Improving care for Veterans with complex behavioral health conditions

Partnered with the VA Office of Mental Health and Suicide Prevention, VA Office of Connected Care, and VISN 16 Leadership, Behavioral Health Quality Enhancement Research Initiative (QUERI) will advance quality and outcomes of mental health care provided to Veterans, especially those at highest risk for suicide.

What is Behavioral Health QUERI?

By implementing a variety of evidence-based practices (EBPs) and using common conceptual frameworks, implementation strategies, measures, and analytic processes across projects, the Behavioral Health QUERI Program seeks to implement and evaluate best practices for mental health and suicide prevention, increase access via telehealth, and improve quality of care and life for Veterans. The Program includes:

- **Stakeholder Engagement** consists of a Stakeholder Council (SC) of Veterans, family members, providers, and VA leadership (facility, regional, and national level); and a Technical Expert Panel (TEP) of Veterans and national healthcare leaders, inside and outside of VA.

- Three **evidence-based practices** comprise the project performance plans goals:
  1) Behavioral Health Interdisciplinary Program – Collaborative Care Model (BHIP-CCM)
  2) Dialectical Behavior Therapy (DBT)
  3) Life Goals (LG) provided via the Bipolar Telehealth (BDTH) Program to REACH VET-identified Veterans

- **Rapid Response Team** collaborates with VA operations requestors to assess their needs and resources, identify project goals, plan workflow, and set parameters for high priority VA time-sensitive implementation or evaluation projects. The Team is led by Dr. Matthieu and includes Dr. Landes, Mr. Pitcock, and other project-specific investigators and staff.

- **Mentorship Core** is preparing the next generation of implementation scientists via knowledge of system science, informatics, engagement, leadership, research management, and implementation research ethics. The Core is led by Dr. Miller with support from Drs. Landes, Lindsay, Kirchner, Kim, and Ritchie, and Mr. Pitcock.
Implementation and Evaluation Strategies

The **Implementation Core** provides support to Program investigators in conceptualizing and operationalizing the strategies applied to support implementation of our EBP Projects. Specifically, the Core provides training and consultation for two implementation strategies:

- Implementation Facilitation
- Centralized Technical Assistance

The Implementation Core is co-led by Mr. Smith (Implementation Coordinator) and Dr. Dollar, with support from Drs. Landes, Chinman, Kirchner, and Ritchie, along with Mr. Pitcock.

The **Evaluation Core** coordinates the use of common methods across projects for:

- Examining key stakeholder perspectives
- Tracking implementation activities
- Conducting mixed methods implementation evaluation
- Assessing implementation cost (business case analysis)

Using common methods enables cross-project analyses (via the Matrixed Multiple Case Study approach and Qualitative Comparative Analysis) to identify specific factors and their combinations that lead to successful uptake of EBPs across multiple implementation efforts. The Evaluation Core is led by Dr. Kim and Mr. Pitcock.

**Anticipated Impacts**

- **BHIP CCM Implementation Goal**: Improve the sustainability of team-based care
  - **BHIP CCM Clinical Goal**: Reduce mental health hospitalizations

- **DBT Implementation Goal**: Implement at VISN telehealth hubs
  - **DBT Clinical Goal**: Reduce acute service use and reduce suicidal behavior

- **LG Implementation Goal**: Increase successful referrals of RV identified Veterans to LG/BDTH
  - **LG Clinical Goal**: Improve quality of life scores for these Veterans

**For more information, check out:**
www.queri.research.va.gov

If you would like to learn more or partner with us, please contact Krissi Morris;
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