the regulatory barriers to coordination and identifying solutions to overcome the limitations; encouraging comprehensive transportation service planning with active participation of people with disabilities, seniors, and people with low incomes; identifying and sharing successful strategies and solutions with states and communities; and coordinating the provision of technical assistance from a variety of specialists including Easter Seals Project ACTION and others.

INCOG’S ROLE
The Indian Nations Council of Governments (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 competitive process to select and prioritize projects for the Tulsa Transportation Management Area (TMA).

PLAN DEVELOPMENT PROCESS
The Tulsa CTP was developed in phases. The first involved an inventory of the transportation resources available in the Tulsa TMA. Consumers, advocates, transportation agencies, education and employment specialists, health care providers, and organizations providing disability-related services were identified. A survey was distributed to these organizations to compile a comprehensive inventory of services provided and the areas served.

An Advisory Group was formed with representatives from organizations serving low-income populations, elderly individuals, and persons with disabilities, including private and non-profit service providers, advocacy groups and health care providers. Six Advisory Group meetings and several public meetings were conducted. Attendees assisted in identifying service needs and gaps, analyzing origin-destination data, and identifying existing transit service. 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 service in the Tulsa TMA. Finally, the CTP also established methods to monitor the delivery of the coordinated service and improve the quality of those services.

INCOG developed and supported the implementation of the CTP prior to the current update. The first plan adopted in 2007 focused on engaging stakeholders and the public in the coordination process, develop an inventory of services provided in the region, determine transportation needs and gaps and establish strategies to be implemented in the future. The plan may be accessed here: http://www.incog.org/transportation/coordinatedplan/FinalCPTHSTP/Final-CPTHSTP.pdf

The 2009 Plan Update reviews the priorities for the region and reports on the progress of the strategies established in the 2007 CTP. The full plan update may be accessed here: http://www.incog.org/transportation/coordinatedplan/2009planupdate.

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.
2.0 Providers Inventory

In order to assess the resources available, areas served, gaps in service, and level of existing coordination throughout the Tulsa region, a survey was developed based on examples of other surveys administered around the country and the Framework for Action, an assessment tool provided by the United We Ride initiative. See Appendix B for a copy of the survey.

The Transportation Providers Resource Book, developed by INCOG in 1996 and updated in 2001, served as the basis for survey agency identification. The Tulsa Area Agency on Aging, the Department of Human Services (DHS), and City of Tulsa Community Action Program 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 survey collected information on the organization characteristics, the types of transportation services provided, ridership, annual expenditures and revenues, purchased transportation services, and local coordination efforts. Surveys were mailed to 142 organizations in early July 2006. A reminder letter was sent mid-July 2006 and in early August, INCOG staff called all the organizations that had not replied to the survey and established a final survey submittal date of August 15, 2006.

A total of 40 surveys were returned resulting in a response rate of 28%. Completed surveys were entered into a database to be analyzed.
Responses to Question 1 indicated the type of agency that best described the respondent’s organization.

The agencies that selected “other” included:
- An urban Indian outpatient clinic
- A Memory care campus
- A branch of the American Cancer Society (a nation-wide community-based voluntary health organization)
- A retirement community
- A boy and girls club, before-and-after school care, and a day camp.

Even though it was asked that the respondent only check one option, some organizations checked multiple options and therefore, even though we have 40 organizations, there are 59 responses to this question.

On the second question respondents were asked to check all the major functions performed by their organization.
According to the responses, transportation, health care, and recreational/social activities are the main organization functions. It also suggests that human service agencies are providing a range of transportation services to respond to the needs of their clients who need access to jobs, health care, social activities, etc.
Question 3 asked the organizational status of the respondents. Most of the respondents didn’t answer this question, generating no meaningful results.

<table>
<thead>
<tr>
<th>Question 3: Organizational Status</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Tulsa</td>
<td>3</td>
</tr>
<tr>
<td>State of Oklahoma (OSDHS)</td>
<td>3</td>
</tr>
<tr>
<td>For Profit</td>
<td>2</td>
</tr>
<tr>
<td>Public School District</td>
<td>2</td>
</tr>
<tr>
<td>Corporation</td>
<td>1</td>
</tr>
<tr>
<td>County Government</td>
<td>1</td>
</tr>
<tr>
<td>Non Profit</td>
<td>1</td>
</tr>
</tbody>
</table>

Question 4 asked respondents if they purchased transportation from other providers on behalf of their clients. From the organizations that purchase transportation from another provider, one provides taxi service to their clients in crisis situations and bus tokens from the Metropolitan Tulsa Transit Authority (MTTA). Other organizations provide bus tokens from MTTA or purchase transportation from public schools and private businesses.

Question 5 asked the service areas covered by the organizations surveyed. According to most of the responses, Tulsa County and surrounding cities and counties are served by transportation.

<table>
<thead>
<tr>
<th>Question 5: Area Served</th>
<th># of Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa County</td>
<td>7</td>
</tr>
<tr>
<td>City of Tulsa</td>
<td>6</td>
</tr>
<tr>
<td>Creek County</td>
<td>4</td>
</tr>
<tr>
<td>Tulsa Metro Area</td>
<td>4</td>
</tr>
<tr>
<td>Tulsa Co./ Surrounding Areas</td>
<td>4</td>
</tr>
<tr>
<td>City of Broken Arrow</td>
<td>3</td>
</tr>
<tr>
<td>City of Sand Springs</td>
<td>2</td>
</tr>
<tr>
<td>City of Sapulpa</td>
<td>2</td>
</tr>
<tr>
<td>All USA and Canada</td>
<td>1</td>
</tr>
<tr>
<td>Bartlesville</td>
<td>1</td>
</tr>
<tr>
<td>City of Bixby</td>
<td>1</td>
</tr>
<tr>
<td>City of Claremore</td>
<td>1</td>
</tr>
<tr>
<td>City of Jenks</td>
<td>1</td>
</tr>
<tr>
<td>City of Owasso</td>
<td>1</td>
</tr>
<tr>
<td>North/East Tulsa Co.</td>
<td>1</td>
</tr>
<tr>
<td>State of Oklahoma</td>
<td>1</td>
</tr>
<tr>
<td>Tahlequah</td>
<td>1</td>
</tr>
<tr>
<td>Tulsa Housing Authority Communities</td>
<td>1</td>
</tr>
<tr>
<td>Wherever Clients Need</td>
<td>1</td>
</tr>
</tbody>
</table>

On Question 6, respondents were asked if there was any kind of restriction on the services offered by them. The majority of the organizations provide transportation to their clients only.

<table>
<thead>
<tr>
<th>Question 6: Restriction</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients Only</td>
<td>26</td>
<td>14</td>
</tr>
<tr>
<td>Trip Purpose</td>
<td>12</td>
<td>28</td>
</tr>
<tr>
<td>Advanced Reservations</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Number of Riders per Month</td>
<td>1</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>38</td>
</tr>
</tbody>
</table>
The main factors influencing the need for restrictions are federal restrictions and limited availability of staff and vehicles, followed by funding limitations and scheduling issues. From the 40 surveys received, 18 organizations require advanced reservations: six of them with at least 24 hours advanced notice, some with 48 hours notice, and others with a week to a month in advance.

The following series of questions were related to the methods used to provide transportation services directly on behalf of clients or the general public. The majority of the respondents provide service mainly for clients only, which was anticipated considering that there are more human service agency providers surveyed than public transit provider organizations.

From the eleven agencies that answered “Other” to modes of transportation, one organization gives away donated vehicles to their clients; another provides cab services to their clients and another participates in the gas-card program. One organization takes their clients to scheduled events and only charges for the event tickets.

Respondents were asked what trip purpose their organizations were authorized to provide to clients or the general public. Health transportation was the largest trip purpose provided by the organizations surveyed, followed by social and recreation activities.
Transportation to grocery stores, court houses, church activities, pharmacies, and field trips are also services provided by some of these organizations.
Respondents were asked to report the number of vehicles they either owned or leased to provide their transportation services. The 40 respondents indicated they owned or leased 505 vehicles altogether. Of the total vehicles, only 12 (or 2.4%) were leased. Large school bus (25 to 60 passengers) was the most common vehicle used.

**Question 11: Vehicle Type used for providing transportation**

- Large school bus (25-80 passengers): 329
- Medium-duty bus (over 22 passengers): 55
- Standard 15-passenger vans: 30
- Coverted 15-passenger vans: 25
- Minivans: 19
- Light-duty bus (18-24 passengers): 16
- Sedans: 4
- Station wagons: 1
- Small school bus (9-24 passengers): 1
- Other: 25

When asked if their vehicles were equipped with any type of communication device, 62% of the organizations answered “yes”. The majority of organizations that answered “yes” communicated using cellular phones.

**Question 12: Are vehicles equipped with any type of communication?**

- Yes, 62%
- No, 3%
- No answer, 35%
The majority of the organizations surveyed provide transportation services during weekdays. Service is usually provided from 8:00 a.m. to 5:00 p.m. on weekdays and as needed, and for special occasions on weekends and holidays.

<table>
<thead>
<tr>
<th>Question 13: Service Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Day</td>
</tr>
<tr>
<td>Weekdays</td>
</tr>
<tr>
<td>Saturdays</td>
</tr>
<tr>
<td>Sundays</td>
</tr>
<tr>
<td>Holidays</td>
</tr>
</tbody>
</table>

Respondents were asked the level of assistance that is provided to users of their transportation system. Usually clients require drivers’ assistance as part of the service offered to them by human service organizations and, therefore, the Americans with Disabilities Act (ADA) requires that drivers acquire some training on how to assist passengers who need these services.

<table>
<thead>
<tr>
<th>Question 14: Assistance Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door-to-Door (drivers assist passengers to the entrance of their origin and destination)</td>
</tr>
<tr>
<td>Drivers are permitted to assist passengers with packages</td>
</tr>
<tr>
<td>Passengers are permitted to travel with personal care escorts</td>
</tr>
<tr>
<td>Curb-to-curb (drivers assist passengers in and out of vehicle only)</td>
</tr>
<tr>
<td>Provide personal care escorts to passengers who require such service</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Passenger statistics were collected for the most recently completed 12-month period for which data was available. According to the respondents, an estimation of almost 30,000 passengers are provided with transportation services by the organizations surveyed; over 2.6 million passenger trips and over 15,000 wheelchair-bound passenger trips are provided per year.

<table>
<thead>
<tr>
<th>Ridership Statistics</th>
<th>Average Weekday</th>
<th>Total Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of passenger trips</td>
<td>10,874</td>
<td>2,609,707</td>
</tr>
<tr>
<td>Total number of persons provided transportation</td>
<td>121</td>
<td>29,156</td>
</tr>
<tr>
<td>Estimated number of trips when the rider uses a wheelchair</td>
<td>64</td>
<td>15,430</td>
</tr>
</tbody>
</table>

The following questions were related to the organizations’ funding sources and annual revenues and expenditures. When asked if there was a donation accepted or a fare charged to customers or clients to provide transportation services, only eight organizations charged a fee or had the fee included in rental rates, and three organizations accepted donations.

<table>
<thead>
<tr>
<th>Question 20: Are Fares Charged?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fares, 46%</td>
</tr>
<tr>
<td>No answer, 33%</td>
</tr>
<tr>
<td>Charged fares, 21%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 20: Are Donations Accepted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donation, 8%</td>
</tr>
<tr>
<td>No Donation, 41%</td>
</tr>
<tr>
<td>No answer, 51%</td>
</tr>
</tbody>
</table>
Many respondents didn’t answer the question related to expenses and revenues. From the 40 surveys, only 17 had expense and revenue data. The table below indicates the total expenses and revenues of those organizations that provided the information.

### Question 22: Transportation Operating Expenses and Revenues

<table>
<thead>
<tr>
<th></th>
<th>Actual FY 2004</th>
<th>Actual FY 2005</th>
<th>Projected FY 2006</th>
<th>FY 2004-2006 Average Per Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transportation Expenses – Total</strong></td>
<td>$21,866,444</td>
<td>$24,163,338</td>
<td>$25,962,970</td>
<td>$1,411,623</td>
</tr>
<tr>
<td><strong>Transportation Revenues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fares collected from passengers through cash, or tickets/tokens purchased by passengers</td>
<td>$1,469,014</td>
<td>$1,509,161</td>
<td>$1,768,044</td>
<td>$93,063</td>
</tr>
<tr>
<td>Revenues collected from cash or ticket/tokens purchased by third parties on behalf of passengers</td>
<td>- 0 -</td>
<td>- 0 -</td>
<td>- 0 -</td>
<td>- 0 -</td>
</tr>
<tr>
<td>Reimbursements for services obtained from third parties such as Medicaid</td>
<td>- 0 -</td>
<td>- 0 -</td>
<td>- 0 -</td>
<td>- 0 -</td>
</tr>
<tr>
<td>Local governments appropriations</td>
<td>$14,978,822</td>
<td>$16,575,556</td>
<td>$17,961,126</td>
<td>$970,892</td>
</tr>
<tr>
<td>Grants directly received by the organization</td>
<td>$4,534,275</td>
<td>$5,104,279</td>
<td>$5,015,790</td>
<td>$287,340</td>
</tr>
<tr>
<td>Other</td>
<td>$725,296</td>
<td>$586,506</td>
<td>$843,941</td>
<td>$42,269</td>
</tr>
<tr>
<td><strong>Total Transportation Revenues</strong></td>
<td>$21,707,407</td>
<td>$23,775,502</td>
<td>$25,588,901</td>
<td>$1,393,565</td>
</tr>
</tbody>
</table>

When asked if their organizations purchased transportation services from third parties, only nine respondents answered yes. These organizations purchased passes from the MTTA Lift program. One organization also purchased passes from Cimarron Transit and another from a taxi company.
Respondents were asked to identify all the funding sources that provided money for their transportation program. At the Federal level only seven organizations identified Federal funding sources. Eleven organizations didn’t receive any Federal funds and 22 organizations didn’t answer.

The eight organizations (18%) that stated they received federal funds cited the following sources: FTA (1), Sodexho (2), 5310 (2), HUD (1), OSHD (1), Bureau of Primary Health Care (1).

Responses to the same question regarding state financial assistance yielded no conclusion because the organizations surveyed did not identify any state funding sources. Donations and local government contributions are the most frequent source of local revenue to those organizations surveyed with 30% indicating they received local funding. The next part of the survey assesses local coordination efforts. When asked if there is any interest and commitment to coordinating human service transportation trips and maximizing resources, 30% of the organizations said they think they can benefit from a coordinated plan. Respondents were asked if there is an ongoing process for identifying duplication of transportation services, underused assets, and service gaps. Thirty-five percent of the respondents agreed that there is no such process in place.

Respondents were asked if the specific transportation needs of various target populations (low-income, elderly, and people with disabilities) are well-documented. The majority of respondents agree that there is no documentation of specific needs.

### Question 28: Existing Elements that Provide Most Useful Mobility Options

<table>
<thead>
<tr>
<th>Element</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTTA Lift Service</td>
<td>8</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
</tr>
<tr>
<td>Sooner Ride</td>
<td>2</td>
</tr>
<tr>
<td>Taxi</td>
<td>2</td>
</tr>
<tr>
<td>Cardinal Heights</td>
<td>1</td>
</tr>
<tr>
<td>City of Broken Arrow</td>
<td>1</td>
</tr>
<tr>
<td>Combination of Elements</td>
<td>1</td>
</tr>
<tr>
<td>Families</td>
<td>1</td>
</tr>
<tr>
<td>Not Sure</td>
<td>1</td>
</tr>
</tbody>
</table>

The elements of the existing transportation network that provide the most useful mobility options for the public and clients of human service agencies in this area according to the respondents is MTTA lift service.

Respondents were asked what enhancements are most needed to improve the coordination of public and human service transportation in the Tulsa area. Responses showed that there is uncertainty as to what actions would be the most useful.
When asked if their organization’s transportation services are coordinated with other transportation providers in the area, 95% said there is no coordination.

From a list of specified items, respondents were asked to evaluate what were the biggest barriers to coordination. “Funding” was the highest ranked answer followed by “not enough equipment.”

Respondents were asked what would make a coordinated transportation program more attractive to their organizations, given the greater emphasis on coordinated services by federal grantors such as the Federal Transit Administration and the Administration on Aging. The organizations surveyed suggested:

- More seniors, beyond those connected with nutrition sites, served by public transit
- Better transportation service offered to their clients and public in general
- Access to increased number of resources such as vehicles and staff
- Flexibility in service and extended service hours
- Expanded service areas and decreased costs
- More services to more people in need
- Reliable partners with up-to-date equipment
- Coordination by one entity
- Ability to rent vehicles for a reasonable rate
- More funds available
- Easy-to-use system

Some of the key findings from this survey are that most organizations are social services agencies and senior centers with transportation for health/recreational purposes as their major function. Almost all of these organizations provide transportation services only to their clients because of federal restrictions, limited availability of staff and vehicles, funding limitations, and scheduling issues. Large school bus (25 to 60 passengers) was the most common vehicle used providing services mainly on weekdays from 8:00 a.m. to 5:00 p.m. and for special occasions on weekends and holidays. Funding availability is one of the biggest problems encountered by these organizations.

Only 18% of the organizations indicated receiving Federal funds and only 10% receive state funds. Donations and local government contributions are the most frequent source of local revenue to those organizations surveyed but only 30% receive these funds. The majority of the organizations indicated interest and commitment to coordinating human service transportation trips and maximizing resources. It was clear that there is no process in place for identifying duplication of transportation services, underused assets, and service gaps. Enhancements most needed to improve the coordination of public and human service transportation in the Tulsa area were better provision of services to seniors, increased resources, extended and expanded services, more funding availability, and one entity responsible for coordination.

An inventory of all the organizations that replied to the survey can be found in Appendix C.
3.0 Public Outreach

Public meetings were conducted to inform the public about the Coordinated Public Transit-Human Services Plan and seek input on the transportation needs of the Tulsa Region. Several presentations were made upon request, including the Homeless Services Network, the Katrina Coalition, NE Oklahoma Disability Taskforce Meeting, and the Funders Roundtable. Transcripts can be found in Appendix D.

Many comments demonstrating the participants’ interest and commitment in improving the Tulsa region transit system were recorded from these meetings.

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.
The public meetings also yielded many comments and questions:

- What innovative examples exist in other communities
- Need for access to medical appointments, social engagements, and worship services
- Some seniors are isolated because they can’t drive and relatives and friends are deceased or have moved away
- Users are not informed about the available services. Confusion about how nighttime system work, what routes are available, and calling for deviations
- Need for evening and weekend transit service
- Using transit as a way to reduce congestion
- Education and advertising to alleviate transit stigma and low usage
- Idea of surveying users to determine their needs and elicit suggestions on how to get residents to participate in the process
- Safety with riding/waiting at night and on-bus violence
- No access to jobs (such as call centers, distribution centers, etc.) and industrial park because of hours of operation and location
- Interest in vanpool or ridesharing to work and social events, but current system is unsatisfactory
- Transportation based on the specific trip types – routes to stores one day, another day medical centers, etc.
- Emergency transportation and evacuation planning
- Current usage below capacity
- Making presentations to local organizations
- Churches and organizations have underutilized vehicles
- In other states, seniors can donate their car to an organization, and in turn they will receive a voucher for rides provided by the organization
- Hiring unemployed individuals to operate vehicles that take others to work
- Lift requires riders to meet eligibility requirements – what about those who do not meet requirements but have no other service options?
- Ask businesses to sponsor vehicles that take clients from home to that business (grocery stores, shopping centers, etc.)
- Young mothers have difficulty finding work and childcare if depending on current transit system - once employed, they need the flexibility to drop off children and get to work in a timely way

An Advisory Group was formed with the purpose of sharing 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. The Advisory Group had key input on the gap analysis, identifying the region’s needs and guiding the development of the Plan. Around twenty people representing public transit providers, human service agencies, private for-profit providers, advocacy groups, neighborhood associations, among others, attended each Advisory Group meeting. Each meeting had a presentation to update participants on the data collected for the development of the Coordinated Plan draft and new regulations issued by the Federal Transit Administration concerning the Plan, followed by brainstorming sessions and exchange of information and experience.

The first Advisory Group meeting took place at the Tulsa Central Library Lecture Room in August 2006. At this meeting, the Advisory Group members were introduced to the Coordinated Plan requirements and purpose, the Plan development timeline, members’ responsibilities and expectations, and the providers’ inventory. The second Advisory Group meeting took place at LIFE Senior Services in September 2006. Participants worked on a brainstorming session and comments were recorded. 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.

The third meeting took place at Park Village Nutrition Center in October 2006. At this meeting, the Advisory Group discussed recommendations for State and City’s role in coordination and action items recommended to facilitate transportation coordination in the Tulsa region.

A fourth Advisory Group meeting was held February 2006 at the Community Service Council offices. Advisory group members discussed federal, state, and local funding and prioritized gaps and actions for the region. The fifth meeting was also held at the Community Service offices in March 2006 to review the draft Coordinated Plan. The complete summary of these Advisory Group meetings is included in Appendix D.
4.0 Demographics and Existing Services

The Tulsa TMA, comprised of Tulsa County and parts of Creek, Osage, Rogers, and Wagoner counties, reached a population of 701,580 in 2000. This figure is projected to grow by 23% from 2000 to 2030, an average annual growth rate of 0.8%.

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, 11.6% (81,922 people) are 65 years & older, 19.34% (125,238 people) represents the 5 years & older population with a disability, and 11.08% are considered below the poverty levels (76,742 people). See Appendix E for maps showing the geographic distribution of the low-income, disabled and elderly population concentrations within the Tulsa TMA.

As can be viewed in Figure 1, the median age of residents has risen in the past decade. In addition, as seen in Figure 2, the youth population (19 years of age and younger) is decreasing as the older population (65 years of age and older) increases, a shift that is further explored in Figure 3, which shows how the percentage of older adults, as compared to other adult age groups, will increase.
Figure 1: Resident Median Age by County

- Tulsa: 2000 Median Age - 29.6, 1980 Median Age - 34.4, 2030 Projections - 36.9
- Pawnee: 2000 Median Age - 33.8, 1980 Median Age - 38.5, 2030 Projections - 36.9
- Okmulgee: 2000 Median Age - 32.5, 1980 Median Age - 36.9, 2030 Projections - 36.9
- Creek: 2000 Median Age - 31, 1980 Median Age - 36.9, 2030 Projections - 36.9

Figure 2: Percentage of MSA Population by Age Group
- Youth (0-19): 1980s Data - 32%, 2030 Projections - 26%
- Elderly (65+): 1980s Data - 11%, 2030 Projections - 21%

Figure 3: Population Composition - Youth vs. Elderly
- 70s: 2030 Projections - 4.9%, 1980s Data - 9.3%
- 60s: 2030 Projections - 7.5%, 1980s Data - 11.0%
- 50s: 2030 Projections - 10.1%, 1980s Data - 10.6%
- 40s: 2030 Projections - 10.5%, 1980s Data - 12.6%
- 30s: 2030 Projections - 12.7%, 1980s Data - 14.8%
- 20s: 2030 Projections - 18.0%, 1980s Data - 12.6%
By 2030, the population with disabilities will likely remain flat, relative to the total population, however the number of individuals below the poverty level will likely rise to over 10%. These changes will have significant effects on transportation needs. There will be an increased demand for transportation services for the elderly, 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.

**Existing Transportation Services**

Historically, the Tulsa region was served by passenger rail and trolley services, but today public transportation service is provided exclusively by bus. Interregional bus service is operated by Greyhound Bus Lines (one of the largest intercity transportation providers in the country), TNM & O, 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.

Within the TMA, bus and paratransit services are operated by the Metropolitan Tulsa Transit Authority (MTTA). With a fleet of about 100 vehicles, MTTA offers fixed route and paratransit services primarily for most of the City of Tulsa and part of Sand Springs and Jenks. There are approximately 16 fixed routes, 4 nightline routes, and 2 express routes operating 6 days a week. MTTA services consist of the following.

**Fixed Route**

The fixed route program uses 56 buses. Of these vehicles, 55 traditional buses are used during peak hours and 43 are used during off-peak hours. The service is operated from 5:00 a.m. to 7:00 p.m. on weekdays and 6:30 a.m. to 6:00 p.m. on Saturdays. There is no service on Sundays. Frequency of service varies from route to route, however peak service ranges between 20 - 90 minutes and off-peak ranges from 30 - 120 minutes. The fixed route buses provide service to major employment, shopping and entertainment locations. The buses are also an important element of the Ozone Alert! program, providing 50 cent fares on designated days.

**Lift Program and Paratransit Services**
The Lift Program offers curb-to-curb 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 and taxi cabs. 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.

**Nightlines**
MTTA operates 4 nightline services from Monday to Friday. These routes cover the north, south, east, and southeast areas of Tulsa. The bus can deviate ¾ of a mile from the route to pick up passengers who make reservations in advance. Service frequency in each route varies from 1 hour and 25 minutes to 2 hours.

**Other Programs**
The SafePlace Program, offered in conjunction with Youth Services of Tulsa, takes children to a safe place when they feel they are lost or in danger. Kids can catch any bus and ask to be taken to a safe place.

The Employer Bonus Bucks Program is offered to companies of all sizes to help their employees pay for transit fares by providing Bonus Bucks transit vouchers. This program allows employers to pay half or all an employee’s monthly bus fares and deduct the cost as a business expense.

The Reduced Fare Programs are offered to senior citizens (age 62 or older) and persons with disabilities. A special photo ID card is issued, with proof of age and/or disability that permits holders to use the city bus system at half price. Senior citizens 75 years of age and older can receive free bus rides for life on MTTA’s fixed-route bus system.

See Appendix F for MTTA existing services map.

In addition to these public transportation services, INCOG operates Green Traveler, a free transportation matching service. A web-based system (www.greentraveler.org) matches customers that live in the same area and have a similar commute. Currently, there are 428 people listed in the database and 63 operating carpools. The service is being expanded to include matches to Tulsa area trails and bus routes to give users additional alternative transportation options.

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, hundreds of organizations in the area operate transit services to provide transportation to their clients. The organizations include taxi companies, non-profit agencies, volunteer programs, schools, and human service agencies, among others. The Advisory Group members identified the following strengths of local human service agencies and public transit providers in the Tulsa region:

- All MTTA weekday/daytime service buses are lift-equipped, affordable, curb-to-curb and available to all residents, with passengers 75-years-old and older riding for free.

- The predominance of 15-passenger vans used by smaller agencies provide 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. SoonerRide services for Medicare/Medicaid help clients access doctors and pharmacies.

- Strong advocates for transportation, as well as the desire in the community for coordinated services, are identified strengths. Some coordination/cooperation between agencies already exists, such as 2-1-1 data accessibility and INCOG inventory data.

- Availability of Federal funds.

See Appendix C for a list of organizations that provide transportation services in the Tulsa TMA.
5.0 Gaps and Needs

The purpose of the Coordinated Public Transit-Human Services Transportation Plan is to identify the transportation needs of the target populations and develop alternatives to address these needs. These alternatives will be developed by INCOG in coordination with the region’s transit providers and the Regional Council for Coordinated Transportation (RCCT). The list of actions will be updated at the direction of the RCCT and included in the Tulsa TMA Transportation Improvement Program (TIP).

To identify these needs, it was necessary to:
1. List all the transit providers in the Tulsa TMA
2. Inventory service, equipments, and facilities available
3. Assess service gaps, equipments, 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
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.

To assess the transportation needs of Tulsa area residents, a statistically significant survey (95% confidence) was conducted in 2008. The survey found that Residents were generally dissatisfied with public transportation services in the Tulsa area.

More than half (59%) of those surveyed were dissatisfied with the number of destinations served by public transportation in the region; 58% were dissatisfied with the frequency of bus service, and 56% were dissatisfied with the hours and days that bus service is provided. More than half (66%) of those surveyed thought the level of funding for public transportation in the Tulsa area should be increased over the next five years.

About one quarter (25%) thought it should stay about the same, 5% thought it should be reduced, and 4% did not have an opinion. The graphs below show some of the results of the survey related to public transportation.

The survey also found that resident believed improving transportation for the elderly and people with disabilities should be a priority objective in the next decade and were willing to support that financially.

### Transportation Investments that Should Be the Top Priorities for the Tulsa Area Over the Next 5-10 years

*by percentage of respondents who selected the item as one of their top three choices*

<table>
<thead>
<tr>
<th>Priority</th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving major roads and streets</td>
<td>26.4%</td>
<td></td>
<td>51%</td>
</tr>
<tr>
<td>Maintaining major roads and streets</td>
<td>13.0%</td>
<td></td>
<td>48%</td>
</tr>
<tr>
<td>Development of Commuter...</td>
<td>13.3%</td>
<td></td>
<td>29%</td>
</tr>
<tr>
<td>Improving trans. services for...</td>
<td>7.8%</td>
<td></td>
<td>26%</td>
</tr>
<tr>
<td>Improving public...</td>
<td>6.6%</td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td>Adding lanes to freeways in the...</td>
<td>9.6%</td>
<td></td>
<td>19%</td>
</tr>
<tr>
<td>Improving roads/streets in...</td>
<td>2.7%</td>
<td></td>
<td>19%</td>
</tr>
<tr>
<td>Improving existing interchanges on...</td>
<td>5.1%</td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>Improving sidewalks/other...</td>
<td>2.9%</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Improving biking facilities</td>
<td>1.4%</td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Using info tech. to enhance...</td>
<td>1.4%</td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Acquiring land for traffic...</td>
<td>1.0%</td>
<td></td>
<td>6%</td>
</tr>
</tbody>
</table>
How Likely Residents Would Be to Use Various Types of Transportation - by percentage of respondents who rated the item as a 4 or 5 on a 5-point scale

- Trolley service: 27.3% Likely (4), 29.0% Very Likely (5)
- Commuter rail service: 28.4% Likely (4), 26.8% Very Likely (5)
- HOV Lanes: 26.6% Likely (4), 24.9% Very Likely (5)
- Door-to-door shuttle service for seniors/disabled: 26.7% Likely (4), 23.0% Very Likely (5)
- Park and ride services: 18.2% Likely (4), 26.3% Very Likely (5)
- High speed, rapid bus service: 18.5% Likely (4), 24.8% Very Likely (5)
- Bus service that have fixed routes: 16.7% Likely (4), 24.9% Very Likely (5)
- Commuter bus service: 12.3% Likely (4), 18.9% Very Likely (5)
- Express toll lanes: 8.8% Likely (4), 16.6% Very Likely (5)
- Carpools or Vanpools: 6.3% Likely (4), 14.8% Very Likely (5)

Services that Residents Would Be Most Willing to Support with Their Tax Dollars - by percentage of respondents who selected the item as one of their top three choices

- Commuter rail service: 41% 1st Choice, 35% 2nd Choice, 34% 3rd Choice
- Trolley service: 35% 1st Choice, 35% 2nd Choice, 22% 3rd Choice
- Door-to-door shuttle service for seniors/disabled: 34% 1st Choice, 28% 2nd Choice, 22% 3rd Choice
- HOV Lanes: 28% 1st Choice, 28% 2nd Choice, 20% 3rd Choice
- High speed, rapid bus service: 24% 1st Choice, 22% 2nd Choice, 18% 3rd Choice
- Park and ride services: 22% 1st Choice, 22% 2nd Choice, 18% 3rd Choice
- Commuter bus service: 20% 1st Choice, 20% 2nd Choice, 18% 3rd Choice
- Bus service that have fixed routes: 18% 1st Choice, 18% 2nd Choice, 16% 3rd Choice
- Express toll lanes: 9% 1st Choice, 9% 2nd Choice, 9% 3rd Choice
- Carpools or Vanpools: 7% 1st Choice, 7% 2nd Choice, 7% 3rd Choice
The Advisory Group members, based on their professional and personal experience, and the citizens that attended the public meetings, identified the following as gaps in local human service agencies and public transit providers:

- **Unserved or underserved areas (limited hours and location of transit service):** Typically, transit agencies provide service to more dense urban areas and even with service extended ¾ of a mile beyond the fixed route system (ADA requirement) people in the edges of the city or surrounding communities have little or no transit service. Human Service Agencies provide a higher level of service, but they are often limited by Federal requirements that restrict service to a specific target population or specific destination type.

- **Ease of use:** Depending on the transportation need and program, riders need to make different arrangements with different providers. Different transit systems have different fares and policies, which can be confusing. Multiple operators have different phone numbers and operating procedures. Advanced scheduling singles people out and doesn’t allow riders to be spontaneous about their trips. Lift service is not always on time making it difficult scheduling pickup from appointments. SoonerRide services do not always correspond to the needs of the clients.

- **Access and lack of availability:** There is no transit service on holidays and Sundays, and limited service in the evenings. There is a need for expanded and extensive public transportation service for entry-level workers, students that work or take evening classes, and residents interested in recreational, shopping or religious trips on weekends. Human Service Agencies have limited capacity for scheduled services (shortage of seats) and therefore they can only provide paratransit services to people who are eligible for ADA and Medicaid programs. Accessibility barriers to regular transit routes, such as lack of transit and pedestrian-friendly development (curb cuts, parking/driveways, sidewalks, and bus turn-outs), limit efficiency and effectiveness of service and make it difficult for people with disabilities to ride the bus.

- **Lack of funding:** Inadequate transit funding – no dedicated local funding source – prohibits the expansion of fixed-route and paratransit services both in terms of service hours and service area.

- **Duplication and redundancy:** Funding sources restrict transportation services to specific populations for specific purposes and therefore, under-capacity vehicles from different organizations can be traveling the same route at the same time unable to pick up additional riders. Drivers training programs, in-house vehicles maintenance programs, and call centers are operated individually by each organization. Different eligibility requirements for each program and individually purchased vehicles and equipment also result in redundant service and wasted resources. In the Tulsa region, because of lack of coordination, existing service is underutilized and vehicles are not used efficiently.

- **Agency barriers:** Agencies believe that the cost of liability insurance will increase if they transport riders who are not their clients.

- **Awareness of available services:** Due to limited funding available for marketing, riders are not always aware of the options available to them, so more and better dissemination of information on available services is needed to educate eligible riders with easy-to-understand instructions (lack of publicity for 75+ free transit rides). Social service agencies need a better understanding of the transportation system infrastructure to accomplish coordination objectives.
With that in hand, the Advisory Group developed a listing of prioritized unmet transportation needs for the Tulsa region as follows:

**High Priority**

- Little or no service provided to Tulsa surrounding communities
- There is no transit service on holidays and Sundays
- Limited service in the evenings
- Barriers to accessibility to regular transit routes such as lack of transit and pedestrian-friendly development (curb cuts, parking/driveways, sidewalks, and bus turn-outs) limit efficiency and effectiveness of service and make it difficult for people with disabilities to ride the bus
- Inadequate transit funding – no dedicated funding source – prohibits the expansion of fixed-route and paratransit services
- Human service agencies need a better understanding of the transportation system infrastructure to accomplish coordination objectives

**Medium Priority**

- Human Service Agencies often limited by Federal requirements that restrict service to a specific target population or specific destination type
- Depending on the transportation need and program, riders need to make different arrangements with different providers
- Different transit systems have different fares and policy, which can be confusing
- Multiple operators have different phone numbers and operating procedures
- Safety with riding/waiting at night and on-board
- Lack of transportation and planning for emergencies/disasters
- Driver training programs are operated individually by each organization
- In-house vehicles maintenance programs are operated individually by each organization
- Call centers are operated individually by each organization
- Different eligibility requirements for each program
- Individual purchase of vehicles and equipments
- Agencies believe that the cost of liability insurance will increase if they transport riders who are not their clients
- Turfism (concerns about loss of control over services, riders, funding)
- Due to limited funding available for marketing, riders are not always aware of the options available to them
- Confusion about how nightline system work, what routes are available, and calling for deviations
- Education and advertising to alleviate transit stigma and low usage
- Vehicles are not used efficiently (church buses, school buses, etc.)
- Funding sources restrict transportation services to specific populations for specific purposes and therefore, under-capacity vehicles from different organizations can be traveling the same route at the same time unable to pick up additional riders
Advanced scheduling singles people out and doesn’t allow riders to be spontaneous about their trips.

Lift service is not always on time making it difficult scheduling pickup from doctors’ appointments. SoonerRide services do not always correspond to the needs of the clients.

Human Service Agencies have limited capacity for scheduled services (shortage of seats).

Some agencies can only provide paratransit services to people who are eligible for ADA and Medicaid program.

Skepticism about benefits.

In addition to the data collected from the public and Advisory Group meetings, the identification of service gaps and needs was also based on concentrations of low-income, elderly, and/or disabled resident (see Appendix E) and potential employment locations (see Appendix G).

These population and employment locations were 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 MTTA fixed route service.

Of the total TMA population 65 & older (81,922 people), 54% live within a ¼ mile of the fixed route bus service (44,210 people), 53.2% (66,654 people) of the total population 5 years and older with a disability (125,238 people) live within a ¼ mile of the bus fixed route service, and 64.5% (49,519 people) of the total TMA population living in poverty (76,742 people) is within a ¼ mile of the bus service. See Map 2 for the population analysis.

For the Job Access and Reverse Commuting Program, it is necessary to focus on filling service gaps in industrial districts and large employment areas, improving individuals’ viability for employment. Map 3 shows the most current employment data available identifying employment areas that exhibit a large supply of jobs and high densities of employment. Assessing service gaps in these areas provides a frame of reference to set priorities for the transportation needs of each specific area and the urbanized region as a whole.

As can be seen in Map 3, 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. Of the 290 schools in the TMA, 42% are served by transit routes, and 63% of the total number of day care centers (195) is within a ¼ of a mile of transit routes. The TMA has a total of 20 hospitals/medical centers with 15 (75%) served by transit. Fifty percent of the libraries in the region (total of 28 libraries in the TMA) is also served by transit routes. 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.

Long-term employment growth is expected to continue for the Tulsa Metropolitan Area based on Bureau of Economic Analysis forecasts. In 2000, total employment reached over 411,000 – an increase of approximately 50,000 (over 461,000) is projected for 2030 (see Map 4). Downtown employment has steadily grown after a sharp drop in the 1980s. Employment projections anticipate a gain of nearly 53,000 employees from 2000 to 2030. The Service industry sector is projected to hold the largest share of total employment at 36%.

Approximately 94% of the historic 5-county Metropolitan Statistical Area employment falls within the TMA boundary. The base-year employment represents 89% of the 2030 employment forecasts.

Employment growth is anticipated throughout the metro area, with significant increases in several major employment centers including the 21st Street and Utica Avenue Corridor, the South Yale Avenue Corridor (from 61st to 71st Street South), the US-64/SH-51 (Broken Arrow Expressway) and US-169.
Corridor, the Tulsa International Airport area, the Cherokee Industrial Park, and the Port of Catoosa.
Map 4: 2030 Employment per square mile

INCOG
www.in cog.org

Transportation Management Area
County Boundary
Arterials
Highways
Lakes and Rivers
Employment Center

2030 Employment
Employees per Square Mile
- 0.8 - 85.7 (lowest 20%)
- 85.8 - 396.5
- 396.6 - 1,169.8
- 1,169.9 - 2,723.8
- Over 2,723.7 (highest 20%)

Map Scale - 1:410,000

USE OF THIS INFORMATION: This map is provided as a public service for general information only. Copyright © 2008 INCOG.
6.0 Obstacles and Opportunities

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 Advisory Group 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
• No involvement of politicians
• 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

The providers’ surveys also identified issues that impact coordination efforts. When respondents were asked to evaluate what were the biggest barriers to coordination, funding was the highest ranked answer followed by not enough equipment. A regulatory review of Federal funding programs indicates that the little uniformity in program delivery, report and eligibility requirements can present obstacles to coordination.

Additionally, the National Consortium on the Coordination of Human Services Transportation, a group of non-profit organizations representing public and private transportation providers, human service agencies, units of governments, and advocacy organizations, supported primarily by the Federal Transit Administration (FTA), designed a research project to explore barriers to coordination in detail.

The Consortium issued a white paper earlier this year on the project. They identified obstacles to coordination in seven categories. Virtually all obstacles identified by the Advisory Group and the Providers’ surveys are included in the national list. See Figure 9 for a summary of their findings.
OPPORTUNITIES FOR COORDINATION

When brainstorming opportunities to coordinate, the Advisory Group identified the following:

- 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 what we have 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 alternative forms of transportation, including bicycles and scooters that could be leased or rented
- Pursue opportunities for funding and sharing services with Sooner Start and 5310 funding through the Department of Human Services

Obstacles and opportunities to coordination are addressed in the “Recommended State, Regional, and Local Policy Actions” and “Key Findings: Strategies/ Solutions” chapters of this plan.
7.0 Coordination

Benefits

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 saving 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, increasing efficiency and productivity, and increasing mobility.
8.0 Funding Sources

Federal Funding Sources

This chapter documents the funding programs used to provide transportation services. Sixty-two federal programs, administered by the Departments of Health and Human Services (23 programs), Labor (15 programs), Education (8 programs), and Transportation (6 programs), were identified as funding transportation services for the target populations. The Departments of Housing and Urban Development (HUD), Veteran Affairs, Agriculture, and the Interior administer the remaining 10 programs. A study released by the General Accountability Office (GAO) in 2003 examined these federal programs, assessed the extent of coordination among the various programs, and identified obstacles to coordination and made recommendations on how to overcome these obstacles.

According to GAO, federal, state, and local spending for transportation services is in the billions of dollars. Because transportation spending is usually not separate from other programs, the full extent of spending is unknown. State and local agencies often provide funding to fulfill matching requirements.

Twenty seven federal programs were identified as being significantly involved in providing transportation services to their recipients. The remaining programs also fund transportation services, but do so minimally, or the extent of transportation funding is unknown (See Appendix H for a list of the 62 federal programs).
## Inventory of Federal Programs Providing Transportation Services to the Transportation-Disadvantaged

*(Source: GAO-03-697 Transportation Coordination)*

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>PROGRAM &amp; DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department of Education</strong></td>
<td><strong>Vocational Rehabilitation Grants</strong> - Assists states in operating programs that provide vocational rehabilitation services for individuals with disabilities. Services include counseling, training, job placement, and other supportive services, including transportation</td>
</tr>
<tr>
<td></td>
<td><strong>21st-Century Community Learning Centers</strong></td>
</tr>
<tr>
<td><strong>Department of Health and Human Services</strong></td>
<td><strong>Grants for Supportive Services and Senior Centers</strong> - Assists states in developing a community-based system of services for older individuals. Services provided include nutrition services, caregiver support services, senior centers, and transportation services</td>
</tr>
<tr>
<td></td>
<td><strong>Program for American Indian, Alaskan Native, and Native Hawaiian Elders</strong> - Assists tribal organizations in the delivery of supportive services to older Native Americans. Services provided include nutrition services, caregiver support services, senior centers, and transportation services</td>
</tr>
<tr>
<td></td>
<td><strong>Head Start</strong> - Assists local grantees in providing a program of comprehensive health, educational, and other services to promote school readiness for low-income children. Transportation to and from program services is generally provided</td>
</tr>
<tr>
<td></td>
<td><strong>Medicaid</strong> - Assists states in payments for medical assistance to populations that meet categorical eligibility (such as families with children or persons who are elderly or disabled) as well as income and resource requirements. States are required to assure transportation to medical services</td>
</tr>
<tr>
<td></td>
<td><strong>Temporary Assistance for Needy Families</strong> - Provides grants to states or tribes to assist needy families with children. Grantees have the flexibility to use funds in any manner that meets the purposes of the program, which can include transportation to services.</td>
</tr>
<tr>
<td><strong>Department of Health and Human Services</strong></td>
<td><strong>Community Health Centers</strong></td>
</tr>
<tr>
<td></td>
<td><strong>HIV Care Grants</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Social Services Block Grants</strong></td>
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<tr>
<td></td>
<td><strong>State Children’s Health Insurance Program</strong></td>
</tr>
<tr>
<td><strong>Department of Labor</strong></td>
<td><strong>Senior Community Service Employment Program</strong> - Assists states and other grantees in providing work opportunities in community service activities for low-income individuals 55 years of age and older. Transportation to training and job placements can be provided</td>
</tr>
<tr>
<td></td>
<td><strong>Workforce Investment Act Adult Services Program</strong> - Assists states in providing workforce investment activities. “Intensive” services provided to low-income participants include occupational and basic skills training, and transportation can be provided to access such services</td>
</tr>
<tr>
<td></td>
<td><strong>Workforce Investment Act Dislocated Worker Program</strong> - Assists states in providing workforce investment activities. “Intensive” services provided to low-income participants include occupational and basic skills training, and transportation can be provided to access such services</td>
</tr>
<tr>
<td></td>
<td><strong>Workforce Investment Act Youth Activities</strong> - Assists states in providing workforce investment activities that will help low-income youth acquire the skills, training, and support needed to achieve employment success. Transportation can be provided to access services</td>
</tr>
<tr>
<td></td>
<td><strong>Job Corps</strong></td>
</tr>
<tr>
<td>AGENCY</td>
<td>PROGRAM &amp; DESCRIPTION</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Department of Transportation</td>
<td><strong>Capital Investment Grants</strong> - Assists states in financing facilities for use in mass public transportation service. Projects can include those that are designed to meet the special needs of elderly or disabled individuals</td>
</tr>
<tr>
<td></td>
<td><strong>Urbanized Area Formula Program</strong> - Assists urbanized areas in financing capital projects for use in mass transportation service. Ten percent of funds may be used to pay for ADA paratransit operating costs</td>
</tr>
<tr>
<td></td>
<td><strong>Nonurbanized Area Formula Program</strong> - Assists nonurbanized areas with capital and operating expenses needed to provide public transportation service. Ten percent of funds may be used to pay for ADA paratransit operating costs</td>
</tr>
<tr>
<td></td>
<td><strong>Job Access and Reverse Commute</strong> - Provides grants to develop transportation services to connect low-income persons to employment and support services. Funds can be used for capital and operating costs associated with new or expanded service</td>
</tr>
<tr>
<td></td>
<td><strong>Capital and Training Assistance for Over-the-Road Bus Accessibility</strong> - Assists private operators of over-the-road buses with financing capital and training costs associated with making buses accessible to individuals with disabilities</td>
</tr>
<tr>
<td></td>
<td><strong>Capital Assistance Program for Elderly Persons and Persons with Disabilities</strong> - Provides financial assistance to nonprofit organizations in meeting the transportation needs of elderly persons and persons with disabilities where public transportation services are unavailable, insufficient, or inappropriate. Funds may be used for eligible capital expenses, such as purchasing vehicles, or to contract for service</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td><strong>Food Stamp Employment and Training Program</strong></td>
</tr>
<tr>
<td>Department of Housing and Urban Development</td>
<td><strong>Community Development Block Grant Supportive Housing Program</strong></td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td><strong>Automobiles and Adaptive Equipment for Certain Disabled Veterans</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Veterans Medical Care</strong></td>
</tr>
</tbody>
</table>

**Sources:** CTAA and Catalog of Federal Domestic Assistance.

**State and Local Funding Sources**
State and local spending for transportation services supplements federal spending for these programs. About half of the 62 federal funding programs have matching constraints, requiring states and local governments to contribute with 5 to 50 percent of total costs.

To collect information on possible state and local funds, INCOG administered a survey to key state and local agencies as identified by the Advisory Group including:

- Tulsa Workforce
- Division of Unemployment Compensation
- Oklahoma State Department of Education – Division of Rehabilitation Services
- Oklahoma Department of Career and Technology Education
- Oklahoma State Department of Education – Office of School Transportation
- Oklahoma Department of Health and Human Resources
- Bureau of Behavioral Health and Health Facilities
- Office of Behavioral Health Services
- Division of Alcoholism and Drug Abuse
- Oklahoma Bureau of Senior Services
- ODOT, Division of Public Transit
- Housing and Urban Development
- Veteran Affairs
- Tulsa Area Agency on Aging
- Oklahoma Department of Human Services

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The survey inquired about the name of the programs administered by the state agency that could be used to support transportation for the disadvantaged, what population was served by each program, what were the funding eligibility requirements, and the type of service provided using these funds. There was also a question about who the funding recipients were and how much was distributed in FY2006.

The survey didn’t yield significant results. The Oklahoma Department of Health and Human Resources does not provide funding for transportation services. It was discontinued years ago and there is no plan to provide this kind of service in the future. Providers are encouraged to work with Medicaid and local resources to provide needed transportation.

No positive information was received from other state agencies contacted. Expenditures for transit passes and vouchers for taxi services may be allowed under various state grant guidelines, but there were no identified state sources specifically for transportation services other than the allocation to Tulsa Transit from the Public Transit Revolving Fund (PTRF) and funds appropriated by the legislature.

Funding sources included $850,000 from the state fuel tax that is dedicated to the PTRF every year, $1.9 million in funds appropriated by the legislature (also from fuel tax revenue), and $3 million from income tax collection. By state statute, MTTA receives 20% annually from the PTRF. For FY2009, that was $1,092,500.00 of the $5.75 million total statewide. Five percent of funds appropriated to the PTRF are set aside for New Starts.

Federal funds are frequently passed through state agencies, as in the example of Section 5310 funds, ODOT and the Oklahoma Department of Human Services (DHS) determine how the funds will be spent. Community Development Block Grant (CDBG) funds for low-income populations, are allocated by local governments. For fiscal year 2008, Morton Health Center, a non-profit organization, received CDBG dollars to provide transportation services for their clients. Locally there is no dedicated funding source for public transportation.

The year-to-year instability of funding deters investment in transit and undermines the long-term viability of the public transportation system, ultimately placing the greatest burden on low-income, elderly, disabled and other transit-dependent populations.

The Tulsa Long-Range Transportation Plan, Destination 2030, recommends the establishment of a dedicated local source of transit funding such as a dedicated fuel tax or utility fees; that is independent of discretionary appropriations and thus can be used to develop long-term, multiyear capital and operating programs/plans. The funding should be collected at a regional level to support public transit services at a regional scale. It is also the goal of the Coordinated Transit-Human Service Transportation Plan to support the implementation of a dedicated funding source in the Tulsa region.

The Oklahoma Foundation Data Book, 2002 Edition, identified 101 private foundations in the city of Tulsa and four others in the surrounding area. The foundations are grouped in major field areas including education, health, arts, religion, housing, etc. There is no category for transportation. The two closest related areas for the purposes of the Coordinated Plan are employment and human services. There are four area foundations listed providing grants for employment services and 88 for human services.

In 2008, the Tulsa Area United Way distributed $20,835,825 for program services to 63 non-profit agencies in the Tulsa area Program service areas included: Building Communities, Service for People with Disabilities, Homeless Prevention and Intervention, Venture Grants & Special Funding, Helping People at Risk, Promoting Health & Wellness, Strengthening Families, and Nurturing Children & Youth. Many of the agencies that receive United Way funding provide services to the three target populations of the Coordinated Plan. The opportunity to coordinate transportation resources and share information among United Way-supported agencies could provide a great benefit to a large proportion of individuals that United Way funds affect (730,000 estimated in 2008).
9.0 Progress Report

The Coordinated Public Transit- Human Services Transportation Plan was published in 2007. It laid the foundation for successful coordination activity by improving communication among the human service organizations, transit agencies, and the general public. Significant progress has been made and below is a summary of the steps taken to implement the Plan:

1. **ONGOING ASSESSMENT AND EVALUATION:** As the designated recipient, INCOG coordinated the application processes for JARC (Section 5316) and New Freedom (Section 5317) and reviewed each application, tracking compliance with the Coordinated Plan. INCOG has overseen the implementation of the programs granted with these federal funds.

2. **RCCT MEETINGS:** INCOG hosted the RCCT meetings to promote communication between transit agencies, human service organizations, transit riders, and other stakeholders. An impressive number of stakeholders have participated in the meetings and engaged in the Plan implementation process.

3. **INSTITUTE FOR TRANSPORTATION COORDINATION ACTION PLAN ON MOBILITY MANAGEMENT:** A delegation from the RCCT attended the Institute for Transportation Coordination in November, 2008 and developed an Action Plan for the Implementation of a Mobility Management Center in the Tulsa Region. Since then the RCCT has met to discuss fund availability and strategies to better overcome the obstacles hindering transportation coordination.

4. **TECHNICAL ASSISTANCE SESSION AND WORKSHOP ON MOBILITY MANAGEMENT:** INCOG hosted Jim McLary and David Raphael, United We Ride Ambassadors, for a day session of technical assistance and a workshop on Mobility Management. There was attendance from all over the State of Oklahoma.

5. **MODIFICATION OF APPLICATION PROCESS TO COINCIDE WITH SECTION 5310 DHS APPLICATION CYCLE**

Progress was made on the five strategies developed by the Advisory Group and the following programs were implemented and funded with JARC and New Freedom funds:

1. **MORTON COMPREHENSIVE HEALTH SERVICES, INC. (MCHS) COORDINATED TRANSIT PROGRAM:**
   MCHS was granted New Freedom funds (section 5317) for addressing **Goal 2: Mobility** from the Coordinated Public Transit-Human Services Transportation Plan by increasing 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. The program specifically focuses on transportation needs for the elderly, people with disabilities, and low-income persons in the Tulsa Transportation Management Area (TMA), integrating new transportation services for residents of Tulsa’s Public Housing, Tulsa County Health Department and Tulsa Area Agency on Aging clients.

   The MCHS program has provided transportation access free of charge for two fixed-routes bus services in the mornings and two fixed-route bus services in the afternoons with direct transportation connections to employment training with workforce development, social services, health care, dental and pharmacy sites, mental health care sites, shelters and supportive housing. Additionally, MCHS has provided paratransit rides to disabled residents calling at least one business day in advance of the requested ride with curb-to-curb pick-up and drop-off.

2. **METROPOLITAN TULSA TRANSIT AUTHORITY (MTTA) JARC PROGRAM:**
   MTTA applied for JARC funds (Section 5316) to improve transit service in the City of Broken Arrow (Route 508), The Cherokee Park Extension 105, Charles Page/Sand Springs Route 114, and North Tulsa/Airport/Memorial Route 203. The projects cover the heart of the City of Broken Arrow and the City of Sand Springs, the Airport, and the Industrial Park. These routes include neighborhood areas in North Tulsa and downtown, providing employment opportunities to transit-dependent individuals. MTTA’s JARC Program has provided transportation to low-income individuals, elderly persons, and people with disabilities to employment sites.
10.0 Recommended State/Local Actions

State and Local Government participation in the transportation coordination process is considered vital to the development and implementation of the program. The Advisory Group was asked to make a list of action items they would recommend for the State and Local Government to facilitate transportation coordination in the Tulsa region. Below is the summary of the key recommendations:

**STATE RESPONSIBILITY**

- Encourage the Department of Labor to get involved in purchasing bus tokens as federal match, not entitlement program
- Propose legislation to create a state mandate for coordination by:
  -Allowing funding incentives for entities participating in coordination programs
• Creating Transportation Block Grants that consolidate various funding sources and are distributed for coordination purposes. Providing per capita spending attuned to citizens in need.
• Allocating state funding for coordinated transportation
• Funding pilot projects to demonstrate coordination
• Allowing pooled purchasing (fuel, insurance, maintenance, training)

• Designate a state-level body to oversee coordination in the state
  • Streamline state and federal billing procedures
  • Develop accounting, reporting, and funding standards among state agencies
  • Regulating award of vehicles and requiring accountability (proof of need)
  • Review Medicaid reimbursement rules

• Establish a program, similar to the Smart Card, that consolidates/coordinates funding sources to create a universal pass

**Regional Responsibility**

• Participate in Oklahoma “United We Ride,” which provides a statewide forum for following federal coordination guidelines.

• Create a regional authority of local entities that oversees implementation of service needs and would manage a central Mobility Management Center for the purpose of regional service coordination, including:
  ▪ Collect and disseminates information
  ▪ Administer use of pooled resources (fuel, insurance, maintenance, training, etc.)
  ▪ Coordinate scheduling
  ▪ Allow local entities to sustain control
  ▪ Coordinate funding acquisition and distribution
  ▪ Act as a one-call center that provides residents with information on available services and schedules
  ▪ Allow private sector to compete for funds/contracts if they can provide service less expensively

• 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, financial assistance to private providers for purchase of vehicles, etc.

• 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 the Providers’ Inventory

• Distribution of Providers Inventory 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, and employment centers

• Expand the Providers’ Inventory to include all transportation providers, including private for-profit providers and faith-based organizations

**Local Responsibility**

• Expand lift-equipped vehicles under the lift program
• 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 by the Advisory Group.

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 Chapter 10.
11.0 Strategies and Actions

IMPLEMENTATION PLAN

Based on discussions of the Tulsa Area gaps and needs presented in chapter 5.0, the Advisory Group 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, low-income and people with disabilities. Nearly all new programs recommended are low-cost, non-traditional services to be implemented with new or additional state funding, New Freedom and JARC funding.

The plan also endorsed the creation of an ongoing 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 since its creation. It is represented by state and local organizations as well as tribal agencies.
### GOAL 1: SAFETY AND ACCESSIBILITY

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Estimated Cost</th>
<th>Responsible Party</th>
<th>Level of Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate FHWA guidelines for new streets and highways that are accessible for aging and disabled populations</td>
<td>$0</td>
<td>RCCT/INCOG</td>
<td>High</td>
</tr>
<tr>
<td>Develop and implement Pedestrian Master Plan to assess sidewalks, safe routes to transit, and elimination of barriers</td>
<td>$100,000</td>
<td>INCOG</td>
<td>High</td>
</tr>
<tr>
<td>Improve facilities and amenities at regional stops and transfer stations</td>
<td>$80,000 for capital costs  $50,000 annual maintenance costs</td>
<td>MTTA</td>
<td>High</td>
</tr>
<tr>
<td>Increase transit service area to include regional medical facilities, employment centers, and social activities</td>
<td>undetermined</td>
<td>Mobility Management Center (MMC) / MTTA</td>
<td>High</td>
</tr>
<tr>
<td>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</td>
<td>$31,158 annual</td>
<td>MMC</td>
<td>Medium</td>
</tr>
<tr>
<td>Implement policies and programs that address safety concerns at bus stops, transfer stations, and on-board, especially at night</td>
<td>$0</td>
<td>MMC/ INCOG</td>
<td>Medium</td>
</tr>
<tr>
<td>Create and implement an emergency/disaster plan and an inclement weather plan that address the need of those without personal transportation</td>
<td>$0</td>
<td>Coordination with CERT / RCCT</td>
<td>Medium</td>
</tr>
</tbody>
</table>
### GOAL 2: MOBILITY

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Estimated Cost</th>
<th>Responsible Party</th>
<th>Level of Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>$40 per hour per bus</td>
<td>MMC / MTTA</td>
<td>High</td>
</tr>
<tr>
<td>Provide transit service on holidays and Sundays</td>
<td>$40 per hour per bus</td>
<td>MMC / MTTA</td>
<td>High</td>
</tr>
<tr>
<td>Extend transit service to evenings</td>
<td>$40 per hour per bus</td>
<td>MMC / MTTA</td>
<td>High</td>
</tr>
<tr>
<td>Increase service area to connect neighboring communities outside Tulsa Metro Area</td>
<td>$180,000 to $300,000 operating only depending on service levels</td>
<td>MMC / MTTA</td>
<td>High</td>
</tr>
<tr>
<td>Establish Authority to oversee implementation and ongoing operations of Mobility Management Center</td>
<td>$0</td>
<td>RCCT/INCOG</td>
<td>Medium</td>
</tr>
<tr>
<td>Develop a Mobility Management Center - one scheduling and dispatching center for all trips</td>
<td>$750,000 annually for wages, benefits and operating costs</td>
<td>RCCT/INCOG / MMC</td>
<td>Medium</td>
</tr>
<tr>
<td>Increase human service agencies capacity for scheduled services</td>
<td></td>
<td>MMC</td>
<td>Low</td>
</tr>
</tbody>
</table>
### GOAL 3: AWARENESS

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Estimated Cost</th>
<th>Responsible Party</th>
<th>Level of Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate transit providers and human service agencies about the benefits of coordination</td>
<td>$ staff time</td>
<td>MMC</td>
<td>High</td>
</tr>
<tr>
<td>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</td>
<td>$ staff time</td>
<td>MMC</td>
<td>High</td>
</tr>
<tr>
<td>Add transit links to human service 211 hotline</td>
<td>$0</td>
<td>RCCT/INCOG</td>
<td>Medium</td>
</tr>
<tr>
<td>Add transit/mobility center links to sites for services provided to elderly, low-income, and people with disabilities</td>
<td>$0</td>
<td>RCCT/INCOG</td>
<td>Medium</td>
</tr>
<tr>
<td>Create transit options brochure and website that is user-friendly and details options available to potential customers</td>
<td>$25,000 per year for printing</td>
<td>MMC</td>
<td>Medium</td>
</tr>
<tr>
<td>Encourage projects that engage community members or other partners in spreading the word about available mobility options</td>
<td>$ staff time</td>
<td>RCCT/INCOG</td>
<td>Medium</td>
</tr>
<tr>
<td>Expand exposure of regional fixed routes and ride share programs to policy makers, funders, and “untapped” markets</td>
<td>$ staff time</td>
<td>RCCT/INCOG</td>
<td>Medium</td>
</tr>
<tr>
<td>Develop innovative marketing and information partnerships and strategies that alleviates the “stigma” of riding transit and illustrates available services</td>
<td>$200,000 per year</td>
<td>MMC</td>
<td>Medium</td>
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</tbody>
</table>
### GOAL 4: FUNDING

<table>
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<tr>
<th>Strategy</th>
<th>Estimated Cost</th>
<th>Responsible Party</th>
<th>Level of Priority</th>
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</thead>
<tbody>
<tr>
<td>Develop funding strategy that includes a dedicated funding source for</td>
<td>$ staff time</td>
<td>RCCT / INCOG</td>
<td>High</td>
</tr>
<tr>
<td>public transportation and allows expansion of the fixed-route and</td>
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<tr>
<td>paratransit services</td>
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<tr>
<td>Diversify and expand funding sources by partnering with the private</td>
<td>$ staff time</td>
<td>RCCT / INCOG</td>
<td>High</td>
</tr>
<tr>
<td>sector (both for-profit and non-profit)</td>
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<tr>
<td>Allow mixing of funding so agencies aren’t restricted to serving</td>
<td>$ staff time</td>
<td>RCCT / INCOG</td>
<td>High</td>
</tr>
<tr>
<td>specific target populations or specific destination types</td>
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<tr>
<td>Promote mileage reimbursement for volunteer drivers, Volunteer</td>
<td>$2 per vehicle service mile</td>
<td>MMC</td>
<td>Medium</td>
</tr>
<tr>
<td>Exchange to trade skills, Green Traveler(carpooling), Taxi Vouchers</td>
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<tr>
<td>to reduce trip cost, Rental Cars for volunteer drivers</td>
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### GOAL 5: EFFICIENCY

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<tr>
<th>Strategy</th>
<th>Estimated Cost</th>
<th>Responsible Party</th>
<th>Level of Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree upon common fare structure for all agencies represented in the</td>
<td>$0</td>
<td>RCCT / MMC / MTTA</td>
<td>Medium</td>
</tr>
<tr>
<td>vehicle pool</td>
<td></td>
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</tr>
<tr>
<td>Develop a unified policy that allows all providers to accept transit</td>
<td>undetermined</td>
<td>RCCT / MMC</td>
<td>Low</td>
</tr>
<tr>
<td>users regardless of their individual eligibility (ADA, Medicaid and</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>other programs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease lead-time needed in scheduling for paratransit service</td>
<td>$0</td>
<td>MMC / MTTA</td>
<td>Low</td>
</tr>
<tr>
<td>Increase service efficiency to decrease delayed pick-ups</td>
<td>undetermined</td>
<td>MMC / MTTA</td>
<td>Low</td>
</tr>
<tr>
<td>Incorporate Intelligent Transportation Infrastructure Technology options</td>
<td>undetermined</td>
<td>MMC / MTTA</td>
<td>Low</td>
</tr>
<tr>
<td>to integrate the use and function of each transportation mode</td>
<td></td>
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</tbody>
</table>
Increase the ability of school districts and churches to be part of the community transportation provider pool

The following strategies should also be adopted to promote coordination of human services transportation in the Tulsa Region. These strategies promote the United We Ride (UWR) goal ([http://www.unitedweride.gov/United_We_Ride_Brochure.pdf](http://www.unitedweride.gov/United_We_Ride_Brochure.pdf)) of 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 and support projects that promote United We Ride goals.
- Identify and take action to resolve barriers to coordination.
- Seek agencies, stakeholders, and agencies to explore opportunities for coordination based on their geography, financial capabilities, target populations, and capacity.
- Encourage stakeholders to sharing barriers and opportunities with INCOG for consideration in future Human Services Coordination Transportation Plans. This information will be reflected in the gaps analysis and resources sections of the plan. Strategies to address the barriers and promote the opportunities will be developed and included in the plan. Assistance in matching partners for coordination will be provided by INCOG as needed by the agencies.

**FUNDING AVAILABILITY**

Under Federal Transit Administration guidelines, INCOG is the designated applicant and recipient for JARC and New Freedom funds. The Elderly Individuals and Individuals with Disabilities Program (5310 funds) is allocated by formula to the State for capital costs of providing services to elderly persons and persons with disabilities. It will continue to be administered by the Department of Human Services (DHS) but may be sub-allocated to INCOG if it is designated as a subrecipient of 5310 funds. Applications for 5310 funding within the Tulsa TMA should meet a need identified by this Coordinated Plan.

To ensure consistency with the CTP, 5310 applications will be evaluated based on the competitive 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 the three separate programs are complementary to one another and fit into the vision and goals of the Coordinated Plan. The funding allocation is as follows:

<table>
<thead>
<tr>
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<th>FY 2008</th>
<th>FY 2009</th>
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</thead>
<tbody>
<tr>
<td>JARC 5316 (Tulsa Area)</td>
<td>$325,777</td>
<td>$382,377</td>
</tr>
<tr>
<td>New Freedom 5317 (Tulsa Area)</td>
<td>$132,987</td>
<td>$210,867</td>
</tr>
<tr>
<td>Statewide 5310 (Statewide)</td>
<td>$1,674,720</td>
<td>$1,292,366</td>
</tr>
</tbody>
</table>

Serving the growing population of elderly and low-income residents and people with disabilities will require more money and INCOG and the RCCT will continue to seek more funding through innovative funding sources such as private foundations, United Way, among others.
Following adoption of the Plan by the INCOG Board of Directors, INCOG developed a competitive selection process and criteria. INCOG will solicit applications from eligible entities for disbursement of the funds allocated to our region for the years 2008 and 2009 and use the competitive selection process to evaluate applications and determine FTA funds grantees.
12.0 Competitive Selection Process

The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), a federal transportation law enacted on August 10, 2005, requires that projects receiving funding under the New Freedom program and the Job Access/Reverse Commute (JARC) program must be derived from a locally developed Coordinated Public Transit-Human Service Plan (CTP). INCOG, the designated recipient of these funds, is required to conduct a competitive selection process to allocate funds for project implementation. To ensure consistency with the Tulsa CTP, applications for Elderly Individuals and Individuals with Disabilities Program (5310 funds), within the Tulsa TMA, should also meet the needs identified by the Coordinated Plan and be evaluated based on the Competitive Selection Process.
The intent of the CTP and the Competitive Selection Process is that stakeholders in the Tulsa region cooperatively move toward a coordinated transportation system to better serve the needs of all customers, but more specifically the transportation disadvantaged.

The Tulsa CTP identifies strategies under five goals that address the needs of the elderly, low-income individuals, and people with disabilities in the region. These specific strategies were given a level of priority according to the region’s gaps and needs making it easy to select the projects to be funded under the federal guidance. The competitive selection process will be conducted annually or as directed by the Transportation Policy Committee, as long as funds for 5310, JARC, and New Freedom are available. The solicitation of bids for projects will be announced as early as possible to give applicants sufficient time to develop their proposals.

For the first year (2007), the solicitation announcement followed the approval of the Competitive Selection Process by INCOG’s Board of Directors. For the following years, solicitations will generally be released in May depending on the availability of funds. All the eligible applicants should submit a completed application by the deadline determined in the solicitation announcement. Applications will be evaluated by INCOG Transportation Planning staff and the Regional Council on Coordinated Transportation (RCCT), which will make funding recommendations to the Transportation Technical Committee (TTC) and the Transportation Policy Committee (TPC). The TPC will make final recommendations for selection to INCOG’s Board of Directors. Once projects are selected and approved, they must be included in the annual Transportation Improvement Program (TIP).

In order for a project to be considered for funding, the following minimum requirements must be met:

- 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 New Freedom, JARC, or the Elderly Individuals and Individuals with Disabilities (5310 funds) program funding under FTA guidelines.\(^\text{12}\)
- The proposed project must not duplicate an existing service or program.\(^\text{23}\) The applicant must provide documentation demonstrating their efforts to coordinate with other transportation providers and Human Service agencies for providing any proposed service.
- 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 availability of the local matching funds is required.
- The project must serve the targeted population groups (persons with low-income for the JARC funds, persons with disabilities for New Freedom, and elderly and persons with disabilities for the 5310 funds) in the Tulsa Transportation Management Area (TMA) as defined by Federal Guidance:
  - **Eligible Low-income Individual:** Refers to an individual whose family income is at or below 150 percent of the poverty line (as that term is defined in Section 673(2) of the Community Services Block Grant Act (42 U.S.C 9902(2)), including any revision required by that section) for a family of the size involved.
  - **Individual With a Disability:** The term “individual with a disability” means an individual who,

\(^{\text{12}}\) New Freedom, JARC, and the Elderly Individuals and Individuals with Disabilities Circulars with program requirements can be found at: http://www.fta.dot.gov/leg_reg.html

\(^{\text{23}}\) For a list of agencies who provided information on their existing services and programs, see: http://www.incog.org/Transportation/coordinatedplan/ProvidersInventory.pdf
because of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including an individual who is a wheelchair user or has semi-ambulatory capability), cannot use effectively, without special facilities, planning, or design, public transportation service or a public transportation facility. 49 U.S.C. 5302(a)(5).

- **Elderly Individual**: includes, at a minimum, all persons 65 years of age or older. Grantees may use a definition that extends eligibility for service to younger (e.g., 62 and older, 60 and over) persons.

Eligible applications will then be evaluated on the following criteria:

1. **PROJECT NEEDS/GOALS AND OBJECTIVES (25 POINTS)**

   The project should directly address the strategies identified in the CTP. Project application should clearly state the overall program goals and objectives and demonstrate how the project is consistent with the CTP strategies and with the objectives of the New Freedom, JARC, and 5310 grant programs. Projects that address more than one of the region’s needs/gaps will make better use of limited funding and will be assigned more points. Two questions are considered: How many needs/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. **IMPLEMENTATION PLAN (20 POINTS)**

   Applicants must describe implementation steps, timelines for executing the plan, a well-defined operations plan for projects seeking funds to support program operations, and/or a capital procurement plan. The implementation plan should identify key personnel assigned to this project and their qualifications and demonstrate project sponsor’s institutional capability to execute the service delivery aspect of the project as described.

3. **COORDINATION AND PROGRAM OUTREACH (20 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.
4. **Program Budget (15 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.

5. **Cost-Effectiveness and Performance Indicators (15 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.

6. **Innovation (5 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.