

2015 Plan Update

Tulsa Regional Coordinated Public Transit-Human Services Transportation Plan



Prepared by
The Indian Nations Council of Governments
For the Tulsa Transportation Management
Area

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Thank You

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

AARP Oklahoma
Ability Resources
American Airlines
American Red Cross
CareerTech – Workforce
Center for Employment Opportunity
Center for Individuals with Physical Challenges
Cimarron Public Transit System
City of Bixby
City of Sand Springs
City of Sapulpa
Community Action program
Community Health Connection
Community Service Council
DaySpring Villa Women & Children’s Shelter
Department of Human Services
Department of Rehabilitation Services
Department of Veterans Affairs
Family and Children Services
George Kaiser Family Foundation
Girl Scout of Magic Empire Council
Goodwill Industries
Grand Gateway (Pelivan Transit)
Indian Health Care Resource Center
Ki Bois Area Transit System

Life Senior Services
Make-A-Wish Foundation
Margaret Hudson program
Mental Health Association of Tulsa
Mobility Plus (Cherokee Nation Business)
Morton Comprehensive Health Services, Inc.
Metropolitan Tulsa Transit Authority
Muskogee County Transit
North Tulsa Community Coalition
Oklahoma Employment Security Commission
Oklahoma Library for the Blind and Physically Handicapped
Oklahoma State Department of Education
Town of Sperry
Tulsa Area Agency on Aging
Tulsa Area United Way
Tulsa County Social Services
Tulsa Day Center for the Homeless
United Community Action Program (Cimarron Transit)
United We Ride

Thank you to those who have provided comments during the Regional Council on Coordinated Transportation meetings.

Tulsa Transportation Management Area



329th W Ave
 311th W Ave
 297th W Ave
 281st W Ave
 265th W Ave
 249th W Ave
 233rd W Ave
 217th W Ave
 201st W Ave
 185th W Ave
 169th W Ave
 153rd W Ave
 137th W Ave
 121st W Ave
 105th W Ave
 89th W Ave
 73rd W Ave
 57th W Ave
 41st W Ave
 25th W Ave
 9th W Ave
 166th St N
 150th St N
 134th St N
 118th St N
 102th St N
 86th St N
 70th St N
 54th St N
 38th St N
 22nd St N
 6th St N
 19th St
 33rd St
 47th St
 61st St
 75th St
 89th St
 103rd St
 117th St
 131st St
 145th St
 159th St
 173rd St
 187th St
 201st St



- Highways
- Arterial Streets
- Railroads
- Bodies of Water
- Corporate Limits (Cities and Towns)
- County Boundaries
- Transportation Management Area Boundary





1.0 Introduction

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

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

and recreational opportunities.

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

It is essential to expand travel options to the Tulsa Region and it should be a priority to provide economical and sustainable transportation services to all citizens. With coordination of transportation programs, community resources can be shared and services improved and expanded. Mobility for all residents is enhanced with more efficient transportation choices at lower costs.

1.1 INCOG'S ROLE

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

1.2 WHY COORDINATION?

Significant economic and social benefits can be realized by the community when transportation services are coordinated. The implementation of successful coordination programs can further generate combined economic benefits to human service agencies and transit providers in our region.

The benefits of coordinating human services and transportation services include:

ECONOMIC BENEFITS:

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

- Increased productivity: more trips per month or passengers per vehicle hour

SOCIAL BENEFITS:

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

The best way to achieve the potential benefits of coordinated transportation services is to establish specific goals and strategies for achieving improvements. Specific coordination goals and strategies that could provide significant economic benefits include generating new revenues, saving costs, increasing efficiency and productivity, and increasing mobility.

1.3 PLANNING REQUIREMENTS

The Coordinated Public Transit-Human Services Transportation Plan focuses on transportation services for the populations of older adults and persons with disabilities. It was first developed in 2007 and updated in 2009 by the Indian Nations Council of Governments (INCOG) with ongoing participation of representatives from public and private transportation providers, Departments of Human and Social Services, Departments of Health, Mental Health, Rehabilitation Services, Employment, Education, Area Agency on Aging, faith-based organizations, and private, non-profit organizations such as the United Way.

The Coordinated Plan includes the identification of transportation gaps and needs of the disadvantaged populations, such as persons with limited means, individuals with disabilities, and seniors, and the development of alternatives to address these needs. These alternatives were developed by INCOG in coordination with the region's transit providers and the Regional Council for Coordinated Transportation (RCCT).

This document is an update of the 2009 Coordinated Public Transit-Human Services Transportation Plan for the Tulsa Region. The first Coordinated Public Transit-Human Services Transportation Plan was developed in 2007 to fulfill requirements of SAFETEA-LU, the federal transportation reauthorization act, which required the establishment of a locally developed Coordinated Public Transit-Human Services Transportation Plan for three FTA human services transportation programs — the Job Access and Reverse Commute Program (JARC, Section 5316), New Freedom (Section 5317), and the Formula Program for Elderly Individuals and Individuals with Disabilities (Section 5310). Under SAFETEA-LU, to receive program funding 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 non-profit transportation and human services providers.

Through continuing resolutions, SAFETEA-LU was extended through the end of federal fiscal year 2012. In June 2012, the Federal Government signed into law a new two-year federal surface transportation authorization entitled Moving Ahead for Progress in the 21st Century (MAP-21). The new authorization maintained most of the coordinated planning provisions under SAFETEA-LU but made significant changes to the specialized transportation grant programs under the new bill.

Under MAP-21, the New Freedom Program (Section 5317), which provided grants for services for individuals with disabilities that went above and beyond the requirements of the Americans with Disabilities Act (ADA), was consolidated with the existing Section 5310 program for the Enhanced Mobility of Seniors and Individuals with Disabilities. In addition to renaming the program, the new legislation expanded the activities eligible for funding and allowed more flexibility in the administration of the program. While funds were previously allocated directly to the State, MAP-21 allows the MPOs to be the designated recipient of these funds and be responsible for program administration. JARC (Section 5316), which focused on providing services to low-income individuals to access jobs, was consolidated into Section 5307 Urbanized Area Formula Program and the coordinated planning requirement for this program was eliminated.

According to MAP-21, there will not be any more funding apportionment for JARC and New Freedom beyond fiscal year 2012 but any funds prior to that date remain available for obligation providing it conforms to the established period of availability determined by the Federal Transit Administration (FTA) regulations. Use of these funds must follow requirements previously established under SAFETEA-LU authorization.

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

The 2015 Coordinated Plan is developed under MAP-21 that was signed into law on July 6, 2012. With older adult and people with disabilities populations rapidly growing, it is vital to identify ways to meet the demand and mobility

needs of these populations. This Plan will assist transit agencies and human service organizations in identifying and addressing gaps and needs in transportation services provided to the Tulsa region citizens and serve as a resource to transportation providers in the region. It will also be part of the Tulsa Region Long Range Transportation Plan.



2.0 Plan Development Process

The Coordinated Public Transit-Human Services Transportation Plan 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 made available to these organizations to compile a comprehensive inventory of services provided and the areas served (See *Appendix 1*).

The Regional Council for Coordinated Transportation (RCCT) was formed with representatives from organizations serving low-income populations, elderly individuals, and persons with disabilities, including private and non-profit services providers, advocacy groups and health care providers. Several RCCT meetings were conducted and attendees assisted in identifying services needs and gaps, analyzing origin-destination data, and identifying existing transit services. Aspects of coordination programs used across the country were analyzed, and the experiences that best fit the needs of the Tulsa region were utilized as models to develop an action plan for implementation of coordinated transportation services in the Tulsa TMA. Finally, the RCCT also established methods to monitor the delivery of coordinated services and improve the quality of those services.

The 2015 Plan Update reviews the priorities for the region and reports on the progress of the strategies established in the 2007 and 2009 Coordinated Plan. The full plan update may be accessed here:

<http://www.incog.org/transportation/coordinatedplan/2014planupdate>.

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.

2.1 PUBLIC OUTREACH

Several RCCT meetings open to the public were conducted, to inform about the Coordinated Public Transit-Human Services Plan update and seek input on the transportation needs of the Tulsa Region. 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 RCCT meetings took place at INCOG offices and also at the Tulsa Chamber of Commerce Conference rooms. Members and attendees shared thoughts, perceptions and experiences on the strengths and weaknesses of local human services agencies and public transit providers, opportunities and obstacles to coordination, and recommendations for strategy and action. The RCCT 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 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.

At the first RCCT meeting, members were introduced to the Coordinated Plan requirements and purpose, the Plan development timeline, members' responsibilities and expectations, and the providers' inventory. The second meeting included 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. At the third meeting, members discussed federal, state, and local funding and prioritized gaps and actions for the region.

A survey was developed by INCOG in order to assess the resources available, areas served, and gaps in service throughout the Tulsa region (<https://docs.google.com/forms/d/1T42GaNcJgwNGRWOGOLty4TiCuH0buYuE2RtX7aIQjbY/viewform?formkey=dFJIeVgxUXBuZG5CMW5nRDJNamJSRmc6MQ&fromEmail=true>) (See Appendix 1 for Survey). The Transportation Providers Resource Book, developed by INCOG 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 result of the survey was included in the Tulsa Transportation Resource Center (TRC) website (<http://tulsatrc.org/>) (See Appendix 2).

Documentation of the transportation needs and solutions for older adults and persons with disabilities is based on extensive, locally targeted outreach conducted in the development of the 2009 Coordinated Plan, a synthesis of locally developed plans and needs assessments specific to these populations completed since then, and outreach to regional stakeholder and advisory groups during the 2012–13 Plan update process.



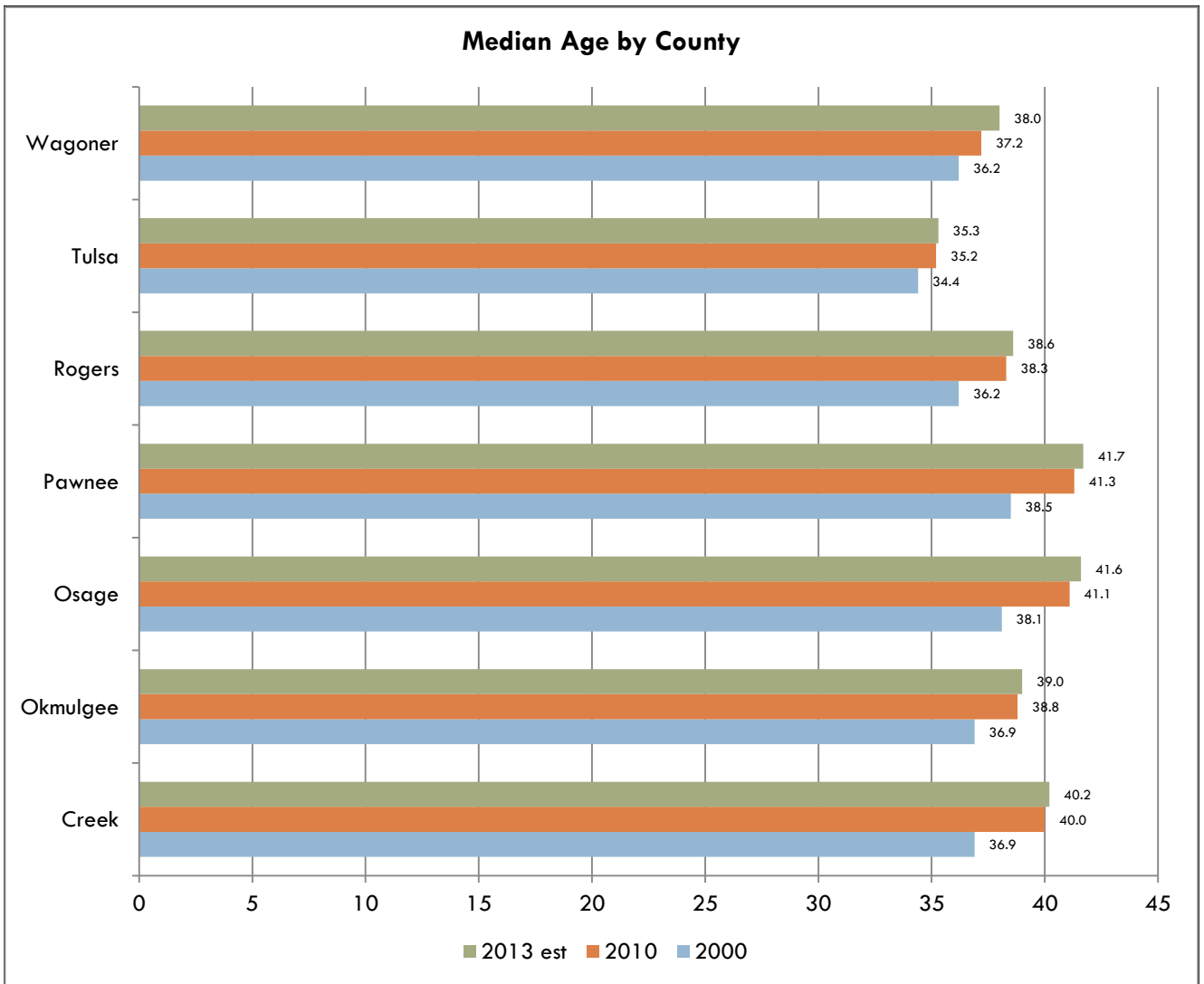
3.0 Demographic Profile

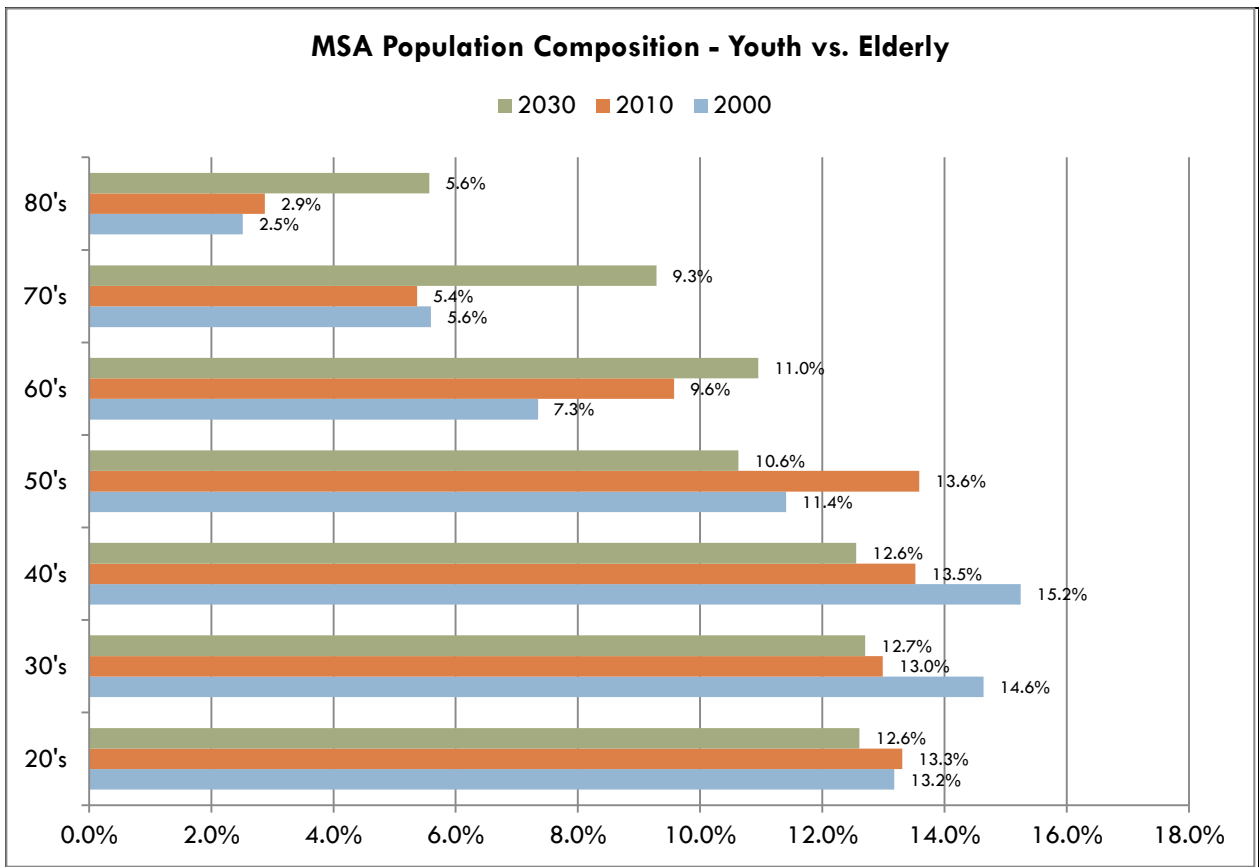
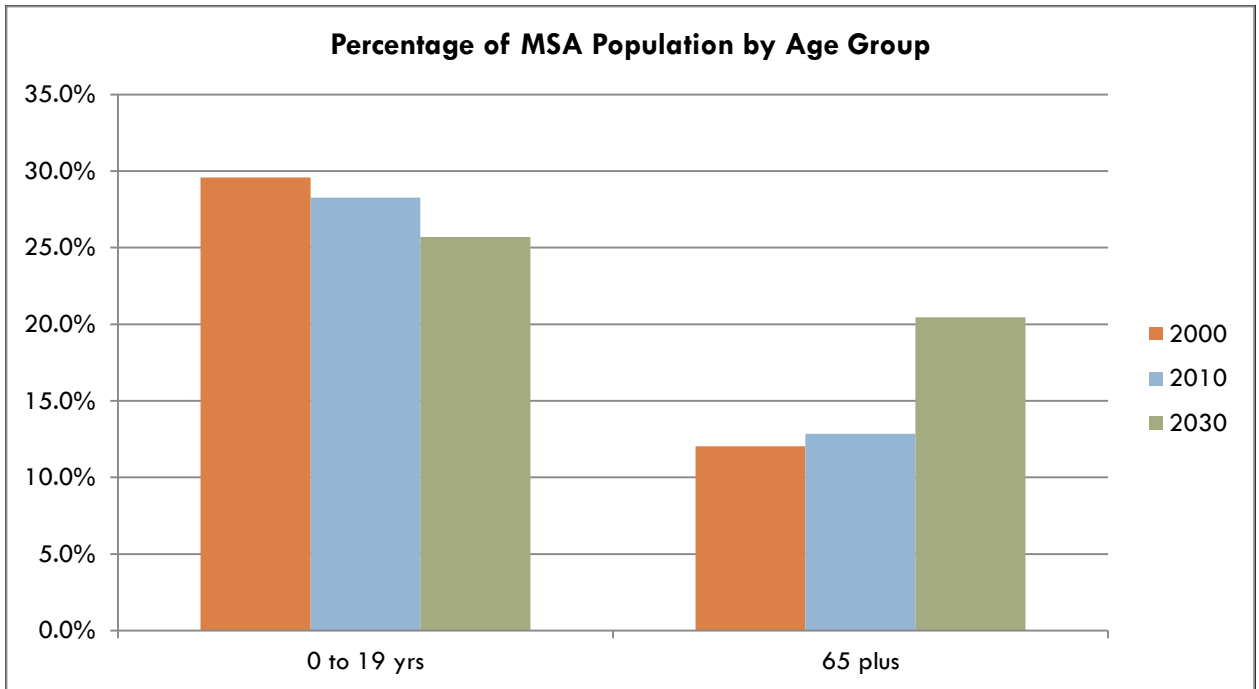
The Tulsa TMA, comprised of Tulsa County and parts of Creek, Osage, Rogers, and Wagoner counties, reached a population of 778,051 in 2010. This figure is projected to grow by 32.5% from 2010 to 2035, an average annual growth rate of 1.3%. In the Tulsa TMA, individuals most likely to have special mobility needs make up a significant percentage of the population. Of the total TMA population, 12.6% (99,175 people) are 65 years & older, 13.5% (105,712) represents the total civilian noninstitutionalized population with a disability, and 14.5% are considered below the poverty level (112,964 people). See Appendix 3 for maps showing the geographic distribution of the 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. Map 1 on page 18 shows the Tulsa Region population density for the year 2035.

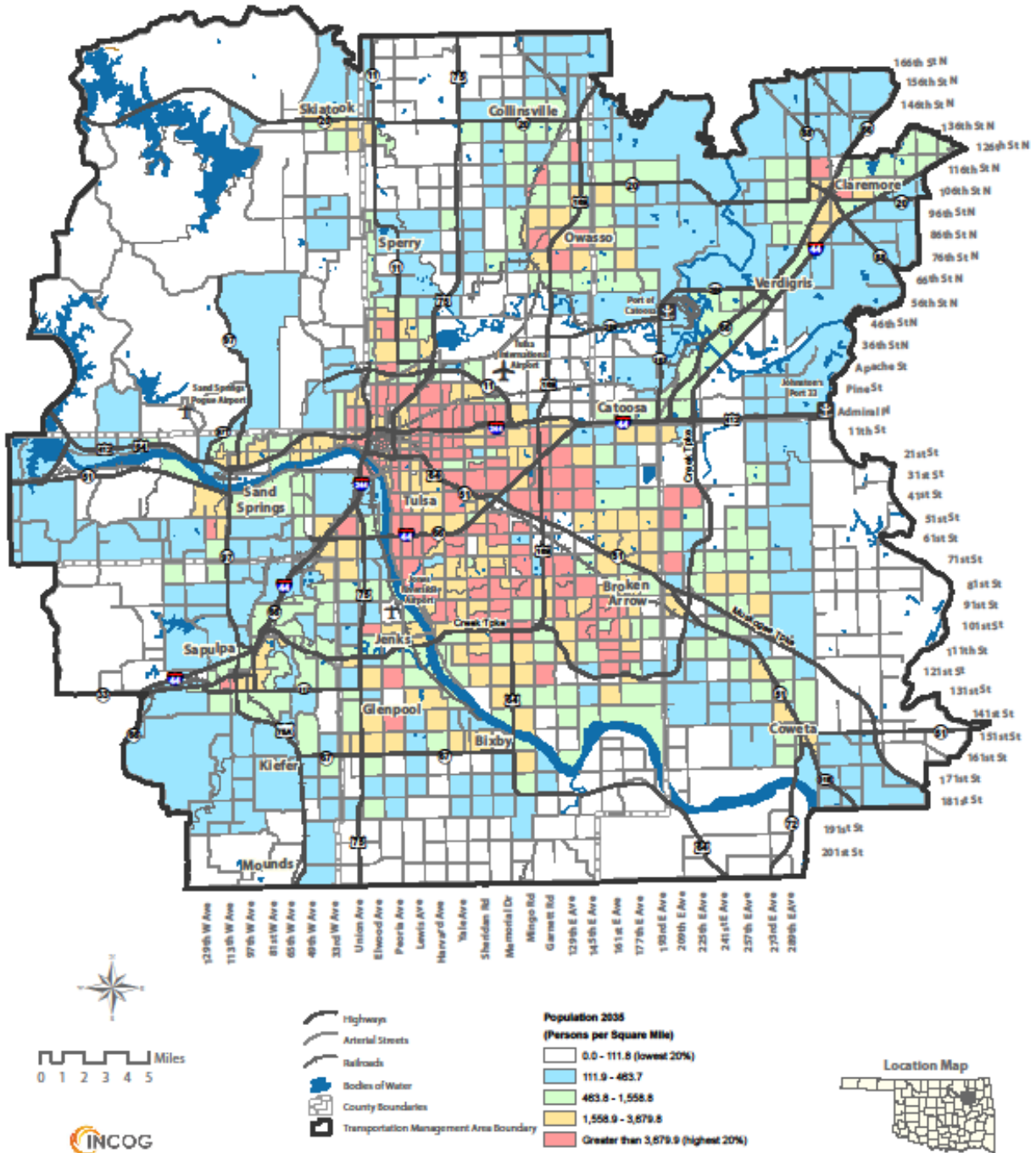
By 2035, the population with disabilities will likely remain flat, relative to the total population. These changes will have significant effects on transportation needs. There will be an increased demand for transportation services for the elderly, as well as door-to-door services. Existing services will need to be improved and new services will need to be established to address the population demands.





Map 1

Population per Square Mile, 2035





4.0 Funding Sources

FTA provides major federal funding mechanisms to be used for public and human services transportation. Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities Program, is the only FTA funding program with coordinated planning requirements under MAP-21. For distribution of any funds under Section 5310, projects selected have to be included in the coordinated public transit-human services transportation plan, developed and approved through participation of seniors, people with disabilities, representatives of public, private, and nonprofit transportation and human service providers, and other members of the public, and services coordinated with other transit providers. For this reason, Section 5310 is the only grant program addressed in this Plan.

FTA 5310 – Enhanced Mobility of Seniors & Individuals with Disabilities

The goal of the Section 5310 program is to improve mobility for seniors and individuals with disabilities throughout the country by removing barriers to transportation services and expanding the transportation mobility options available. Toward this goal, FTA provides financial assistance for

transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas—large urbanized, small urbanized, and rural. Section 5310 funds will pay for as much as 50 percent of operating costs and 80 percent of capital costs. Mobility management and purchase of service are considered capital costs.

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

ELIGIBLE SUBRECIPIENTS FOR TRADITIONAL SECTION 5310 PROJECTS

Section 5310(b) provides that of the amounts apportioned to states and designated recipients, not less than 55 percent shall be available for traditional Section 5310 projects—those public transportation capital projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, unavailable, or inappropriate. Further, the law provides that, for these projects, a recipient may allocate the funds apportioned to it to:

- a) A private nonprofit organization; or
- b) A state or local governmental authority that:
 - (1) is approved by a state to coordinate services for seniors and individuals with disabilities; or
 - (2) certifies that there are no nonprofit organizations readily available in the area to provide the service.

ELIGIBLE SUBRECIPIENTS FOR OTHER SECTION 5310 PROJECTS

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

PRIVATE TAXI OPERATORS

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

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

ELIGIBLE PROJECTS

Types of projects eligible for funding include:

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

LOCAL SHARE AND FUNDING REQUIREMENTS

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

Section 5310 Program Funds Matching Requirements	
TYPE OF FUNDING	FEDERAL GRANT / LOCAL MATCH
Capital	80 / 20
Operating	50 / 50

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

- State or local appropriations
- Non-DOT Federal funds that are eligible to be expended for transportation

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

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

EXCEPTIONS TO LOCAL MATCH REQUIREMENTS

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

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

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

USE OF OTHER FEDERAL FUNDS

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

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



5.0 Transportation 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 are developed by INCOG in coordination with the region's transit providers and the Regional Council for Coordinated Transportation (RCCT). The list of actions are 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, equipment, and facilities available
3. Assess service gaps, equipment, and facilities needs

With that it was possible to:

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

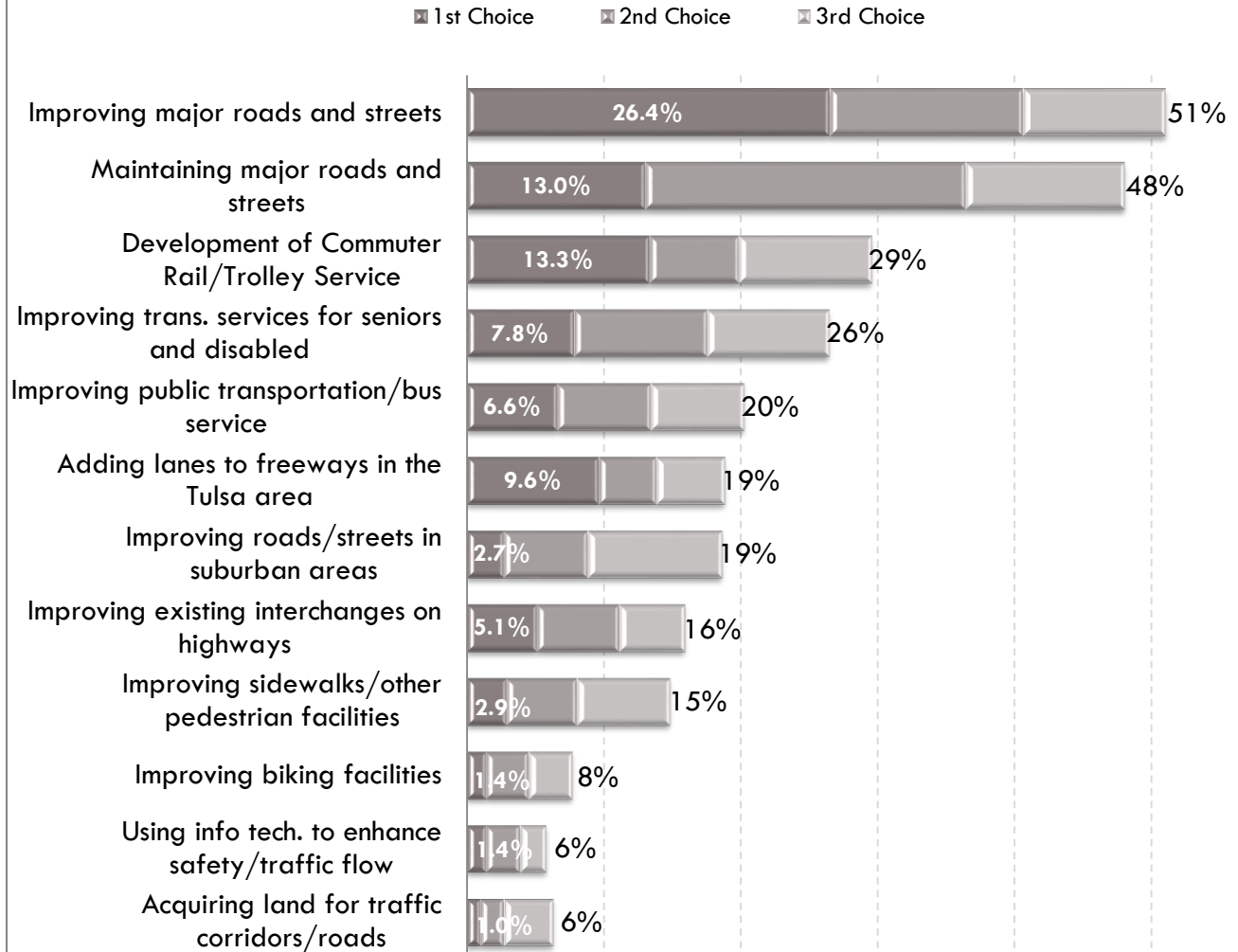
The transportation needs identified lie within portions of all five counties that make up the Tulsa TMA. Although there were two distinct groups (elderly and people with disabilities) targeted in the planning process, their respective needs were similar if not identical. Further, the transportation needs 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.

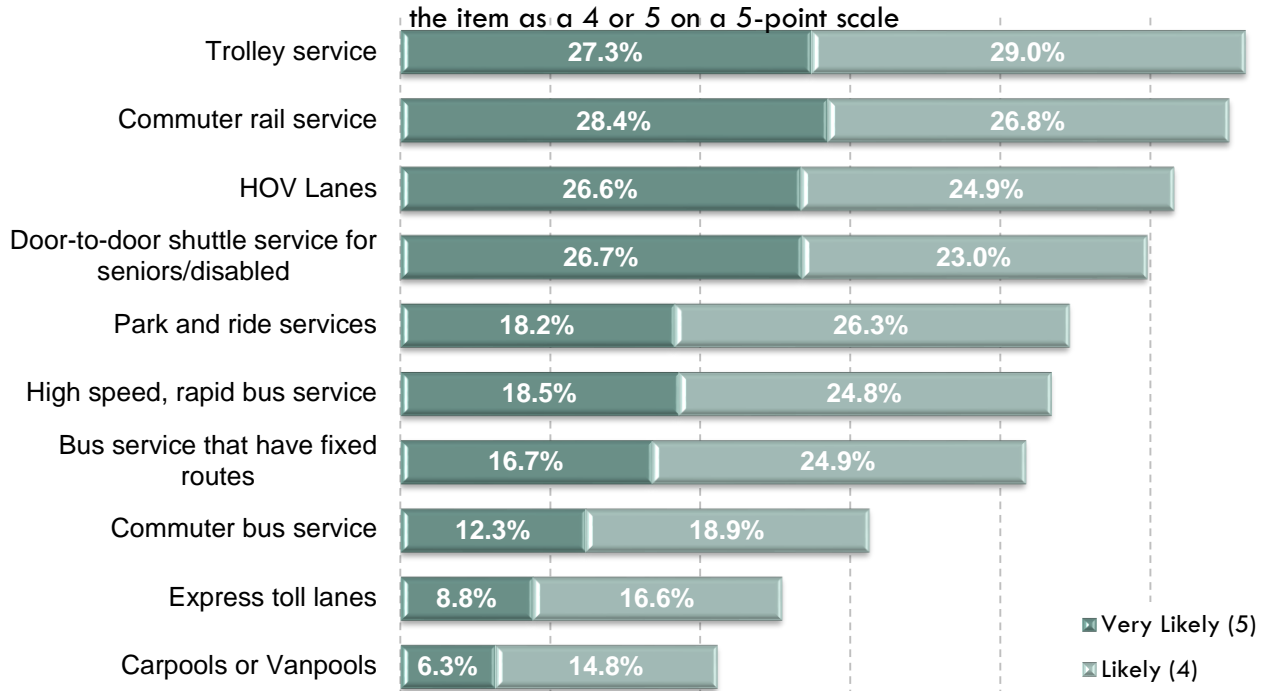
More than half (66%) of those surveyed thought the level of funding for public transportation in the Tulsa area should be increased over the next five years. About one quarter (25%) thought it should stay about the same, 5% thought it should be reduced, and 4% did not have an opinion. The graphs below show some of the results of the survey related to public transportation. The survey also found that residents 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

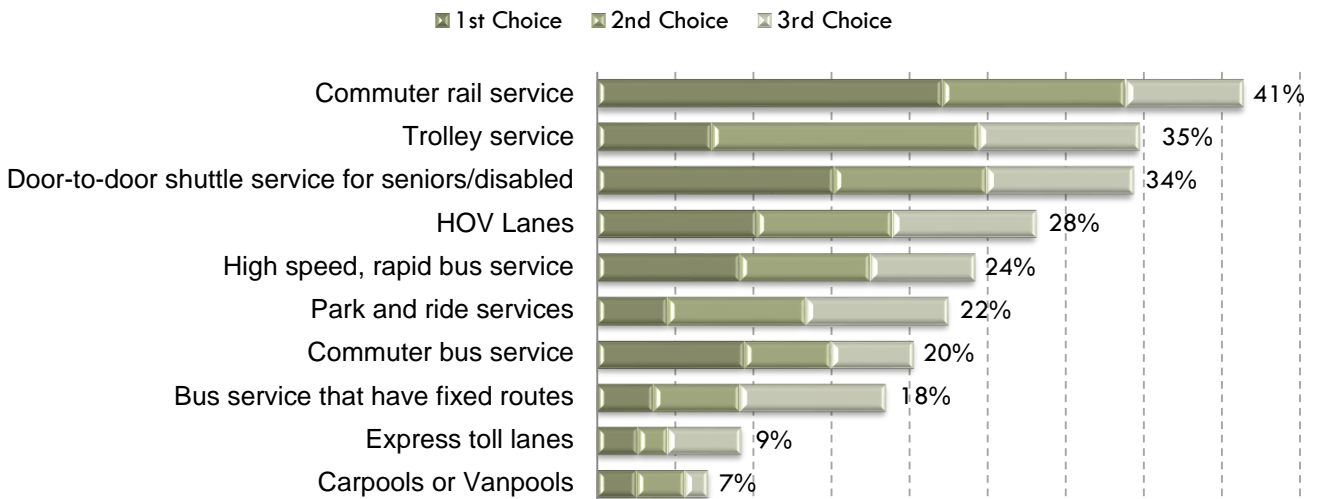
by percentage of respondents who selected the item as one of their top three choices



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



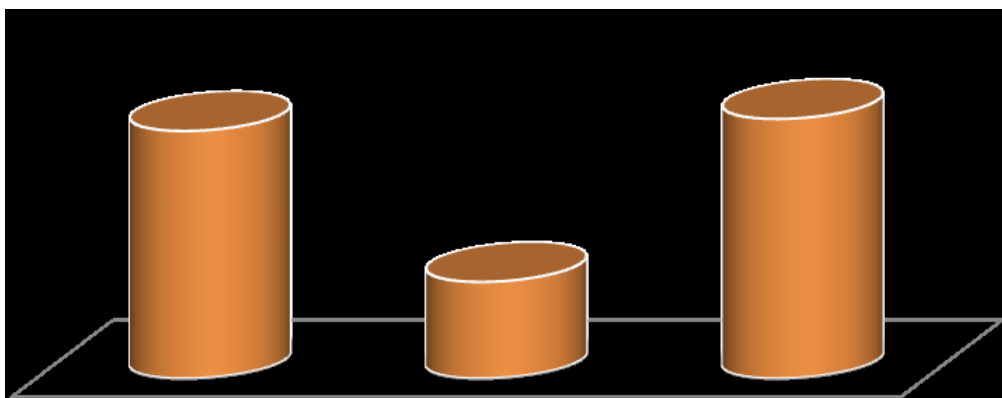
Services that Residents Would Be Most Willing to Support with Their Tax Dollars - by percentage of respondents who selected the item as one of their top three choices



In October and November of 2010, INCOG conducted another survey accurate at the +/-3% level. A total of 111 one-on-one qualitative interviews were conducted via phone or in-person on a confidential basis and 1,000 quantitative interviews with members of the general public in the Tulsa region were conducted using standard market research practices mirroring the US demographic estimates.

From the people surveyed, 90% said they don't use public transportation but support it because it helps others who don't have cars or can't drive. Eighty four percent (84%) agrees that owning a car is getting more and more expensive and 76% says that working people, seniors and young adults really need better public transportation alternatives than Tulsa has now.

When asked about driving habits, 64% said they drive because they have to and not because they want and 62% said they would like to be able to drive less than they do. Thirty six percent (36%) of respondents said they have taken transit in Tulsa, 12% are regular riders, and 72% have taken transit somewhere else. Their experience with transit was:



41% = positive

16% = negative

43% = neutral

The RCCT members, based on their professional and personal experience and taking in consideration the opinions expressed on the surveys, and the citizens that attended the RCCT meetings, identified the following, in order of priority, as gaps in local human service agencies and public transit providers (See Appendix 4 for gaps and needs ranking developed at the RCCT meeting for Plan update):

Inadequate transit funding – no dedicated funding source – prohibits the expansion of services.
Little or no service provided to Tulsa’s surrounding communities.
Funding sources restrict 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.
No transit service on holidays and Sundays.
Limited service in the evenings.
Human service agencies often limited by federal requirements that restrict services to specific target population or destination type.
Barriers to accessibility to routes such as lack of transit and pedestrian-friendly developments.
Depending on the need and program, riders need to make different arrangements with different providers.
Multiple operators have different phone numbers and operating procedures.
Vehicles are not used efficiently (church buses, school buses, etc.)
Some agencies can only provide services to people who are eligible for ADA and Medicaid programs.
Different transit systems have different fares and policy, which can be confusing.
Human service agencies need a better understanding of the transportation system infrastructure to accomplish coordination objectives.
Lift service is not always on time making it difficult scheduling pick up from doctors’ appointment.
Human service agencies have limited capacity for scheduled services (shortage of seats).
Call centers are operated individually by each organization.
Different eligibility requirements for each program.
“Turfism” (concerns about loss of control over services, riders, funding)
Safety at night and on-board.
Advanced scheduling singles people out and doesn’t allow riders to be spontaneous about their trips.
Lack of transportation and planning for emergencies/disasters.
Due to limited funding for marketing, riders are not aware of the options available to them.
Lack of education and advertising to alleviate transit stigma and low usage.
Individual purchase of vehicles and equipment.
Skepticism about benefits.
Driver training programs are operated individually by each organization.
In-house vehicles maintenance programs are operated individually by each organization.
Agencies believe that cost of liability insurance will increase if they transport riders who are not their clients.
Confusion about how nightline system work, what routes are available, and calling for deviations.

In addition to the data collected from the RCCT meetings, the identification of service gaps and needs was also based on concentrations of elderly and/or disabled resident (see Appendix 3). The target population map was then compared with existing services to identify gaps in service coverage. Most

areas with the highest concentration of disabled and elderly persons are somewhat well-served by the existing MTTA fixed route service.

Of the total TMA population 65 & older (99,175 people), 44% live within a ¼ mile of the fixed route bus service (43,637 people). Of the total population 5 years and older with a disability (105,712 people), 48% (51,163 people) live within a ¼ mile of the bus fixed route service, and 62% (70,285 people) of the total TMA population living in poverty (112,964 people) is within a ¼ mile of the bus service. See Appendix 3 for the population analysis.

As can be seen in Appendix 5, 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 320 schools in the TMA, 38% (122 schools) are served by transit routes, and 56% of the total number of day care centers (271) is within a ¼ of a mile of transit routes. The TMA has a total of 27 hospitals/medical centers with 19 (70%) served by transit. Fifty eight percent of the libraries in the region (total of 31 libraries in the TMA) are also served by transit routes. The total number of senior facilities within the TMA is 51, of those 26 or 51% are within the ¼ mile buffer of a transit route.

Three major employment centers are either outside the city boundaries or on the outskirts of the city and are not served by any fixed route transit service (See Appendix 6). Long-term employment growth is expected to continue for the Tulsa Metropolitan Area based on Bureau of Economic Analysis forecasts. In 2010, total employment reached over 460,000 – an increase of approximately 107,000 (over 568,000) is projected for 2035. Downtown employment has steadily grown after a sharp drop in the 1980s. Employment projections anticipate a gain of almost 8,000 employees from 2010 to 2035. Service-providing industries are projected to hold the largest share of total employment at 83%.

Approximately 94% of the 7-county Metropolitan Statistical Area employment falls within the TMA boundary. The base-year employment represents 81% of the 2035 employment forecasts. Employment growth is anticipated throughout the metro area, with significant increases in several major employment centers including the Tulsa Hills Area (W 71st St around S Elwood Ave) Highway 75 and W 121st St in Glenpool, the South Yale Avenue Corridor (from 61st to 71st Street South), the US-64/SH-51 (Broken Arrow Expressway) in east Broken Arrow, the Tulsa International Airport area, the Cherokee Industrial Park, and the Port of Catoosa.

5.1 AVAILABLE 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) (See Appendix 7). With a fleet of about 66 vehicles, MTTA offers fixed route and paratransit services primarily for most of the City of Tulsa, Broken Arrow, parts of Sand Springs and Jenks. There are approximately 18 fixed routes, 5 nightline routes, and 2 express routes operating 6 days a week. MTTA services consist of the following.

FIXED ROUTE

The fixed route program uses 66 buses. Of these vehicles, 52 traditional buses are used during peak hours and 49 are used during off-peak hours. The service is operated from 5:00 a.m. to 8:00 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 30 - 60 minutes and off-peak ranges from 30 - 90 minutes. The fixed route buses provide service to major employment, shopping and entertainment locations.

LIFT PROGRAM AND PARATRANSIT SERVICES

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

NIGHTLINES

MTTA operates 5 nightline services from Monday to Saturday. These routes cover the north, south, east, west, and southeast areas of Tulsa. The bus can deviate $\frac{3}{4}$ of a mile from the route to pick up passengers who make reservations in advance. Service frequency in each route varies from 2 hours to 2 $\frac{1}{2}$ hours.

MILITARY DISCOUNT PROGRAM

Tulsa Transit's Military Discount Program gives US veterans and active military half-fare discounted fares on all Fixed Route and Nightline buses. The regular fare for program participants is \$0.85 or half the regular fare

price. Program participants must show the bus operator a valid Tulsa Transit Military Reduced Fare Photo ID Card each time they board the bus. Program ID cards may be obtained at the Denver Avenue Station (DAS). There is a \$1.00 processing fee and applicants must show a valid veteran or military photo ID.

To obtain a Tulsa Transit Military Reduced Fare Photo ID Card, the following identification will be required:

- Active duty military personnel must present a current federal issued military identification card.
- Veterans who were honorably discharged from the United States armed forces must present identification from a recognized veteran's organization or a state-issued identification indicating veteran status.

If the identification presented does not include a photo, another form of identification with a photo must be shown so Tulsa Transit personnel can match the name on the identification with the applicant. All Tulsa Transit Military Reduced Fare Photo ID Cards expire after four years and must be renewed.

RACK-N-ROLL CLUB

Program participants can barrow a bike at the Denver Avenue Station for up to 24 hours at no charge. The goal of the program is to improve mobility in the Tulsa Transit service area. All that is needed is to apply for a Rack-n-Roll Club picture ID to borrow a bike. All that is asked is that the bike is returned to the station. All of Tulsa Transit's buses have bike racks to carry the bike while the passengers are on the bus.

EZ RIDER REWARDS

Tulsa Transit Bus Pass is an EZ Rider Discount Card. The passengers only need to show a bus pass at any of the participating merchants and get a valuable discount. Tulsa Transit's EZ Rider Rewards Program provides added value to Tulsa Transit customers by allowing them to receive valuable discounts at area businesses. The program is free to area merchants who will benefit from program advertising and increased business.

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 7 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.tulsatrc.org) matches customers that live in the same area and have a similar commute. Currently, INCOG is in the process of evaluating carpooling softwares, carsharing alternatives, and marketing options to promote the service in the Tulsa Region. The Tulsa Resource Center website was expanded to include information on 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, many organizations in the area operate transit services to provide transportation to their clients. These organizations include taxi companies, non-profit agencies, volunteer programs, schools, and human service agencies, among others. See Appendix 2 for a list of organizations that provide transportation services in the Tulsa TMA.

The RCCT 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 provides personalized services to clients. Apartments for low-income individuals have begun limited transportation services for residents' specialized needs. Services have short lead time, after sign-up. SoonerRide services for Medicare/Medicaid help clients access to 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's Transportation Resources Center.
- Availability of Federal funds.

5.2 COORDINATION OBSTACLES/OPPORTUNITIES

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

OBSTACLES TO COORDINATION:

The obstacles and challenges to coordination were identified as:

- “Turf” wars or the reluctance to give up ownership and control and allow another entity to provide services to its clients.
Atmosphere of competition instead of cooperation
- Sharing funding and the need of additional funding for coordination
- Lack of information and communication at all levels; agency to client, agency to agency
- Some organizations lack infrastructure and technology for scheduling and equipment
- Strong leadership needed to promote collaboration among existing organizations.
- Duplication of some services, but still unmet needs
- 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

When RCCT members were asked to evaluate what were the biggest barriers to coordination, funding was the highest ranked answer. A regulatory review of Federal funding programs indicates that the little uniformity in program

delivery, report and eligibility requirements can also present obstacles to coordination.

OPPORTUNITIES TO COORDINATION:

When brainstorming opportunities to coordinate, the RCCT 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



6.0 Strategies and Actions

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

6.1 RECOMMENDED STATE/LOCAL ACTIONS

State and Local Government participation in the transportation coordination process is considered vital to the development and implementation of the program. The RCCT was asked to review the list of action items they recommended in the previous Coordinated Plan for the State and Local Government to facilitate transportation coordination in the Tulsa region. Below is the summary of the RCCT 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
 - 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.
- 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 Transportation Resource Center (TRC) Providers' Inventory
- Provide assistance on how to use the TRC website 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 TRC 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 RCCT.

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

6.2 RECOMMENDATIONS FOR THE TULSA REGION

FTA has defined the goals of the Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) program, and in the Tulsa Transportation Management Area, this program will be administered by the Indian Nations Council of Governments (INCOG) towards these goals and objectives. The goal of the Section 5310 program is to improve mobility for seniors and individuals with disabilities throughout the country by removing barriers to transportation services and expanding the transportation mobility

options available. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas—large urbanized, small urbanized, and rural. The program requires coordination with other federally assisted programs and services in order to make the most efficient use of federal resources.

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

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

GOAL 1: SAFETY AND ACCESSIBILITY

STRATEGY	LEVEL OF PRIORITY
Increase transit service area to include regional medical facilities, employment centers and social activities.	High
Develop and implement Pedestrian Master Plan to assess sidewalks, safe routes to transit, and elimination of barriers.	High
Incorporate FHWA guidelines for new streets and highways that are accessible for aging and disabled populations.	High
Improve facilities and amenities at regional stops and transfer stations.	Medium
Implement policies and programs that address safety concerns at bus stops, transfer stations and on-board, especially at night.	Medium
Encourage provision of Travel Hosts to assist people making transfers, persons with disabilities, users needing door-to-door service, visitors, or those with other transit concerns.	Low

Create and implement an emergency/disaster plan and an inclement weather plan that address the need of those without personal transportation.	Low
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GOAL 2: MOBILITY

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

Increase human service agencies capacity for scheduled Services	Low
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GOAL 3: AWARENESS

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

GOAL 4: FUNDING

STRATEGY	LEVEL OF PRIORITY
Develop funding strategy that includes a dedicated funding source for public transportation and allows expansion of the fixed-route and paratransit services	High
Allow mixing of funding so agencies aren’t restricted to serving specific target populations or specific destination types	High
Diversify and expand funding sources by partnering with the private sector (both for-profit and non-profit)	Medium
Promote mileage reimbursement for volunteer drivers, Volunteer Exchange to trade skills, Green Traveler (carpooling), Taxi Vouchers to reduce trip cost, Rental Cars for volunteer drivers	Low

GOAL 5: EFFICIENCY

STRATEGY	LEVEL OF PRIORITY
Increase service efficiency to decrease delayed pick-ups	High
Develop a unified policy that allows all providers to accept transit users regardless of their individual eligibility (ADA, Medicaid and other programs)	High
Incorporate Intelligent Transportation Infrastructure Technology options to integrate the use and function of each transportation mode	Medium
Agree upon common fare structure for all agencies represented in the vehicle pool	Medium
Decrease lead-time needed in scheduling for paratransit service	Low
Increase the ability of school districts and churches to be part of the community transportation providers pool	Low

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

The following strategies should also be adopted to promote coordination of human services transportation in the Tulsa Region. These strategies promote UWR goal (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 to coordination will be developed and included in the plan. Assistance in matching partners for coordination will be provided by INCOG as needed by the agencies.

6.3 FUNDING AVAILABILITY

Under Federal Transit Administration guidelines, INCOG is the designated applicant and recipient for the Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) program. Applications for 5310 funding within the Tulsa TMA should meet a need identified by this Coordinated Plan. To ensure consistency with the Coordinated Plan, 5310 applications will be evaluated based on the selection process included in this plan. As the Plan continues to guide projects in successive years, this review process will be evaluated and refined as necessary to ensure projects funded under this program are complementary to one another and fit into the vision and goals of the Coordinated Plan. The funding allocation is as follows:

	<i>FY 2013</i>	<i>FY 2014</i>
<i>Section 5310</i>	\$577,420	\$588,574

Serving the growing population of elderly and people with disabilities will require more funds and INCOG and the RCCT will continue to seek more funding through innovative funding sources such as private foundations, United Way, among others. INCOG developed a selection process and criteria and will solicit applications from eligible entities for disbursement of the funds allocated to our region for the years 2013 and 2014 and use the selection process to evaluate applications and determine FTA funds grantees.



7.0 Section 5310 Selection Process

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

The Competitive Selection Process was developed by INCOG in cooperation with the RCCT. It will be conducted as directed by the Transportation Policy Committee, as long as funds for Section 5310 program are available. The

solicitation of bids for projects will be announced as early as possible to give applicants sufficient time to develop their proposals.

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

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

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

1) PROJECT NEED/GOALS AND OBJECTIVES (25 POINTS)

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

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

2) COORDINATION AND PROGRAM OUTREACH (25 POINTS)

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

3) PROGRAM BUDGET (20 POINTS)

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

4) COST-EFFECTIVENESS AND PERFORMANCE INDICATORS (20 POINTS)

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

5) INNOVATION (10 POINTS)

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

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

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

Application materials will be made available to organizations participating in the Coordinated Plan development efforts and an electronic version will be posted on INCOG's website at the time a call for projects is issued. If project sponsors are unable to access the Internet, INCOG will mail a hard copy to the potential applicant. The Grant Application includes estimated available funds.

Technical assistance will be offered to all project sponsors and during the grant application, INCOG will conduct workshops as an opportunity to explain program requirements, application process, and project selection criteria, as well as to give an opportunity for applicants to ask INCOG staff questions about the application and the process. These workshops will also provide an opportunity for communication between INCOG and organizations interested in transportation coordination.

Appendix

Appendix 1: Survey

Appendix 2: Transportation Provider's Inventory

Appendix 3: Target Populations within the MTTA Service Area

Appendix 4: Gaps and Needs Ranking

Appendix 5: Facilities within the MTTA Service Area

Appendix 6: Major Employers Map

Appendix 7: MTTA Service Map

Transportation Provider Directory

Please help us keep our directory current. If your agency provides transportation in the Tulsa region you can use this form to add or update your information. Thank you!

* Required

Agency Name *

Area Served *

In which cities or counties does the agency provide transportation?

Cost *

How much does it cost to use the transportation service?

Scheduling Information *

How does a person arrange transportation with this agency? How far in advance should a rider call?

Hours of Operation *

What days and times are transportation offered?

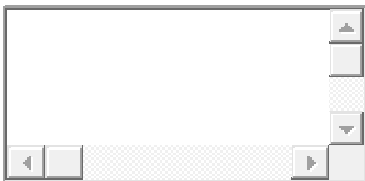


*Phone Number **

Website

Agency Contact Information

Who is the best contact for questions about this agency?



Additional Information

Anything else we should know?



Join the Regional Council on Coordinated Transportation!

Would you or another member of your agency like more information about the RCCT?

- Yes, add the above contact information to the database.
- No thanks.

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Appendix 2: Transportation Provider's Inventory

SENIORS

Creek County RSVP

Area Served: City of Sapulpa, make trips to Tulsa

Cost: Free, donations suggested

Scheduling Info: Schedule in advance for medical and grocery trips Monday through Friday 9am-3pm

Contact: 918-227-3844

<http://www.rsvptulsa.org/creekcounty.html>

*55+

*WHEELCHAIR ACCESSIBLE

Owasso Community Center

Area Served: Owasso area

Cost: Donation suggested

Scheduling Info: Schedule ride one day in advance or before 8:30am for day-of rides. Operates Monday through Friday from 8am-1:30pm

Contact: 918-272-3903

http://cityofowasso.com/community_center/

Northeast Active Timers (NEATS)

Area Served: Tulsa Metro

Cost: \$3-\$4

Scheduling Info: Schedule in advance

Contact: 918-743-1303

Collinsville Senior Center

Area Served: Collinsville and Owasso, special event trips to Tulsa

Cost: Donations suggested

Scheduling Info: 24 hours advanced notice

Contact: 918-371-3730

Carver Senior Center

Area Served: Tulsa and surrounding cities

Cost: None

Scheduling: Arrange in advance for travel between 8-2 Monday-Friday, 9-5 Saturdays and Sundays

Contact: 918-585-3307

Broken Arrow Seniors

Area Served: Broken Arrow

Cost: Donation suggested

Scheduling: 24 hour advance scheduling for travel between 8-5 Tuesday, Wednesday, Friday; 8am-9:30pm Mondays and 8am-7:30pm Thursdays.

*wheelchair accessible

MEDICAL

American Cancer Society

Area Served: Tulsa, Broken Arrow, Bixby, Sand Springs, Sapulpa and Jenks

Cost: Free

Scheduling Info: 4 days in advance for medical appointments between 9am-3pm
Contact: 918-477-5400

Angel Flight

Area Served: Heartland Region including Oklahoma, Texas, Arkansas, Missouri, etc.

Cost: Free air transport for medical treatment

Scheduling Info: Schedule 5 working days in advance

Contact: 918-749-8992

<http://www.angelflight.com/>

Indian Health Care Resource Center

Area Served: Tulsa County

Cost: Free

Scheduling: Arrange at time of appointment. Shuttle to Claremore on Mondays. Tuesday-Friday rides to/from Tulsa clinic are available 8-5.

Contact: 918-588-1900

<http://www.ihcrc.org/>

MedSupport

Area Served: Northeastern Oklahoma

Cost: Rate determined by mileage

Scheduling: 3 hours in advance for same day transportation

Contact: (918) 627-5111

<http://www.medsupport03.com/index.html> (online trip request form available)

**Wheelchair and stretcher accessible*

Morton Comprehensive Health Care

Area Served: Tulsa, plus a shuttle to Nowata clinic

Cost: Free

Scheduling: Arrange at time of making appointment. Fixed route bus runs from 7:30-4:30 with stops at major social services throughout Tulsa.

Contact: 918-587-2176

<http://www.mortonhealth.org/>

Fixed Route bus schedule: <http://www.mortonhealth.org/pdf/Transport%20Flyer.pdf>

Sooner Ride

Area Served: Oklahoma

Cost: Varies, available for Medicaid cardholders only.

Scheduling: reservations between 8:00 a.m.-6:00 p.m., Monday through Saturday

Contact: (918) 404-4500

VETERANS

Jack C. Montgomery VAMC Veterans Transportation Service

Area Served: Eastern Oklahoma

Cost: Free

Scheduling: Arrange 24 hours in advance or at time of making appointment for transportation between 5am-7:30pm. Vinita VA Outpatient Clinic and Hartshorne VA Outpatient Clinic also offer this service.

Contact: 918-577-3500 or toll free at 877-905-4538

<http://www.muskogee.va.gov/VTS.asp>

**Wheelchair Accessible*

Disabled American Veterans (DAV)

Area Served: Tulsa and surrounding

Cost: Free

Scheduling: Volunteer driver program provides rides to VA medical facilities. Advanced scheduling required.

Contact: 918-628-2607

<http://www.dav.org/volunteers/Ride.aspx>

*NOT wheelchair accessible

VOUCHERS**Community Action Project**

Area Served: Tulsa County

Cost: Free

Scheduling Info: Clients can ask for bus passes or gas cards at any time, assistance is provided on a case by case basis.

Contact: 918-382-3200

<http://www.captc.org/>

Ability Resources

Area Served: Tulsa Area

Cost: Free Tulsa Lift coupons for qualifying seniors over 60

Scheduling Info:

Contact: 918-592-1235

<http://www.ability-resources.org/services/transportation>

Tulsa Day Center for the Homeless

Area Served: Tulsa

Cost: Free

Scheduling: Vouchers/Tokens provided based on need for employment or medical appointments.

Contact: 918-583-5588

415 W. Archer, Tulsa, OK 74103

<http://www.tulsadaycenter.org/index.php>

Neighbor for Neighbor

Area Served: Tulsa

Cost: Free

Scheduling: Office walk-in Monday-Thursday 9-12 and 1-3, arrive one hour before closing to ensure assistance.

Contact: 918-425-5578

505 East 36th St North Tulsa, OK 74106

<http://www.neighborforneighbor.org/NFNFamilyAssistance.php>

Tulsa Cares

Area Served: Tulsa

Cost: Free

Scheduling: Provides bus tokens to HIV+ clients

Contact: 918-834-4194

Emergency

Domestic Violence Intervention Services (DVIS)

Area Served: Tulsa and Creek County

Cost: Free

Scheduling: 24 hour emergency transportation to shelter or offices.

Contact: 918.7.HELP.ME (918.743.5763)

<http://www.dvis.org/dvis/default.asp>

EMSA TotalCare

Area Served: Bixby, Jenks, Sand Springs, and Tulsa

Cost: Annual fee is from \$43.68 to \$75.00 for emergency transports and medically-necessary non-emergency ground ambulance transports to hospitals.

Scheduling: n/a

Contact: (918) 396-2888

<http://www.emsaonline.com/tc2000.html>

Private Transportation

Fresh Air Accessible Transport

Area Served: Tulsa

Cost: Standard vehicle: \$7.50 pickup, \$2.50 per mile; wheelchair transport: \$35.00 pickup, \$3.50 per mile. Waiting time charge.

Scheduling: Call at least one day in advance of need. Services available 24 hours a day, door-to-door.

Contact: (888) 318-6362 toll-free

Kraftours

Area Served: Inter and Intrastate

Cost: Hourly in town, by mile for out of town trips

Scheduling: Call in advance for a quote, \$100 deposit required

Contact: 1(800) 331-3253 or (918) 627-9797

<http://www.kraftours.com/index.html>

My Driver Transportation Services

Area Served: Based in Tulsa, can accommodate intrastate travel

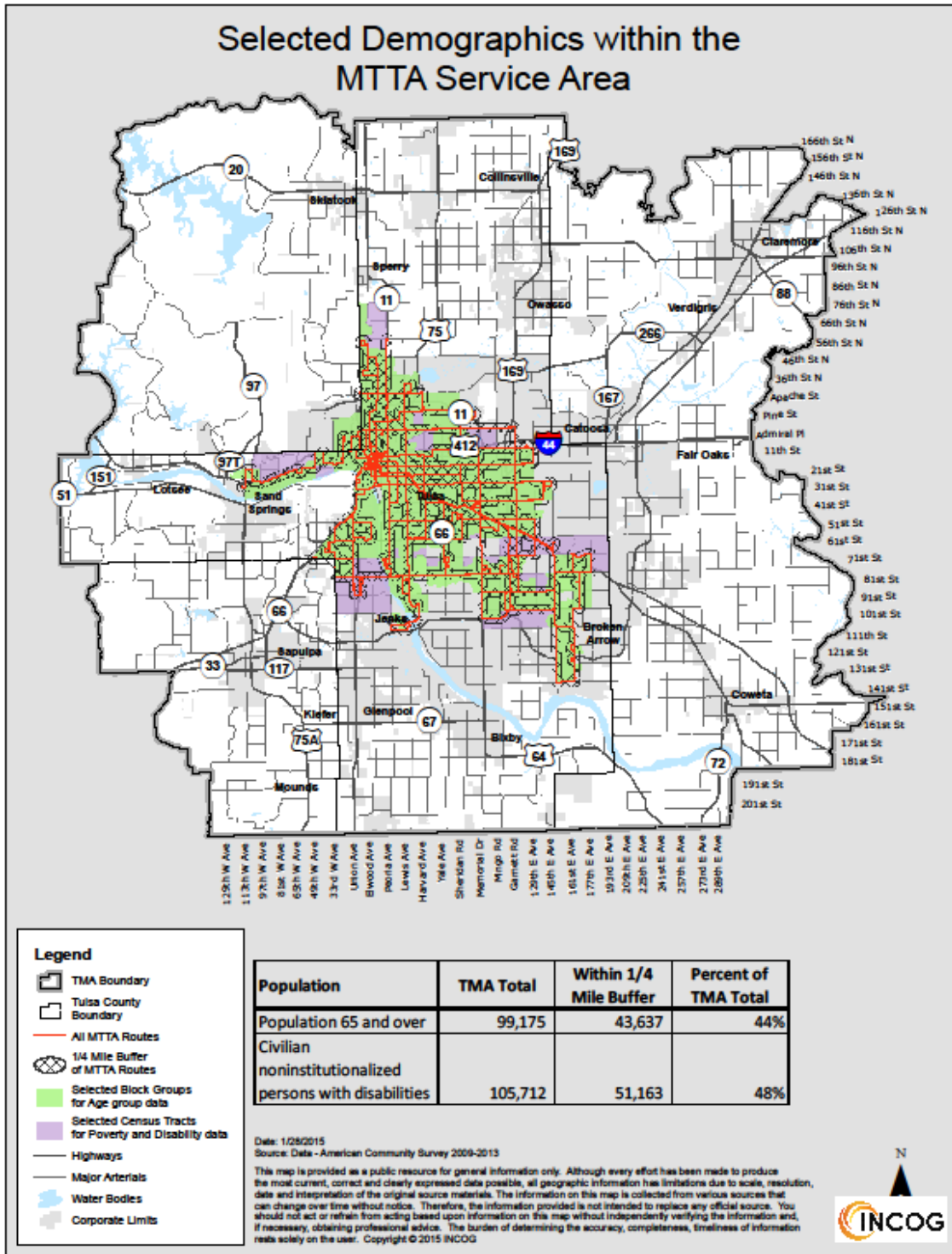
Cost: Begins at \$30 for round trip; \$80 for wheelchair trips

Scheduling: 2-3 days in advance to guarantee availability, will accommodate same day travel as able.

Contact: (918) 491-9929

**Wheelchair accessible*

Appendix 3: Target Populations within the MTTA Service Area

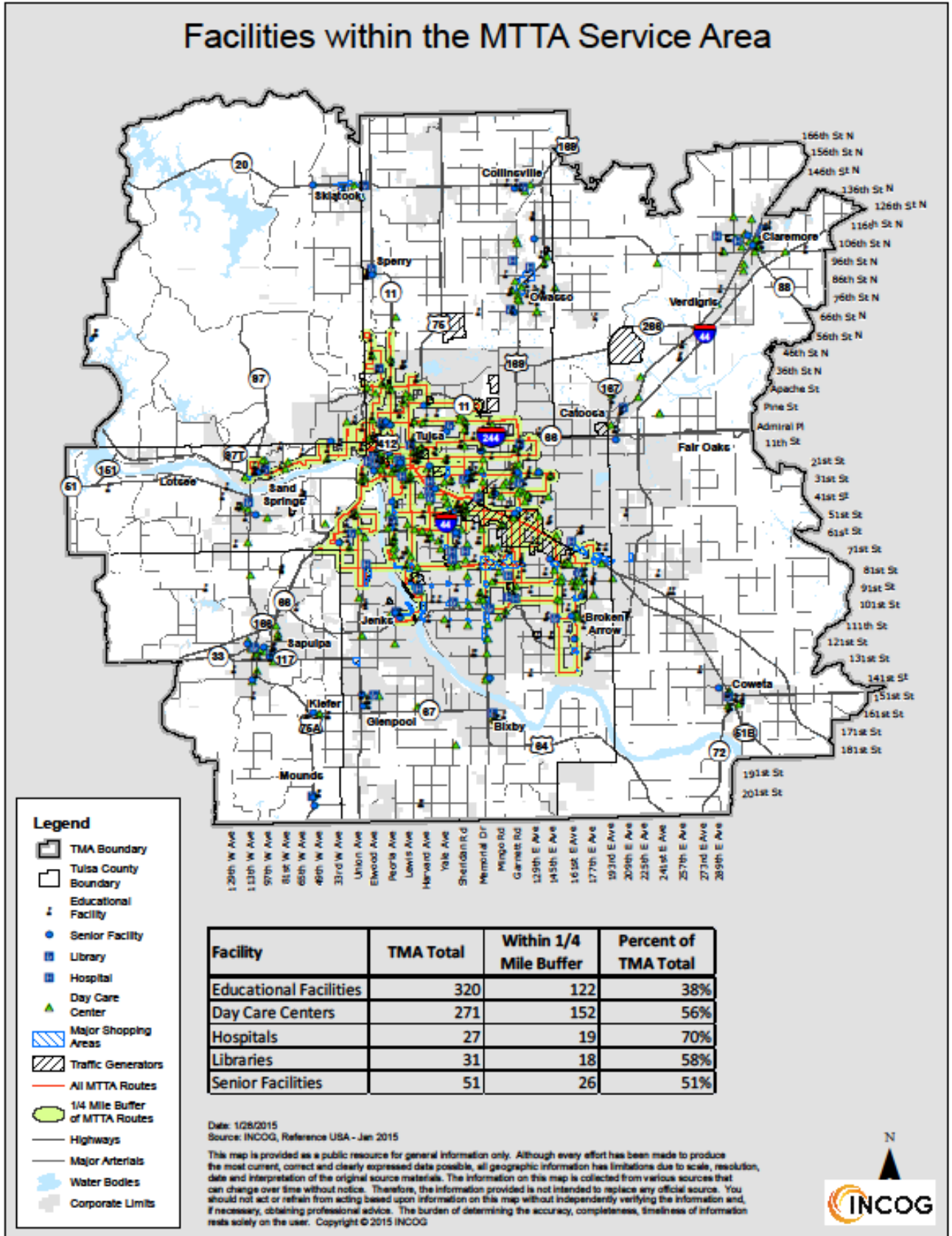


Appendix 4: Gaps and Needs Ranking

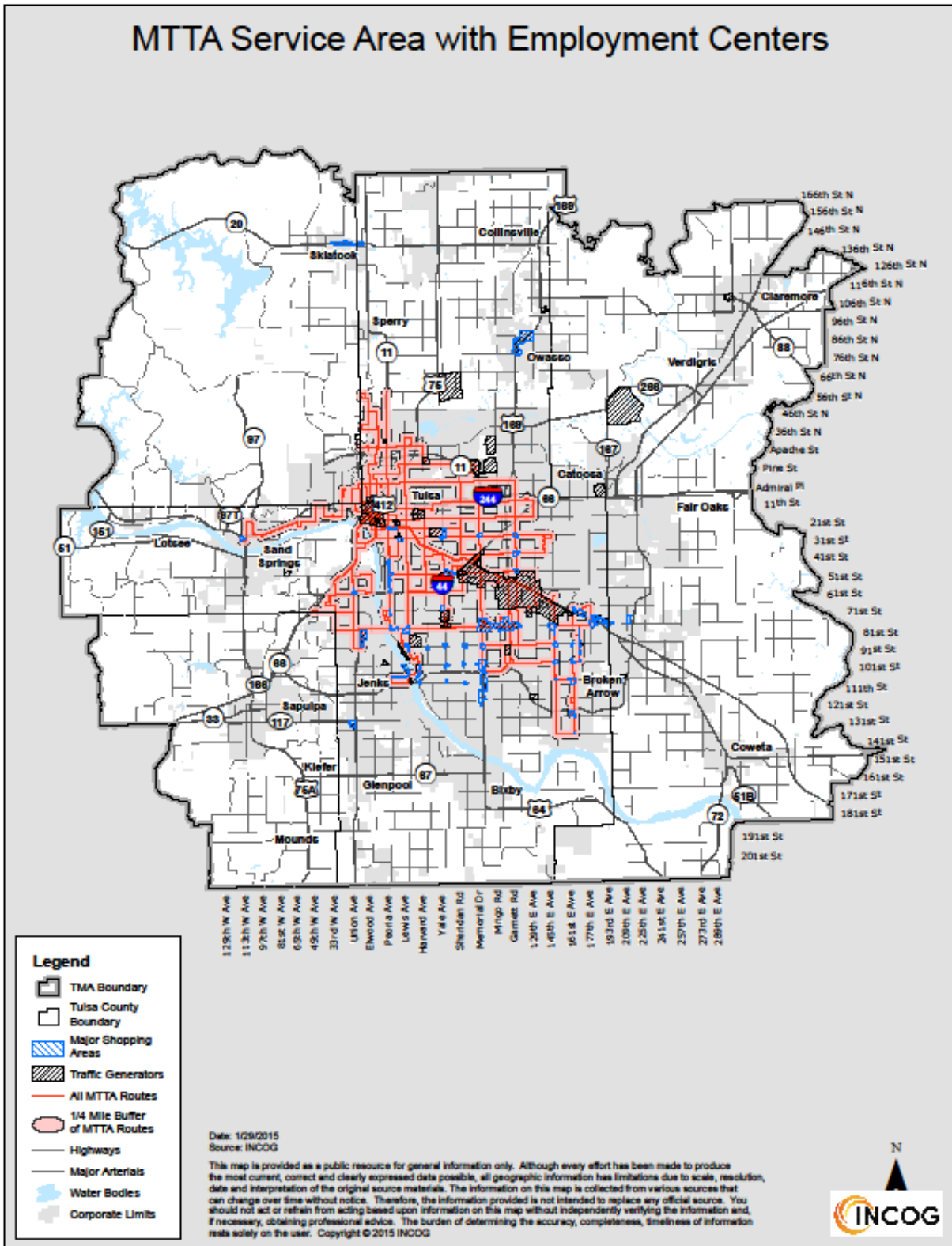
Objectives	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Total Value	Sum Rank	Average	Average Rank
Inadequate transit funding – no dedicated funding source – prohibits the expansion of services.	28	2	3	2	3	5	2	4	4	1	20	6	2	1		1	9	2	2	1	1	99	1	5.0	1
Little or no service provided to Tulsa’s surrounding communities.	27	27	4	15		11	3	1	2		28	4	1	1	1	2	7	3	1		8	146	3	8.1	2
Funding sources restrict 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.	10	25	1	3	1	8	1	16	27		8	9	8		10	8	5	2	5	5	2	154	5	8.1	2
No transit service on holidays and Sundays.		9	24	11		1		2	6	5	24	11	13	1	4	4	21	2	3	3	10	154	5	8.1	2
Limited service in the evenings.	20	11	7	22		2		3	5	6	23	5	9	1	5	5	22	1	4	2	11	164	8	8.6	5
Human service agencies often limited by federal requirements that restrict services to specific target population or destination type.	25	4	2	7	2	10	9	10	1		1	26	7	1			1	4	15		23	148	4	8.7	6
Barriers to accessibility to routes such as lack of transit and pedestrian-friendly developments.	26	12	11	10	7	6			3		12		15	3	6	6	6	4	7		22	156	7	9.8	7
Depending on the need and program, riders need to make different arrangements with different providers.	17	6	15	16	8	23	8	14	7	2	9	1	10	1			8	4	20	4	18	191	15	10.1	8
Multiple operators have different phone numbers and operating procedures.	14	7	17	9	9	15		15	10	3	15	2	5				14	7	22	6	9	179	10	10.5	9
Vehicles are not used efficiently (church buses, school buses, etc.)	11		9	21		4		5	21	7		7	17	10	9	7	10	1	27		13	179	10	11.2	10
Some agencies can only provide services to people who are eligible for ADA and Medicaid programs.	9	3	21	18	6	12	11	24	26		11	12	6				4	3	11		3	180	13	11.3	11
Different transit systems have different fares and policy, which can be confusing.	15	5	23	1		20	4	12	19		7		16	3	3		24	3	21		19	195	16	12.2	12
Human service agencies need a better understanding of the transportation system infrastructure to accomplish coordination objectives.	24	21	8	17		9	5	7	10	8	4	24	9		16		3	1	17		26	209	19	12.3	13

Lift service is not always on time making it difficult scheduling pick up from doctors' appointment.	13	8	5	28		27		13	12		13	3	14	2	2		15	11	8		24	198	17	12.4	14
Human service agencies have limited capacity for scheduled services (shortage of seats).	7	26	10	27		7		25		11	2	8	11	4	8		11	5	12		25	199	18	12.4	14
Call centers are operated individually by each organization.	3	14	12	6		13		11	23		18	22	3		15		19	1			16	176	9	12.6	16
Different eligibility requirements for each program.	16	1	16	8		16		12	11		10		6	20			18	2	23		20	179	10	12.8	17
"Turfism" (concerns about loss of control over services, riders, funding)	4	22	6	5	4	14	10	10	20		21	13	25				26	3	16	7	15	221	21	13.0	18
Safety at night and on-board.	2	10		24		19		26				10		1			23		6		12	133	2	13.3	19
Advanced scheduling singles people out and doesn't allow riders to be spontaneous about their trips.	8	28	22	23		3		20	9	4	12	25	12	20	11	3	16	11	14		4	245	24	13.6	20
Lack of transportation and planning for emergencies/disasters.	19	13	25	19		25		19	18		22		18	1	7	9	2	3	10			210	20	14.0	21
Due to limited funding for marketing, riders are not aware of the options available to them.	23	17	13	13		18	7	8	17	9	6	16	4		17		17	3	26		7	221	21	14.7	22
Lack of education and advertising to alleviate transit stigma and low usage.	21	19	27	4		17	6	9	15	10	5	17	22		19		28	4	25		5	253	25	14.9	23
Individual purchase of vehicles and equipment.	1	16	20	14	5	21		18	22		17	23	20		14		20		13		17	241	23	16.0	24
Skepticism about benefits.	12	18	26					28	14				26				29		18	7	6	184	14	18.4	25
Driver training programs are operated individually by each organization.	5	24	18	20		26		22	25		19	20	21		12		13	2	28		21	276	28	18.4	25
In-house vehicles maintenance programs are operated individually by each organization.	6	15	19	12		28		23	24		16	27	19		13		25		19		14	260	26	18.6	27
Agencies believe that cost of liability insurance will increase if they transport riders who are not their clients.	18	23	28	26		24		17	28		3	15	24				12	4	14		28	264	27	18.9	28
Confusion about how nightline system work, what routes are available, and calling for deviations.	22	20	14	25		22		21	16		14	18	23		18		27	2	24		27	293	29	19.5	29

Appendix 5: Facilities within the MTTA Service Area



Appendix 6: Major Employers Map



Appendix 7: MTTA Service Map

