Housing Stability and Community Services 5-Year RFP Work Group

Summary Information:

System Performance Summary: Housing Stability	
Prioritize Top 3 Gaps/Needs	1. Co-location of coordinated entry, behavioral health, and substance abuse/detox services at emergency shelters. 2. Enhanced funding and expansion of Diversion/Prevention Programs, including outreach/education services 3. Need for more housing options
Prioritize Top 3 Strengths	1. Innovative set of providers that takes advantage of policy changes (i.e. Affordable Care Act) – holistic focus of service providers 2. Awareness of the homeless system and increased HMIS data that helps to inform the system and continually improve 3. Strong partnerships, especially with agencies that work with specialized populations (i.e. youth, domestic violence, Veterans), including coordination and collaboration of service providers (and police and code enforcement) and across systems
Comments:	Different people need different interventions so the whole continuum needs to be strengthened. We cannot buy-in to fad movements and focus in on what our community needs most. City needs to pay attention to federal shifts and priorities and be prepared to be adaptable and responsive if big swings come

System Performance Summary: Community Services	
Prioritize Top 3 Gaps/Needs	1. Childcare (both employment and child safety/child development) 2. Evening and weekend services 3. Transportation 4. Integration of behavioral health/victim services
Prioritize Top 3 Strengths	1. While victim services providers oftentimes cannot fully meet the needs of the community, they excel on collaboration and partnerships. 2. Neighborhood based approach from community centers and Community Court, including the integration of social services, legal, and police. 3. Desire from staff and volunteers to constantly learn and improve and to provide holistic services for the community.
Comments:	Partners with Families & Children is the ONLY provider in Spokane that conducts child forensic interviews, child abuse diagnosis medical exams, and other services for suspected victims of child abuse and neglect, and their services were up 40% in 2017. Anything that happens that rolls back Medicaid will be a very serious issue – we are very fragile and it's dependent on federal decisions. Loss of coverage.

DEFINITIONS	
Current Performance:	Please take into account both capacity of services and outcomes. Based on community needs, how is the current model of services meeting needs and achieving desired outcomes.
Gaps:	What is currently not provided, supported, or accessible through this service which is needed for this service to be more successful?
Strengths:	What is currently working well for this service type, what we need to do more of to meet community needs?
Duplications:	What is currently being done my multiple programs that would make sense to consolidate **OR** what do we need to duplicate to meet demand.
CS Connections:	Community service connections - please indicate which resource connections are directly accessible through service.

Scale: need = capacity	1 = unable to meet need	2 = nearly meets need	3 = not enough information	4 = meeting need, unclear outcomes	5 = meeting need & producing outcome

Assessments on both "Housing Stability" and "Community Services", based on the 6 topic areas in each:

Housing Stability Assessment:

Outreach Services	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ Under-funded to meet need ▪ Significant time spent doing encampment response ▪ Cannot be responsive enough (need crisis bridge housing) ▪ Substance abuse and detox focused outreach	▪ Services linked to funding goals/ specific populations and not flexible to meet all needs ▪ Coordination between outreach teams ▪ Response outside of downtown	▪ Fluid nature of youth homelessness ▪ Transitional aged youth require different strategies			▪ Homeless Outreach nearly meets needs but needs additional funding to be fully supported. ▪ Most outreach knowledge is concentrated with few people and there is no backstopping to ensure sustainability of outreach information. ▪ Questions: ○ Are there other outreach providers that our system isn't utilizing? ○ Is 211 effective in supporting homeless outreach? ○ How can we access youth outreach, court-funded behavioral health, screening and support, and Veteran services through the healthcare and education sectors?
Strengths				▪ Domestic violence advocacy housing assistance, safety planning, resources, referrals, housing assessments ▪ Strong partnerships with police, code	▪ YouthReach Collaboration (shared response to youth homelessness/outreach) ▪ Outreach is connecting with individuals and helping them access the system, including housing assistance, medical care,	

				enforcement, service providers ▪ Spokane Homeless Coalition and the Outreach Huddle has improved coordination among homeless outreach workers	and substance abuse support.	
Duplications			▪ No duplications exist currently.			
CS Connections	**Health Care**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Outreach Services
There are a variety of different types of "outreach services" and finding common language was difficult because they all have different needs. For example, homeless outreach and encampment services is different than educational outreach. Overall, there is a deficit in both, despite having significant positive outcomes for the general population (who may become at-risk and need to know about available services) and for people experiencing homelessness (who need to get connected with services). It would also be helpful to have outreach capacity to work with people concentrated around shelters and housing projects, especially for those who have been directed to a location by police but who are not willing to utilize available services. This type of outreach would also benefit neighborhoods.

Coordinated Entry	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ Not enough PSH units so CE is placing people in interventions not well-suited for them → referring too high of a score to RRH ▪ Chronic homeless definition means that many domestic violence survivors cannot get into PSH even though they need the supports → need a way to prioritize differently	▪ Takes too long from entering the system, getting assessed, referral to services, and entry to a project (lose people) ▪ Centralized CE portals works for some populations (i.e. families) but may not be most appropriate for other populations (i.e. youth). Need for more satellite sites in order to reach people where they feel most comfortable ▪ Limited hours and staffing to do assessments keeps people from receiving needed help	▪ Coordinated entry for youth is in place but maybe not meeting their needs → Need a true youth CE system ▪ People "trick" the system			▪ Questions: ○ Is recidivism higher with anonymous participants? ○ Is it difficult for unsupported populations to access CE? ○ How is the SPDAT tool working? ○ Is the SPDAT tool right for our system? ○ What is the best way to use vulnerability scores (VI-SPDAT)? There seems to be a mismatch between resources and need for an effective response.

		▪ Need more Diversion programming paired with CE ▪ Need to have service connections as part of the assessment process (i.e. victim services, mental health, etc.)				
Strengths				▪ Training staff to support access to CE (may be inconsistent among providers)	▪ Strong partnerships, especially with agencies that work with specialized populations (i.e. youth, domestic violence, Veterans) ▪ Awareness of the system among outreach workers and service providers ▪ Hard working and dedicated staff ▪ CE system works better for families	
Duplications			▪ None – may need to build out to include more satellite sites			
CS Connections	**Health Care**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Coordinated Entry

It would be advantageous to further examine this by "singles" and "families" (and possibly other sub-populations who may need separate CE portals, such as "youth"). The strengths and weaknesses of each system are varied and what is needed by population is equally different. Overall, CE and the assessment are doing their job but housing placement seems to be a larger issue.

Diversion Services	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ Under-funded to meet the need (lowest in the state) ▪ For chronically homeless/ SUD/ BH newly housed, there is	▪ Diversion is happening ad hoc and therefore not tracked adequately ▪ Diversion only works if clients can get connected to resources quickly	▪ Too often our system has to wait for a household to be homeless before we can help them → Diversion should be			▪ Diversion seems to be working, looking at limited current data, but we need more of it ▪ Questions: ○ How do we outreach to individuals who have never been homeless so they don't know the system and

	a lack of training about how to be housed and they cycle back out	▪ Too few staff at emergency shelters understand what is available → need more training and support to make Diversion work ▪ Need more prevention MH/ SUD/ child abuse/ domestic violence temporary assistance where currently living ▪ It would be great to see a prevention model coupled with diversion. This is really what is being done at HFCA already. They feel like they could make prevention so great with what they do in diversion currently.	a TOP PRIORITY for our community			what is available before they lose their housing? It's hard to identify those individuals ahead of time. o How many informal resources are dripping through the system?
Strengths			▪ More connections to services that are outside of housing continue to be made, including workforce development, education, behavioral health, childcare, etc.	▪ Informal Diversion continues, despite lack of funding ▪ Brings providers together and allows them to focus on what they do very well while still providing strong and holistic service to those in need	▪ Community is well connected so people facing homelessness are steered in the right direction if the resource exists ▪ Affordable Care Act has helped people access care	
Duplications			▪ No duplications – need more focus on Diversion			
CS Connections	**Health Care**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Diversion Services

Diversion and prevention services are under-funded and need to be prioritized. These services need more focus of attention and should be available outside of the families system in order to be universally beneficial. Data is showing the benefit and, with fewer housing resources, will prove to be even more valuable in helping people self-resolve.

Emergency Shelter	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ Detox response at shelters ▪ Need a shelter for transition aged youth (18-24) ▪ Need a drop-in night shelter that isn't for sleeping but has awake options ▪ Need trauma-informed beds ▪ Need a safe space for transgendered (especially female to male) ▪ Emergency shelters NEED a co-located coordinated entry provider and/or cross training ▪ Lack of onsite support services ▪ Need more case management during the evening hours ▪ For family shelters, there is a need for meaningful connection with Children's Administration	▪ Non-religious shelters ▪ Need more beds for women, young adults, men with children (not enough beds in general to deal with emergent needs) ▪ Need resources for treatment with a soft handoff ▪ Need more communication with mental health providers ▪ Need a better connection with victim services ▪ Emergency shelters should be more housing-focused ▪ Need more DV shelter beds ▪ Need more connection to support services on-site at Emergency Shelters	▪ Emergency shelters and continuous-stay shelters are very different and should be treated differently, including how they are labeled in the system → for instance, someone moving from Family Promise Open Doors Shelter to St Margaret's Shelter is a positive outcome but are typed the same			▪ Emergency Shelter versus Continuous Stay Shelter ▪ Questions: ○ What is the role of the shelters in the overall system? ○ Are there integrations of healthcare navigators between emergency shelters and continuous stay shelters? ○ Human trafficking – what is the role of the shelter system? ○ St. Margarets has 1 unit dedicated to housing this population but it is only for 6 months. What happens next? ○ Summer versus winter capacity and needs? ○ What can be accomplished with clients at an emergency shelter when their stays are fluid?
Strengths			▪ Life skills development in shelters	▪ Diversion/resource connections within shelters for patrons	▪ Provider connections are very strong ▪ Connection with the City has been helpful ▪ 24/7 system means that people always have a place to go ▪ We have emergency shelter space for households without children, families, and minor youth ▪ Highly collaborative ▪ Positive interactions and support with outreach	

					▪ HMIS integration, a lot of information being collected (specifically at Hope House) ▪ Positive housing outcomes	
Duplications			▪ None			
CS Connections	**Health Care**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Emergency Shelter

Our current system does not meet the shelter demand, as shelters are having to turn people away throughout the year. Mass shelters are not meeting the need of every population. More diversity in types of shelters may ensure more people utilize this "front-door" service and begin to get the help they need. Smaller, targeted shelters is important. It is also important to note that this category encompasses both continuous stay emergency shelter and night-by-night emergency shelter. Further assessment into each sub-category is necessary in order to focus responses for each. There is also a greater need to connect emergency shelter with other resources, which is currently limited.

Temporary Housing Interventions	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps		▪ Exiting institutions ▪ Not enough TH for DV, DV survivors are not scoring into the system ▪ Lack of availability/ greater need than availability for DV, substance abuse, and mental health ▪ Need more Veteran housing and TH for singles ▪ Aftercare needs to be more robust				▪ Questions: o Are we using best practices? o How do people move through the system? o How are we addressing youth either transitioning out of foster care or out of homelessness? o Is counseling adequate in this environment?
Strengths					▪ TH has lots of support (if a client can get into a unit) ▪ Federal funding ▪ Peer/alumni support ▪ TH is a great solution for youth and young adults ▪ Support service connection ▪ More service-intensive	

					▪ Great connections, especially for Veterans, families, and domestic violence	
Duplications			▪ None			
CS Connections	**Health Care**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Temporary Housing Interventions

There is not enough temporary housing options in our system. As HUD changed its focus, this necessary resource dwindled. Temporary housing (especially transitional housing) is the most appropriate type of housing for certain populations (i.e. youth and those fleeing domestic violence) and yet it is under-funded and under-supported.

Permanent Housing Interventions	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ Need more permanent housing options (less than 1% occupancy on available units) ▪ No youth-focused PSH units ▪ Need more senior housing	▪ Need more prevention strategies / Diversion lacks funding to keep people in permanent housing ▪ Lost some PSH units ▪ Clients not meeting the chronic homeless definition (i.e. DV) ▪ Cost of damages to rental units ▪ Need to communicate better with other organizations (i.e. hospitals for visiting nurses, etc.)	▪ Landlords have too much control and with too little oversight ▪ Chronic homeless who don't want permanent housing ▪ Community bathrooms (i.e. Portland Loo Model) ▪ Local housing trust fund is needed			▪ Excelsior is looking to bolster permanent housing from 14 to 34 beds, expanding their program to include up to 24-year-olds. Focused on single youth and males but will be expanding to include females. Has healthcare on site. ▪ Questions: o How are we asking our homeless population what they want and what will work for them in permanent housing environments? o Are there other options/creative solutions to create more permanent housing? Tent city? Tiny houses? Dorm-style or studio options? o Are there opportunities under the Medicaid waiver? o Are families with children a target for PSH? Who is the target population?
Strengths			▪ Only thing that truly ends homelessness		▪ So much awareness and data ▪ Service providers paying first and last month's rent and deposit helps people access housing	

					▪ Can ease the strain on other systems (i.e. medical)	○ Since HFCA's inception: very hard to find families that identify/meet the chronic definition, especially now that TH and DV do not qualify for the chronic definition.
Duplications			▪ None			
CS Connections	**Health Care**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Permanent Housing Interventions
There is a need for more permanent housing options and/or case management or aftercare services to help people remain permanently housed.

Community Services Assessment:

Health	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ Nighttime behavioral health access for non-emergencies ▪ Medicare doesn't cover dental health services ▪ Mobile mental health assessments ▪ There is no 24-hour Urgent Care in our system	▪ Mental health ▪ Detox ▪ Addiction services ▪ Rehabilitation and follow-up care ▪ Senior care ▪ Oral health ▪ Addiction and co-occurring mental health issues for trauma survivors ▪ Not enough mental health providers ▪ Overuse of Emergency Departments ▪ Medication management ▪ Need for more long-term addiction beds ▪ ACES ▪ Upstream prevention	▪ Education ▪ Language or translation / certified interpreters			▪ Excelsior and some other providers operate full medical clinics. ▪ Questions: ○ Can we promise to hold a bed for a client if they go to services, a mobile detox person, like a dispatch person it would need to be night, holidays, etc?

		▪ Need more MD level primary care and behavioral health providers ▪ Transportation to medical appointments ▪ Dental for Medicaid, Medicare, and the uninsured ▪ Need for a regional response that includes City and County ▪ Prevention funds, especially around child abuse ▪ Psychiatry ▪ Sexual assault nurse examiner ▪ Reimbursement rate is too low ▪ Aftercare				
Strengths	• Partners with Families and Children have the only medical team when child abuse is suspected → this is a positive in that it helps keep efforts coordinated and lessens impact on families			▪ CHAS and Providence partnership has a planned dental expansion target for Medicaid ▪ New initiative – Smile Spokane – that is bringing in new funding (Aclora) ▪ Earned sick leave act	▪ Medicaid waiver will provide an infusion of dollars, however this is anticipated <u>but not guaranteed</u> ▪ Focus on whole-person health ▪ City has health-focused events (i.e. Hoopfest, Bloomstday) ▪ Scratch kitchens in schools ▪ FQHCs ▪ HEART Liaisons in schools	
Duplications				▪ Many urgent care clinics in the community (but none that are 24/hours)	▪	
CS Connections	**Health**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Health

While there have been improvements and some promising shifts, there is not enough investment in health or the intersection between different health services for homelessness/at-risk populations. We need to look at ways to integrate health services into the existing infrastructure.

Community Centers	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ Not comprehensive enough to meet the needs ▪ Transportation – not enough vehicles to pick up all the children at the schools	▪ Under-utilized resource ▪ City is very hands-off about programming ▪ No budget for advertising services ▪ Need resource guides of all the services available in the community and thresholds in order to better share information with clients	▪ No centralized operations for community centers ▪ Reliance on City funding and how community centers are operated			▪ City owns the land for the community centers ▪ Revenue for renting the space but can't charge the City for use of the space or for free services ▪ What is the City's role in helping connect resources with the community centers (i.e. Should the City help disseminate information about them? Help program them? Get more people in the door to utilize these resources?) ▪ Questions: ○ Is there a way to tap into the school bus schedule with the HEART Program? ○ What is the volume of people going to the community centers? What is the capacity? How many more could utilize these programs? (Residents of a community versus those who utilize the community center)
Strengths			▪ Want to be trained to fulfill more needs with vulnerable populations (i.e. coordinated assessment) ▪ Community Centers end up being a phone book. Is there a way to standardize the navigation services and/or provision to community health workers? Is it at all of the sites?	▪ Community Centers program differently for the services needed in the particular community ▪ Free meal events to the public ▪ Schools Out Washington is a good partner that is providing free training to community centers	▪ The existence of community centers is a boost for the community (and may be the future of services in the community) ▪ Could be used as a venue/space to fulfill many other needs/connections (co-location of services) ▪ Neighborhood-based facility and need for more intentional partnerships	
CS Connections	**Health**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Community Centers

There is TONS of opportunity through better utilizing the community centers. Look for ways to leverage their existence to provide information and access points to neighborhoods. Need to be better funded and advertised to be more effective. Great opportunity here to create partnership spaces and to house cross-sector services in one building in each neighborhood.

Legal Services	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps		▪ Existing clinics and legal agencies don't have enough capacity or financial resources to expand ▪ Need more access to legal services ▪ Legal services need to be integrated at more locations throughout the city, for example on a rotating basis at the Community Centers and other social service locations ▪ Accessible legal serviced for low income households being taken advantage of by landlords ▪ Increased need for education and training on the City's ordinance				
Strengths			▪ Catholic Charities has an educational session on rights periodically. New funding for the immigration program was secured last fall, which may mean being able to increase capacity locally. More work is currently being done in areas of the region with more immigrants per capita than Spokane Universal screening (inclusive of legal services, tied with social and housing services)	▪ Gonzaga Law Clinic ▪ Center for Justice ▪ YWCA's Family Law Clinic ▪ Northwest Justice Project ▪ Legal assistance with private attorneys (for example social security attorneys) ▪ Law clinics are well advertised. ▪ TeamChild partnership in YouthReach ▪ Record sealing clinics	▪ Existing legal programs work well together ▪ Specialty courts are valuable in helping get people navigated through legal needs ▪ Community Court ▪ SOAR – needs to expand	
CS Connections	**Health**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Legal Services	
The existing legal services are really great and have helped a lot of families, however there's a need to expand services and operating hours to better meet the need.	

Victim Support	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ People who become homeless after experiencing domestic violence are not prioritized with the city's HFCA/SHCA system and survivors often do not score high enough on the assessment to get a housing intervention ▪ Train the trainer for SANE (connection with the hospital?)	▪ Need more domestic violence-specific housing ▪ Need more emergency shelter space for people fleeing domestic violence ▪ Many of the sheltering programs require a referral through HFCA/SHCA so this is not an immediate housing solution for a survivor who in not fleeing imminent danger but is homeless due to DV ▪ SANE (Sexual Assault Nurse Examiners) → not enough SANE nurses at the hospitals	▪ There are a number of organizations working in victim support (i.e. YWCA, Lutheran, etc.) but unclear about gaps where other service providers may need to fill ▪ Not enough legal assistance available for family law	▪ Not enough barrier free housing for survivors fleeing domestic violence ▪		▪ Partners received money from Victims Services OSVA to help provide support and staffing for victim services, mental health therapy for short-term care, education on trafficking etc. – there is no funding for long-term care for mental health. ▪ Partners and Lutheran both got a grant for SANE services (pediatric, coordination), however this is very limited funding and only a start. ▪ Questions: ○ How many agencies are using trauma-informed care?
Strengths	▪ Partners provides services to child abuse victims and child trafficking victims (and their non-offending families), but not enough capacity to meet needs			▪ Youth advocacy is available through Lutheran and YWCA ▪ Counseling and therapy programs are available to victims free of charge ▪ YWCA provides trauma informed employment services and clothing for job readiness		
CS Connections	**Health**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Victim Support	

Connections for people fleeing domestic violence into homelessness are difficult to access due to deficiencies in the current assessment tool. There is insufficient funds and variety of services/service providers currently. What does exist, however, is really amazing and doing powerful and substantive work to assist victims.

Childcare	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ No 24/hour child care options that offer a slide scale ▪ No overnight childcare for working parents	▪ Lack of vetting for family, friend, and neighbor (informal) providers ▪ Too few providers addressing child abuse prevention ▪ Too few childcare options for school-aged children with disabilities ▪ Education and understanding on how to go about getting a background check for informal childcare providers or signs to look for	▪ Safe affordable child care available. ▪ After hours and sick childcare facilities. ▪ High quality options for low income families for school ages kids on break ▪ Healthy relationships curriculum with child care providers ▪ Too few professional development opportunities			
Strengths				▪ ECEAP and Head Start Programs ▪ Our youth programs work well together ▪ Childcare Aware is working on education for informal providers ▪ EduCare onsite options ▪ Community-Minded Enterprises ▪ Children's Home Society has a drop-in ("Children's Waiting Room") ▪ Vanessa Behan Crisis Nursery		
CS Connections	**Health**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Childcare	
This is one of the greatest needs in the community. There's a need for trained child care programs and staff, affordable child care, 24/7 child care services, etc. People are unable to go to work, be at shelter, and take care of basic needs if they don't have someplace safe to leave their children.	

Transportation / Access to Services	please rank service type on overall ability to meet community need AND answer list gaps, strengths, and duplications					
Current Performance	1	2	3	4	5	Comments:
Gaps	▪ The number one reason patients miss medical appointments is because of transportation issues → major barrier to achieving access to other social services as well → need to expand programs like Ride to Care → Possible solution would be to have health care providers pay into the system and use drivers who are trained as Community Health Workers ▪ No telecomms for youth or other members of the households (only available tele-health is CHAS and it is only for certain health care areas)	▪ Current transportation system for Medicaid clients is difficult to use ▪ It would be more beneficial for patient care if providers were able to schedule transportation for patients as needed (rather than all the paperwork required for patients with fluctuating incomes and changes in qualification criteria)				▪ Questions: ○ How are we tapping into the MCO's and their case managers to help us target these barriers for our mutual clients?
Strengths			▪ Will pay for taxis (but not Ubers)	▪ STA expansion (Moving Forward Plan) and Ride to Care Program	▪ CHAS purchases 2-hour bus passes for patients if they need help accessing medical services ▪ Excelsior retains a fleet of nearly 15 vans. Drivers	

					have insurance and background checks.	
CS Connections	**Health**	**Education**	**Family Needs**	**Employment**	**Behavioral Health**	**Other:**

Narrative: Transportation
Another major weakness for our system is access to transportation. It is insufficient in its current status, across the board. There needs to be a focus on helping people access the care and services they need, without causing undue burdens.