Coordinated Public Transportation-Human Services Transportation Plan for the Okanogan Region, 2026 Update

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Okanogan Council of Governments

Okanogan County, Lead Planning Agency

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The HSTP can be downloaded from the OCOG home page at www.ocog.org

Additional resources can be found online https://www.okanogan-hstp.org/

Document Revisions

[Oct 2026] Addition of new appendix responds to WSDOT review comments. Minor corrections address clerical errors.

***Note:** For conciseness in communications and a more easily understood naming convention for local stakeholders, the Coordinated Public Transportation-Human Services Transportation Plan is referred to simply as the Human Services Transportation Plan from this point forward, with the acronym HSTP.*

INTRODUCTION



AI generated image

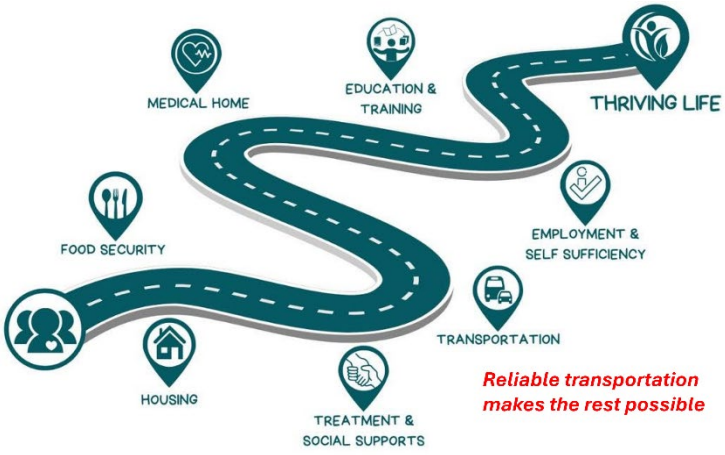
Introduction

Transportation is something many of us don't have to think about too much. When we need to get to work, pick up a sick kid from school, go to the doctor, or shop for groceries, we get in our car and drive. Distances are far in a rural area and it takes time, but we factor that into the trip.

But what about those who don't drive?

For lots of people driving is not an option. It might be because age has made driving an increasingly dangerous thing to do. Or maybe a disability, even a temporary condition like a broken leg, makes driving impossible. For an increasing number of people, it is simply too expensive to own a car and keep it running and insured, especially with gas prices soaring.

For those who don't drive, getting around is something they have to think about all the time, especially in a rural place like Okanogan County. That's because the places people need to get to - work, school, doctor's office, grocery store, senior center - are generally clustered in the cities and towns. But most of us live in the unincorporated county, where there are few alternatives to driving. It is hard to maintain a self-sufficient, independent rural lifestyle without a personal vehicle.



Human Services Transportation

When we talk about "human services," we're talking about a wide range of social assistance programs, from health care to food and shelter to work force training, and more. "Human services transportation" (HST) includes a variety of travel assistance programs that help ensure everyone can reach the care and basic needs of daily life, even if they don't drive. HST includes services available for everyone, like transit, as well as programs that serve targeted populations like seniors or people with disabilities. HST providers include public and non-profit transportation providers as well as social service agencies, community health centers, aging and disability groups, public health departments, behavioral or mental health centers, criminal justice programs, veteran's transportation programs, vocational rehabilitation programs, schools, advocacy groups, faith-based communities, and more. The mobility needs of our community are varied; we need a variety of transportation options from traditional and non-traditional service providers to meet those needs.

TranGO's fixed route bus and paratransit services and OCTN's door-to-door demand response service meet much of the demand for travel to and from essential human services and economic opportunities, but they can't meet it all.

That's why periodic updates of the Human Services Transportation Plan are so valuable.

The Human Services Transportation Plan, or HSTP for short, is concerned with rural mobility, especially the ability of those who don't drive due to age, income, or disability to access the health and human services available to them. It supports reliable travel choices that get people where they need to be, even if they don't drive.

The HSTP engages transportation providers - public, tribal, non-profit, and private - along with human services providers from across the region to take stock of available resources for transporting their customers and clients, assess barriers and gaps in service, and identify strategies that ensure existing transportation services continue and wherever possible, increase services and expand access. It takes coordination, collaboration, and partnerships across sectors to address the mobility needs of the most vulnerable in the region and strengthen our rural travel options.

2026 Update to the Human Services Transportation Plan

The Okanogan Council of Governments (OCOG) updates the HSTP every four years. These updates open the door for important transportation funding opportunities, like the statewide Consolidated Grant program that funds important transportation programs in our region every two years. It's also an opportunity to make the case for policy fixes that address barriers unique to our highly rural region.

This 2026 HSTP report includes information to meet requirements of WSDOT, who funds this work. There is additional content available online with potential value for health and community care partners.

What's In This Report

Chapter 1 offers an overview of human services transportation in the context of this highly rural region. It includes information on the target populations this HSTP is concerned with and the nature of issues they face.

Chapter 2 summarizes the engagement and input that informed this 2026 update and shaped our understanding of issues and regional strategies.

Chapter 3 recaps the various transportation services that are available across the region from public, tribal, non-profit, state, and private carriers.

Chapter 4 offers a summary of unmet needs and barriers associated with rural mobility from the overlapping perspectives of individuals, human services providers, and transportation providers.

Chapter 5 lays out strategies to sustain mobility services that people rely on today and, with adequate resources, improve those services to address more needs. These are strategies that Consolidated Grant awards must advance.

The **Appendix** includes a selection of resources that are available online, a record of engagement, and other content for WSDOT. This is where the final ranked list of 2027 Consolidated Projects for the Okanogan Region will be found at the conclusion of that process and the 2029 list of projects at that time. OCOG evaluates and ranks those projects for WSDOT as a part of the Consolidated Grant process.

Chapter 1
HUMAN SERVICES TRANSPORTATION



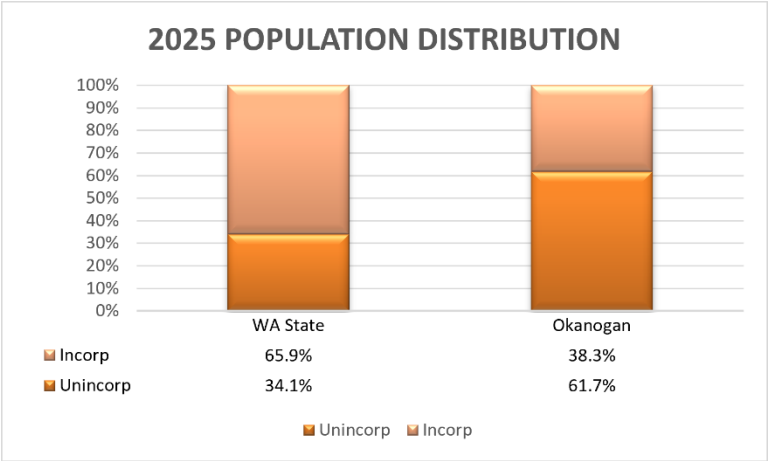
Photo courtesy Methow at Home

Chapter 1: Human Services Transportation in Okanogan County

The HSTP is concerned with rural mobility, especially for those residents who don't drive because of age, disability, or income. For planning purposes, this includes those who are 65 and older, youth, those with one or more disabilities, and those who live in poverty. These are common indicators that a person may need help with transportation. Access to health and human services for those who are mobility challenged can be difficult in any setting, but the challenges are significantly more pronounced here in Okanogan County.

Regional Context

With just 8 people per square mile, our highly rural region is designated as a frontier one county. Though our biggest cities, Omak and Okanogan, are too small to be recognized as urban places by most state and federal agencies, that is where health and human services, retail and commercial services, and many of our government services are located.



Most of us don't live in town, though. Our 2025 population was estimated to be 43,400 people. Only 38 percent of us live in one of our 13 cities and towns while 62 percent live out of town, often quite far out of town, in extremely rural country.

We travel far on a regular basis, and we do primarily by driving. "Locally available" can mean two hours away. Many services we need aren't even available in Okanogan County. We know about going to Wenatchee for doctors' appointments or to Spokane for VA services. Most of us can't imagine doing those trips or getting around this big county any way other than driving. But people do. They have to.

They don't drive, or they can't afford to. Either way, people can lose their personal mobility. That's hard.

It is not easy to maintain mobility and independence here without a car, but it's possible thanks to the efforts of TranGO, OCTN, CCT, the Apple Line, People for People, and other independent, innovative programs provided by government agencies and non-profits. Chapter 3 lists each of the providers we're aware of and the services they offer. In time we hope to see that list grow longer as more providers come forward to meet more of the unmet mobility needs of Okanogan residents who don't drive.

Vulnerable Groups

Most people in Okanogan County drive for most or all of their daily travel needs. But not everyone can drive or can afford to drive. A small number of population characteristics are common indicators of increased risk of transportation insecurity. That is, people with one or more of these characteristics may need some kind of assistance to get where they need to be because they don't drive. For HSTP purposes, three primary characteristics are associated with an increased inability to drive: advanced age, poverty, and disability.

The HSTP is concerned with rural mobility in general, but it is particularly focused on those who most need support with reliable transportation. The table below offers a snapshot of select population characteristics for our county and offers a sense of scale of the problem. Additional demographic information can be found online. Access to reliable transportation underpins the ability of people to maintain their independence and access the health and human services they need to ensure their well-being and that of their families and communities.

Okanogan County Population Characteristics Impacting Access and Mobility (2024)	Population by Age Cohort	With a disability		At or Below Poverty	
		Est #	Est %	Est #	Est %
Population Age Cohort					
Under 5 years	2,305	3	0.1%	745	32.3%
5 to 17 years	7,077	553	7.8%	1,681	23.8%
18 to 34 years	7,917	587	7.4%	2,321	29.3%
35 to 64 years	15,745	2,474	15.7%	2,655	16.9%
65 to 74 years	6,133	1,668	27.2%	752	12.3%
75 years and over	3,706	1,876	50.6%	568	15.3%
OKANOGAN COUNTY TOTAL	**42,883**	**7,161**	**16.7%**	**8,722**	20.3%

Source: U.S. Census Bureau, 2024 American Community Survey, 5-Year Estimates
- "Disability Characteristics" ACS 5-Year Estimates Subject Tables, Table S1810, 2024.
- "Poverty Status in the Past 12 Months by Sex by Age" ACS 5-Year Estimates Detailed Tables, Table B17001, 2024.

Older Adults

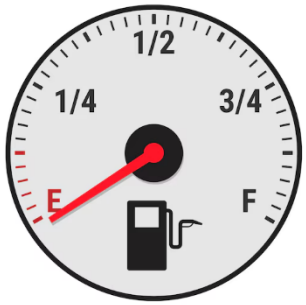
Age is a common indicator of a declining ability to drive. While many people continue to drive well into their later years, 65 is the average age at which reflexes start to slow, eyesight diminishes, and eventually, driving becomes more difficult or impossible. At the same time, people 65 and older tend to have more medical care needs and benefit from more human services than the public at large. Senior centers and senior lunch programs are available throughout the region, but people have to be able to get there and back. That's particularly challenging in a rural region where so many people live far outside of town. Older adults face increased risk of social isolation when driving is no longer practical. Or they continue to drive long after it is safe to do so, creating a risk for themselves and others on the road.

People with Disabilities

People with one or more physical, sensory, cognitive, or developmental disabilities may be unable to drive and so are reliant on transportation services to meet some or all of their mobility needs. This may require wheelchair accessible vehicles for transport. Other disabilities may warrant consideration of behavioral factors to ensure safe transport for the passenger, others in the vehicle, and the driver. The ability of people with disabilities to access on-going care and services is critically important to managing their disabilities, engaging in everyday activities, and living a fulfilling life. This applies to temporary disabilities, too, such as when a person breaks a leg or is confined to a mobility device for post-surgery recuperation. Even the most self-sufficient among us can be incapacitated by an accident or illness, requiring support to meet mobility needs.

Low-Income Households

The cost of owning and operating a personal vehicle is widely recognized to be the second highest household expense after housing. It includes the vehicle itself but also licensing, insurance, maintenance and repairs, and fuel. Soaring fuel costs upend tight household budgets, forcing choices between gas and other essential household needs like food, utilities, or medicine. These are difficult choices.



Without a car it's hard to get to and from work and stay employed, jeopardizing housing security and household stability. Everything from going to work, routine childcare and school drop-offs, medical appointments, basic shopping and services, and recreation are much harder for low-income households. With financial assistance some can continue driving but for many low-income households, driving is not an option. They rely on transportation from friends and family as well as transit and community-based programs, or they fall between the cracks where situations can spiral out of control.

Federal poverty levels are the standard metric for defining low income but it is widely understood to severely underestimate households that are unable to meet basic needs. ALICE - Asset Limited, Income Constrained, Employed - data paints a more nuanced picture of economic need. This national data product by the United Way offers a more complete understanding of household expenses and economic need. The number of households living in poverty has stayed fairly flat over the years while the number of households barely holding on - making too much to meet the federal poverty level but not enough to meet "survival budget" needs, continues to grow. HSTP online resources include an ALICE snapshot of Okanogan County and the 2026 State of ALICE in Washington report.

Other Groups Facing Mobility Challenges

These three broad indicators - age 65+, poverty, and disability - account for most residents who are likely to need some support with reliable transportation to meet their day-to-day needs. But a few other groups have unique mobility needs that are worth highlighting in a plan such as this.

Veterans

There are about 3,040 veterans residing in Okanogan County. This is just over 9% of the population age 18 or older in the county. While the majority of vets are 65 or older, over 1/3 are between the age of 35-64. Vets account for 15 percent of the county population living with disabilities - 1/3 of all vets have one or more disabilities. Nearly 1 in 10 vets live in poverty and struggle to find affordable housing. Vets are entitled to specialty care and other VA services, but they must travel long distances to access programs at Mann-Grandstaff VA Medical Center in Spokane. It is possible to arrange transportation through the VA's Veterans Transportation Service but reservations must be made several weeks in advance and are booked on a space-available basis.

Youth and Young Adults

Youth and young adults are called out here because of the pronounced impacts that poverty has on this age group. Poverty hits children and young adults especially hard in Okanogan County, where over 27 percent of the population under the age of 35 lives at or below the official federal poverty level. Many more are above the poverty level but are still very poor. For example, a single parent with two children under the age of 18 who grosses more than $25,300 a year, including all forms of income, is above the poverty level but still terribly strapped economically. The ALICE measures of financial hardship, based on a "survival household budget" specific to Okanogan County costs of living, offer a more realistic but sobering assessment of low income. ALICE estimates

indicate that 67 percent of youth 25 and younger are living below this bare level of subsistence income, meaning 2 out of every 3 young people are living in households without adequate income to afford the basic necessities of life. Children and young adults scraping by with such low incomes face significant challenges in getting to school, jobs, life skills or job training, health services, affordable housing, and other basic necessities for establishing a stable and secure life for themselves.

Confederated Tribes of the Colville Reservation

There are almost 9,300 members of the Confederated Colville Tribes, with almost 7,300 of them living on 1.4 million acres (2,100 square miles) of Reservation land in southeast Okanogan / southwest Ferry counties. The Tribes provide a full complement of health and human services, including an Area Agency on Aging, behavioral health services, social services, children and family services, veterans services, and more. The CCT provides limited transit services within the Reservation between Nespelem and Inchelium, supporting community and economic development and job access for tribal and non-tribal members. A transit study scheduled for late 2026 will determine the right mix of transit services to meet community needs on and off the Reservation. Department of Health data indicate the Colville Tribes rank high in environmental health disparities, much of which traces back to socio-economic factors like poverty, the cost of transportation, and low educational attainment, contributing to poor health outcomes.

Hispanic Households and Limited English Proficiency

Over 9,100 residents identify as Hispanic, or about 21 percent of the population. This reflects the county's agricultural economy and the strong Hispanic communities that have grown up around it over generations. Agricultural worker transportation is not addressed directly in this plan, though broader considerations of equitable access to health and human services is inclusive of needs of the Hispanic community. Spanish-speaking households are second only to English-speaking households, accounting for nearly 12 percent of all households. However, only 349 households or about 2 percent of total households do not speak English well and are considered to have Limited English Proficiency. Transportation service providers address this with bilingual materials and translators, as well as coordination through key groups. Service providers expressed a desire for bilingual staff but reported difficulty in attracting and retaining employees with that skill set.

The Importance of Coordination

Coordination between individual human services transportation programs makes the most efficient use of limited resources and avoids duplication of services by overlapping programs. Coordination among providers takes some effort, especially getting started. The payoff is improved service for passengers - expanded hours or coverage, lower fares, easier access - and increased efficiency for providers. Greater efficiency helps providers to stretch their limited resources. This enables our transportation partners to provide more and better services with the same resources and opens the door to new opportunities and innovations. That is why we emphasize the importance of coordination as an important strategy for improving mobility and use this HSTP update to support it among our various service providers.

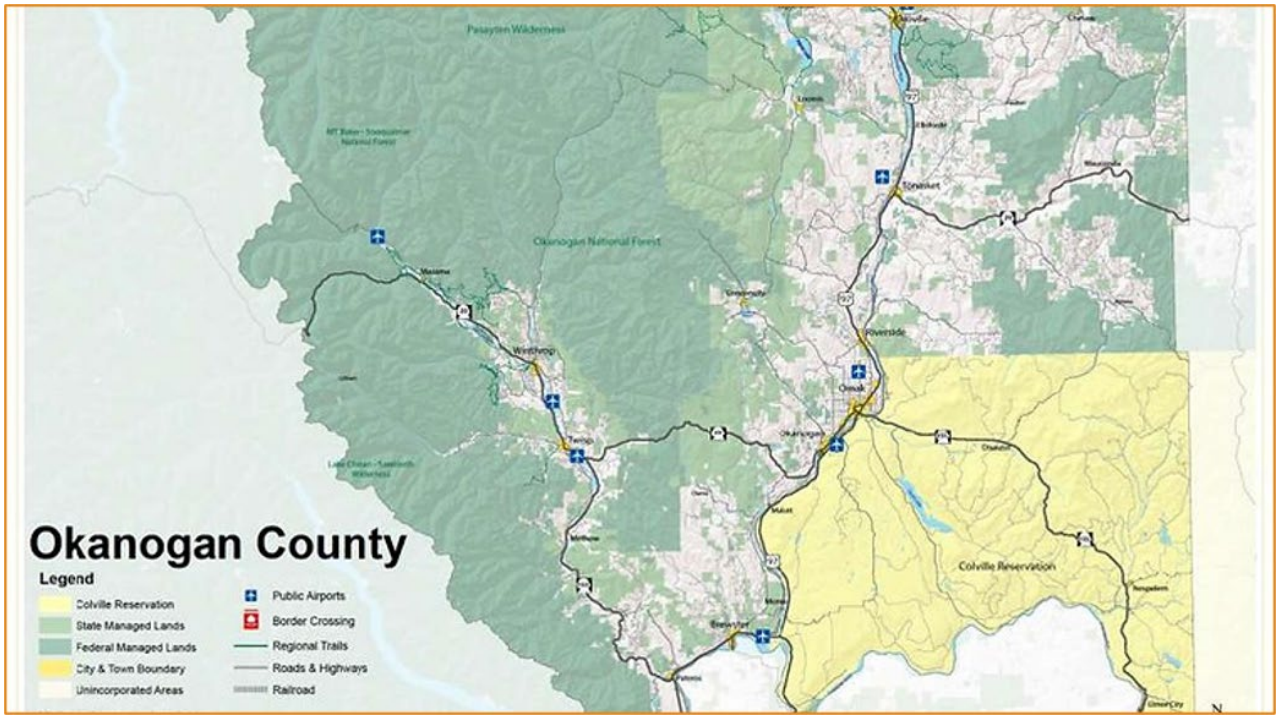
A term commonly used by transportation planners to describe this kind of coordination is "mobility management." The infographic below, from the Coordinating Council on Access and Mobility, illustrates two different kinds of coordination that mobility management can entail: coordinating client access to transportation services and coordinating across sectors to develop and deliver services that connect clients with the care they need.

Mobility Management Approaches



Source: Coordinating Council on Access and Mobility

What mobility management looks like in practice varies by community and mobility needs. It can include information services that help providers and passengers coordinate and understand available transportation options, as well as short-range planning, management activities, or other activities that strengthen coordination among transportation providers, and between transportation providers and human service providers. It may involve supporting coordination or policy work addressing critical service gaps for people in rural areas and those with special needs. It can include simple but highly effective tactics like travel training programs, developing and distributing information about transportation options, and developing and sustaining mobility coalitions. Key is that the activities directly respond to locally identified needs and improve access to services for those who need help with their transportation needs.



Chapter 2
ENGAGEMENT and COORDINATION



Photo courtesy 3P Transport

Chapter 2: Engagement and Coordination

The 2026 update tapped insights of those who work with the most vulnerable people in our community every day to build on our knowledge and develop a more complete understanding of regional mobility barriers and their impacts on community well-being. We wanted real-world insights derived from the experience of community care workers striving every day to connect mobility challenged individuals with resources and services available to them.

We were aided in this effort by Thriving Together North Central Washington, the four-county Accountable Communities of Health (ACH) that includes Okanogan County, and by the Okanogan Coalition for Health Improvement, known locally as the Okanogan CHI, Thriving Together's community care hub for our county. The insights gained from this engagement were invaluable in increasing our awareness of mobility barriers residents deal with and the consequences when they're not overcome.

This was OCOG's first opportunity to engage with these regional associations of health and human service providers. These regional entities are somewhat like RTPOs except their members include the vast array of providers delivering health and basic needs programs in our communities – hospitals and clinics, senior services, nutrition programs and food pantries, housing agencies, public health programs, community-based social services, programs for families and youth, recovery navigator programs, and other essential services and care that support daily life for Okanogan County residents. Many if not most of the destinations people with mobility challenges are trying to reach are the local organizations in these regional organizations. Their insights were invaluable.

Human Services Centered Insights into Mobility Issues of Vulnerable Residents

Community care workers in these organizations work with thousands of people across the region every day, from every walk of life, helping them make use of the resources and services available to them. Non-profit, governmental, tribal, faith-based, and for-profit, they work closely with the most vulnerable in our community, helping them to stay fed and housed and healthy. This includes, but is not limited to seniors, people with disabilities, and those living with low or no income.

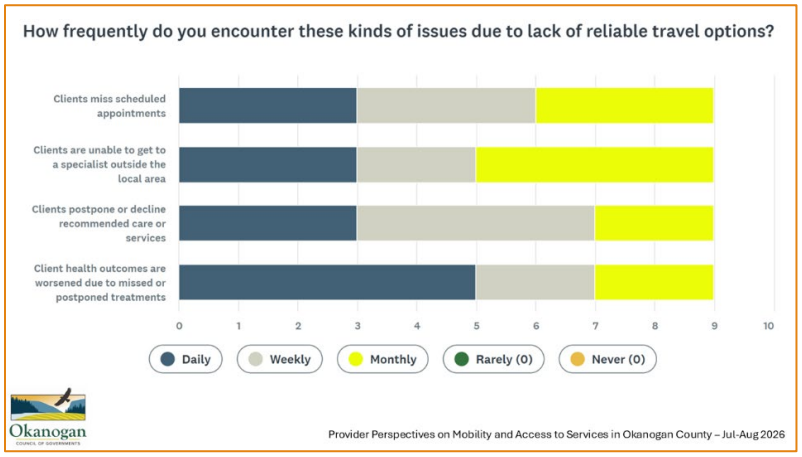
Locally developed Community Health Needs Assessments (CHNA)[1] put mobility into meaningful context for the HSTP. They make clear the vulnerabilities within local populations and the ways in which lack of reliable travel affects health outcomes, food and housing security, educational and economic opportunity, and a range of other outcomes for individuals, families, and communities. We rounded out our investigation through discussions with staff from various organizations, a provider poll, and an in-person workshop with Okanogan CHI members.

[1] Community Health Needs Assessment (CHNA) is a requirement of the Affordable Care Act for tax exempt hospital organizations to retain their tax status. Rural health care facilities in the region are non-profit. Updated every three years, the CHNA considers the barriers people face in trying to obtain care. IRS regulations identify "transportation difficulties" as an example of why medically underserved populations may not be receiving adequate care. It must be updated every 3 years.

We learned late in this update cycle about Community Data developed by Thriving Together NCW. It was too late in our process to make use of this, but we have flagged this as a resource for our next update in 2030 and will access this valuable resource early in that update cycle.

This human services-centered investigation allowed for a more nuanced understanding of the complexities people who don't drive face in trying to navigate travel options for their different needs.

- Long wait times for appointments along with a shortage of specialists across much of the region means that many people need to travel long distances, often outside the region, to obtain care. For those who don't drive, it can make care unattainable; long-distance travel by bus for dialysis or chemo simply isn't practical. Medical conditions worsen and mobility issues mount.
- People who can't secure transportation for routine preventive care often end up requiring emergency room services and more intensive treatment, straining already limited services.
- People who struggle to find suitable travel options to obtain medically assisted treatment for substance use disorders are likely to have a hard time accessing other basic services they need for themselves or their families.
- People who indicate they experience food insecurity because they can't get to the food pantries or senior lunches offered to them may also miss medical appointments because they don't have a way to get there.
- Low-income parents who miss pediatric appointments because they can't get there probably have issues getting their young children to Early Head Start programs that offer early learning programs and two meals a day.



- People who've lived in highly rural areas for decades have never needed help with transportation before and suddenly now they do. They know transit isn't available where they live but they don't know of any other options.
- Care workers report that very low-income clients often aren't poor enough to qualify for Medicaid and so are not entitled to the travel assistance it provides for non-emergency medical trips. But their clients can't afford to drive and many live far from any TranGO or OCTN service. We also heard that NEMT transport is a mixed blessing for those who do qualify in that it only provides travel to the nearest care provider, not the patient's care provider.

The effects of financial insecurity come into sharp relief when looked at in the aggregate like this. Age and disability are undisputable indicators of transportation vulnerability. But in terms of unmet needs, financial insecurity is **the** common denominator across demographics of age, disability, race, ethnicity, veteran status, or household composition.

Additional Insights

In addition to working through channels within the local service provider community, this update engaged our more traditional transportation and tribal partners to refresh our understanding of their services, plans, and outlooks on the service challenges and opportunities they face.

TranGO implemented service changes since the last update which are supporting more travel needs, as evidenced by the ridership numbers. The agency has established robust fixed route and deviated fixed route service connecting most of the region's population centers. The introduction of three daily roundtrips between Pateros and Chelan since the last update has created new opportunities for long-distance travel for residents of both the Methow and Okanogan Valley, with service connections to Wenatchee and beyond. There are challenges in coordinating service connections with the Apple Line, though, which points to future opportunities for even greater connectivity as coordination improves.

Of particular note is the federal grant TranGO secured in late 2025 to construct a maintenance facility and administrative building for the agency and OCTN. Offices for TranGO and OCTN are leased and all vehicle maintenance is performed by area shops. This facility will enable TranGO to bring vehicle maintenance in-house, reducing maintenance costs while increasing reliability in compliance with its state of good repair objectives and asset management policies.

There is still no TranGO service to Nespelem. In 2014 the Tribes decided against joining the new PTBA when TranGO was formed, so that part of the county is not in the service area. For some number of years, the Tribes and OCTN split the cost of fixed-route service between Nespelem/Coulee Dam and Okanogan, but since 2022 the Tribes no longer participate financially. OCTN obtains operating grants that enable it to continue providing 2-3 roundtrips daily, Monday through Friday. Discussions underway in mid-2026 may result in the Colville Tribes joining the PTBA, which would open up new service opportunities between Omak, Nespelem, and the HUDs.

The integration of transportation and nutrition in its long-standing mission gives the **Okanogan County Transportation & Nutrition (OCTN)** team unique insights into the ways that personal mobility underpins other basic needs of daily life such as having access to food or health care. OCTN staff put into perspective the cost burdens that soaring fuel prices are having on our region. As travel costs for individuals go up, more turn to OCTN for rides. Yet OCTN's own costs are soaring to provide that service within its very constrained budget. This points to the need for some kind of accommodation within operating grants for these tiny non-profits when extenuating factors such as military conflicts arise that upend budgeting assumptions made two years prior.

In addition to the door-to-door service OCTN is known for and the service they provide between Nespelem/Coulee Dam and Okanogan, OCTN operations include additional contracted services for TranGO and People for People, the region's NEMT broker. This was helpful context for later discussions with community care workers, who are frequently confused as to which organization provides which services. Yet it is these layered revenue streams that make it possible for OCTN to sustain the essential community services it offers, underscoring the financial challenge that so many non-profits must contend with.

Discussions with **People for People** staff revealed the impacts that service area restrictions for operating grants can have on NEMT and other non-profit transportation services. In highly rural regions such as this, people regularly need to travel to care providers who are in the service network but are located outside of the county. Service area restrictions for some operating grants may work well in urban or less rural areas where people live in the same county they receive services in. But they are not well suited for a frontier one county like this. Approval to travel out of county is granted on a case-by-case basis, leaving both the service provider and the patient unsure if a one-seat trip will be covered or if one or more service connections will be required to get there and back. This disconnect between the highly rural geography of Okanogan County and restrictions on what travel costs are allowable came up in other venues as well.

Meetings were held with staff from the **Confederated Colville Tribes Department of Transportation** and their representative to Thriving Together NCW. The CCTDOT obtained a grant to conduct public surveys about transit needs in each of the four CCT Districts and will launch a feasibility study in 2026 to identify the right mix of services to meet tribal needs. This may result in additional transit services for the Tribes before the next HSTP update. Correspondence was exchanged with staff operating the **CCT transit** service between Nespelem and Inchelium, but wildfires prevented an in-person site visit anticipated in late July. Tribal transit is not part of CCTDOT and is operated independently.

In addition to local organizations, this update engaged staff from a variety of state agencies and organizations to better understand the broader context for several of the issues encountered for the first time in our HSTP. This included the Department of Health office on Aging and Adult Services, the office on Rural Health Programs and Services, and the State Office of Rural Health, the WA Health Care Authority office for the Rural Health Transformation Program as well as the Recovery Navigator Program within the Behavioral Health and Recovery office, and the Association of County Human Services. It was important to know if the experiences of our human services allies are one-off issues unique to this frontier county. They are not. Reliable transportation, or the lack thereof, is an issue that health and human services providers are grappling with all across the state, from the local level all the way up to the state level. This suggests opportunities for new collaborations at all levels.

Finally, this update was informed by the comprehensive emergency management resources listed in the appendix. Okanogan County is proactively planning for the emergency response needs of vulnerable residents and is effectively coordinating with transportation providers, non-profits, community groups, and other government agencies. The 2024 Emergency and Disaster Preparedness Assessment conducted by Okanogan County Public Health District with the Emergency Management Department is more significant than its name suggests, in that the focus of this plan and its recommendations is on the response needs of those 65 and older. Many of the people who contributed to this HSTP were involved in its development.

Validation Through Outreach

How effectively was the information from these community sources synthesized and articulated? Were any significant unmet needs overlooked in this update? Do the strategies as presented reflect pragmatic measures that are suitable for this region and the challenges we face?

A multi-pronged approach was used to vet our understanding of the issues and the characterization of unmet needs and mobility strategies being drafted for this update.

This included a provider poll distributed by the Okanogan CHI to the many health and human services providers in their network. This was followed by an in-person workshop conducted by the Okanogan CHI with about three dozen of their members in late July. This regularly scheduled meeting of CHI members was dedicated to discussions about transportation barriers clients face in trying to access their services, what could make things better, and an in-depth wrap-up discussion about specific measures the Okanogan CHI and its members could take to address some of these issues.

Discussions revealed there are more transportation services available than people realize. Also that people who don't work in transportation don't know what different transit service terms mean. Most significantly, participants felt that better coordination and sharing of information within the health sector and between the health and transportation sectors would be very helpful. The report of the meeting was delayed by wildfire response and will be posted on our HSTP Online page when it is available. The Okanogan CHI may be well-positioned to host some type of a mobility management program offering residents and providers alike a "one-click / one-call" travel resource tailored to the specific needs of Okanogan County.

To gage whether this picture of need resonated with vulnerable residents, providers participating in the workshop posted flyers and distributed postcards to their clientele with a survey link. Service providers are trusted by their clients and patients and were more likely to get responses from people who are extremely burdened in their day to day lives. Despite rampaging wildfires around the county at that time, responses to both polls were received. Flyers, polls, and results are presented in the Appendix.

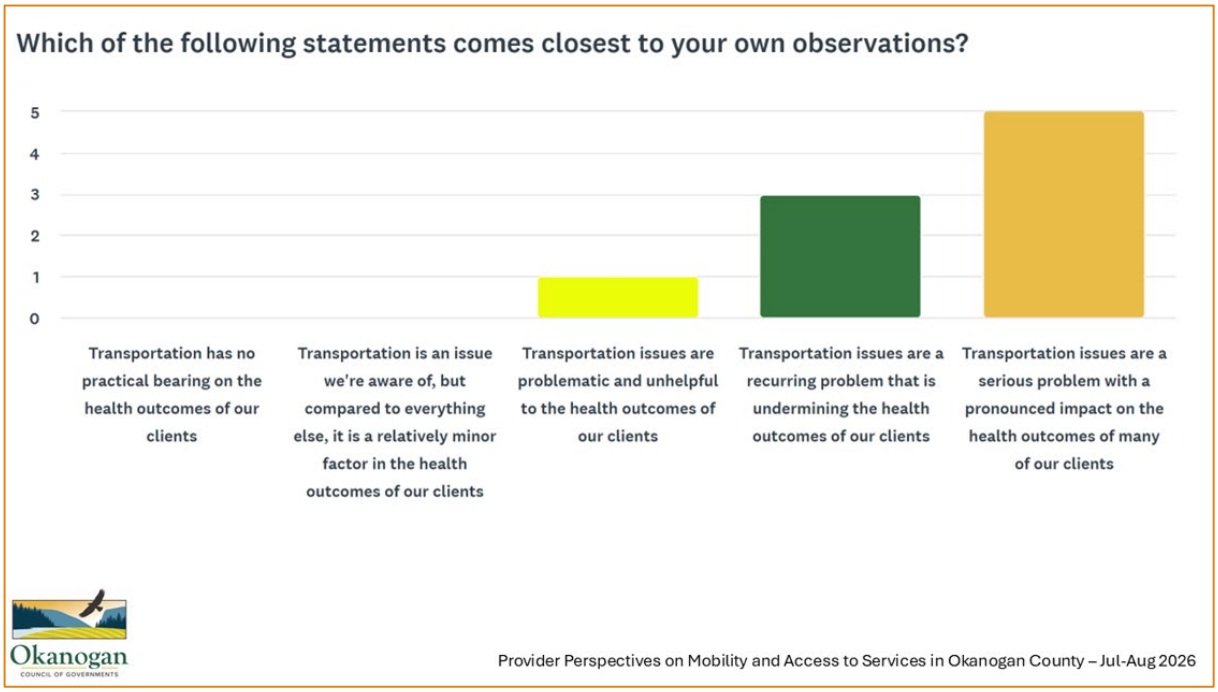
A full list of resources employed in the 2026 update and a recap of engagement can be found in the Appendix.

HSTP-Related Takeaways from Human Services Transportation Inputs

From the review of CHNAs and ACH resources, and discussions with human services providers, transit, and tribal partners, and other allies, a few observations emerge.

- There are more transportation resources available than most people realize. This is true for the general public as well as for human services providers helping their clients figure out how to access basic needs and services. People are not familiar with the full complement of travel options available in the region. 2-1-1 is not a resource people think of when they or someone they know needs help with travel information or financial assistance. We also found that many service providers do not know what different transit service terms mean.

- Regular fixed-route service is often overlooked as a viable option for people with special needs. The presumption seems to be that special needs transportation can only be met by specialized transportation services. In reality, many people who live close enough to town to ride TranGO will find wheelchair accessible vehicles operating on a frequency that may be more conducive to their individual travel needs than demand-response paratransit services requiring advance reservations.
- Community care workers are the primary point of contact for many people who need help with travel. They are on the ground, at the destination or origin end of the trip, and regularly deal with clients who need help getting to or from their services and programs. With better information and support, they can more effectively help their clients who have mobility needs to navigate the options available to them. Understanding what information these front-line workers need to help them in that endeavor and forging strong cross-sector collaborations can have wide ranging benefits for individuals and service providers alike.



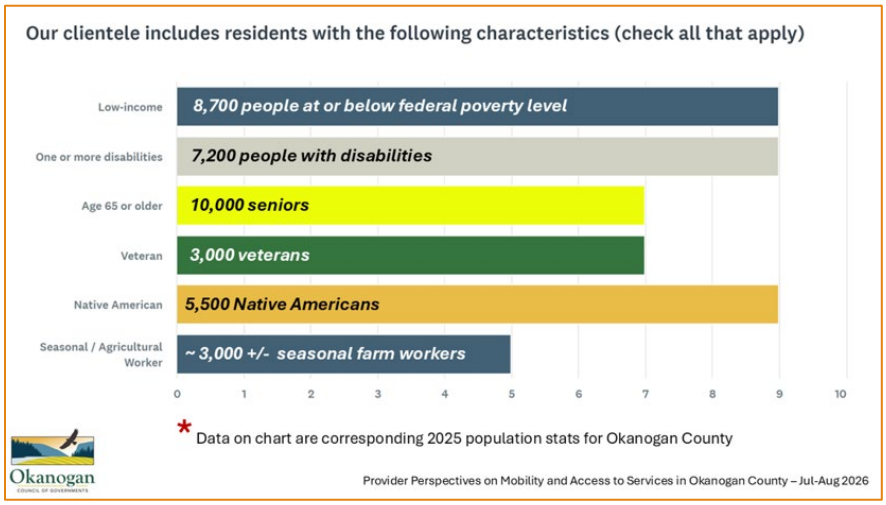
- The addition of a small number of standardized questions to the public surveys conducted for each CHNA would yield highly useful information for transportation providers and planners and possibly serve to alleviate some existing barriers. Adding two questions as simple as a) does the respondent know where to find information about transportation options that are available; and b) would the respondent like someone to reach out to them with information about travel options and support in learning how to use them, could be very helpful.

  Because these surveys reach hundreds if not thousands of people in a service area, it would greatly expand opportunities to connect people who need mobility support with the resources they need to meet more of their travel needs. This information could generate follow-up opportunities that

address some of these issues and in the process, likely improve personal mobility for some of these people as they learn how to use the travel options that are already available to them.

- The picture of transportation issues that emerged from this human services-centered review is one of diverse and challenging mobility needs that can only be met through a network of providers. It demonstrates the need for additional non-profit or clinic-based transportation services that are responsive to the needs of such a highly dispersed service area population, many of whom are experiencing significant financial insecurity. We took advantage of this update to promote the Consolidated Grant program as a funding resource among entities that were unaware of its existence. We have also tried with this update to make our HSTP relevant to organizations pursuing implementation funding from other sources and for other kinds of interventions that address these mobility barriers. These additional interventions include expansion of mobile integrated health programs that take care to where people are instead of trying to transport them to and from a facility to receive that same care. MIH can help address some of the most challenging mobility needs in the region, including Recovery Navigator Programs, behavioral health care, and even pediatric care.
- Finally, it is vitally important that we retain the level of health services currently available locally in Okanogan County and increase them wherever possible. There is already unmet demand for long-distance travel for health services. Any erosion of available services will make that worse. The Rural Health Transformation Program is a new initiative to shore up rural and tribal health services across Washington State with systemic changes that make local health services more sustainable and support work-force development. Washington is in line to receive up to a billion dollars over the next five years for this effort. It would benefit special needs transportation in Okanogan County if those funds are used to strengthen our rural health system. The stark relationship between transportation access and health outcomes makes rural health improvements a regional and statewide transportation priority that merits support by all transportation partners.

Transportation is a recurring priority issue identified in all the community-based assessments we reviewed. Yet it seems that health and human services providers operate in their own realm and transportation providers operate in theirs. As we verified through our outreach with state agencies and associations, that is not unique to this region. Strong cross-sector relationships and opportunities for coordination between traditional transportation providers and human services providers is warranted. Their people are our people. Greater participation by transportation providers at the regional table of human services providers can have far reaching benefits.



With Appreciation

Thank you to everyone who provided input, responded to questions, and met with our project team. This includes the Okanogan CHI, Thriving Together NCW, and all the community care workers who made time in their busy schedules and wildfire response efforts to share knowledge and insights into mobility challenges that make it hard for their clients to access basic services and care. These valuable contributions from human services allies add to those from our transportation partners to offer a complex picture of rural mobility needs and promising strategies for our region.

We're grateful for assistance from the following organizations that contributed to our understanding of mobility needs and opportunities in this 2026 HSTP update cycle: Advance Recovery Program; DSHS-Adult and Aging Care of Central Washington; DSHS-Home and Community Living Administration; Colville Tribes DOT; Colville Tribes Head Start Program; Colville Tribes Transit; FYRE [Foundation for Youth Resiliency and Engagement]; Housing Authority of Okanogan County; Methow at Home; Okanogan CHI [Coalition for Health Improvement, rhymes with "chai"]; Okanogan County Community Action Council including its Support Services for Veterans Families; Okanogan County Juvenile Department; Okanogan County Public Health District; Okanogan County Sheriff's Office CORE Team [Community Response, Outreach, and Engagement]; Okanogan County Transportation and Nutrition [OCTN]; People for People; Room One; Rural Resources Community Action; The Lookout Coalition; Thriving Together NCW [North Central Washington]; TranGO [Transportation for Greater Okanogan/Okanogan County Transit Authority]; WA Association of County Human Services; WA Dept. of Health-Foundational Public Health Services; WA Dept. of Health-State Office of Rural Health; and the WA Health Care Authority-Recovery Navigator Program.

We'd like to recognize Kelly Edwards, Lead for the Okanogan CHI, for her guidance and support. Kelly recognized right away the significant overlapping interests between transportation planning and human services, and the mutual concern for target populations featured in the HSTP. She introduced our team to the regional care alliances and community-based organizations that have cooperated for years in supporting the health and well-being of Okanogan County's most vulnerable residents. The Okanogan CHI is a natural ally in this coordinated human services transportation planning effort. We look forward to further collaboration in future updates.

For our WSDOT partners not familiar with the Okanogan CHI, it is an alliance of about 200 representatives working in health care and human services, primarily in Okanogan County. It is a designated **community care hub**. One or more of these hubs are found in every RTPO. Like its parent organization Thriving Together NCW, which is the ACH for the Okanogan-Grant-Chelan-Douglas Counties health region, the Okanogan CHI operates on the principle that individual health and well-being depends not just on adequate health care services but also on vital community infrastructure including stable housing, affordable childcare and reliable transportation. These non-medical factors, often referred to as Social Determinants of Health, are widely recognized as influential in equitable health outcomes and community well-being. This framework provides useful context for understanding rural mobility needs and identifying practical strategies that can address real-world issues in Okanogan County.

Chapter 3
TRANSPORTATION SERVICES in OKANOGAN COUNTY























Chapter 3: Transportation Services in Okanogan County

The following table offers a brief summary of services offered by traditional and non-traditional transportation partners across the region. Links are provided for those looking for up-to-date service information.

Traditional Transportation Partners

TranGO

www.okanogantransit.com

TranGO is the public transportation agency for the Okanogan region. Established in 2015, TranGO provides fixed-route and deviated fixed-route bus and paratransit services throughout the Okanogan Valley and the Methow Valley six days a week, Monday-Saturday. In late 2024, TranGO launched round-trip service three times daily between Pateros and Chelan, where passengers can transfer to Link Transit for service to Wenatchee and beyond. All fixed-route vehicles are wheelchair lift-equipped. Fares are $1 per trip.

TranGO's regional connectivity, frequency, and reliability of service is accomplished in part by focusing core service on state highway corridors except in the larger cities and towns. That is where there is more distributed local access and circulation between destinations like health care facilities, government services, schools, stores, and restaurants, many surrounded by older close-in neighborhoods. This attention to service detail is not just cost-effective, it meets public needs as reflected in higher passenger counts and new growth on older routes. This underscores the utility of services that connect people who don't live in town with existing service on a transit corridor.

The Confederated Colville Tribes declined to join the Public Transportation Benefit Area in 2014, as TranGO was forming, which is why Nespelem isn't served directly by TranGO. Instead, OCTN obtains operating grants to provide two roundtrips daily, Monday - Friday between Omak, Nespelem, and Coulee Dam. TranGO also contracts with OCTN for supplemental paratransit support in the Omak and Okanogan area.

OCTN (Okanogan County Transportation & Nutrition)

www.octn.org

Okanogan County Transportation & Nutrition (OCTN) is a non-profit organization that has provided transportation and nutrition services to Okanogan residents since the 1970s. In partnership with TranGO, OCTN provides local door-to-door service to residents within a ten-mile radius of cities and towns on a reservation basis. Senior fare for all-day door-to-door travel is $2 while general public fares (59 and younger) are $2/trip for city boardings and $4/trip for boardings outside a city or town. Days and hours vary by jurisdiction.

OCTN also provides demand-response long-distance intercity service one day each month between Omak and Brewster, Oroville, Tonasket, and Twisp/Winthrop. Reservations are required. Fares for intercity service vary based on pick-up and drop-off locations.

OCTN provides two round trips daily, Monday-Friday, between Omak, Nespelem and Coulee Dam. Anadditional mid-day trip is available on Tuesday, Wednesday, and Friday. The fare for this service is $1.00 each way.

One roundtrip to Wenatchee is offered on Thursdays. The fare is $8 for seniors and $16 for the general public.

In addition to door-to-door demand response service, OCTN provides service to senior meal sites throughout the Okanogan region.

People for People contracts with OCTN for non-emergency medical transportation as needed

The Apple Line (Travel Washington)

www.appleline.us

The Apple Line provides two roundtrips daily between Omak and Ellensburg. In addition to the terminus at the Omak Travel Plaza, the Apple Line stops in Okanogan, Malott, Brewster, and Pateros. Advance bookings are requested but not required although those requiring a wheelchair lift equipped vehicle need to make advance reservations. The one-way fare between Omak and Wenatchee is $48. Those 62 and over may request a 5% discount. The rate for children is based on the age of the child.

The Apple Line is funded in part through a federal grant awarded by WSDOT to Northwestern Stage Lines, the private carrier operating this service. Planning for intercity bus routes and funding priorities is done through WSDOT's Intercity Bus Program Plan.

People for People

www.mypfp.org/services/transportation/nemt/

People For People is the Non-Emergency Medical Transportation (NEMT) broker for a nine county region that includes Okanogan County. Operating under a contract with the Washington Health Care Authority, People For People arranges transportation for people of all ages who are covered under Washington State Apple Health (Medicaid and CHIP) and have a current Provider One services card and need transportation to non-emergency medical services. Verification for proper eligibility is confirmed and then the most cost-effective, appropriate transportation is arranged.

For people with their own transportation resources, People For People can assist with vouchers for gasoline or mileage reimbursement. For others, transportation is arranged using contracted providers such as OCTN, MedStar, volunteer drivers, non-profits, and other qualified providers. People For People ensures the lowest cost, most appropriate ride is arranged for the client. Trips may be shared with other riders.

Call Center hours are Monday-Friday, 8:00 - 4:00 excluding holidays. Reservations for local trips require two business days advance notice. Long-distance or out of area trips require five business days advance notice. Reservations can be booked up to 30 days in advance.

Colville Confederated Tribes – Transit

www.colvilletribes.com/transit-inchelium-ferry/

The Colville Confederated Tribes transit program operates two transit routes. One route operates Monday-Thursday between Inchelium and Nespelem and supports the 4-day a week, 10-hour work day schedule of employees at the Nespelem Agency. The other route operates between Inchelium and Colville. The Tribes also operate the ferry in Inchelium.

Nespelem is served by three round trips, M-F, that operate between Omak and Coulee Dam on SR 155. This service is operated by OCTN and is supported by grants. CCT does not currently provide financial support to any non-Tribal transit service providers traveling through or connecting to the reservation.

In 2025, CCT DOT conducted public surveys about Tribal transit use, one in each of the four Districts: Inchelium, Keller, Nespelem, and Omak. This demonstrated public interest in transit improvements. CCT DOT is supporting the Tribal transit program by conducting a feasibility study starting in 2026 that will enable the Tribes to determine if there is a sustainable need for Tribal transit expansion, ensure how on-reservation efforts can align with connecting non-Tribal transits, and identify necessary infrastructure, vehicles, hubs, and personnel to accomplish any expansion.

Colville Confederated Tribes Department of Transportation

www.colvilletribes.com/dot

The Colville Confederated Tribes Department of Transportation maintains the Tribal Transportation Improvement Program but it is not directly involved in transit operations or systems planning, which is done independently by the CCT transit program. However, CCT DOT recently assumed responsibility for conducting public surveys and completing a transit needs assessment. CCT DOT will also lead the transit feasibility study that gets underway in late 2026. That study will explore whether a centralized hub or smaller District hubs would best meet Tribal mobility needs, develop preliminary cost estimates, and include a schedule for implementing the preferred expansion strategy. This HSTP supports this planning process and funding support for the final preferred direction that CCT determines to pursue.

Non-Traditional Transportation Partners

Advance NW

https://advancenw.org/

Advance NW, in partnership with Thriving NCW, is the Community Care Hub for north central Washington. The Advance NW Community Connect program connects Okanogan residents in need with resources and support through a no-cost referral and support program that includes housing, healthcare, behavioral health, food, and the transportation resources to reach those services.

The NCW Recovery Coach program supports people seeking care and treatment for mental health and substance use disorders and helps to ensure transportation services are available to reach medical and behavioral health services. It is administered by the WA Health Care Authority. The NCW Recovery Coach program covers four counties - Okanogan, Grant, and Chelan-Douglas. In its capacity it also partners with Okanogan County Drug Court, Okanogan Behavioral Healthcare, Family Health Centers' Opioid treatment centers, and regional correctional facilities to support successful reentry pathways into the community for formerly incarcerated individuals, including transportation to meet their basic needs and access health care and behavioral care treatment.

FYRE (Foundation for Youth Resiliency & Engagement)

www.okfyre.org

The Foundation for Youth Resiliency & Engagement serves young people in the Okanogan region between the ages of 12-24. This community-based organization works to ensure underserved youth have their needs met in four main areas: 1) education, 2) physical and mental health, 3) basic needs, and 4) resiliency programming. Lack of access to reliable transportation is the common denominator for many of the issues the FYRE staff works to address. They provide some direct transportation to and from key places (court, alternative schools, medical appointments, government services, etc.) They also work to normalize and financially support the use of transit and rideshare options for young people who have access to bus routes and/or someone with a car. This includes paying for bus passes, gas cards, licenses, and driver's education

Methow at Home

www.methowathome.org

Methow at Home is a community-based organization providing a range of services designed to support learning, well-being, and connection for older residents of the Methow Valley. The aim is to help people age in place, safely and with dignity, in the highly rural Methow Valley. In addition to volunteer support with household chores, education and preparedness training, and social activities that help to forge a strong sense of community, Methow at Home has a volunteer driver program that provides transportation to seniors participating in its program for travel to medical appointments, shopping, errands, social & educational events.

Okanogan County Community Action Council

www.occac.com/

For over 60 years the Okanogan County Communication Action Council has worked to address poverty and its impacts on the community through education, empowerment, and engagement. It is a resource for people living in poverty, connecting them with resources and support. Unreliable transportation and lack of access often underpin the immediate needs of housing and food assistance their clients seek. OCCAC connects people with transportation services and can offer some assistance with gas or fares. OCCAC also has a Support Services for Veterans Families (SSVF) program that provides a number of support services for veterans. This includes transportation assistance for medical trips and other needs. Many veterans health services are in Spokane.

WA 211

www.WA211.org

211 is a free, confidential, multilingual helpline. It offers a one-stop connection to local community services from transportation, food, housing, healthcare, elder care, childcare and after school programs, mental health support and *much* more. Their provider resources include flyers and rack cards in various languages that can be posted in public areas to direct people to 211 for help. This is mobility management in practice.

WA211 connects people to help when they need it, builds community resilience, and advocates for breaking cycles of need. Washington 211 partners with community-based organizations, state and local government, local communities and even businesses to identify and break cycles of need, prepare and respond to emergencies and look at opportunities to create innovative strategies that address complex issues

The local information 211 has available to provide residents is only as good as the information they have been provided! It is very important that providers - transportation, health and human services, local and state government, and more - check that 211 has their most current information. Find out how to verify their information they have for your organization here.

Chapter 4
UNMET NEEDS AND BARRIERS



Chapter 4 - Unmet Needs and Barriers

We live in a highly rural region. We drive further to meet our daily needs than those who don't live in rural counties. That costs more, and trips take longer to make. Our road network is sparse and subject to disruption due to weather and natural disasters, meaning we regularly face detours that make a long trip much longer. Let's face it – Okanogan County can be a tough place to get around ***with*** a car. It's much more challenging without one.

This chapter summarizes an array of issues that make it hard for people to get where they need to be when they need to be there, conveniently and affordably. These are the challenges that make travel harder than it seems like it should be or more expensive, or consequential when it doesn't work out right.

Issues are assembled from a variety of public sources: public comments and surveys associated with various planning processes including this update; provider polls; provider discussions and meetings; Community Health Needs Assessments and Okanogan County's Community Health Assessment; transit and service provider plans and reports; statewide plans and data; social media feeds; and other local, regional, and statewide sources. They are organized by

- issues that individuals face trying to get where they are going,
- issues that human services providers confront when helping their clients overcome mobility barriers to access services, and
- issues that transportation providers have to navigate to deliver reliable rural mobility options that are convenient and affordable.

Let's start with the barriers that individuals contend with when traveling without a car. These are concerns we've heard about from the public and from human services providers who help them with arrangements about what it is like trying to get around without a car and what is particularly challenging.

Issues that Individuals Face

People who live in Okanogan County and don't drive face a variety of different barriers and gaps in service that make it hard to get where they are going or make it inconvenient or impractical. These barriers and gaps reflect the challenges for transit services in a rural region, accessibility concerns, cost, and information or knowledge gaps. An individual may find several to be true at one time. We've grouped them by type of issue though there are often overlapping issues.

At Some Point People Living an Independent Rural Lifestyle Lose the Ability to Drive

- After a lifetime of driving, advanced age makes driving unsafe for some or all trip purposes. That loss of independence is not an easy transition anywhere, but for rural residents who live in outlying areas it is particularly challenging because there are few alternatives to driving.
- People who've always lived an independent rural lifestyle may sustain an injury or disease, or eyesight fails or slight dementia or other chronic conditions develop that eliminates their ability to drive safely, leaving them isolated unless there is travel assistance from some source.

- Working households cannot keep up with inflation. Wages don't cover basic living expenses. Owning and operating a vehicle is already expensive in rural areas, but soaring gas prices make driving so expensive that people simply can't afford to drive anywhere but they don't have other options.

Transportation Services and Facilities Don't Meet Everyone's Needs

- People don't live close enough to bus service to be able to get to it.
- Buses and shuttles don't run early enough in the morning to get people to their destination on time, or they don't run late enough at night to get them home, or they don't run frequently enough for trip convenience.
- Most services don't operate on Sunday, and people need to travel on Sunday.
- People live more than 10 miles outside of cities and so are beyond the service area for on-demand service.
- Districts of the Confederated Colville Tribes are not part of the Public Transportation Benefit Area and lack transit access, including the HUDs in Omak and Malott.
- The Tribes adopted a (4) 10-hour day work week for government services in Nespelem, and while employees can get to work from Omak in the morning, they miss the last bus home in the evening.
- People may live close enough to get to the bus and they would take it, but there aren't safe ways to walk there or safe places to wait for the bus once they get to the stop.
- The weather can be too awful to wait for the bus if there's no shelter.

Long-Distance Travel to Destinations Outside Okanogan County is Hard Without a Car

- People need to travel to Wenatchee for medical or other services but don't understand how to transfer to Link Transit, or how to navigate the bus system once in Wenatchee, and OCTN only goes to Wenatchee on Thursdays.
- The Apple Line and OCTN both go direct to Wenatchee, but people can't afford the fare.
- People sometimes have to spend the night in Wenatchee because they can't leave in time to catch the last return trip.
- People would take the Apple Line to Wenatchee or Ellensburg, but they can't get to or from an Apple Line pick-up point.
- Veterans' services are in Spokane, and while it's possible to do it by transit, it's a complicated trip with too many transfers and advance reservations for some to handle.
- Tribal members need to travel to Spokane for specialty health services like optometry, but without a car it is difficult to get there and back.
- It takes so many transfers between systems to get to the airport that people will travel the day before, to play it safe, and spend the night in Spokane to catch a flight out.

Inconvenient Processes and Lack of Information Make Travel Even Harder

- People find the different route schedules for different services confusing; they don't know who to call for what service, or they don't know if they qualify for some transportation services, or what services are available where.

- Travel from Omak to Spokane requires transfers between three different systems and reservations have to be made in advance for connecting transfers, making this a complicated trip to schedule and navigate.
- People have to be able to plan their travel needs in advance to use most on-demand or non-emergency medical transport services ("Medicaid travel"), with reservations typically required at least one day and up to two weeks in advance. This is not always possible.
- The intake process for paratransit and door-to-door service can be intimidating or confusing for many people who need it so they don't use it, or they don't know they must prequalify for service before they can use it.
- People have been surprised to learn they don't meet eligibility requirements for NEMT service even though they live on very limited incomes.
- Reservations for VA-provided transport to Spokane have to be made weeks in advance and are on a space-available basis, meaning veterans often need other ways to access their VA services or they don't get them..
- Logistically, it is hard to shop or run a variety of errands in one trip without a personal vehicle, especially for people with small children.
- Many people are intimidated by or confused by automated answering systems or online tools and so will never get past that initial barrier to ask for help, and they don't know to call 2-1-1 for travel information and assistance.

Transportation Barriers Can Have Bad Consequences

- People may have a vehicle, but they can't afford to do necessary repairs or pay for gas without skipping payment of other important household expenditures, and without a car they can't work so they skip other payments.
- Poverty affects young people in Okanogan County hard, and if they can't afford a car they have a hard time finding a job they can get to by bus or other means reliably or accessing health services or college or the basic needs of daily life.
- Some people who don't drive rely on friends or family to take them places but that is not always convenient, or they don't want to be a burden and so they don't ask for a ride and abandon the trip.
- Many people who don't drive don't know how they will evacuate if there is a fire or other natural disaster.
- Some people can no longer drive safely, but they've never ridden the bus and just can't imagine that it's right for them, or they worry it's not safe, or they don't know how and don't know there's help to learn how
- Young families forego Early Head Start learning programs because it is very cumbersome to travel by bus with strollers and baby bags, drop a child off and then get back home before returning in the afternoon for the pick-up, even though they want the educational opportunity and food assistance that comes with attendance.
- Our housing shortage drives up costs and causes people to move further out into the backcountry in search of housing they can afford. But transportation costs can easily exceed what they're saving in housing costs, and if their car or truck fails them their mobility options are severely limited.
- Our housing shortage also limits the ability of people who've grown old in outlying areas to downsize and move into town where medical facilities are located and where there are more transportation options, so they continue to drive when they shouldn't or become homebound and socially isolated without some other kind of support.

Issues that Human Services Providers Confront

Health and human services providers are too familiar with issues their customers and clients face in trying to access the services available to them. In every triennial Community Health Needs Assessment conducted by federally qualified health centers and community organizations, lack of reliable transportation surfaces again and again as an issue confounding the delivery of services to the people who need them most. This makes it harder to achieve the health outcomes and community wellbeing that rural organizations are working to provide and puts undue strain on an already over-burdened system. The HSTP highlights some of the issues they contend with.

Lack of Reliable Transportation Negatively Impacts Health Outcomes

- Lack of reliable transportation is a primary cause of missed or cancelled appointments. Missed appointments set back patient recovery and often necessitate another long wait for a future appointment, possibly with a deterioration in conditions. At the same time, these last-minute cancellations preclude the opportunity for providers to have seen someone else instead. This creates inefficiencies in service delivery that further strain rural health resources.
- Patients will decline health care services or forego accessing social services because they don't have a way to get there. This is particularly true for specialty care that requires long-distance travel out of county. Such appointments may even entail an overnight stay because of the travel distance, which may create impossible financial hurdles, too.
- Women without reliable transportation will skip routine prenatal care, and families with young children will pass up routine exams, because of challenges in getting to and from appointments.
- Because it is too hard for them to get to preventive care, people will put off seeking medical attention until conditions result in emergency situations, resulting in more expensive treatment options with possibly poorer health outcomes or other corresponding issues.

The Road to Recovery Care Requires Reliable Transportation

- People receiving behavioral health treatment or therapy for cognitive or mental health conditions often do not drive and need help with transportation to and from appointments and yet may have conditions that make travel by bus or in a shared vehicle unsafe for themselves or others.
- Coordinated efforts to divert people away from the criminal justice system and into mental health and substance use disorder treatment are often stymied by the inability of people who want treatment to get to health appointments reliably on an ongoing basis because there are no transportation services available or suitable for their travel needs.
- Patients being discharged from hospitals may not have a way to get home and unless they are on Medicaid, there are few or no non-emergency medical transportation options available to them. Liability and insurance restrictions typically prohibit transport by staff who want to help.

Clients Don't Take Advantage of Programs because They Can't Reach Them

- Children who would benefit from early childhood learning programs don't attend because it is impractical or even impossible for parents to get them there or back without a car.
- Many patients make too much to qualify for Medicaid or Apple Health – and the free medical transportation that comes with those programs – and yet their wages don't cover basic living expenses and they can't afford to drive to obtain services. Federal poverty levels are artificially low and do not account for the majority of low-income people.
- Health and human services providers often function as "travel coaches," helping their clients plan for how they will get to or from recommended services. This reduces the time available to provide care services, in a region that is already recognized for limited services and long waits for care.

Issues that Transportation Providers Navigate

Transportation providers work to provide safe and reliable service and where possible, expand it to meet additional needs. They do this while navigating their own universe of challenges and constraints that inform the kinds of services each provider offers, where and when they operate and who they serve. For the most part, these are things our partners have no control over.

Most have something to do with money - how much money they need and how much they can get, what it can be used for, who can be served, how hard it is to get and to administer. These factors are hard-wired into their thinking and planning and implementation, always with the aim of meeting the most need they can with the resources available. This can be helpful context for understanding the nature of barriers and gaps in service identified above and identifying pragmatic strategies that can actually work in our county to address them.

The Color of Money Determines the Services They Can Provide

- State and federal grants make up the lion's share of revenues that transit agencies and other transportation service providers rely on. State and federal grants are vitally important. They enable us to have services and facilities we wouldn't otherwise be able to afford. They can also be very frustrating.

  Grants are costly to apply for and costly to administer. Every grant has its own restrictions about how it can be spent, what is required for project tracking and reporting, time frames for expenditure, and more. Big projects or ongoing services often entail multiple grants, combining two or more sources of funding on a single project and increasing the complexity of project administration.

  It takes resources to manage grants, resources that may be scarce for some of our partners. Additionally, grants are often restricted to operations within the home county of the agency, despite the fact that in-network rural health service referrals are frequently out of county. This requires negotiating case-by-case exceptions for out-of-county service that seem arbitrary to customers, undermining their trust and confidence in service providers. ACH service area boundaries are multi-county, but much mobility funding is not.

- Transit agencies in Washington rely on retail sales tax revenue for stable, predictable local funding. Our voter-approved 0.4% share of sales tax revenue is the only truly reliable revenue TranGO receives, with the rest of its funding coming from competitive state and federal grants that are unpredictable and fluctuate over time. Okanogan County's rural tax base is much smaller than that in large urban counties and so it doesn't generate as much here as it does elsewhere, but rural service is more expensive on a per-trip basis than service in big cities. What our sales tax does generate provides essential local match TranGO needs for those state and federal grants, in addition to supporting ongoing day-to-day operations.

Asset Management Is a Priority

- Rural travel is hard on vehicles and mileage accumulates fast. It is important to replace vehicles in accordance with asset management plans before they get unreliable or overly expensive to maintain. But funding is not always available for vehicle replacements on a timely basis. This causes maintenance costs to increase to keep vehicles in safe and reliable operating order. This can be particularly impactful for non-profits that rely on light duty vehicles since these are not always up to the sustained rigors of rural service.

- Maintaining a State of Good Repair with regular preventive maintenance is important for vehicle safety and is a cost-effective way to enhance system efficiency and reliability. That is best done on site by a trained workforce dedicated to that function and requires agency-owned facilities for that purpose. TranGO does not have its own facilities. It rents its administrative space and relies on third-party providers for routine

maintenance and repairs. Simple preventive maintenance can leave buses out of commission for extended periods of time, impacting service delivery. New facilities are very expensive, but in 2025 TranGO secured a sizeable grant to build its own facilities. Any shortfall in funding will require additional state or federal funds to expedite completion of this regionally significant facility.

- Non-profits and small transportation organizations may not have the staff capability or facilities to maintain their own vehicles. Instead, they rely on service through private shops that may not be able to meet the quick turnaround needs of providers, leaving vehicles out of service and disrupting travel. This is compounded by those with wheelchair lift-equipped vehicles that require more specialized maintenance services.

Making Long Distance Travel Easy is Hard

- A number of essential health services are not available locally, increasing demand for long-distance trips that are difficult and/or expensive to provide, especially if they entail specialized vehicles or personnel.
- The Apple Line is a valuable intercity bus connection that goes from Omak to Wenatchee and on to Ellensburg with three roundtrips daily. Though the fare is expensive for many people, this service avoids the need to transfer to Link transit in Chelan that is required when using TranGO service. More people might use the service if it was possible to make timed service connections, especially at Brewster and Pateros. However, it is hard for rural transit agencies to communicate and coordinate with a large national carrier like Northwest Stage Lines, making local service connections to this state-funded service impractical.

Operating Costs Can be an Unsustainable Budget Wild Card

- As fuel costs go up, operating expenses for transit agencies and other travel providers go up too. Fuel cost impacts service providers as it does individuals and can constrain transportation service availability when it is needed most. Providers relying on multi-year operating grants likely didn't budget for the recent surge in fuel costs associated with Middle East conflicts
- Complicated reimbursement rates for certain grants mean that some non-profit providers are reimbursed only for the part of a demand-response trip when the passenger is physically in the vehicle. They are not reimbursed for agency expenses incurred while picking up the passenger, waiting for them to complete their treatment, or returning to base after dropping the passenger back home. In a region where people routinely travel well over 50 miles one-way for health services, these ineligible expenses can render such service unaffordable for the provider and thus make it unavailable to those who need it most.

Some Places Are Simply More Accessible Than Others

- Sometimes agencies receive requests for on-demand door-to-door service or ADA-accessible paratransit service that can't be accommodated because people live on narrow, unimproved or primitive roads that a wheelchair-lift equipped vehicle can't navigate or which has no place for a vehicle to turn around. People often overestimate the accessibility of their rural property. By the time they need mobility support, they may not have the capacity to address the issues.
- How our communities are built – how they develop and where - directly impacts the mobility choices individuals have and the ability of transportation providers to offer convenient, reliable services when and where it's needed. This will always be true. Land may be cheaper outside town but when senior housing, social services, and health care facilities are located on the outskirts of town or in outlying areas, it is much harder to help people get where they need to be when they need support than it is when they are centrally located in town.

- It is vitally important that we not lose the health and human services we have locally and wherever possible, that our communities can grow those services over time. We are already challenged to provide all of the out-of-county and long-distance travel assistance people need today to access necessary health services. Any further erosion of local services will only exacerbate that condition, making it harder for more people to access the care they need. In this regard, the availability of local health care resources is a regional transportation concern.

These are some of the challenges our transportation partners navigate with every service hour and passenger trip they provide, and they do a good job at it. There's a lot being done now to make sure people can get where they need to be, whether or not they drive, but maybe we can do more. We're trying to be smart in how we approach rural transportation services and doing what we can to foster a strong and resilient mobility network that meets the needs of everyone.

Read on to learn about strategies that can help us preserve the services we have today and make them even better for residents of Okanogan County.

Chapter 5
MOBILITY STRATEGIES



Graphic: Coordinating Council on Access and Mobility

Chapter 5: Mobility Strategies

People who need help with transportation in order to meet their day-to-day needs have a number of options available to them, but as we've seen, there are still gaps in service and barriers to be overcome.

This chapter spells out five strategic mobility objectives and supportive implementation strategies for each. Strategies work to make special needs transportation more efficient, more accessible, and more available to those who need it while improving overall rural mobility for all. The overarching aim is to preserve and enhance the network of coordinated services people rely on today, improving upon it with innovative approaches tailored to specific needs and opportunities in this region.

1. Operate services that provide access and mobility for Okanogan County residents.

These strategies help sustain existing services, so we maintain this strong base for future growth and expansion, and where possible, expand those services or establish new kinds of service that meet unmet needs.

Strategies:

a. Sustain operations of existing transportation services and service levels for providers currently supporting rural mobility in the Okanogan County region, including public, tribal, non-profit, and private carrier services.

b. Increase service to extend the hours of operation and/or service frequency and/or days of operation and/or expand or create new service for underserved areas.

c. Improve access within and between Colville Tribes districts and increase connectivity between tribal government services in Nespelem and HUD housing in Omak and Malott.

d. Introduce on-demand "first-miles/last-miles," "collect and connect," or other services that get people to and from established fixed-route services efficiently.

e. Improve access to VA facilities, medical services, and intermodal transportation facilities in Spokane with a new Travel Washington intercity bus route between Omak and Spokane via Nespelem.

f. Improve transportation access to behavioral health clinics and substance use disorder treatment centers.

g. Provide for Non-Emergency Medical Transport (NEMT)-equivalent services for people who are not on Medicaid to support patient discharges from hospitals, behavioral health transport, veterans transport, or other medically necessary travel needs for people who cannot afford the cost of travel.

2. Manage mobility to make travel easier and more efficient for all.

These strategies make it easier for people to get the information they need to plan their trips and to travel.

Strategies:

a. Increase public awareness of available services through promotions, branding, outreach, or other measures that increase the visibility of existing services.

b. Develop and deploy travel training programs to help people learn how to use the available services confidently and make connections with other systems.

c. Develop and promote coordinated online and print resources to inform and educate about all mobility resources available within the region and connecting services, and promote this information to service providers as well as the public.

d. Improve the ability of people to access transit information and make trip reservations for paratransit and door-to-door services.

e. Hire multilingual staff to assist with trip planning and travel training for the public.

f. Deploy community-based programs that meet unserved needs of a particular group or geographic area.

g. Ensure WA 211 service provider information for the Okanogan County region is current and complete.

h. Convene HSTP stakeholders on a regular basis (e.g. 1-2 times/year) to strengthen cross-sector relationships and coordination between transportation, health, and human services providers, and foster new partnerships and innovative approaches tailored to the unique needs of the Okanogan region.

3. Manage assets and keep them in a State of Good Repair.

These strategies support essential asset management and entail purchase of vehicles, equipment, and technology assets.

Strategies:

a. Maintain and replace vehicles to ensure State of Good Repair and transit asset management standards in accordance with Useful Life Benchmarks by vehicle type.

b. Establish a permanent base of operations for transit, including maintenance and administrative facilities that support TranGO and OCTN operations.

c. Incorporate onboard vehicle technologies that enhance safety, system performance, and fleet management.

d. Update communications equipment as needed, including the capacity to communicate with other entities to enhance coordination, operational efficiency, and emergency response.

e. Integrate advanced technologies where they can improve dispatching, routing, or coordination of services.

f. Introduce zero-emission vehicles and supporting infrastructure into vehicle fleets when appropriate, recognizing the demands of rural service and avoiding technologies that would reduce the reliability or availability of service.

4. Make travel more accessible.

These strategies entail small construction and infrastructure projects that make it easier for more people to access available services.

Strategies:

a. Install curbside traveler amenities to make waiting for transit or share-ride service more comfortable and secure, including such things as shelters, benches, lighting, receptacles, and signage.

b. Improve sidewalk and crosswalk access to and from transit stops to meet ADA standards.

c. Establish park-and-ride facilities in Brewster, Tonasket and Twisp, at a minimum, to improve connectivity with TranGO, Apple Line, and other intersecting transportation services as well as support increased efficiency in the delivery of frontier-country mobility.

d. Implement Complete Street treatments in CCT HUDs and other places where improving walk and bike facilities can increase access to transit and other services.

5. Plan how to improve service and address unmet needs.

These strategies involve planning and coordination that promotes strong relationships and which may lead to future measures that help to overcome obstacles that hinder rural mobility.

Strategies:

a. Evaluate access and connectivity needs within and between the Confederated Colville Tribes districts, and identify service strategies and implementation measures that will provide better access for tribal members to government services in Nespelem and other community destinations.

b. Conduct emergency management planning and evacuation coordination preparedness training with a focus on the needs of people who don't drive or have access to a vehicle and considering the latest technological advancements.

c. Explore whether innovative rural service measures could have value in increasing access to existing services, such as on-demand micro-transit "collect and connect" service with timed connections to TranGO or Apple Line service, or other measures tailored to meet specific rural mobility needs in the Okanogan region.

d. Evaluate new app-based technologies for their potential to enhance service and if warranted, conduct a pilot test to determine suitability for wider deployment.

e. Explore the potential for vehicle sharing or "vehicle maintenance as a service" agreements to overcome service obstacles, with a particular focus on the services and needs of tribal, non-profit, non-traditional, or community based transportation service providers.

f. Complete a bus stop inventory and assessment to identify needed access improvements that can make it easier for more people to use transit for more of their trips.

Other Strategic Endeavors

The strategies above identify measures that transportation and service providers can take to improve rural access and mobility, provided there is adequate funding and other resources to deliver those programs.

There are additional measures that would improve access and mobility, but they are beyond the control of local service providers to address. These measures would enhance the ability of local service providers to deliver existing and future mobility programs.

- Preserve the advanced care resources and basic health services located in Okanogan County. If they close and more people are required to travel longer distances for health services, the transportation and access issues will grow in magnitude. Locally available health care is a transportation priority.
- Align the service boundaries for mobility grants to reflect the Accountable Communities of Health service boundaries with their coordinated care alliance of providers, minimizing mobility gaps due to grant restrictions.
- Require private carriers receiving Travel Washington funding for service like the Apple Line to assign a local point of contact liaison for rural transit agencies and also, work to provide timed connections within each transit PTBA to expand access to intercity bus service to more people in more places.

- Promote closer coordination between WSDOT Public Transportation Division and the Health Care Authority on efforts pertaining to access to rural health and human services and the role of reliable transportation in health care outcomes. There is a big overlap of interests between the Accountable Communities of Health and the HSTP that is not evident in either program. Community Care Hubs and Recovery Navigator Programs are concerned with the same populations as the HSTP. Our people are their people. Coordination at the local level can be helped by coordination at the state level. Rollout of new programs associated with the Rural Health Transformation Program may open the door to innovative opportunities – especially among non-profit service providers – that can improve overall community outcomes and reduce the prevalence of transportation as an issue highlighted in Community Health Needs Assessments and Community Health Assessments. Inclusion of a few standardized transportation questions within the regular analyses conducted for those processes could provide meaningful near-term benefits for the affected populations and the delivery of care and basic services.
- Reduce the need to travel by increasing broadband access to rural households enabling telehealth, remote work, and distance-based learning opportunities.
- Promote location-efficiency and accessibility when siting new facilities that serve seniors, veterans, people with disabilities, and those with low income by focusing that development in town where transportation services are more readily available and where distances between destinations are much shorter.

APPENDIX

A. Select Population Characteristics

B. Primary Resources

C. Summary of Community Engagement

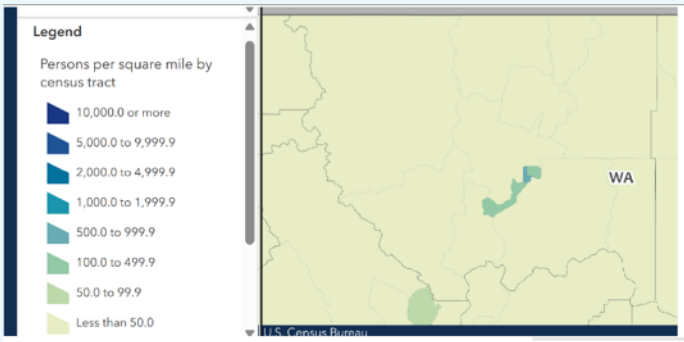
D. Additional WSDOT Context

E. Consolidated Grant Proposals



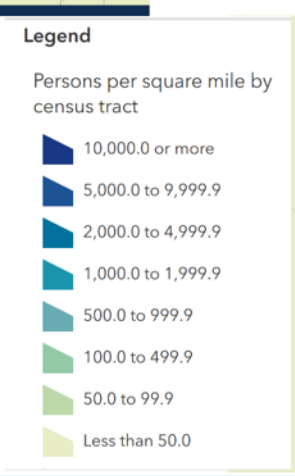
Photo courtesy Omak Senior Center

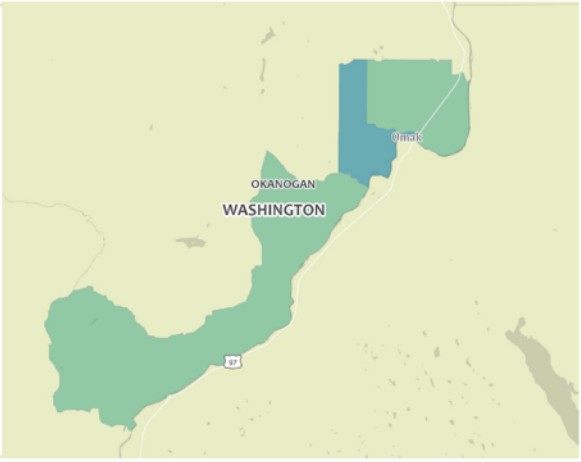
APPENDIX A:
SELECT POPULATION CHARACTERISTICS



POPULATION DENSITY PER SQUARE MILE

OKANOGAN COUNTY





Okanogan County has an average population density of 8 people per square mile, per OFM 2025 data. It is designated as a ***frontier one*** county, recognized at the state and federal levels for its significantly low population density.

SELECT POPULATION CHARACTERISTICS

Additional data can be found at https://www.okanogan-hstp.org/

Okanogan County Population Characteristics Impacting Access and Mobility (2024)	Population by Age Cohort	With a disability		At or Below Poverty	
		Est #	Est %	Est #	Est %
Population Age Cohort					
Under 5 years	2,305	3	0.1%	745	32.3%
5 to 17 years	7,077	553	7.8%	1,681	23.8%
18 to 34 years	7,917	587	7.4%	2,321	29.3%
35 to 64 years	15,745	2,474	15.7%	2,655	16.9%
65 to 74 years	6,133	1,668	27.2%	752	12.3%
75 years and over	3,706	1,876	50.6%	568	15.3%
OKANOGAN COUNTY TOTAL	**42,883**	**7,161**	**16.7%**	**8,722**	20.3%

Source: U.S. Census Bureau, 2024 American Community Survey, 5-Year Estimates
- "Disability Characteristics" ACS 5-Year Estimates Subject Tables, Table S1810, 2024.
- "Poverty Status in the Past 12 Months by Sex by Age" ACS 5-Year Estimates Detailed Tables, Table B17001, 2024.

SENIORS		
Population 65 and older	9,839	
% of Total Population	22.9%	Nearly one in four Okanogan residents is 65 or older
Population 65+ w/ Disability	3,544	
% of Pop w/ Disability that is 65+	49.5%	Half the Okanogan population with disabilities is 65 or older
% of Pop 65+ that has Disability	36.0%	Over 1/3 of the population aged 65+ has one or more disabilities
Population 65+ in Poverty	1,320	
% of Pop in Poverty that is 65+	15.1%	
% of Pop 65+ that is in Poverty	13.4%	Poverty has impacts throughout the population but is felt more broadly in groups other than seniors
POVERTY		
Population at or below poverty	8,722	
% of Pop at or below poverty	20.3%	One in five Okanogan residents lives at or below poverty
Population under 18	9,382	
Population < 18 in Poverty	2,426	
% of Pop < 18 in Poverty	25.9%	One in four kids under 18 lives at or below poverty
Population under 35	17,299	
Population < 35 in Poverty	4,747	
% of Pop < 35 in Poverty	27.4%	Poverty hits children and young adults especially hard

SELECT POPULATION CHARACTERISTICS

Additional data can be found at https://www.okanogan-hstp.org/

Okanogan County Population Including Cities and Towns 1990 - 2026

Used for Allocation of Selected State Revenues
Office of Financial Management, Forecasting and Research Division

Jurisdiction	2000 Population Census	2010 Population Census	2020 Population Census	2021 Population Estimate[1]	2022 Population Estimate	2023 Population Estimate	2024 Population Estimate	2025 Population Estimate	2026 Population Estimate
Okanogan County	**39,564**	**41,120**	**42,104**	**42,350**	**42,700**	**43,000**	**43,200**	**43,400**	**43,500**
Unincorporated Okanogan County	*23,647*	*24,780*	*25,943*	*26,105*	*26,325*	*26,500*	*26,660*	*26,790*	*26,885*
Incorporated Okanogan County	*15,917*	*16,340*	*16,161*	*16,245*	*16,375*	*16,500*	*16,540*	*16,610*	*16,615*
Incorporated Cities & Towns									
Brewster	2,189	2,370	1,983	1,995	1,990	1,995	1,995	2,005	2,005
Conconully	185	210	193	190	190	195	195	195	195
Coulee Dam (part)	915	911	1,011	1,010	1,010	1,010	1,010	1,010	1,010
Elmer City	267	238	239	245	245	245	245	245	245
Nespelem	212	236	180	180	180	185	185	185	185
Okanogan	2,484	2,552	2,379	2,395	2,415	2,420	2,420	2,425	2,400
Omak	4,721	4,845	4,860	4,870	4,950	4,980	4,980	4,985	5,000
Oroville	1,653	1,686	1,795	1,800	1,805	1,810	1,815	1,820	1,820
Pateros	643	667	593	590	590	595	600	610	620
Riverside	348	280	329	325	325	325	325	325	325
Tonasket	1,013	1,032	1,103	1,095	1,085	1,085	1,085	1,090	1,085
Twisp	938	919	992	1,015	1,035	1,075	1,095	1,110	1,100
Winthrop	349	394	504	535	555	580	590	605	625
.			.	.	.	.	.	.	.
Washington State Total	5,894,143	6,724,540	7,706,310	7,766,975	7,864,400	7,951,150	8,035,700	8,115,100	8,176,300
Unincorporated State Total	2,374,593	2,478,323	2,668,754	2,689,740	2,708,392	2,728,885	2,747,208	2,764,260	2,780,155
Incorporated State Total	3,519,550	4,246,217	5,037,556	5,077,235	5,156,008	5,222,265	5,288,492	5,350,840	5,396,145

WA State Office of Financial Management, April 1, 2026 Population Estimates, Intercensal Estimates 2010-2020, and Intercensal Estimates 2000-2010

Okanogan County Population and Projections - 2020 - 2050
Total Population and Population Age 65+

	OFM Adj. Census		Projection											
	2020		2025		2030		2035		2040		2045		2050	
	#	% of Pop	#	% of Pop	#	% of Pop	#	% of Pop	#	% of Pop	#	% of Pop	#	% of Pop
Total Population	**42,104**		**42,897**		**43,676**		**44,256**		**44,660**		**44,932**		**45,101**	
Pop 65+	**10,022**	**23.8**	**11,680**	**27.2**	**12,858**	**29.4**	**13,168**	**29.8**	**13,166**	**29.5**	**12,972**	**28.9**	**12,764**	**28.3**
WA State		*16.3*		*18.4*		*20.4*		*21.3*		*21.8*		*22.2*		*23.1*

Source:
OFM - Forecasting & Research | January 2023 | 2022 GMA Projections, Medium Series

Limited English Proficiency - Okanogan County

Language Spoken at Home	Households	
	#	%
English Speaking Only	14,977	85.4%
Spanish Speaking	2,054	11.7%
Limited English Speaking	**349**	**2.0%**
Not Limited English Speaking	1,705	9.7%
Asian & Pacific Island Speaking	144	0.8%
Limited English Speaking	**56**	**0.3%**
Not Limited English Speaking	88	0.5%
Other Languages	365	2.1%
Limited English Speaking	**0**	**0.0%**
Not Limited English Speaking	365	2.1%
Total Households	**17,540**	

Source: US Census Bureau. "Household Language by Household Limited English Speaking Status" 2024 American Community Survey, ACS 5-Year Estimates Detailed Tables, Table C16002

SELECT POPULATION CHARACTERISTICS BY CENSUS TRACT

This packet includes statewide maps by Census tract illustrating the share of population that is 65 or older, the share of the population living with low income, and the share of the population living with one or more disabilities. These maps put Okanogan County characteristics into a broader statewide perspective.

These maps are from the Travel Washington Intercity Bus Program Plan Update by WSDOT, December 2024. Data includes 2020 Census data, 2022 ACS data, and 2024 United for ALICE data.

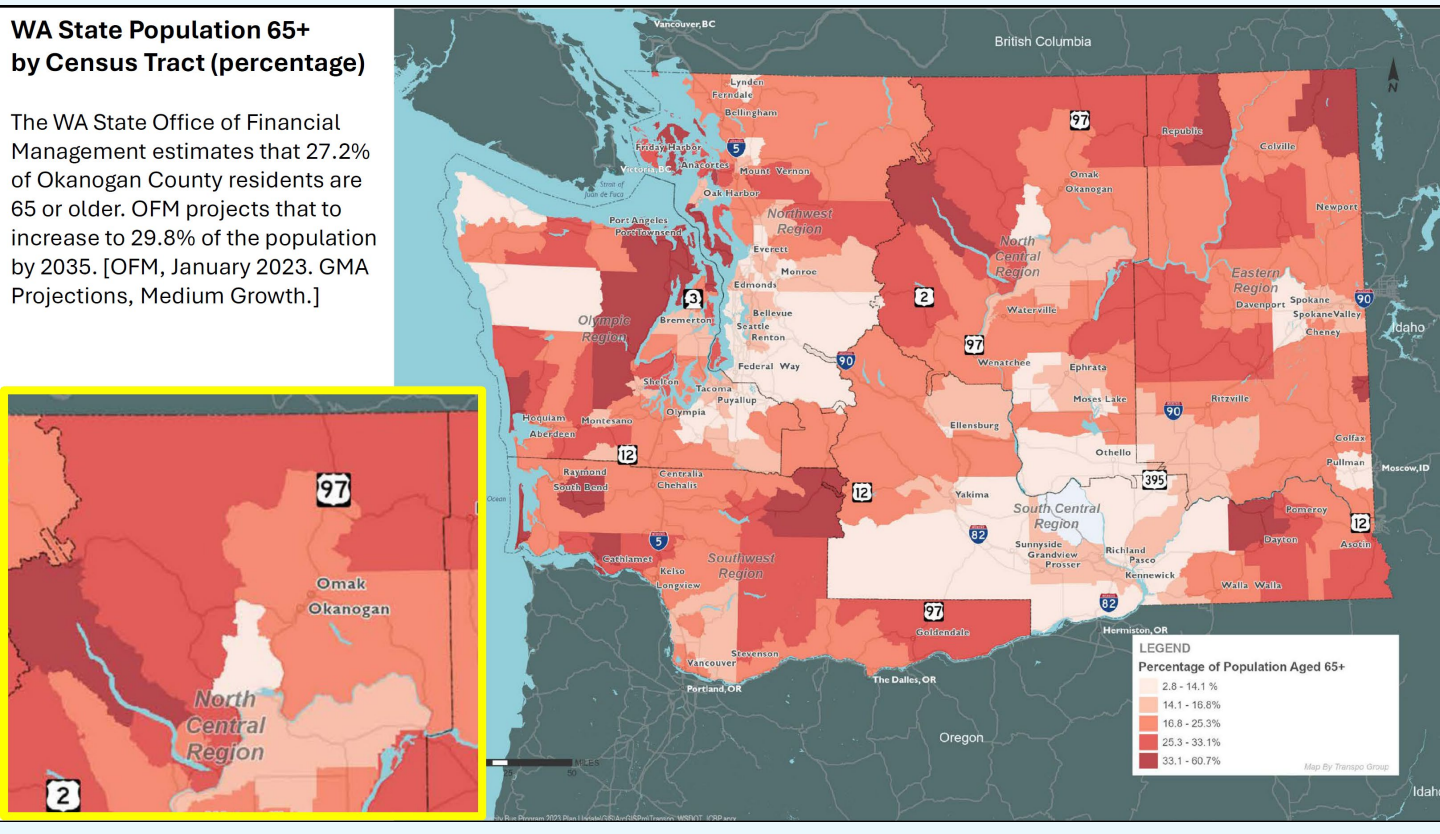
The Travel Washington Intercity Bus Program provides funding for long-distance bus routes including the Apple Line and possible future service between Omak and Spokane. The data is relevant to the Human Services Transportation Plan as well.

For more on the Intercity Bus Program, see https://wsdot.wa.gov/business-wsdot/grants/public-transportation-grants/public-transportation-grant-programs-and-awards/travel-washington-intercity-bus or google "WSDOT Travel Washington"

Okanogan
COUNCIL OF GOVERNMENTS

WA State Population 65+ by Census Tract (percentage)

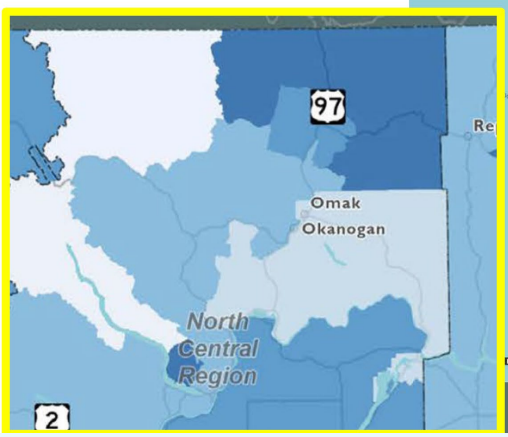
The WA State Office of Financial Management estimates that 27.2% of Okanogan County residents are 65 or older. OFM projects that to increase to 29.8% of the population by 2035. [OFM, January 2023. GMA Projections, Medium Growth.]

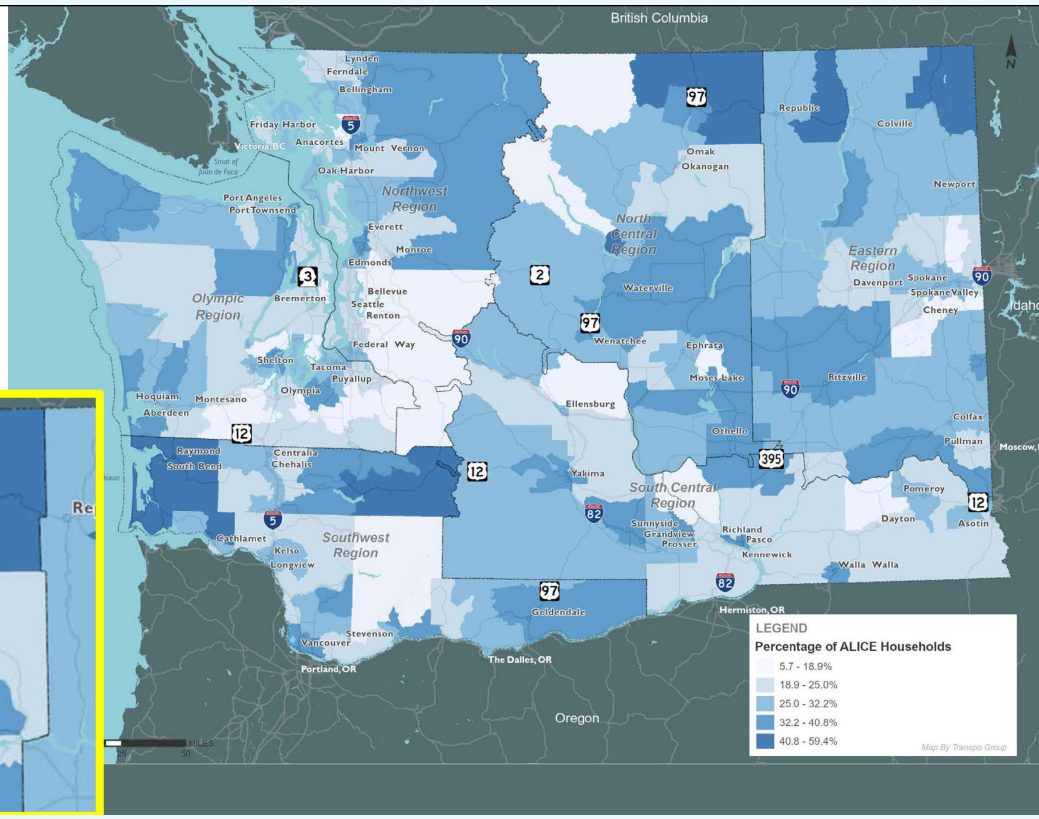


SELECT POPULATION CHARACTERISTICS BY CENSUS TRACT

WA State ALICE Households, by Census Tract (percentage)

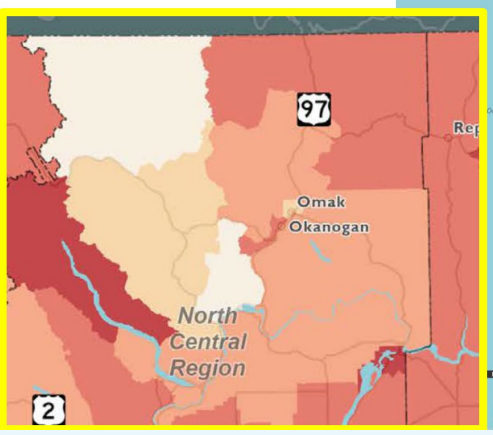
The United Way estimates 44% of Okanogan households are Asset Limited, Income Constrained, and Employed (ALICE), with incomes that are inadequate to meet basic household expenses. This compares to a statewide estimate of 25% of ALICE households.

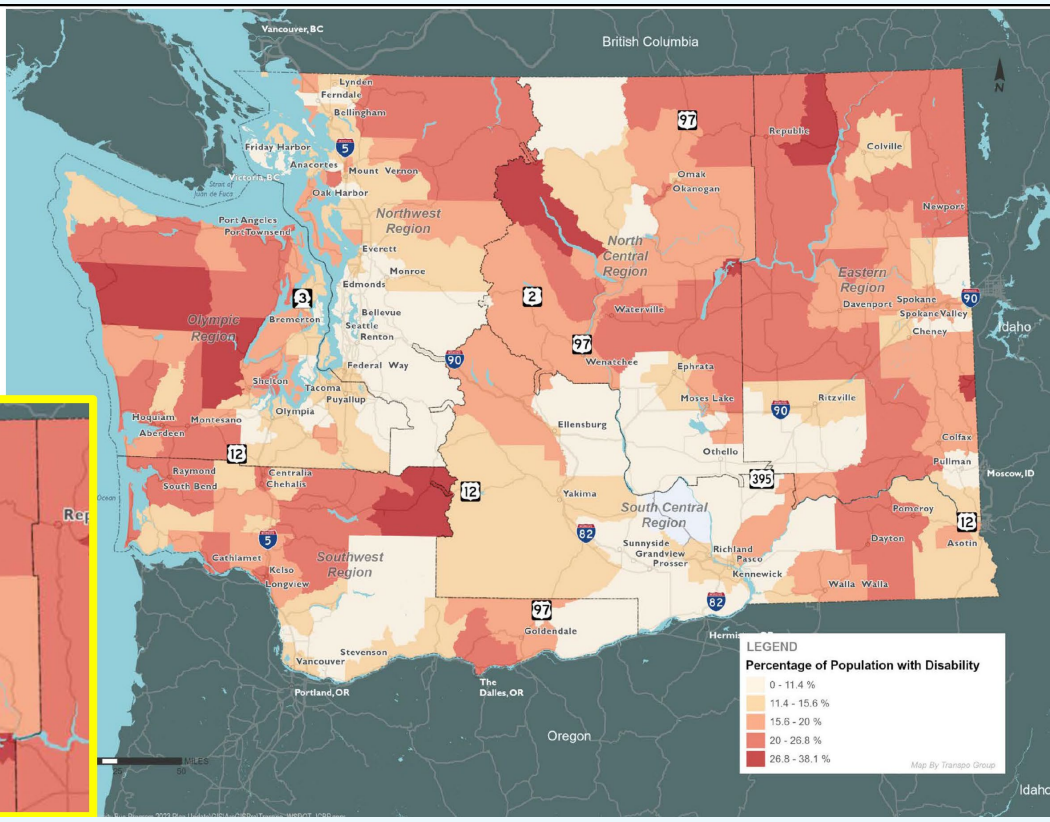




WA State Population w/Disability by Census Tract (percentage)

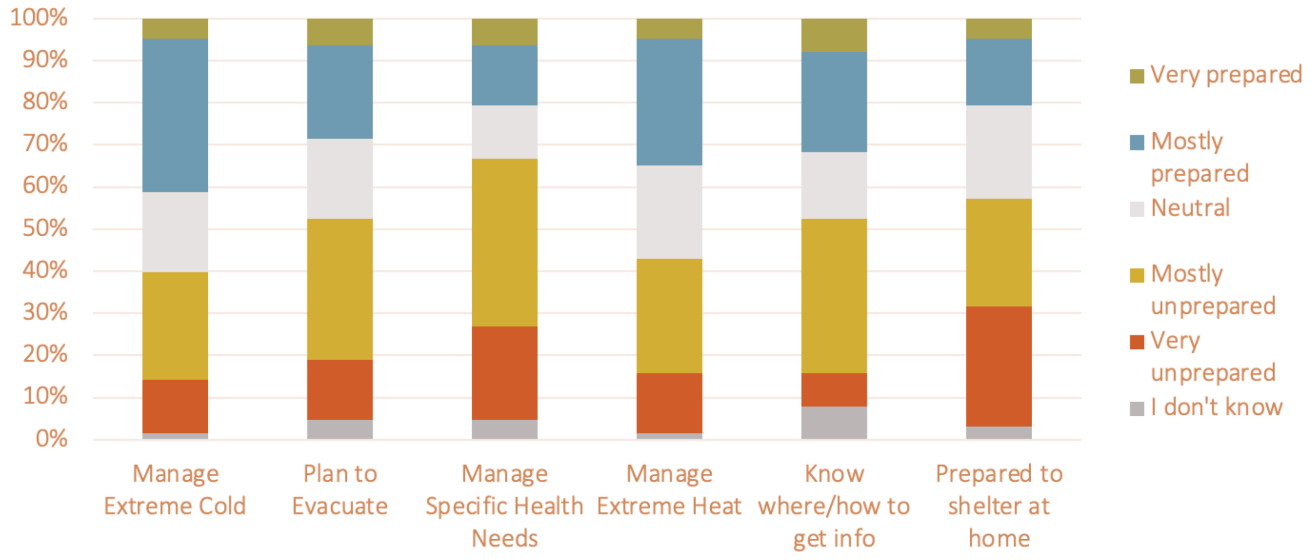
About 17% of Okanogan residents live with one or more disabilities. Half of those are 65 or older. Vets are another group with a large share of disabilities. One in three vets lives with disabilities.





APPENDIX B:
PRIMARY RESOURCES

SURVEY FINDINGS | **"How prepared do you think people over the age of 65 in Okanogan County are to react to a disaster/emergency in the following areas?"**



Okanogan County Emergency and Disaster Preparedness Assessment

Understanding preparedness barriers and preferences of people over 65 years old & generating tailored solutions

January 2024-July 2024

Report August 2024

Primary Resources for 2026 Human Services Transportation Plan for the Okanogan Region

The following resources provided primary inputs for the foundational understanding of issues in this 2026 update.

DATA and INFORMATION RESOURCES

Mid-Valley Hospital and Clinic 2024-2026 Community Health Needs Assessment - Okanogan County Public Hospital District 3 (2024)

Community Health Needs Assessment - Okanogan Public Hospital District dba North Valley Hospital District (2025)

Community Health Needs Assessment and Implementation Plan - Confluence Health (2025)

CCT DOT Omak Transit Survey - Confederated Tribes of the Colville Reservation Dept. of Transportation (2026)

CCT DOT Nespelem Transit Survey - Confederated Tribes of the Colville Reservation Dept. of Transportation (2026)

2025/2026 Colville Confederated Tribes Transit Needs Assessment - Colville Tribes Dept. of Transportation (2026)

2024-2027 Area Plan - Aging and Adult Care of Central Washington

2022-2027 Okanogan County Community Needs Assessment - Okanogan County Community Action Council (2022)

North Central WA Well-Being Report - Thriving Together NCW (2024, 2026)

Insights from the North Central WA Community Conversations - Thriving Together NCW w/ IP3 (2024) copy available on request

2026-2031 OCTA Transit Development Plan - TranGO (Aug 2026)

United for ALICE-Washington

Okanogan County Emergency and Disaster Preparedness Assessment - Okanogan County Public Health District (2024)

Community Wildire Protection Plan - Okanogan - Okanogan Conservation District (2024)

Multi-hazard Mitigation Plan - Okanogan County Emergency Management (2022)

WA 211 Counts

Office of Financial Management - Population and Demographics (various)

Non-Drivers: Population, Demographics, and Analysis (WA State Legislature, Joint Transportation Committee, 2023)

Dept. of Veterans Affairs - Table 9L: Veterans Population by State, County, Age Group, Sex 2023 - 2053

Washington Tracking Network - Dept of Health

U.S. Census Bureau and American Community Survey (various)

INQUIRIES AND QUALITATIVE INFORMATION

WA 211

WA Dept. of Health - Rural Health Programs and Services - State Office of Rural Health

WA Association of County Human Services

WA Health Care Authority - Behavioral Health and Recovery: Recovery Navigator Program

OTHER REFERENCES

2025 Mobility Summit Summary Report - NCW Transportation Collaborative (2025)

North Central WA Transportation Collaborative

Travel Washington Intercity Bus Program (WSDOT, 2024 Update)

Public Transportation Unmet Needs Study (WSDOT, 2023)

WA Statewide Human Services Transportation Plan (WSDOT, 2022)

DSHS Behavioral Health Services - Tribal Resources and Services

Rural Health Transformation Program - Resources

Primary Resources for 2026 Human Services Transportation Plan for the Okanogan Region

The following resources provided primary inputs for the foundational understanding of issues in this 2026 update.

Evacuating Populations with Special Needs (FHWA) - Routes to Effective Evacuation Planning Primer Series
Community Health Assessments and Improvement Plans - Center for Disease Control
Impact of Mobile Integrated Health Programs in the Olympic Region (Olympic Community of Health)
National Aging and Disability Transportation Resource Center - Transportation Options for Community Service Providers
TCRP Report 223 - Guidebook to Help Communities Improve Transportation to Health Care Services (2021)
RTAP - Coordination and Mobility Management Toolkit
Coordinating Council on Access and Mobility

Current as of 29 August 2026

APPENDIX C: ENGAGEMENT

With Appreciation

We're grateful for assistance from the following organizations that contributed to our understanding of mobility needs and opportunities in this 2026 HSTP update cycle: Advance Recovery Program; DSHS – Adult and Aging Care of Central Washington; DSHS – Home and Community Living Administration; Colville Tribes DOT; Colville Tribes Head Start Program; Colville Tribes Transit; FYRE [Foundation for Youth Resiliency and Engagement]; Housing Authority of Okanogan County; Methow at Home; Okanogan CHI [Coalition for Health Improvement, rhymes with "chai"]; Okanogan County Community Action Council including its Support Services for Veterans Families; Okanogan County Juvenile Department; Okanogan County Public Health District; Okanogan County Sheriff's Office CORE Team [Community Response, Outreach, and Engagement]; Okanogan County Transportation and Nutrition [OCTN]; People for People; Room One; Rural Resources Community Action; The Lookout Coalition; Thriving Together NCW [North Central Washington]; TranGO [Transportation for Greater Okanogan/Okanogan County Transit Authority]; WA Association of County Human Services; WA Dept. of Health – Foundational Public Health Services; WA Dept. of Health – State Office of Rural Health; and the WA Health Care Authority – Recovery Navigator Program.

Thanks also to Spokane RTC and QUADCO for feedback regarding the strategic need for intercity bus service between Omak and Spokane included in this HSTP. This service would benefit residents in all three RTPOs.

Okanogan CHI Workshop on Transportation Barriers and Strategies – July 25, 2026

About three dozen members of the Okanogan CHI participated in a two-hour World Cafe workshop to assess the transportation barriers that prevent their clients and patients from accessing care and basic needs, and strategies to address them. Members identified priority measures to pursue as resources allow.

The workshop report will be available io the OCOG HSTP Online Resources page when it is available.

Thank you to everyone who participated.









Provider Perspectives on Mobility and Access to Services in Okanogan County

Results of Online Provider Poll
July 22 – August 7

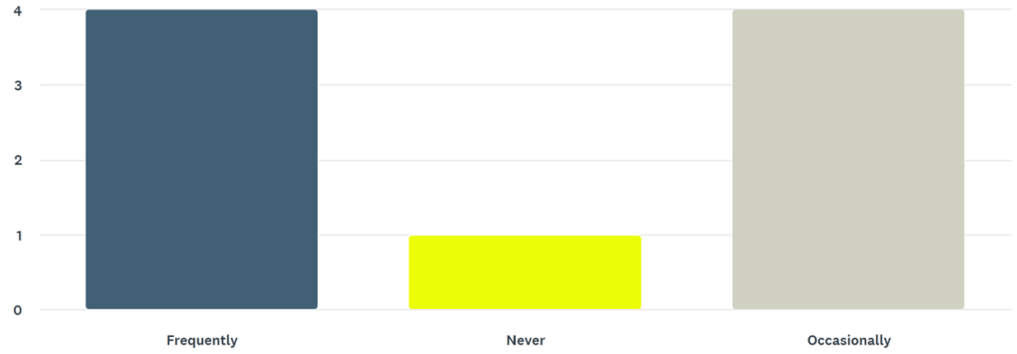
Okanogan Provider Poll includes responses from:

- Colville Tribes Head Start Program
- Okanogan County Juvenile Program
- Okanogan County Community Action Council
- Rural Resources Community Action
- Okanogan County Public Health District
- The Lookout Coalition
- DSHS – Home and Community Living Administration
- Housing Authority of Okanogan County
- Room One

Okanogan
COUNCIL OF GOVERNMENTS

August 10, 2026

How often do your clients indicate they can't access care or utilize your services because they don't have a way to get there?



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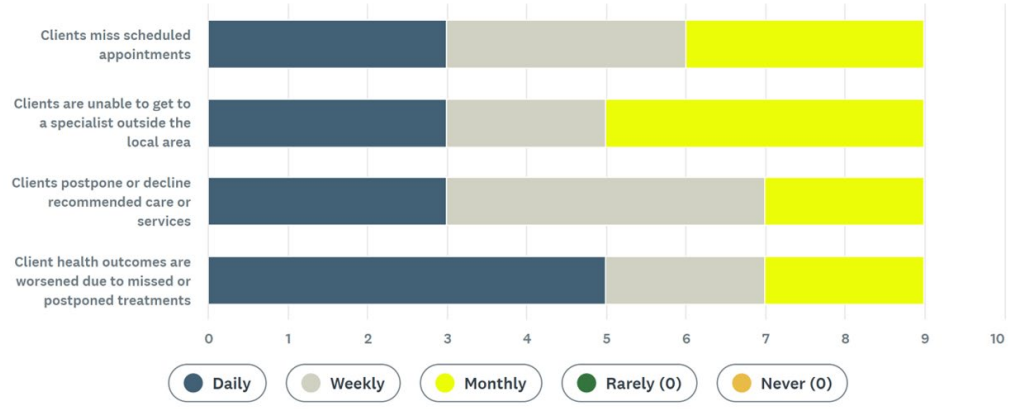
How frequently do you encounter these kinds of issues due to lack of reliable travel options?



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Does someone on staff know where to direct people who need help making travel arrangements?



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Does your organization provide transportation services or mobility support for your clients?



Okanogan
COUNCIL OF GOVERNMENTS

Does your organization provide transportation services or mobility support for your clients?



COMMENTS REGARDING MOBILITY SERVICES OFFERED

Due to insurance policies we are unable to provide transportation.

Outreach services meeting youth where they are at

Only a few of our programs can offer transportation or gas vouchers.

We occasionally give people rides to appointments

Okanogan
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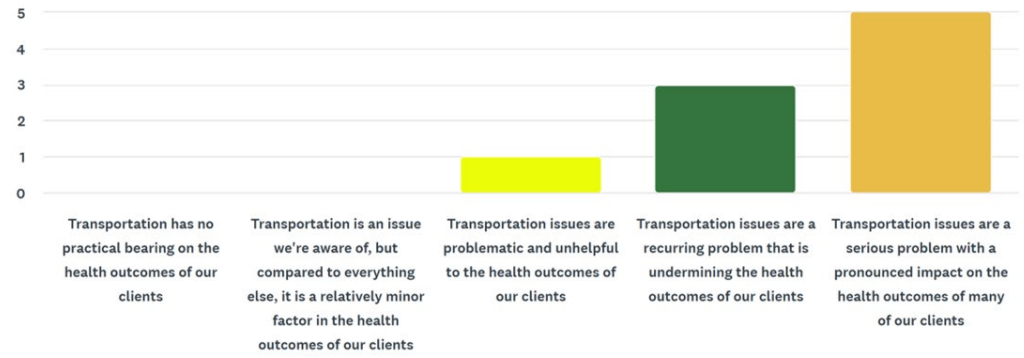
Which of the following statements comes closest to your own observations?



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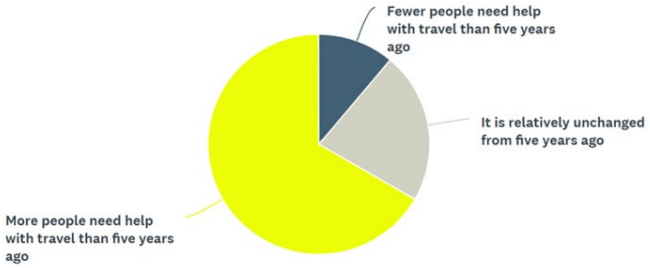
"Transportation is essential for meaningful and reliable access to healthcare."

Poll respondent

In your opinion, how has the need for travel assistance changed among your clients over the last five years?



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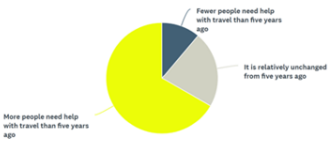
In your opinion, how has the need for travel assistance changed among your clients over the last five years?



COMMENTS REGARDING NEED FOR TRAVEL ASSISTANCE

With rising gas prices and the economic downturn, rising costs have created barriers for rural communities.

More people using wheelchairs or walkers are needing help with travel and there is not always transportation available that can accommodate these.

I believe more resources are becoming available in our area; however, the need is increasing exponentially.

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Please provide a brief description of the services or programs you offer and your general service area.

RESPONSES
Education and referral services for pregnant women, education and referral services for early childhood, birth to three and three to five years of age.
Okanogan County and surrounding area. Juvenile court services and outreach
I offer public health, primary care, obstetric care and hospital care.
Food & Nutrition, Support Services for Veteran & families, Support services, i.e., Rapid Re-housing, Homelessness Prevention, Tennent Based Rental Assistance, Youth support services, HEN essentials, HEN Rent for people on ABD, Energy Assistance, Weatherization Services, Emergency Shelter.
One stop HUB for services. Navigation services. SHIBA
Advocacy and support around health issues
Long-term care services
We provide rental assistance and affordable housing for Okanogan County.
We offer wraparound social services meeting immediate needs and also providing prevention programs for people in the Methow Valley

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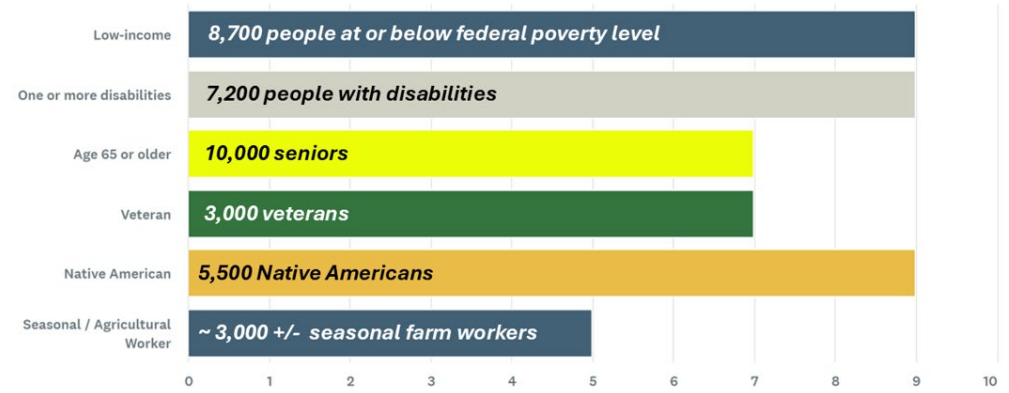
Our clientele includes residents with the following characteristics (check all that apply)



* Data on chart are corresponding 2025 population stats for Okanogan County

Okanogan
COUNCIL OF GOVERNMENTS

"We really can't get there from here and if we do, we may not be able to get back."
Poll respondent

How do you describe the primary demographic you serve?

RESPONSES
Our primary demographic includes pregnant women, infants, toddlers and children, up to age 5, and their families, with a focus on serving low-income households. As a Head Start/Early Head Start program serving the Confederated Tribes of the Colville Reservation and surrounding communities, many of the families we work with live in rural and geographic isolated areas. Families often face barriers such as limited transportation options, financial hardship, and reduced access to healthcare, childcare, and other essential services. Our program provides comprehensive early childhood education, family support, and connections to community resources to promote healthy child development and strengthen family wellbeing.
juvenile justice involved
Rural, distanced from high quality medical care and preventive health services.
We serve all people in Okanogan County
Okanogan, Grant, Douglas, Lincoln and Ferry Counties and the entire Colville Reservation
Older Methow valley residents either health issues
Low-income, age 35 and older with one or more disability, very rural locations where getting to a bigger city for specialized care is 2 or more hours travel one way
all of the above
Low-income rural residents who are either part of the working poor or on a fixed income due to disability or age. It is not uncommon for people to be working multiple jobs and still not make ends meet. We also support people - usually women - who are fleeing violent situations. Having access to reliable transportation can make a life-saving difference between freedom and entrapment.

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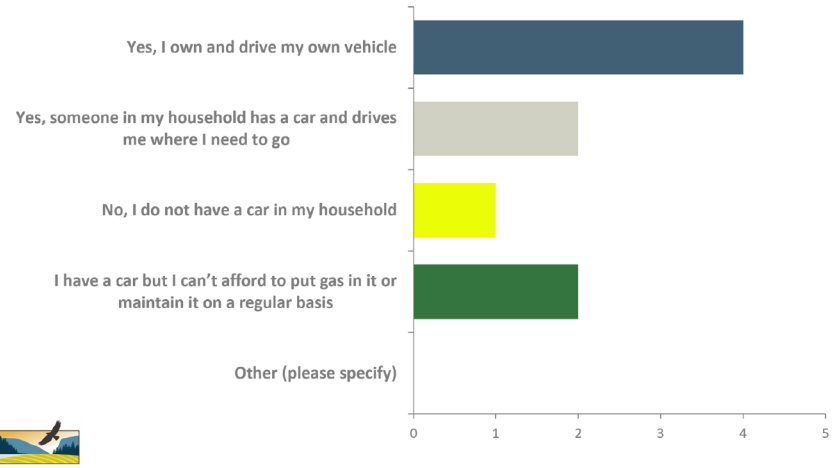
Results of Online Public Poll
July 22 – August 7

Community Perspectives on Mobility in Okanogan County

Okanogan Council of Governments

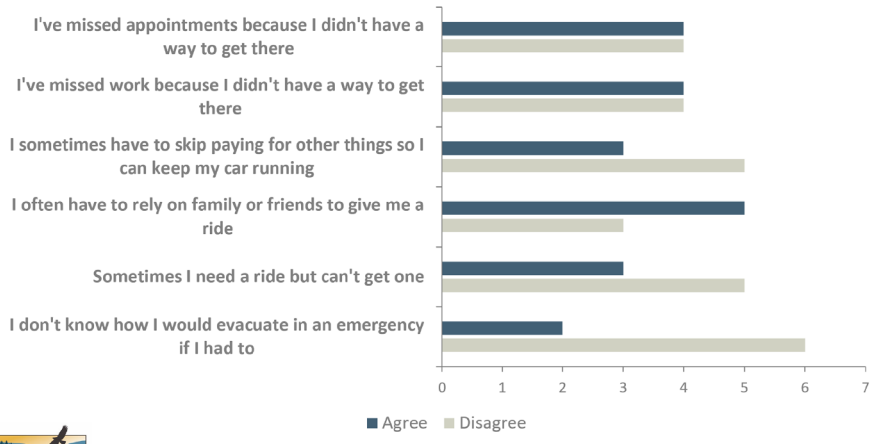
August 10, 2026

Do you travel by personal vehicle (car/truck/motorcycle)?



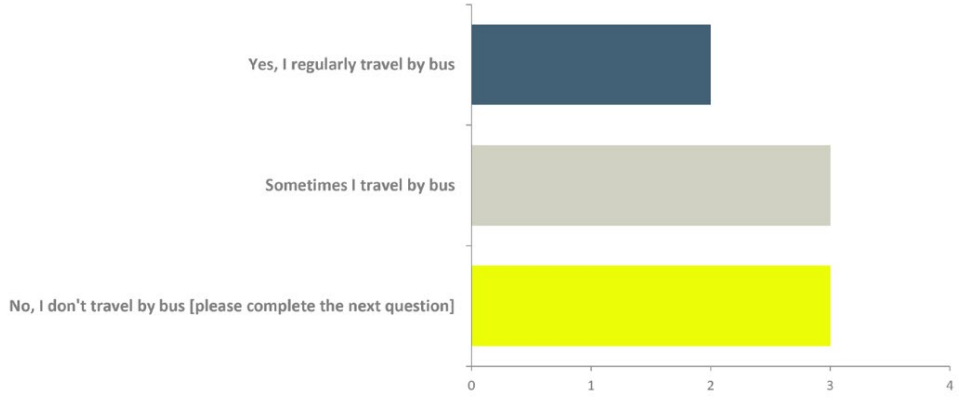
Okanogan Council of Governments

Do you agree with these statements?



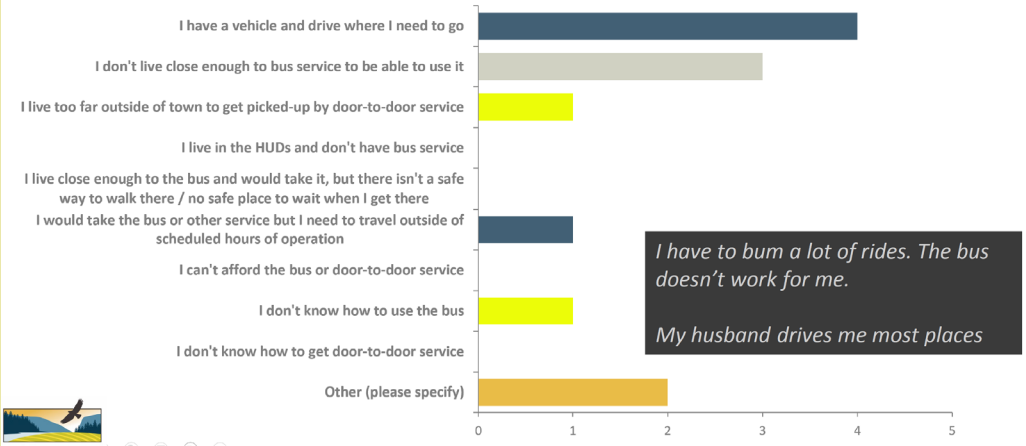
Okanogan Council of Governments

Do you travel around Okanogan County by bus?



Okanogan
COUNCIL OF GOVERNMENTS

If you answered "No" to the question above, please indicate why you don't use the bus in Okanogan County. Check all that apply.



I have to bum a lot of rides. The bus doesn't work for me.

My husband drives me most places

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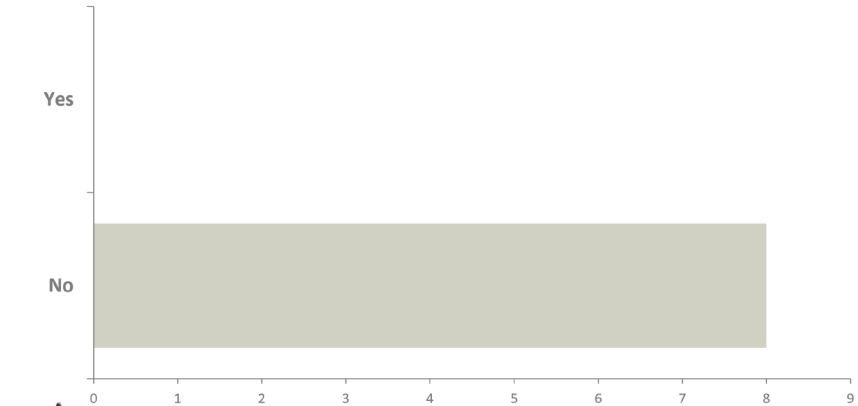
Did you know you can call 2-1-1 for travel information and other transportation support?



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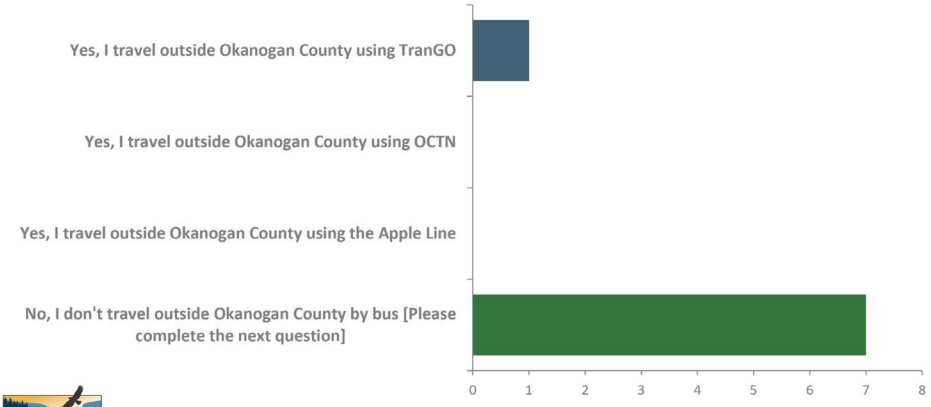
Do you travel outside Okanogan County by bus? (check all that apply)



Okanogan
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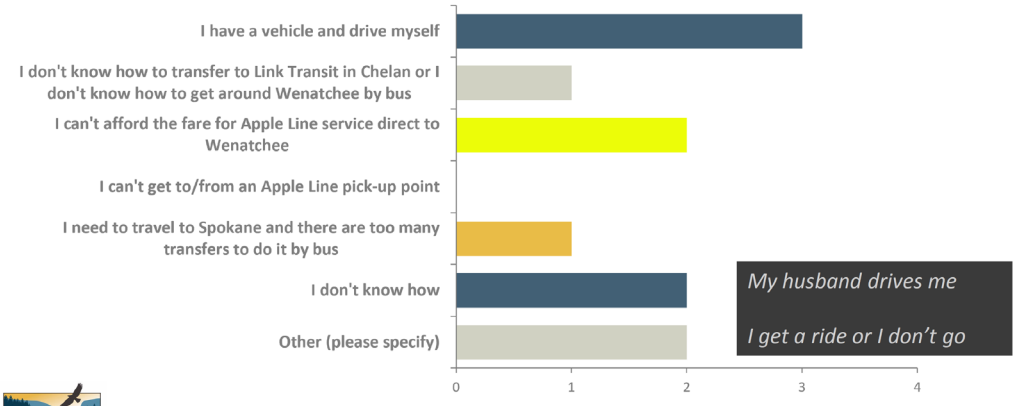
If you don't travel outside Okanogan County using the bus, please indicate why (check all that apply)



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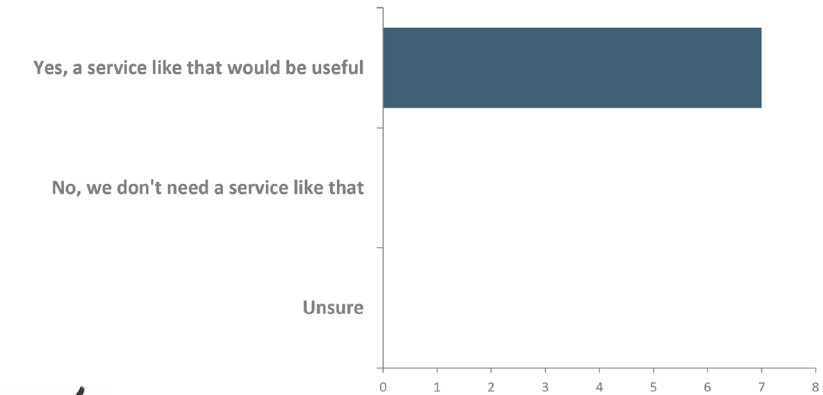
Do you think it would be helpful to have a long-distance bus running between Omak and Spokane?



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Where do you go when you're getting a ride? (check all that apply)



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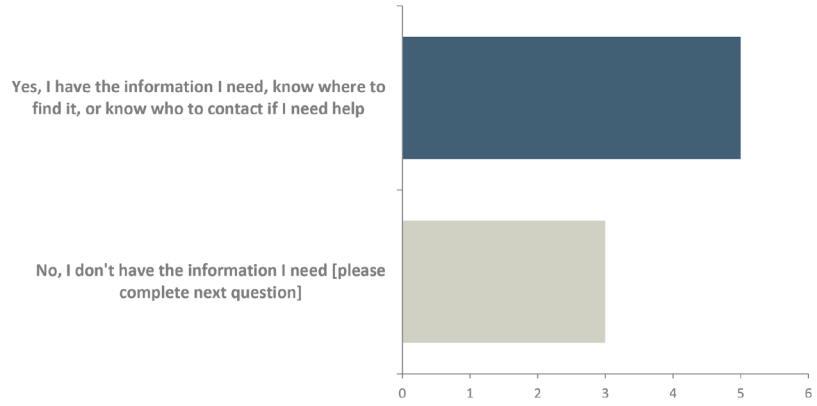
Do you have the information you need to make travel plans?



Okanogan
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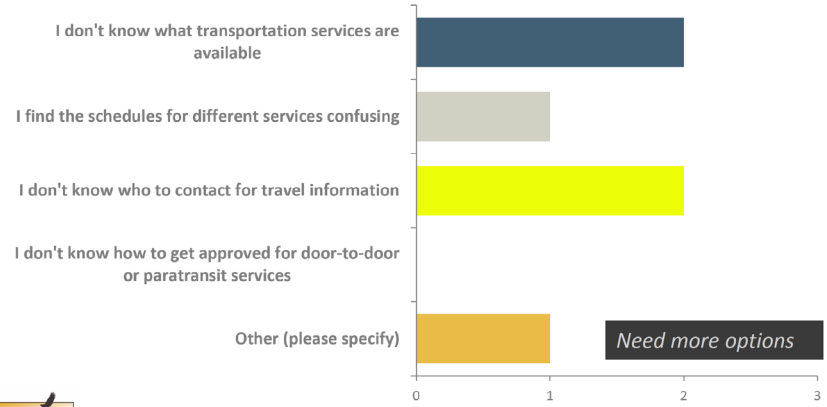
If you answered No to the question above, please indicate why. (check all that apply)



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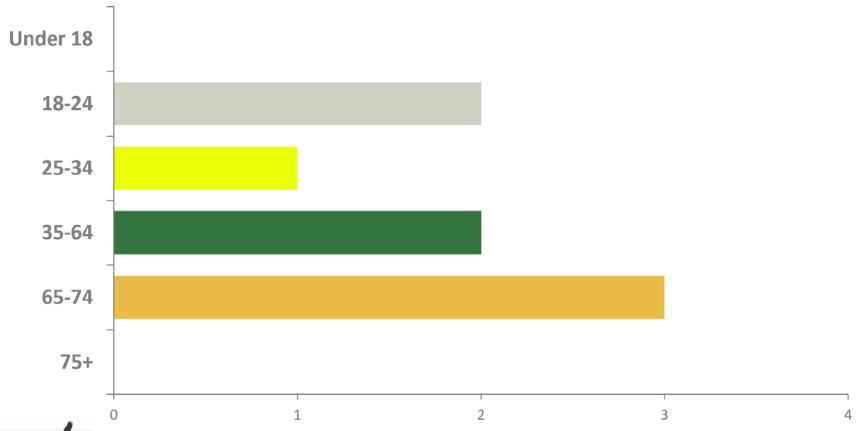
What is your age?



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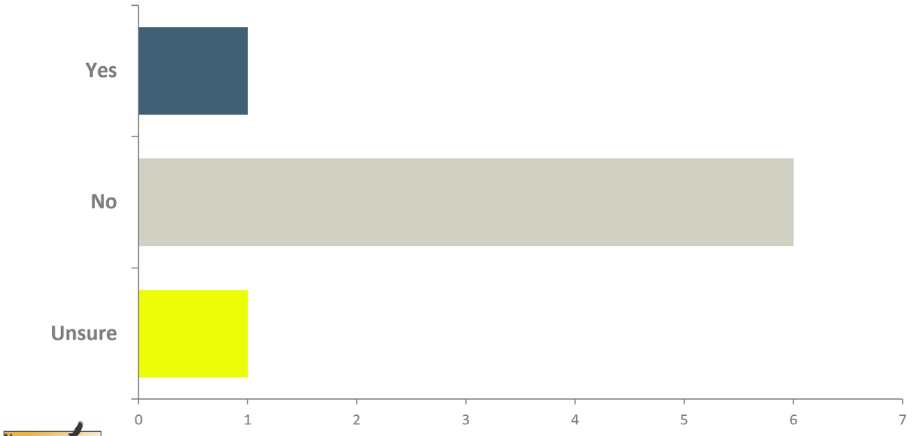
Do you qualify for Medicaid?



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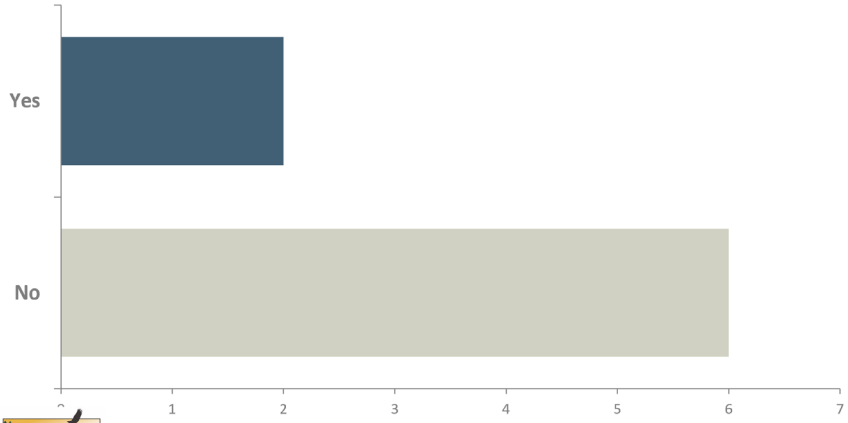
Do you have a disability that makes driving hard or impossible?



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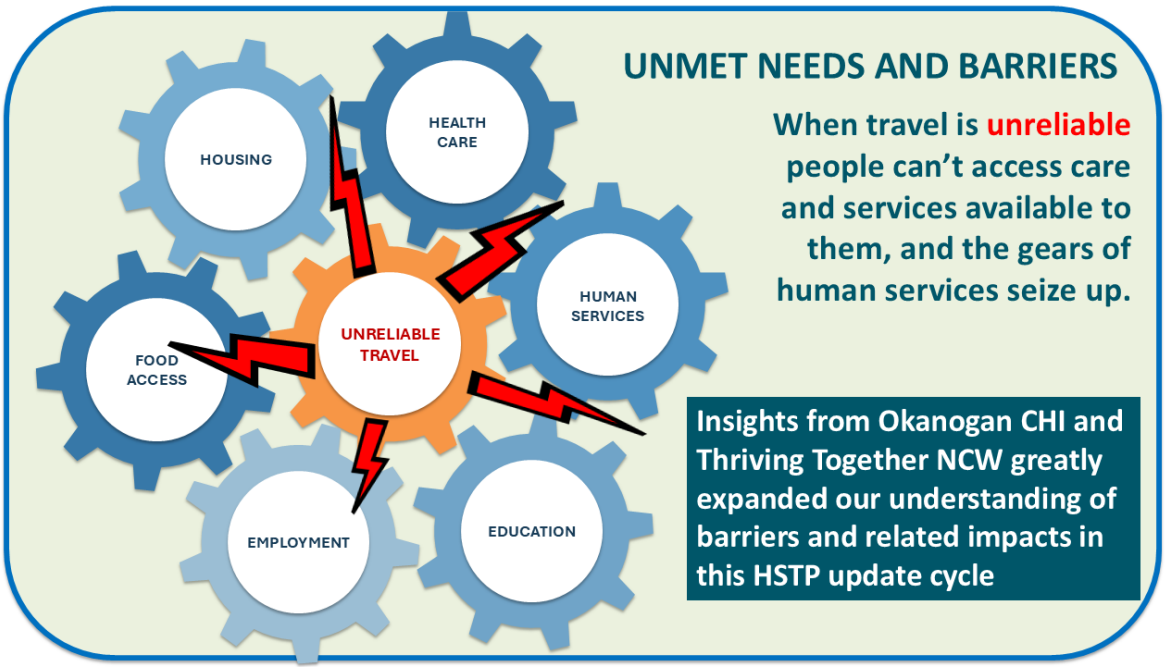
APPENDIX D:
ADDITIONAL WSDOT CONTEXT

Additional context offered in response to WSDOT comments that surfaced during its checklist compliance review.



This appendix includes additional context responding to WSDOT's review of the 2026 update of the Human Services Transportation Plan for the Okanogan Region.

Number of people in each population engaged

WSDOT comment – Looks like you did direct engagement, did you document the number of attendees?

> *The public poll generated eight responses and the provider poll generated nine responses. A total of 38 people participated in the Okanogan CHI forum for human services and transportation providers on July 25th.*

Description of instances when your organization used interpretation, translation services, or forms of reasonable accommodation for engagement purposes with LEP populations and/or people with disabilities.

WSDOT comment – I did not see a description of instances when organizations use interpretation, translation services, or forms of reasonable accommodations for engagement purposes with LEP populations, and/or people with disabilities. Did you receive any requests?

> *OCOG distributed the public poll in both English and Spanish and received one response to the Spanish-language poll. OCOG received no specific requests for translation services or other forms of reasonable accommodation.*

Description of good faith efforts to engage populations that were underrepresented, unresponsive, or unwilling to participate in the planning process

WSDOT comment – No note of good faith efforts. Were there any populations that were not reached, were unresponsive or unwilling to participate?

> *The impetus to focus research and engagement efforts on human services providers with this 2026 update cycle instead of farmers markets and senior centers was to more effectively understand the gaps and barriers that impact all the people in these target population groups, not just those with the means to participate in a periodic planning process. This includes those who have been underrepresented, unresponsive, or unwilling to participate in previous planning processes.*
>
> *Every day health and human services providers work directly with hundreds of people across the Okanogan region who are over 65 and/or living with disabilities and/or are poor. This includes people of all races and backgrounds and needs. Every day providers spend time helping vulnerable clients figure out how to access services available to them because they lack reliable transportation of their own. Every day human services providers see the range of travel hurdles their clients navigate and respond to the consequences when mobility options are unreliable.*
>
> *This HSTP update cycle is the first opportunity OCOG has had to engage with the human services sector in this way, representing as they do many – if not most – of the destinations and services that specifically serve people 65 and older, people with disabilities, and/or people with low income. The insights this service provider experience and data convey reflect a more complete range of target population needs across the region than traditional outreach efforts can accomplish, particular for those who have been underrepresented, unresponsive, or unwilling to participate in the the past. We look forward to the opportunity for further engagement in future updates.*

Describe how transportation providers collaborate with state, county, or other emergency management agencies for disaster preparedness, response, recovery, and mitigation

WSDOT comment – Page 17 states there is effective coordination between emergency management, transportation and other service agencies. How are transportation providers collaborating?

> *TranGO and Okanogan County Transportation & Nutrition (OCTN) are stakeholders in coordinated planning, preparation, and response activities overseen by the Okanogan County Emergency Management Department and*

other regional first responders. They are vital partners in carrying out Emergency Support Function 1–Transportation and Emergency Support Function 6–Mass Care, Housing, and Human Services in the adopted Countywide Emergency Management Plan and have mutual aid agreements in place to support coordinated response. Upon request by emergency management agencies, one or both agencies provide operators and vehicles to support evacuation needs such as occurred during the 2026 summer wildfires. As noted in the report, Okanogan EMD coordinates broadly with service agencies in addition to transportation providers and has engaged in planning specific to the emergency preparation and response needs for the population 65 and older, including evacuation.

Description of past success for each strategy and activity [included in Chapter 5 – Mobility Strategies]
WSDOT comment – There does not appear to be a mention of past success for each strategy and activity.

The following strategies were developed in cooperation with transportation and human services providers serving the region's residents who are 65 and older, or low income, or living with disabilities. Several strategies do not have a history of application in this region but have been shown to be effective in comparable rural places.

Mobility Objective 1. Operate services that provide access and mobility for Okanogan County residents
Strategies:

a. Sustain operations of existing transportation services and service levels for providers currently supporting rural mobility in the Okanogan County region, including public, tribal, non-profit, and private carrier services.

***Has this been successful in the past?** Yes, sustaining operations of existing services offered by providers has ensured predictable availability of transportation services that provide essential mobility.*

b. Increase service to extend the hours of operation and/or service frequency and/or days of operation and/or expand or create new service for underserved areas.

***Has this been successful in the past?** Yes, agencies have been able to meet additional mobility needs or serve new areas when they have had adequate funding to increase service.*

c. Improve access within and between Colville Tribes districts and increase connectivity between tribal government services in Nespelem and HUD housing in Omak and Malott.

***Has this been successful in the past?** There has not been adequate funding to provide such service connectivity in the past, but increased connectivity between services and housing is generally recognized as supportive of transit ridership. This measure was identified as a priority need in the Transit Needs Assessment conducted by the Colville Tribes Department of Transportation in 2025-26.*

d. Introduce innovative "first-miles/last-mile", "collect and connect", or other services that get people living in outlying areas to and from established fixed-route services efficiently

***Has this been successful in the past?** Such service has not been available previously in the Okanogan region, but innovative measures in other rural regions have been effective in reducing coverage gaps outlying residents face by better leveraging the availability of existing services.*

e. Improve access to VA facilities, medical services, and intermodal transportation facilities in Spokane with a new Travel Washington intercity bus route between Omak and Spokane via Nespelem.

***Has this been successful in the past?** This service is currently not available, but it was identified as a priority service in the 2024 Travel Washington – Intercity Bus Program Plan Update due to the unmet long-distance needs that it would address and the communities it would serve. This corresponds favorably to unmet travel needs of Okanogan veterans and of the Nespelem community that surfaced during the HSTP update and was further corroborated by poll responses.*

f. Improve suitable travel options for access to behavioral health clinics and substance use disorder treatment centers.

Has this been successful in the past? *Yes, based on the experience of Advanced NW Recovery Navigator Programs, ensuring reliable travel options where needed improves access and thus, health outcomes, for some of the region's most vulnerable residents.*

g. Provide for Non-Emergency Medical Transport (NEMT)-equivalent services for people who are not on Medicaid to support patient discharges from hospitals, behavioral health transport, veterans transport, or other medically necessary travel needs for people who cannot afford the cost of travel.

Has this been successful in the past? *There are few such services available in the region outside of the Recovery Navigator Program and some limited veterans support. Experience in other rural regions indicates that mobility services targeted to hard-to-serve populations by medical groups, community-based organizations, and others can improve access and thus, outcomes for vulnerable residents.*

Mobility Objective 2. Manage mobility to make travel easier and more efficient for all.

Strategies:

a. Increase public awareness of available services through promotions, branding, outreach, or other measures that increase the visibility of existing services.

Has this been successful in the past? *Yes, transportation partners provide information about their services in a variety of formats and across a wide range of venues. Cross-sector networks such as the Okanogan CHI community care hub greatly expand opportunities for increased awareness and coordination among diverse stakeholders.*

b. Develop and deploy travel training programs to help people learn how to use the available services confidently and make connections with other systems.

Has this been successful in the past? *Online and print guides are available, but resources are inadequate for a standing travel training program. Where programs are in place elsewhere, they've been shown to increase familiarity with and use of transit services and reduce transit stigmas among non-riders.*

c. Develop and promote coordinated online and print resources to inform and educate about all mobility resources available within the region and promote this information to service providers as well as the public.

Has this been successful in the past? *Other than what is provided through WA 211, this region has not received funding for a coordinated, region-wide resource that is inclusive of all mobility services. Where it has been employed, it has been successful in expanding access to travel information and convenient trip planning.*

d. Improve the ability of people to access transit information and make trip reservations for paratransit and door-to-door services.

Has this been successful in the past? *Yes, over the years transit information has been made available online as well as in print format and agencies have incorporated new app-based tools that expand rider access to information. Ongoing advances in technology are opening doors to additional ways of making coordination and information exchange more efficient.*

e. Hire multilingual staff to assist with trip planning and travel training for the public.

Has this been successful in the past? *This is an area of keen interest on the part of providers but has been difficult to fulfill in the current labor market.*

f. Deploy community-based programs that meet unserved needs of a particular group or geographic area.

Has this been successful in the past? *Yes, to the extent that resources allow, community-based programs targeted to the needs of seniors, youth, and low-income residents have helped to reduce some of the mobility barriers these populations face, including consideration of the distinct geographies associated with Okanogan County.*

g. Ensure WA 211 service provider information for the Okanogan County region is current and complete.

Has this been successful in the past? *Yes, to the extent organizations participate. The ability of WA-211 to connect people with needed transportation depends on the completeness and accuracy of information they are provided.*

h. Convene HSTP stakeholders on a regular basis (e.g. 1-2 times/year) to strengthen cross-sector relationships and coordination between transportation, health, and human services providers, and foster new partnerships and innovative approaches tailored to the unique needs of the Okanogan region.

Has this been successful in the past? *Ongoing regional coordination taking place through the Okanogan CHI and Thriving Together NCW demonstrates the value of this regular networking. Expanded transportation provider participation in that process can further overall objectives. Per the Guidebook and Research Plan to Help Communities Improve Transportation to Health Care Services (TCRP Report 223, 2021), a cost-effective measure to improve access to services is improving communications and coordination between transportation and human services sectors. Resources to support greater collaboration between transportation partners and designated community care hubs outside of periodic HSTP updates can be an efficient and effective means of doing that.*

Mobility Objective 3. Manage assets and keep them in a State of Good Repair.

Strategies:

a. Maintain and replace vehicles to ensure State of Good Repair and transit asset management standards in accordance with Useful Life Benchmarks by vehicle type.

Has this been successful in the past? *Yes, preventive maintenance and vehicle replacement schedules are widely recognized as cost-effective measures for providing safe and reliable service.*

b. Establish a permanent base of operations for transit, including maintenance and administrative facilities that support TranGO and OCTN operations.

Has this been successful in the past? *Having the capacity to maintain its own fleet underpins the ability of any transit agency to adhere to a responsible and cost-effective asset management strategy. That is why TranGO pursued its successful funding initiative in 2025 for an agency-owned facility. If inflationary pressures drive costs over that funding award, additional funding will be needed to achieve this strategy.*

c. Incorporate onboard vehicle technologies that enhance safety, system performance, and fleet management.

Has this been successful in the past? *Yes, onboard technology is deployed, maintained, updated, and replaced by transit agencies and other transportation providers because of its usefulness in providing safe, reliable service.*

d. Update communications equipment as needed, including the capacity to communicate with other entities to enhance coordination, operational efficiency, and emergency response

Has this been successful in the past? *Yes, communications equipment is deployed, maintained, updated, and replaced by transportation providers because of its usefulness in providing safe, reliable service.*

e. Integrate advanced technologies and app-based tools where they can improve dispatching, routing, or coordination of services.

Has this been successful in the past? *Yes, as new technologies come online and resources are available, transportation providers employ new tools that improve operations, communication, and coordination of services.*

f. Introduce zero-emission vehicles and supporting infrastructure into vehicle fleets when appropriate, recognizing the demands of rural service and avoiding technologies that would reduce the reliability or availability of service.

Has this been successful in the past? *The rigors of service in the highly rural Okanogan region limit the kinds of zero-emission vehicles that are practical. Hydrogen fuel cell-powered electric buses hold the best promise for TranGO. But the agency needs its own maintenance facility and a secure, reliable fuel source before it can responsibly pursue vehicles.*

Mobility Objective 4. Make travel more accessible.
Strategies:

a. Install curbside traveler amenities that make waiting for transit or share-ride service more comfortable and secure, including shelters, benches, lighting, receptacles, and signage.

Has this been successful in the past? *Yes, curbside amenities have been constructed and are widely recognized as key to making transit a more viable and attractive mode of travel for more people. TranGO celebrates the public-private collaborations that support the bus stop amenities program featured in its Transit Development Plan.*

b. Improve sidewalk and crosswalk access to and from transit stops to meet ADA standards.

Has this been successful in the past? *Yes, ensuring people can get to and from a transit stop has been shown to be effective in helping people to access the bus, and complies with federal law.*

c. Establish park-and-ride facilities in Brewster, Tonasket and Twisp, at a minimum, to improve connectivity with TranGO, Apple Line, and other intersecting transportation services as well as support increased efficiency in the delivery of frontier-country mobility.

Has this been successful in the past? *There are no park-and-ride facilities in the Okanogan region, but where they exist they've been shown to be effective in supporting travel by transit and carpools. TranGO has identified these locations in its Transit Development Plan as candidates for future facilities.*

d. Implement Complete Street treatments in CCT HUDs and other places where improving walk and bike facilities can increase access to transit and other services.

Has this been successful in the past? *Yes, the provision of Complete Street facilities has been shown to increase the likelihood that people will walk or bike to nearby services. This strategy was identified in the Transit Needs Assessment conducted by the Colville Tribes Department of Transportation in 2025-26 and further validated through discussions with tribal planners.*

Mobility Objective 5. Plan how to improve service and address unmet needs*.*
Strategies:

a. Evaluate access and connectivity needs within and between the Confederated Colville Tribes districts, and identify service strategies and implementation measures that will provide better access for tribal members to government services in Nespelem and other community destinations.

Has this been successful in the past? *This planning activity by the Colville Tribes is expected to get underway in late 2026. Planning such as this typically serves as the foundation for successful implementation strategies.*

b. Conduct emergency management planning and evacuation coordination preparedness training with a focus on the needs of people who don't drive or have access to a vehicle and considering the latest technological advancements.

Has this been successful in the past? *The Okanogan County Emergency Management Department completed an evaluation and assessment with relevant stakeholders of the preparedness for emergencies and disasters among people at greatest risk of experiencing disproportionate health impacts, with a focus on those 65 and older. A number of small and large solutions generated during this process fall under the "evacuation planning and support" category. Such planning typically serves as the foundation for successful implementation measures.*

c. Explore whether innovative rural service measures could have value in increasing access to existing services, such as on-demand micro-transit "collect and connect" service with timed connections to TranGO or Apple Line service, or other measures tailored to meet specific rural mobility needs in the Okanogan region.

Has this been successful in the past? *No such programs are currently in place, which is why planning is needed to identify priority opportunities and feasible strategies before trying to deploy a new program.*

d. Evaluate new app-based technologies for their potential to enhance service and if warranted, conduct a pilot test to determine suitability for wider deployment.

> ***Has this been successful in the past?*** *Yes, evaluation and feasibility analysis is a standard practice before an agency or organization commits to a new technology, especially one meant to enhance service. It is particularly important given the highly rural character of the region, which may render some technologies unreliable.*

e. Explore the potential for vehicle sharing or "vehicle maintenance as a service" agreements to overcome service obstacles, with a particular focus on the services and needs of tribal, non-profit, non-traditional, or community-based transportation service providers.

> ***Has this been successful in the past?*** *We are not aware of this practice in the region since TranGO does not have its own maintenance facility. When it does, the agency expects to provide maintenance services for OCTN vehicles. We are also aware of interest among small non-profits of exploring vehicle-sharing arrangements to help them meet targeted mobility needs. Any such cooperative strategies between providers will require thoughtful planning to assess the feasibility of arrangements and the suitability of terms before proceeding.*

f. Complete a bus stop inventory and assessment to identify needed access improvements that can make it easier for more people to use transit for more of their trips.

> ***Has this been successful in the past?*** *TranGO identified this planning effort in its TDP, recognizing the value of such an assessment in helping to prioritize limited funding for bus stop improvements. This is a common practice among transit agencies because it is effective.*

Other Strategic Endeavors

These strategies are not potential Consolidated Grant candidates. Instead, they point to policy measures or outside coordination activities that support OCOG's overall aim with this update of improving access to human services for all, particularly those who need help with mobility. They speak to disconnects and untapped opportunities that are outside the scope of transportation and service providers and which impact their abilities to deliver services. These measures would enhance cross-sector collaboration and support and address underlying concerns that make access to services harder than it needs to be.

Explanations of the need for, and value of, each measure are included in their descriptions on page 5-4.

> ***Have these been successful in the past?*** *Outside of some expansion of broadband and limited development in recent years, these measures have not been employed previously in the region. However, evidence of enhanced coordination, communication, and cooperation in other matters has been shown to be effective in improving delivery of rural services and achieving intended outcomes, as well as tapping emerging new opportunities.*

APPENDIX E:
CONSOLIDATED GRANT PROJECTS

The HSTP is associated with the Consolidated Grant process conducted by WSDOT every two years. That process awards important state and federal funding to projects that address needs in this HSTP and advance one or more of its strategies.

OCOG supports WSDOT's process by reviewing and ranking proposals that WSDOT receives from applicants in Okanogan County. At the conclusion of that process, the OCOG Board will amend those projects into the HSTP and they will be found in this appendix.

This will occur twice before the next HSTP update.

Okanogan
COUNCIL OF GOVERNMENTS