

WHAT COM GRACE

GROUND-LEVEL RESPONSE AND COORDINATED ENGAGEMENT

"HOW DO WE IMPROVE OUTCOMES?"

"HOW DO WE BUILD FLEXIBILITY WITHIN THE SYSTEM?"

REDUCE COSTS
PROVIDE HEALTH
COORDINATION; COLLABORATION WITH EXISTING RESOURCES

"ENSURE WE SUPPORT PROVIDERS"

"PROVIDING CONTACT/ACCESS 24/7..."

"THE 'SPOKES' ARE CRITICAL FOR SYSTEM TO FUNCTION..."

"MUST HAVE PROCESS TO USE / SHARE CONFIDENTIAL INFORMATION"

COMMON ELEMENTS OF SUCCESSFUL COORDINATED CARE PROGRAMS

OWNERSHIP OF PARTICIPANTS BY EVERY PROGRAM PROVIDER

MULTIPLE PATHWAYS TO PROGRAM REFERRAL

MEANINGFUL INCENTIVES TO PARTICIPATE

DATABASE TO TRACK SERVICES AND OUTCOMES

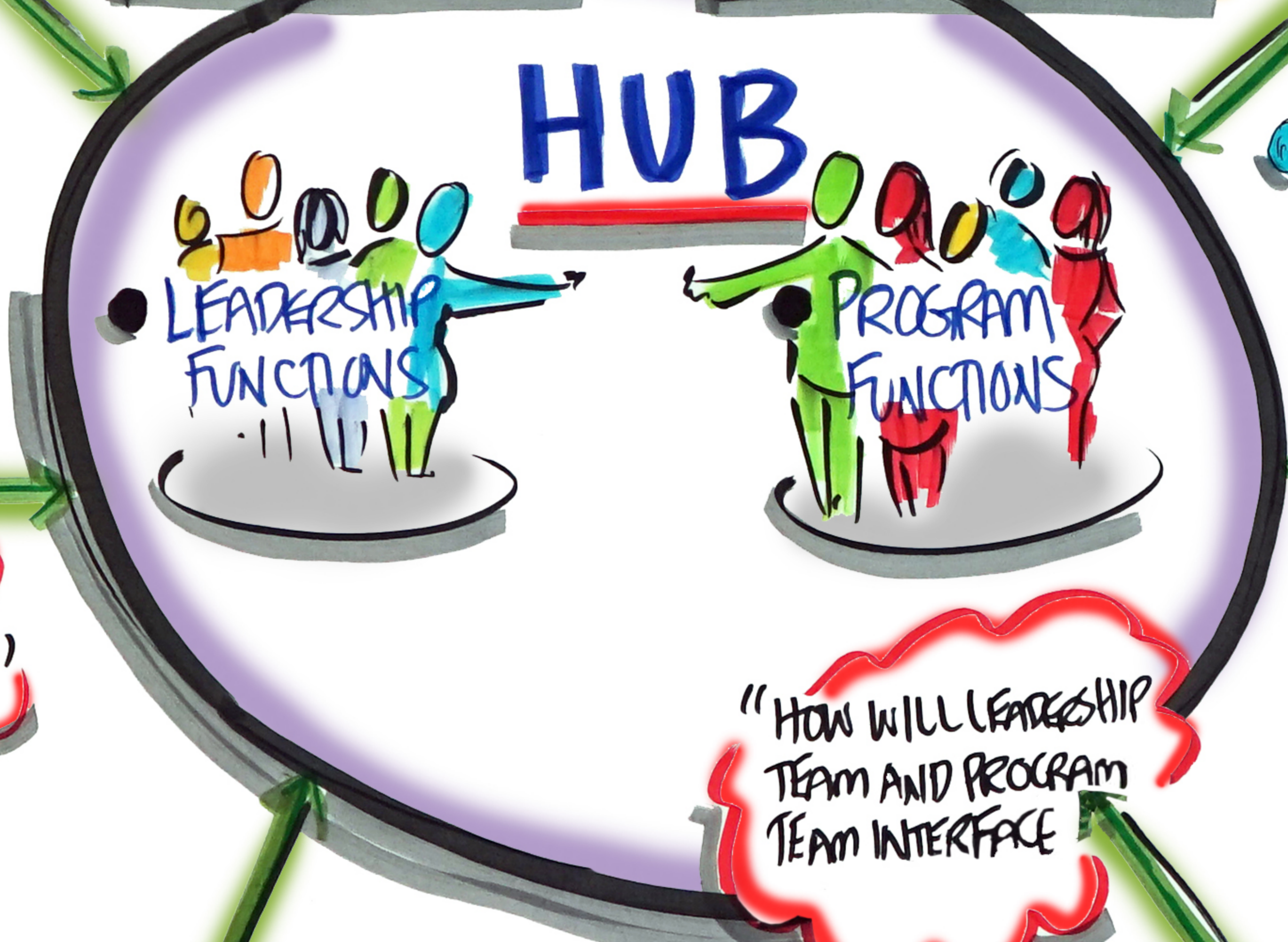
STANDARDIZED PROCEDURES FOR COORDINATION COMMUNICATION AND MEASUREMENT OF PROGRESS

REGULAR MEETINGS / COMMUNICATION OF A TREATMENT COORDINATION TEAM

HUB
(PERSONNEL)

LEADERSHIP TEAM
(COMMUNITY PARTNERS)

PROGRAM TEAM
(COMMUNITY PARTNERS)



CRIMINAL JUSTICE

ED/EMS

OUTREACH

CRISIS TRIAGE FACILITY

HEALTH CARE

SUPPORT SERVICES

OPERATIONALIZE THROUGH "HUB and SPOKE"

HUB ACTS AS ADMINISTRATOR

"ENGAGEMENT STARTS BY BUILDING RAPPORT..."

"HOW DO WE DEAL WITH CAPACITY?"

ALL "SPOKES" OF PROGRAM WILL "OWN" ... SYSTEM

"HOW WILL LEADERSHIP TEAM AND PROGRAM TEAM INTERFACE"

CONTINUOUS QUALITY IMPROVEMENT

DATA COLLECTION, ANALYSIS AND REPORTING

OUTCOME ORIENTED FOCUS

TWO TEAMS
LEADERSHIP TEAM
PROGRAM TEAM

CLEAR CRITERIA AND PROCEDURES FOR ENTRY

MECHANISMS TO RESOLVE PARTICIPANT LEGAL AND HEALTH ISSUES

PATHWAYS FOR REFERRAL CONNECTION AND ENGAGEMENT