Mental Health QUERI Goals FY12-15
Approved by Executive Committee: February 3, 2011

INTRODUCTION

This document describes Mental Health QUERI's strategic goals and related aims for accomplishing our mission "*to improve quality of care, outcomes, and health-related quality of life for Veterans with mental health conditions by promoting research to close gaps in knowledge and implementing evidence-based practice within the Veterans Health Administration and beyond*" (see Goals below).

Goal 1 represents MH QUERI's application of the QUERI Six-Step implementation research model to identify key clinical performance gaps, identify determinants of both sub-optimal and exemplary practice, develop targeted quality improvement strategies/tools that are adaptable to local context, and rigorously assess the effectiveness of those strategies/tools through formative and summative (impact) evaluations. Current focus areas for Goal 1 work include: 'SMI Health' (improve physical health treatment and outcomes for Veterans with SMI); 'PCMH' (support and enhance implementation of primary care / mental health integration models); 'Recovery' (implement recovery-based services for Veterans); 'PTSD'; 'Suicide Prevention; and 'Disparities' (detect, understand and reduce mental health treatment and outcomes disparities for special or vulnerable populations). Selection of these focus areas by the MH QUERI Executive Committee (EC) reflects: (a) OMHS priority for implementation or quality improvement as indicated in the Uniform Mental Health Services Handbook and/or the FY11-13 Mental Health Initiative Operating Plan; (b) feedback from OMHS leaders; (c) research interests of MHQ investigators; and (d) potential to leverage recent or current MHQ implementation research (and limited resources) to make an impact in the focus area. Although these will be our primary focus areas, MHQ will to the extent possible, try to be flexible and opportunistic in addressing other mental health service priorities and needs, as limited resources allow. **Goal 2** acknowledges and affirms the value that MH QUERI places in developing, nurturing and sustaining partnerships with a diverse collection of stakeholders in defining and executing its implementation research agenda. Goal 2 work will emphasize testing of new strategies, tools and mechanisms that can support the development (capacity building) and maintenance of these partnerships with Veterans, clinicians, managers and policy-makers.

<u>**GOALS**</u>

Goal 1: Support and enhance implementation of evidence-based practices[1] -- as well as promising[2] and emerging[3] clinical practices that address high priority system needs -- for Veterans with mental health conditions, in the following focus areas:

- **SMI Health**
- **PCMH**
- **Recovery**
- **PTSD**
- **Suicide prevention**
- **Disparities for special or vulnerable populations, such as women and rural dwelling Veterans**

Aim 1: Identify gaps in quality of care: understand determinants of exemplary practice and successful implementation

Aim 2: Develop and evaluate implementation strategies for evidence-based, promising, and emerging practices that address high priority system needs

Aim 3: Develop and evaluate implementation strategies to promote measurement-based care (ie, monitoring individual treatment response and adjusting care as needed)

Goal 2: Develop and evaluate strategies that promote bi-directional partnerships for co-production of research and knowledge exchange[4] between investigators and stakeholders, including:

- **Consumers (Veterans)**
- **Peers and family members of consumers**
- **Providers**
- **Clinical managers**
- **VHA Operations & Management leadership**
- **VHA Policy & Services leadership**

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[1] ***Evidence-based practices*** are clinical or administrative interventions or practices for which there is consistent scientific evidence showing that they improve client outcomes (Drake, et al. 2001).

[2] ***Promising practices*** are clinical or administrative practices for which there is considerable evidence or expert consensus and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence.

[3] ***Emerging practices*** are new innovations in clinical or administrative practice that address critical needs of a particular program, population, or system, but do not yet have scientific evidence or broad expert consensus support.

Definitions provided in footnotes 1-3 are from: Morris JA, Day S, Schoenwald SK (Editors). *Turning Knowledge Into Practice: A Manual for Human Service Administrators and Practitioners about Understanding and Implementing Evidence-Based Practices. 2ND edition (revised).* 2010: Technical Assistance Collaborative, Inc, Boston, MA.

[4] Lomas J. Using 'linkage and exchange' to move research into policy at a Canadian foundation: encouraging partnerships between researchers and policymakers is the goal of a promising new Canadian initiative. Health Affairs 2000; 19:236-40.