**Behavioral Health QI Group’s Priorities and Project Ideas**

**Community Health Center, Inc.**

**Documentation Efficiency**:

Reviewing intake and discharge processes and documentation

**Groups:**

Standardize group outreach based on previous effort

No show outreach

**Measurement Based Care Expansion:**

Assess therapist progress on ongoing basis

Technology

Patient outcomes

Assess patient progress on ongoing basis

**Intake Unit:**

Pilot set of clinicians to handle intakes more efficiently

**PCMH+:**

Increase numbers of:

Metabolic Monitoring

PHQ-9s (integrating Mirah data)

**Patient Death Reporting:**

Identifying process

How do we learn about this?

Operations

**Psychiatric Administrative Support:**

RN collaboration around testing/monitoring

Psychiatric referral process

**Telehealth Technology:**

iPad Rollout at all sites

Workflow development around support and tech

Identify need volume

**Patient Outreach:**

Telehealth

Clearer messaging to patients

Patient satisfaction, the problems with texting and ops/patient interactions

**BH Patient Service Associate:**

Defining role

Improving support

**Warm Hand-Off Improvements:**

WHOs in telehealth have not adapted to the times

Unnecessary WHOs

Intake vs WHO?

Crisis response? Crisis clinician

**Discharges:**

Finish dashboard

Improve process

Establish monitoring policy

**Coverage Process:**

Streamline and clarify coverage process

Psychiatry vs Therapy

Psychiatry

Lifespan vs Pediatric

Credentialing questions

**Continued Burnout Assessment:**

Analysis of impact

Work load burden assessment

Caseload evaluation

Size

Visit totals

Performance metrics compared to CL

Unlocked notes

Call outs

Discharges

**Supervision Models**:

Study of costs and benefits