**Behavioral Health Integration – Children and Youth Collaborative Learning Exchange**

 **Project Description**

*Please complete this Project Description and return it to Anna Baer by 10/31/2024.*

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| --- | --- |
| **Organization Name:** |  |
| **Contact Name:**  |  |

1. **As part of CQC’s Behavioral Health Integration – Children and Youth Collaborative Learning Exchange, organizations will identify an improvement project to work on in the course of the collaborative. Can you confirm what project you will be working on?**
2. **How will you measure success of the project?**
3. **What are key milestones you can plan for in the course of the project?**
4. **What barriers do you anticipate?**
5. **What support could you use?**