## Project Description / Purpose

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| **Project Name:** | *Implementing PRAPARE* |
| **Clinic:** | *Community Health Associates- Behavioral Health* |
| **Process:** | *Implementing PRAPARE Screening* |
| **TIP 2.0 Process Milestone:** | *TIP PCP Milestone 3 year 2* |
| **Project Description / Purpose** | |
| In order to accurately identify social determinants of need a screening is required at intake and to be completed at regular intervals to monitor progress. CHA currently utilizes a checklist of common social needs but would benefit from the use of an evidence based screening. CHA will be Implementing PRAPARE screening into intake/enrollment appointments and annual updates and life changes. PRAPARE will be used to identify diagnosis and appropriate referrals and used as data to identify health inequities. | |

## Project Overview

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| **Problem Summary:** | *CHA currently uses a social determinant of need checklist in the assessment to determine referral needs and z-code diagnosis to monitor for behavioral health and justice outpatient services. CHA does not monitor social determinants of need for medical enrollments.* |
| **Desired Outcome(s):** | *This will provide more data in alignment with other providers and the Unite Us platform. Ultimately it will ensure that appropriate referrals are being made and monitored.* |
| **Benefits:** | *By completing the PRAPARE in Unite Us a list of recommended referrals will be provided and the process of completing the referrals will be started. CHA will be able to monitor that members identified as having needs are receiving referrals.* |

## Timeline

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|  | **Description of Task and Completion Dates** |
| **Task 1** | *Entering the PRAPARE into the EHR to be used. Completed 4/23/2024* |
| **Task 2** | *Add PRAPARE to form group for appropriate services start 5/17/2024* |
| **Task 3** | *Staff begin using PRAPARE in EHR at initial appointment. Start 6/30/2024* |
| **Task 4** | *Delete previous checklist used to determine HRSN in Assessments and ART notes 6/30/2024* |
| **Task 5** | *Monitor progress and quality control process 7/31/2024* |

## Project Scope

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| **In Scope Project Objectives** |
| *The purpose of this project is to implement a best-practice tool to identify health risk needs and guide staff in completing appropriate referrals. This is important as therapeutic processes can be hindered by lack of basic needs. This process will allow for verification that needs are being identified and treated.* |
| **Out of Scope Project Objectives or Activities** |
| *This process is to monitor needs and referrals, it is not intended to offer education on resources or treatment. It is not meant to respond to medical or psychiatric condition in a direct manner.* |

## Project Team

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| **Team Lead:** | Jessica Gleeson | **Project Champion:** | Edward Araza |
| **Process Owner:** | Shawn Backs | **Process Manager:** | Kaitlyn Hindes |

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| **Stakeholders** | | | |
| **Stakeholder** | **Title** | **Department** | **Organization** |
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| **Project Team Members** | |
| **Name** | **Team Role** |
| *Leslie Peralta* | *Intake Assessor (BHT)* |
| *Karla Coral* | *BHT* |
| Maria Escarcega | BHT |
| Karen Bermudez | BHT |
| Luis Valenzuela | BHT |
| Frances Ovando | BHT |
| Karina Quijada | BHT |
| Carmen Johnson Flores | BHT |

## Signatures

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| **Process Owner** | A drawing of a dragonfly  Description automatically generated |
| **Project Champion** |  |
| **Team Leader** | A close-up of a name  Description automatically generated |