

# WHAT COM GRACE

GROUND-LEVEL RESPONSE AND COORDINATED ENGAGEMENT

"HOW DO WE IMPROVE OUTCOMES?"

"HOW DO WE BUILD FLEXIBILITY WITHIN THE SYSTEM?"

PROVIDE HEALTH  
REDUCE COSTS  
COORDINATION: COLLABORATION WITH EXISTING RESOURCES

"ENSURE WE SUPPORT PROVIDERS"

OPERATIONALIZE THROUGH "HUB and SPOKE"

CRIMINAL JUSTICE

LEADERSHIP TEAM (COMMUNITY PARTNERS)

PROGRAM TEAM (COMMUNITY PARTNERS)

ED/EMS

DATA COLLECTION, ANALYSIS AND REPORTING

"PENDING CONTRACT/ACCESS 24/7"

HUB ACTS AS ADMINISTRATOR

"ENGAGEMENT STARTS BY BUILDING PARTNER"

HUB  
LEADERSHIP FUNCTIONS  
PROGRAM FUNCTIONS

CONTINUOUS QUALITY IMPROVEMENT

CRISIS TRIAGE FACILITY

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

OUTREACH

"HOW DO WE DEAL WITH CAPACITY?"

"HOW WILL LEADERSHIP TEAM AND PROGRAM TEAM INTERFACE?"

"MUST HAVE PROCESS TO USE / SHARE CONFIDENTIAL INFORMATION"

ALL 'SPOKES' OF PROGRAM WILL 'OWN' SYSTEM

OUTCOME ORIENTED FOCUS

HEALTH CARE

TWO TEAMS  
LEADERSHIP TEAM  
PROGRAM TEAM

SUPPORT SERVICES

CLEAR CRITERIA AND PROCEDURES FOR ENTRY

MECHANISMS TO RESOLVE PARTICIPANT LEGAL AND HEALTH ISSUES  
PATHWAYS FOR REFERRAL CONNECTION AND ENGAGEMENT

COMMON ELEMENTS OF SUCCESSFUL COORDINATED CARE PROGRAMS

OWNERSHIP OF PARTICIPANTS BY EVERY PROGRAM

MULTIPLE PATHWAYS TO PROGRAM REFERRAL

MEANINGFUL INCENTIVES TO PARTICIPATE

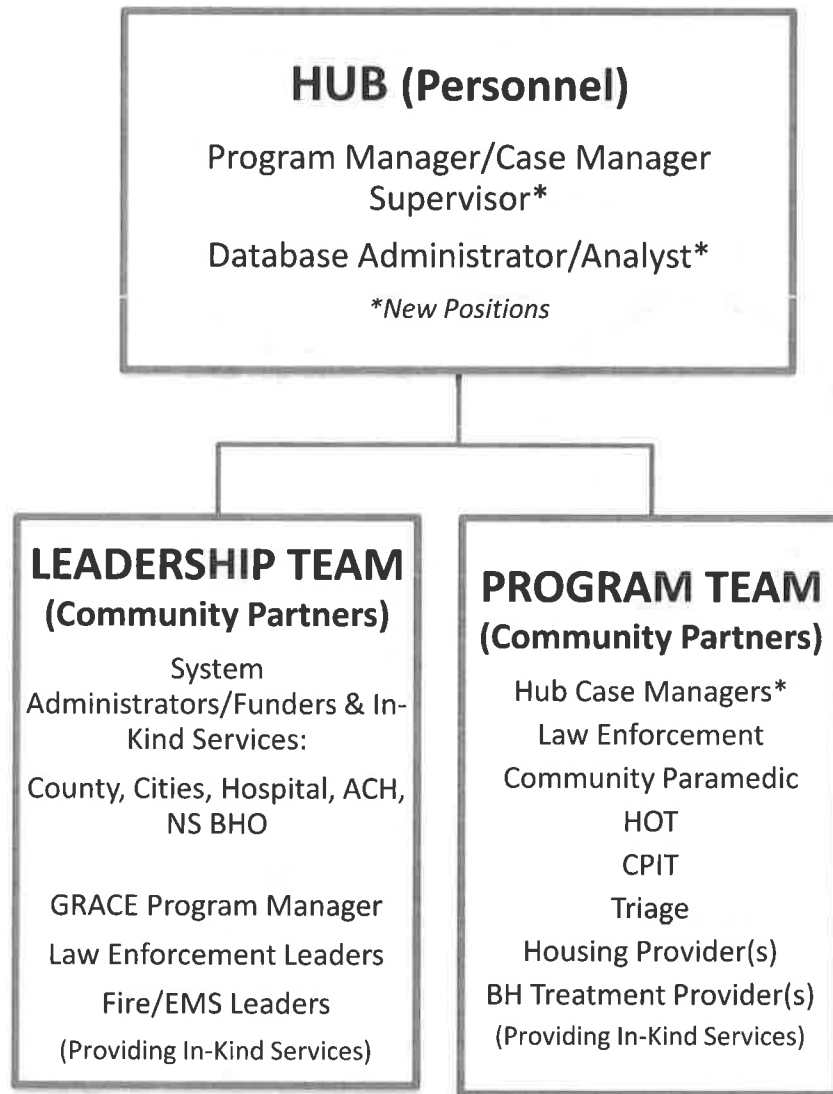
DATABASE TO TRACK SERVICES AND OUTCOMES

STANDARDIZED PROCEDURES FOR COORDINATION COMMUNICATION AND MEASUREMENT OF PROGRESS

REGULAR MEETINGS / COMMUNICATION OF A



Organizational Structure



Functional Structure

