



CALIFORNIA DEPARTMENT OF  
**HEALTH CARE SERVICES**

**California Advancing and Innovating Medi-Cal (CalAIM)  
Behavioral Health Quality Improvement Program (BHQIP)**

**Enclosure 3: Performance Improvement Project Templates**

**For Milestone 3d Deliverables Due: September 30, 2022**

## Section 1: Participating Entity Information

<b>Entity Name</b>	
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### Primary Contact

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	

### Backup Contact

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	

## Section 2: Performance Improvement Projects Templates

These templates are intended to aid participating entities in the planning and initiating of performance improvement projects for the BHQIP Goal 3 measures. Responses will be reviewed with the understanding that participating entities vary widely in their staffing, resources, and abilities to conduct quality improvement and obtain and exchange data related to these measures, and as a result participating entities may end up at different stages at the time of template submission.

Responses should reflect each participating entity's unique starting point and its efforts to build up its quality improvement infrastructure and processes as well as its capabilities for collecting, exchanging, and analyzing data.

Templates will be provided for future BHQIP deliverable due dates that will allow each participating entity to reflect on challenges faced and lessons learned while implementing these projects. Future templates will also allow participating entities to describe to DHCS how their plans have changed since the submission of these September 2022 templates.

Three Performance Improvement Project templates are included here for submission:

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Pharmacotherapy for Opioid Use Disorder (POD)

**Template A:**

**BHQIP Performance Improvement Project – Template  
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence  
(FUA)**

**Instructions:** Please fill out the following template with narratives, charts/tables, and/or graphs, as needed, and attach to submission documents when submitting September 2022 BHQIP Enclosures.

**1. Measure Name:** Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

**2. Contact Information:**

**Participating Entity:** \_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**3. Problem Statement: What is the problem this performance improvement plan proposes to solve?** Consider why change is needed, what is the chief complaint, what is the pain point, and/or what is the impact of the issue. (Response limit: one sentence)

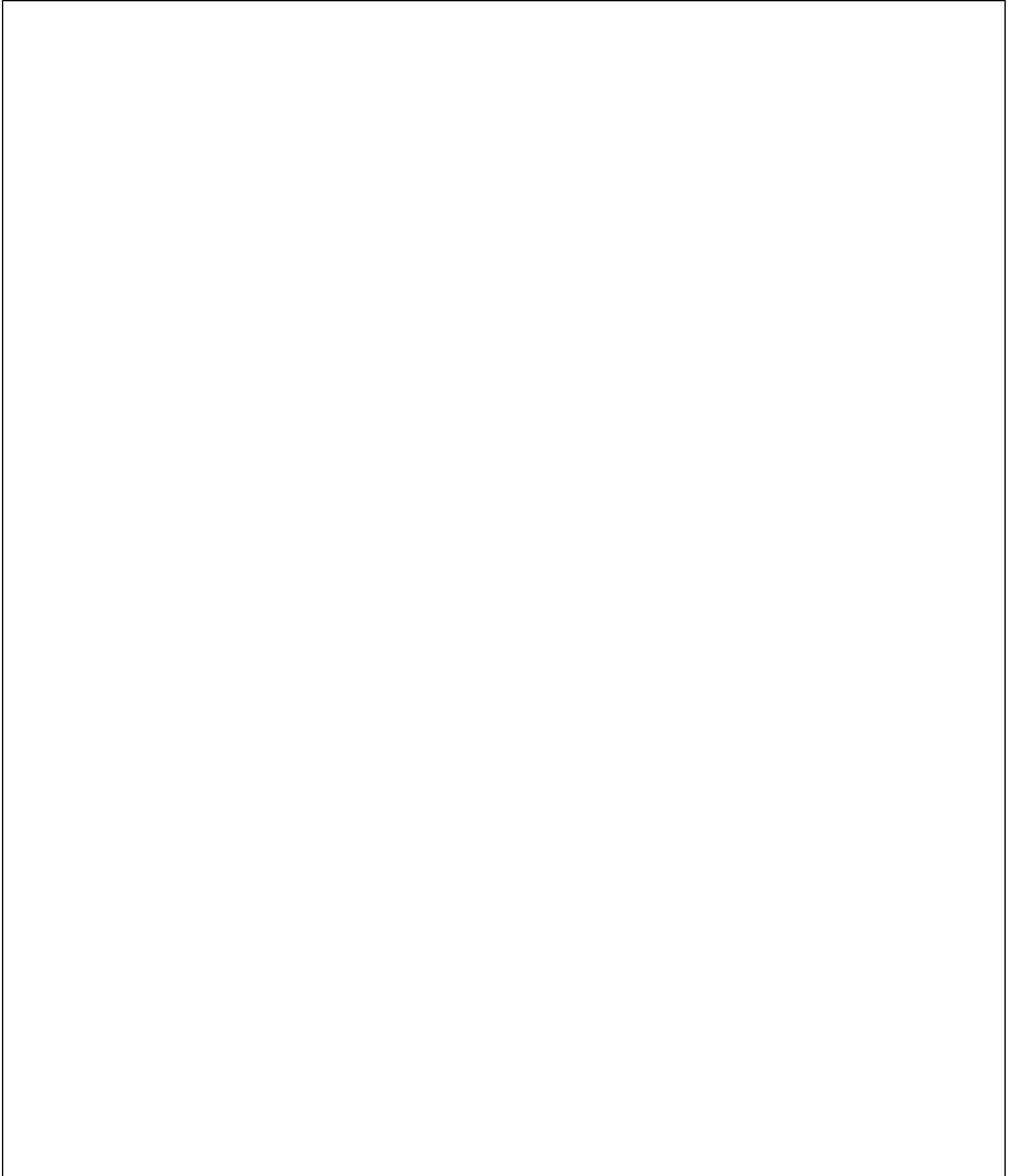
**4. Who was involved in identifying the problem? (Roles, such as providers or enrollees are sufficient; proper names are not needed). How were beneficiaries or the stakeholders who are affected by/concerned with the issue included (especially emergency room providers and managed care plans)? (Response limit: 2,000 characters)**

**5. Describe the beneficiary or enrollee population affected by the problem. Provide any available information such as age, length of enrollment, diagnosis, and other relevant characteristics.**

(Response limit: 2,000 characters)

**6. What are the potential root causes for this problem?**

Please insert either a [fishbone diagram](#) or [5 Whys exercise](#) to describe this root cause analysis.



**7. What specific data support the above root cause analysis?**

(Response limit: 2,000 characters)

Empty response box for providing specific data supporting the root cause analysis.

**8. How does the participating entity’s data/performance compare to HEDIS Medicaid benchmarks?** (Response limit: 2,000 characters)

**9. What is the aim/goal for this performance improvement project? (aim statement)**

Describe the overall goal that your team wishes to achieve for this measure. Make sure the aim statement is specific, measurable, achievable, relevant, and time-bound (i.e., SMART).

(Response limit: one sentence)



**10. Briefly state the preliminary intervention(s) selected to address the root causes.**

(Response limit: 2,000 characters)

**11. Why were these interventions chosen (i.e., what evidence suggested that these interventions would address the identified causes)?**

(Response limit: 2,000 characters)

**12. Describe when and how often the interventions will be applied.**

(Response limit: 2,000 characters)

[Empty response box]

**13. Provide performance metrics, including both outcome and process measures, relevant to the project. Describe how each intervention connects to these performance metrics.**

(Response limit: 2,000 characters)

**14. Please identify one or more disparities in this measure (by race, ethnicity, language, geography, age, etc.) that needs to be addressed by this performance improvement project. Provide supporting data for this disparity.**

(Response limit: 2,000 characters)

**15. How does the improvement strategy specifically help address the health disparities identified in this measure as well as the cultural and linguistic needs for the relevant beneficiaries?**

(Response limit: 2,000 characters)

**16. How are beneficiaries or the stakeholders who are affected by/concerned with the issue included in the quality improvement process?**

(Response limit: 2,000 characters)

**17. Identify steps your participating entity will take in the next year to begin building capacity to collect and exchange relevant data for this measure and this performance improvement project. (Response limit: 2,000 characters)**



**18. How will improved data exchange capabilities be leveraged in achieving this aim statement?**

(Response limit: 2,000 characters)

Empty response box for question 18.

**19. Describe the planned systematic method for collecting and exchanging valid and reliable data.**

(Response limit: 2,000 characters)

Empty response box for describing the planned systematic method for collecting and exchanging valid and reliable data.

**20. Describe the planned frequency for collecting and exchanging data.**

(Response limit: 2,000 characters)

[Empty response box]

**21. How will each of the interventions outlined in Question 10 be assessed for effectiveness and re-strategizing? How often will these assessments occur (must be at least quarterly)?**

(Response limit: 2,000 characters)

**Template B:**

**BHQIP Performance Improvement Project – Template  
Follow-Up After Emergency Department Visit for Mental Illness (FUM)**

**Instructions:** Please fill out the following template with narratives, charts/tables, and/or graphs, as needed, and attach to submission documents when submitting September 2022 BHQIP Enclosures.

**1. Measure Name:** Follow-Up After Emergency Department Visit Mental Illness (FUM)

**2. Contact Information:**

**Participating Entity:** \_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**3. Problem Statement: What is the problem this performance improvement plan proposes to solve?** Consider why change is needed, what is the chief complaint, what is the pain point, and/or what is the impact of the issue. (Response limit: one sentence)

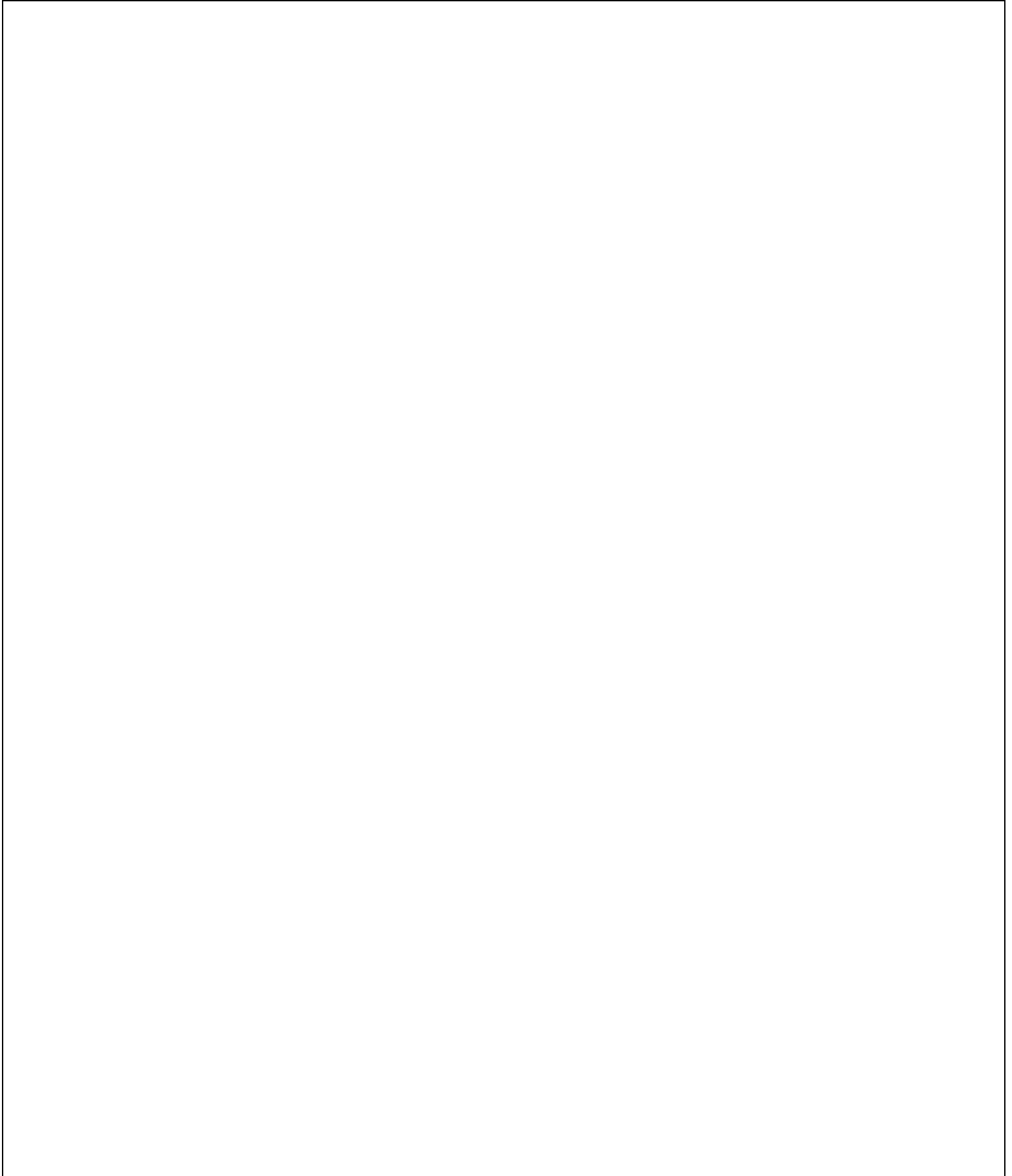
**4. Who was involved in identifying the problem? (Roles, such as providers or enrollees are sufficient; proper names are not needed). How were beneficiaries or the stakeholders who are affected by/concerned with the issue included (especially emergency room providers and managed care plans)? (Response limit: 2,000 characters)**

**5. Describe the beneficiary or enrollee population affected by the problem. Provide any available information such as age, length of enrollment, diagnosis, and other relevant characteristics.**

(Response limit: 2,000 characters)

**6. What are the potential root causes for this problem?**

Please insert either a [fishbone diagram](#) or [5 Whys exercise](#) to describe this root cause analysis.





**7. What specific data support the above root cause analysis?**

(Response limit: 2,000 characters)

**8. How does the participating entity’s data/performance compare to HEDIS Medicaid benchmarks?** (Response limit: 2,000 characters)

**9. What is the aim/goal for this performance improvement project? (aim statement)**

Describe the overall goal that your team wishes to achieve for this measure. Make sure the aim statement is specific, measurable, achievable, relevant, and time-bound (i.e., SMART).

(Response limit: one sentence)

**10. Briefly state the preliminary intervention(s) selected to address the root causes.**

(Response limit: 2,000 characters)

**11. Why were these interventions chosen (i.e., what evidence suggested that these interventions would address the identified causes)?**

(Response limit: 2,000 characters)

**12. Describe when and how often the interventions will be applied.**

(Response limit: 2,000 characters)

Empty response box for describing when and how often interventions will be applied.

**13. Provide performance metrics, including both outcome and process measures, relevant to the project. Describe how each intervention connects to these performance metrics.**

(Response limit: 2,000 characters)

**14. Please identify one or more disparities in this measure (by race, ethnicity, language, geography, age, etc.) that needs to be addressed by this performance improvement project. Provide supporting data for this disparity.**

(Response limit: 2,000 characters)

**15. How does the improvement strategy specifically help address the health disparities identified in this measure as well as the cultural and linguistic needs for the relevant beneficiaries?**

(Response limit: 2,000 characters)



**16. How are beneficiaries or the stakeholders who are affected by/concerned with the issue included in the quality improvement process?**

(Response limit: 2,000 characters)

**17. Identify steps your participating entity will take in the next year to begin building capacity to collect and exchange relevant data for this measure and this performance improvement project. (Response limit: 2,000 characters)**

**18. How will improved data exchange capabilities be leveraged in achieving this aim statement?**

(Response limit: 2,000 characters)

**19. Describe the planned systematic method for collecting and exchanging valid and reliable data.**

(Response limit: 2,000 characters)

Empty response box for describing the planned systematic method for collecting and exchanging valid and reliable data.

**20. Describe the planned frequency for collecting and exchanging data.**

(Response limit: 2,000 characters)

Empty response box for describing the planned frequency for collecting and exchanging data.

**21. How will each of the interventions outlined in Question 10 be assessed for effectiveness and re-strategizing? How often will these assessments occur (must be at least quarterly)?**

(Response limit: 2,000 characters)

**Template C:**

**BHQIP Performance Improvement Project – Template  
Pharmacotherapy for Opioid Use Disorder (POD)**

**Instructions:** Please fill out the following template with narratives, charts/tables, and/or graphs, as needed, and attach to submission documents when submitting September 2022 BHQIP Enclosures.

**1. Measure Name:** Pharmacotherapy for Opioid Use Disorder (POD)

**2. Contact Information:**

**Participating Entity:** \_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**3. Problem Statement: What is the problem this performance improvement plan proposes to solve?** Consider why change is needed, what is the chief complaint, what is the pain point, and/or what is the impact of the issue. (Response limit: one sentence)

**4. Who was involved in identifying the problem? (Roles, such as providers or enrollees are sufficient; proper names are not needed). How were beneficiaries or the stakeholders who are affected by/concerned with the issue included (especially emergency room providers and managed care plans)? (Response limit: 2,000 characters)**

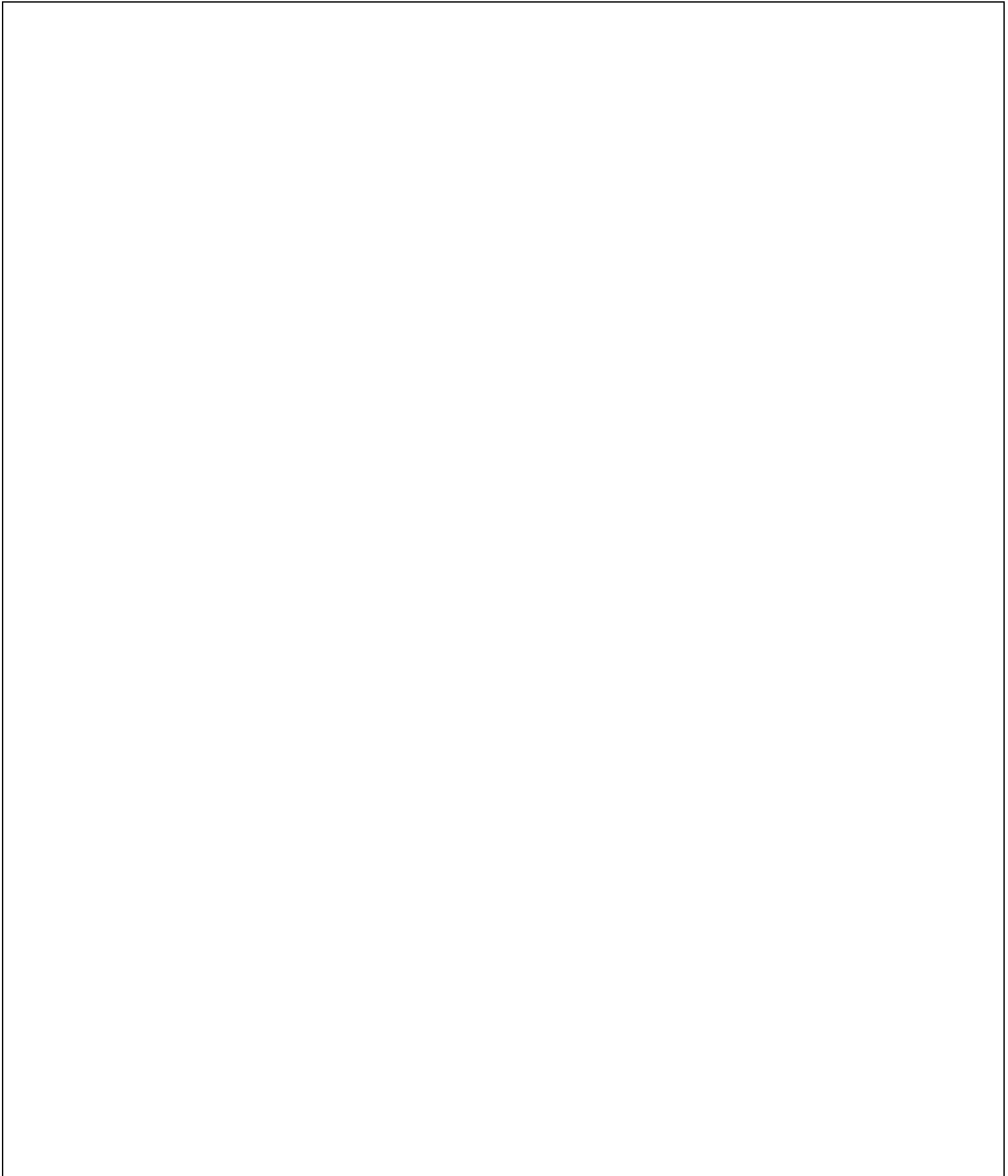


**5. Describe the beneficiary or enrollee population affected by the problem. Provide any available information such as age, length of enrollment, diagnosis, and other relevant characteristics.**

(Response limit: 2,000 characters)

**6. What are the potential root causes for this problem?**

Please insert either a [fishbone diagram](#) or [5 Whys exercise](#) to describe this root cause analysis.



**7. What specific data support the above root cause analysis?**

(Response limit: 2,000 characters)

Empty response box for providing specific data supporting the root cause analysis.

**8. How does the participating entity’s data/performance compare to HEDIS Medicaid benchmarks?** (Response limit: 2,000 characters)

**9. What is the aim/goal for this performance improvement project? (aim statement)**

Describe the overall goal that your team wishes to achieve for this measure. Make sure the aim statement is specific, measurable, achievable, relevant, and time-bound (i.e., SMART).  
(Response limit: one sentence)

**10. Briefly state the preliminary intervention(s) selected to address the root causes.**

(Response limit: 2,000 characters)

[Empty response box]

**11. Why were these interventions chosen (i.e., what evidence suggested that these interventions would address the identified causes)?**

(Response limit: 2,000 characters)

**12. Describe when and how often the interventions will be applied.**

(Response limit: 2,000 characters)

Empty response box for describing when and how often interventions will be applied.

**13. Provide performance metrics, including both outcome and process measures, relevant to the project. Describe how each intervention connects to these performance metrics.**

(Response limit: 2,000 characters)



**14. Please identify one or more disparities in this measure (by race, ethnicity, language, geography, age, etc.) that needs to be addressed by this performance improvement project. Provide supporting data for this disparity.**

(Response limit: 2,000 characters)

**15. How does the improvement strategy specifically help address the health disparities identified in this measure as well as the cultural and linguistic needs for the relevant beneficiaries?**

(Response limit: 2,000 characters)

**16. How are beneficiaries or the stakeholders who are affected by/concerned with the issue included in the quality improvement process?**

(Response limit: 2,000 characters)

**17. Identify steps your participating entity will take in the next year to begin building capacity to collect and exchange relevant data for this measure and this performance improvement project. (Response limit: 2,000 characters)**

**18. How will improved data exchange capabilities be leveraged in achieving this aim statement?**

(Response limit: 2,000 characters)

Empty response box for question 18.

**19. Describe the planned systematic method for collecting and exchanging valid and reliable data.**

(Response limit: 2,000 characters)

**20. Describe the planned frequency for collecting and exchanging data.**

(Response limit: 2,000 characters)

Empty response box for describing the planned frequency for collecting and exchanging data.

**21. How will each of the interventions outlined in Question 10 be assessed for effectiveness and re-strategizing? How often will these assessments occur (must be at least quarterly)?**

(Response limit: 2,000 characters)

**Section 3: Certification**

I hereby certify that all information provided in this Enclosure 3: Performance Improvement Project Templates and supporting documentation are true and accurate to the best of my knowledge, and that this report has been completed based on a thorough understanding of program participation requirements as specified by the Department.

**Required: Certification Signature**

<b>Behavioral Health Plan Director’s Name Or Designee (Name &amp; Title):</b>	
<b>Signature:</b>	
<b>Date Signed:</b>	