Cermak Health Services: Adult Campus

96 Acre Cook County Jail Campus
Currently 8 Buildings used as living areas by CCDOC (Orange = demolished; Green = closed)
Approx. 6000 Avg. Daily Population Housed On-Campus
Medical Dispensary in each living unit
On-Site Pharmacy
24/7 Urgent Care
Dialysis center
PT/OT department

Services by Division:
All:
• Primary Care Clinic
• Health Service Requests
• Dental
• Lab
• Mental Health Services
• Access to Urgent Care and Specialty clinics
Division 2 and 11
• All above plus
• Keep on Person Medications
Division 6, 9, 5 and 10
• All above plus
• Nurse Medication Pass
Division 8 (RTU)
• All above plus
• 24 hour nursing care
• Medical Detox
• CPAP
Division 8 (Special Care Unit)
• All above plus
• Highest service level for mental health and medical
CCH Correctional Health Services

- 24-hour **Urgent Care**/ paramedic response teams
- 24-hour **Special Care Units** – (medical and psychiatric, approx. 80 beds each)
- 24-hour **crisis mental health** team
- **Detox Unit** for patients at risk for ETOH/benzo and opioid withdrawal
- **Medication Assisted Treatment for Substance Use Disorders**
- On-site **specialty clinics** includes most commonly accessed services
- **Radiology**, including X-rays, CAT Scans, ultrasound
- **Hemodialysis unit** (Monday, Wednesday, and Friday)
- **Physical Therapy/Occupational therapy** - not Acute Rehab
- **Infection Control** Prevention and Control
Behavioral Health

CCHS Correctional Health provides a wide range of onsite services including:

• Mental Health screening & assessment
• 24-hour crisis intervention and stabilization
• Psychiatric services
• Therapeutic treatment services
  • Individual counseling and supportive psychotherapy
  • Group counseling and psychoeducation
  • Community linkage
• Involuntary medication petitions
Jail Population Decrease Impact on Mental Health Caseload

Mental Health Caseload

- **2016**: 2,000 patients or 23% total population (8,300)
- **2017**: 2,100 patients or 27.0% total population (7,400)
- **2018**: 2,123 patients or 35.6% total population (5,921)
## Cermak Rx - Naloxone Dispensing Program Summary

<table>
<thead>
<tr>
<th>Week</th>
<th># Rx Educated</th>
<th>Sheriff Handout @ D/C</th>
<th>Monthly TAT - Edu to Dispense (day)</th>
<th># Received</th>
<th># Refused</th>
<th>Avg</th>
<th>Max</th>
<th>Min</th>
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<td>February-18</td>
<td>233</td>
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<td>July-18</td>
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<td>103</td>
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<td>September-18</td>
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<td>123</td>
<td>716</td>
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<td>October-18</td>
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<td><strong>789</strong></td>
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Physical Medicine

- Provider Visits approximately 7,000 per month
  - Primary Care ~1,400 per month
  - Medical Special Care Unit > 500 per month
- Urgent Care Visits > 1,300 per month
- Secondary Screening Visits > 1,300 per month
# Physical Medicine

<table>
<thead>
<tr>
<th>CQI STATISTICS &amp; PERFORMANCE INDICATORS</th>
<th>INDICATOR</th>
<th>&lt; / &gt; / = GOAL</th>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPT</th>
<th>OCT</th>
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<tr>
<td><strong>GENERAL</strong></td>
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<td># of Patients with DM</td>
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<td>238</td>
<td>247</td>
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<td>216</td>
<td>235</td>
<td>221</td>
<td>216</td>
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<td># of Patients with ASTHMA</td>
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<td>890</td>
<td>867</td>
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<td>715</td>
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<td>MEASURED BY LAST HGA1C AMONG</td>
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<td>PATIENTS INCARCERATED &gt;120 DAYS</td>
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<td>Good &lt;7</td>
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<td>57.3%</td>
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<td>53.0%</td>
<td>52.2%</td>
<td>57.4%</td>
<td>61.9%</td>
<td>60.4%</td>
<td>57.7%</td>
<td>58.3%</td>
<td>65.6%</td>
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<tr>
<td>Fair 7-8 (&lt;8)</td>
<td>STATISTIC</td>
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<td>15.4%</td>
<td>12.8%</td>
<td>16.0%</td>
<td>15.7%</td>
<td>17.7%</td>
<td>20.2%</td>
<td>15.4%</td>
<td>19.5%</td>
<td>17.4%</td>
<td>19.2%</td>
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<tr>
<td>Fair 8-9</td>
<td>STATISTIC</td>
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<td>14.0%</td>
<td>19.9%</td>
<td>18.2%</td>
<td>13.4%</td>
<td>9.6%</td>
<td>8.2%</td>
<td>8.1%</td>
<td>11.4%</td>
<td>14.8%</td>
<td>8.0%</td>
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<tr>
<td>Poor &gt;9</td>
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<td>&lt;= 20%</td>
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<td>12.8%</td>
<td>15.7%</td>
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<td>16.1%</td>
<td>11.4%</td>
<td>9.5%</td>
<td>7.2%</td>
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# Nursing Services

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<th>GOAL</th>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUGUST</th>
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<td>MEDICATION ADMINISTRATION</td>
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<tr>
<td># of Scheduled Meds Administered</td>
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<td>241,568</td>
<td>221,005</td>
<td>246,758</td>
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<tr>
<td># of PRNs Administered</td>
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<td>16,012</td>
<td>14,264</td>
<td>14,731</td>
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<td></td>
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<tr>
<td>Given / Ordered (minus refusals)</td>
<td>INDICATOR</td>
<td>&gt;= 90%</td>
<td>94.7%</td>
<td>94.8%</td>
<td>95.2%</td>
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</tr>
<tr>
<td># of refusals</td>
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<td></td>
<td>24,990</td>
<td>22,852</td>
<td>26,244</td>
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Offsite Specialty Services

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<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
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<th>AUGUST</th>
<th>SEPT</th>
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<td>SCHEDULING - OFFSITE</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td># of Patients sent to Oral Surgery</td>
<td>STATISTIC</td>
<td>55/76</td>
<td>56/85</td>
<td>53/83</td>
<td>58/80</td>
<td>44/66</td>
<td>47/63</td>
<td>50/66</td>
<td>54/81</td>
<td>51/70</td>
<td>51/71 (72%)</td>
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<tr>
<td># of Patients sent to ENT</td>
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<td>34/42</td>
<td>37/48</td>
<td>38/37</td>
<td>38/51</td>
<td>24/36</td>
<td>22/31</td>
<td>22/28</td>
<td>15/18</td>
<td>21/31 (68%)</td>
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<tr>
<td># of Patients sent to Hand Clinic</td>
<td>STATISTIC</td>
<td>32/44</td>
<td>21/25</td>
<td>29/45</td>
<td>33/42</td>
<td>28/32</td>
<td>14/19</td>
<td>21/30</td>
<td>33/37</td>
<td>23/30</td>
<td>22/27 (82%)</td>
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<tr>
<td>Specialty Clinics Appointments Kept minus refusals</td>
<td>INDICATOR</td>
<td>&gt;= 90%</td>
<td>87.8%</td>
<td>84.7%</td>
<td>89.9%</td>
<td>90.9%</td>
<td>90.8%</td>
<td>91.6%</td>
<td>89.7%</td>
<td>88.6%</td>
<td>91.4%</td>
<td>91.5%</td>
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</tbody>
</table>

Top 3 Referrals
CQI and Risk Management

- Expansion of DASA License obtained which allows us to expand our MAT services
- Nursing Quality and Safety Committee which was established in October 2017
- All Staff completed High Reliability Training
- Nurse Radio Project
- Hired new position for Manager of Clinical Excellence & Performance Improvement.
Women’s Health

- Approximately 10% of census (aprox. 600-700)
- Primary care clinics in all women’s divisions
- STI evaluation (speculum exam etc) offered to all females within 2 weeks of arrival in jail
- Perinatal Service – prenatal clinic for pregnant and postpartum women
- Family planning services (under CCH Family Planning)
- Gyne Clinic weekly – colposcopy on site
- US – OB for dating only, no endovaginal probe
- Referrals to Stroger for MFM
Women’s Health Services (continued)

- Comprehensive family planning services are offered to women pre-release, including the provision of long-acting reversible contraceptive methods.
- Office of Women’s Health of Illinois Dept of Public Health provided training and implementation support.
- CCH Family Planning oversees, administers grant funds, collects and reports data.
Patient Feedback

“My goals: get released from jail, stay clean, live a normal life, have a healthy pregnancy”

“I have received more medical care here in the past 6 months than I have in my whole life.”

“I wouldn’t have followed up for birth control on the outside, I’m glad I’m getting it done now.”

“I think it’s good for me to leave jail with birth control because I want to take time with my three daughters and gain our bond back. I don’t need another baby until I am stable and with my life back on track.”
Patient Feedback

One woman planned to ask her judge for an extension of her stay in order to get her IUD placed before release. Luckily, this was not needed.

“I'm an addict... and while I work on figuring that part of my life out the last thing I need is to get pregnant. Getting a Nexplanon is the most responsible thing I've done in my life.”

"The staff and services were excellent. It really means a lot to me and will help my recovery now that I don't have to worry about birth control."

"Getting birth control before I left CCDOC was very important to me. Now I can focus on my two young children and getting back to school and my future. Thank you so much!”
## Radiology

<table>
<thead>
<tr>
<th>CQI STATISTICS &amp; PERFORMANCE INDICATORS</th>
<th>INDICATOR</th>
<th>&lt; / &gt; / = GOAL</th>
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<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPT</th>
<th>OCT</th>
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<tbody>
<tr>
<td># of screening x-rays</td>
<td>STATISTIC</td>
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<td>119</td>
<td>92</td>
<td>120</td>
<td>92</td>
<td>139</td>
<td>98</td>
<td>111</td>
<td>112</td>
<td>77</td>
<td>124</td>
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<td>CT scans</td>
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<td>68</td>
<td>68</td>
<td>86</td>
<td>69</td>
<td>102</td>
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<td>81</td>
<td>92</td>
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<td>US's done</td>
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<td>38</td>
<td>30</td>
<td>6</td>
<td>46</td>
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<td>41</td>
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<td>38</td>
<td>56</td>
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<tr>
<td>Echo's done</td>
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<td>799</td>
<td>631</td>
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<td>682</td>
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<td>591</td>
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<td>576</td>
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<td>General X-rays</td>
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</table>
Juvenile Temporary Detention Center

- Provides a safe, secure, structured temporary residency for youth ages 13-21 with pending legal action in the Cook County Court System
- Five story, six level facility, the largest free standing juvenile detention center in the nation
- 600 employees
- The functional capacity is 382. Average Daily Census 180.
Juvenile Temporary Detention Center

On Site Services

- Educational services
- 24 hour nursing care
- Pediatricians
- Dental services
- Psychiatrists
- Psychologists
- Mental Health Specialists
- Clinical Social Workers
- Case Management

Average Length of Stay (Days)

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<th>Year</th>
<th>Length of Stay</th>
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<tbody>
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<td>2017</td>
<td>18.5</td>
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<tr>
<td>2018</td>
<td>23.5</td>
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JTDC Milestone Activities

April 17, 2016 – RMIS Go-Live (*Resident Management Information System*)

September 26, 2016 – Cerner electronic medical records Go-Live

February 28, 2017 – Onsite ECG

March 1, 2017 – onsite Pediatric Cardiology

April 17, 2017 – KOP expansion

June 19, 2017 – Dentrix electronic dental records

June 26, 2018 – 1st Chicago Run Program at JTDC (2nd in 10/27/18)

August 28, 2018 – Transition of Behavioral Health Services from NU to CCH

October 10, 2018 – Transition Planning re: AT residents transfer to DOC

October 30, 2018 – 2nd Breast Cancer Awareness Program

November 2, 2018 – Telepsychiatry, Fridays 1:00-4:00 p.m.

November 5, 2018 – Return of Art Therapist at the JTDC facility for Murals Program
Impact 2020 Recap

Status and Results

• Deliver High Quality Care
• Grow to Serve and Compete
• Foster Fiscal Stewardship
• Invest in Resources
• Leverage Valuables Assets
• Impact Social Determinants
• Advocate for patients
## Impact 2020

### Progress & Updates

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Radio Project</td>
<td>Nursing staff received radios to be able to contact from anywhere on campus</td>
<td>Complete</td>
</tr>
<tr>
<td>Scheduling automation by location and clinic</td>
<td>Using Cerner EMR to notify CCDOC of scheduled appointments and clinic visits</td>
<td>Complete</td>
</tr>
<tr>
<td>HSRF project</td>
<td>Using Cerner EMR and logic to improve HSRF process</td>
<td>In progress</td>
</tr>
<tr>
<td>Passed DOJ</td>
<td>May 2018</td>
<td>Complete</td>
</tr>
<tr>
<td>Completed High Reliability training</td>
<td>System initiative for patient safety culture</td>
<td>Complete phase one all staff training</td>
</tr>
</tbody>
</table>

HSRF: Health Services Request Form
## Impact 2020

### Progress & Updates

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<tr>
<th>Focus Area</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Efficiencies in Lab services (decentralized)</td>
<td>Moved lab draws out to divisions and trained nursing staff</td>
<td>Complete</td>
</tr>
<tr>
<td>Eliminated Medication software vendor for Cerner (one record)</td>
<td>Accuflo contract ended in July 2017</td>
<td>Complete</td>
</tr>
<tr>
<td>Converted from paper to EHR JTDC</td>
<td>Eliminated paper EMR</td>
<td>Complete</td>
</tr>
<tr>
<td>Awarded BH services at JTDC</td>
<td>Integrates care with CCH</td>
<td>Complete</td>
</tr>
<tr>
<td>Passed NCCHC recertification at JTDC</td>
<td>February 2019</td>
<td>Complete</td>
</tr>
</tbody>
</table>
## Impact 2020

### Progress & Updates

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<th>Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MAT license expanded</td>
<td>To include suboxone and maintenance</td>
<td>Complete</td>
</tr>
<tr>
<td>Narcan program</td>
<td>Started in August 2016 and expands each month</td>
<td>On going</td>
</tr>
<tr>
<td>Assumed CPAP equipment and staff</td>
<td>New Respiratory Therapist provides in house CPAP management and expansion of education and monitoring of patients with respiratory needs.</td>
<td>Complete</td>
</tr>
<tr>
<td>Expanded grievance services</td>
<td>Includes patient visits with RN</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
FY2020-2022

The Future

Environmental Scan of Market, Best Practices and Trends
Environmental Scan of Market, Best Practices, Trends

• Share our best practices and innovations with other jails as recommended by DOJ including Women’s Health, Grievance process,

• Telehealth:
  
  Behavioral Health telehealth assessments
  
  Behavioral Health and MAT telehealth visit with Stroger and Provident provider
  
  Wound care rounds for nurse training with face time
  
  Round table with experts and detainees

• Behavioral Health and Medication Assisted Treatment expansions

• Transitions in Care:
  
  Nurse Navigator
  
  Return to community: expanding warm handoffs

• Nursing training:
  
  Use SIM Lab for common exams and special exams setting specific
Juvenile Temporary Detention Center (JTDC)

Community partnerships and linkages post discharge

- Partner with community agencies in providing sexually transmitted infection education to the residents.
- Link soon-to-be-released residents to their primary care provider by providing a summary of health services they received at the facility for continuity of care.

Healthy JTDC 2020

- On-going 3K Chicago Run
- Parenting Classes
- Health Awareness Presentations: Breast Cancer, HIV, Lupus, Lung Cancer
- Smoking Cessation Classes for staff

Maintain NCCHC Accreditation (successful 2019 survey)

National Commission on Correctional Health Care – leading national organization dedicated to improving the quality of health services provided in correctional institutions.
SWOT Analysis

Strengths, Weaknesses, Opportunities, and Threats
# SWOT Analysis

**Strengths**
- Connection to system/shared EMR
- High Reliability culture expectations
- Dedicated high caliber clinical staff
- Better care creates healthier community
- Early identification of problems through intake screening

**Weaknesses**
- Staffing challenges
- Grey zones with roles and responsibilities in a complex, high-risk environment
- Infrastructure challenges (plant and physical structures)
- Unpredictable discharge that is unrelated to clinical needs

**Opportunities**
- Care transitions
- Ground zero for Opioid crisis
- Expanding telehealth
- Share DOJ identified national best practices with other jails nationally
- Solidify JTDC services in jail and community with new positions and focus
- Strengthen DOC partnership

**Threats**
- Highly litigious atmosphere
- Older and sicker incarceration trends
- Detainee stigma (societal)
- High cost therapeutics and other medications
- Longer stays
FY 2020-2022
Deliver High Quality Care
FY 2020-2022 Strategic Planning Recommendations

• Continue with High Reliability Journey to deliver safe, high quality care
• Expand transition into the community services through partnerships with CCH care management and PCMH providers
Foster Fiscal Stewardship
FY 2020-2022 Strategic Planning Recommendations

• Improve process for risk avoidance and mitigation
• Data dashboard expansion to inform care and create efficiencies
Invest in Resources
FY 2020-2022 Strategic Planning Recommendations

• Moving Correctional Focused Training to LMS system
• Trauma informed Care training
• PREA training
Impact Social Determinants/Advocate for Patients
FY 2020-2022 Strategic Planning Recommendations

• Medication Assisted Treatment
• Medicaid enrollment
• Expanding Electronic Monitoring with stable housing
Thank you.