



## Quality Improvement Program-New Jersey (QIP-NJ) Behavioral Health Learning Collaborative

### Request for Participation Interest Forms

The New Jersey Department of Health (DOH), in partnership with Public Consulting Group (PCG), requests that all New Jersey acute care hospital Emergency Departments (ED) submit a *Participation Interest Form* (see Attachment A) indicating their interest in participating in the Quality Improvement Program - New Jersey (QIP-NJ) Behavioral Health (BH) Learning Collaborative (hereto forward referred to as the “Collaborative”). Please note that participation in the Collaborative is voluntary and not required for hospitals to earn funding in the QIP-NJ. More information about QIP-NJ funding can be found at <https://qip-nj.nj.gov/>.

*Participation Interest Forms* are to be completed and submitted by ED project teams, with a *Letter of Support* (see Attachment B) and signature provided by a hospital leader overseeing quality improvement initiatives within the ED.

All interested teams are welcomed to participate in the Collaborative. Teams should review the Collaborative [Charter](#), Collaborative [Information Sheet](#), [Change Package](#) and [Pre-work Handbook](#) prior to submitting their *Participation Interest Form*. These documents are meant to provide an overview of the program’s design, expectations, and benefits of participation, as well as assistance getting started through a checklist to help participants prepare. Following submission, Collaborative leaders will contact designated project leads to begin offering support as teams perform readiness assessments for participation.

Completed Participation Interest Forms must be accompanied by a *Letter of Support* signed by a leader who oversees quality improvement in the ED, such as the ED Chair, Medical Director, Chief Quality Officer, or an approved designee. DOH has drafted a sample *Letter of Support* that teams can use to fulfill this requirement.

#### How to submit:

Completed participation forms are to be submitted via email to: [qip-nj@pcgus.com](mailto:qip-nj@pcgus.com)

#### Submission Deadline:

The deadline to submit the *Participation Interest Form* is July 23<sup>rd</sup>, 2021, though DOH recommends that teams submit their form as soon as possible to begin working with Collaborative improvement coaches to prepare teams for participation. Requests to join the Collaborative after the deadline will be reviewed by DOH on a case-by-case basis. The education and training provided in the Collaborative is intended to build upon itself and accelerate improvements in practice. Teams will have the most successful and satisfying experience by participating in the Collaborative from the outset.

#### Questions:

Any questions regarding participation should be directed to: [qip-nj@pcgus.com](mailto:qip-nj@pcgus.com)

**ATTACHMENT A****QUALITY IMPROVEMENT PROGRAM- NEW JERSEY (QIP-NJ) BEHAVIORAL HEALTH (BH) LEARNING COLLABORATIVE PARTICIPATION INTEREST FORM**

*For questions with a text box, please fill in your answer in the designated area. For questions with a check box, please click the appropriate box to record your answer.*

**Hospital Information**

1. Health System: Choose an item.
2. Hospital Name: Choose an item.
3. Location:
  - a. Street Address: Click or tap here to enter text.
  - b. City: Click or tap here to enter text.
  - c. Zip Code: Click or tap here to enter text.
4. Medicaid ID Number: Click or tap here to enter text.
5. Please include a breakdown of payer-mix between Medicaid FFS and Managed Care patients:
  - a. \_\_\_\_\_% Medicaid Fee-For-Service
  - b. \_\_\_\_\_% Medicaid Managed Care
6. Does your ED have a dedicated behavioral health unit?  
Yes   
No
7. Does your hospital have an inpatient behavioral health unit?  
Yes   
No
8. Does your hospital system include one or more behavioral health clinics?  
Yes   
No 
  - a. If yes, is there a behavioral health clinic on the campus of your hospital site?  
Yes   
No
9. Does your hospital include one or more substance use disorder (SUD) treatment settings?  
Yes   
No 
  - a. If yes, please describe: Click or tap here to enter text.
10. Does your ED use peer support specialists to provide services to patients with SUD?  
Yes   
No
11. Does your hospital have a structured approach to obtain patient and family feedback and then use that information in decision making?  
Yes   
No 
  - a. If yes, please describe your process:
12. EHR system vendor used by Emergency Department (ED): Click or tap here to enter text.

13. Population Health Management or other Data Warehouse system vendor used by ED: Click or tap here to enter text.

**Project Team**

14. Will you be able to form an improvement project team that represents the interprofessional nature of the care team serving your hospitals behavioral health patients?

Yes

No

15. Will some members of your improvement project team have protected time to fulfill the Collaborative responsibilities or will most team members be adding Collaborative responsibilities on top of their full-time duties?

Yes

No

16. BH Learning Collaborative Improvement Project lead:

- Name: Click or tap here to enter text.
- Title: Click or tap here to enter text.
- Email Address:
- Phone Number: Click or tap here to enter text.

17. Improvement Project Team Clinical champion (if different from project lead):

- Name:
- Title: Click or tap here to enter text.
- Email Address: Click or tap here to enter text.
- Phone Number: Click or tap here to enter text.

18. Other hospital staff to be members (if known at this time): Click or tap here to enter text.

19. Non-hospital staff members (if known at this time): Click or tap here to enter text.

20. Patient or Chosen Family representatives to be members (if known at this time): Click or tap here to enter text.

**Contact Information**

Role	Name	Title	Email	Phone
Improvement Project Lead	Enter name here.	Enter title here.	Enter email address here.	Enter phone number here.
Clinical Champion	Enter name here.	Enter title here.	Enter email address here.	Enter phone number here.
Departmental or Executive Leader who will sign Letter of Support	Enter name here.	Enter title here.	Enter email address here.	Enter phone number here.

In signing this letter, New Jersey Hospital intends to participate in the QIP-NJ BH Learning Collaborative, starting in September 2021, and attests this letter has been completed fully and accurately by an authorized hospital representative or their approved designee.

Enter Name of Hospital  
Name of Hospital

Click or tap to enter a date.  
Date

Enter Name of Signatory  
Printed Name of Signatory

Enter Title of Signatory  
Title of Signatory

\_\_\_\_\_  
Signature

**ATTACHMENT B – LETTER OF SUPPORT FROM HOSPITAL LEADER**

Hospital Address

Click or tap to enter a date.

New Jersey Department of Health  
Office of Healthcare Financing  
P. O. Box 360  
Trenton, NJ 08625-0360

To the NJ Department of Health,

I have reviewed the Quality Improvement Program – New Jersey (QIP-NJ) Behavioral Health (BH) Collaborative program information and support the formation of a Collaborative project team from **Enter Hospital Name** to participate. I understand that the Collaborative project team should be an interprofessional group representing care team members involved in serving the BH population in the Emergency Department (ED). I also understand that members of my hospital's Collaborative project team will need to meet the following responsibilities:

- Participate in the project for approximately 12-15 months.
- Attend three learning sessions.
- Attend monthly virtual coaching sessions.
- Meet internally, at least monthly, to support the testing of changes in practice.
- Collect data every month on a core set of required metrics.

I also understand the many benefits that my team will gain from participation, including:

- Support to succeed in select QIP-NJ pay-for-performance metrics.
- Training for frontline and leadership staff by experts in the field.
- Personalized coaching from seasoned improvement advisors.
- Increased quality improvement skill capacity.
- Continuing professional education credits for physicians, nurses, pharmacists, social workers, psychologists and professional counselors.

I will support my team by endorsing their participation in this program and helping them overcome administrative or other institutional barriers that may arise as the team seeks to make changes to the care delivery system.

I understand that my hospital's decision to form a team to join the QIP-NJ BH Collaborative is not required to participate in the QIP-NJ funding opportunity (described in more detail at <https://qip-nj.nj.gov/index.html>) and is instead a voluntary resource provided by the State to support that program.

Sincerely,

Signature here

Print Name: Click or tap here to enter text.

Insert Title: Click or tap here to enter text.