

MHCA-SAMHSA-CMHS Quality Improvement Collaborative

Behavioral Health Providers Demonstrate Improvement Projects

At MHCA's 2009 Winter Conference and Annual Meeting held February 17-20 in Clearwater Beach, Florida, participants in the MHCA/SAMHSA-CMHS Quality Improvement Collaborative presented their completed projects in a "poster session" held in conjunction with a general session keynote given by SAMHSA's Associate Medical Director Ken Thompson.

The Collaborative was a year and a half long initiative to build QI capacity, improve performance and promote transformational change in mental health service delivery systems. It was based on the Institute of Medicine's (IOM) Quality Chasm report (2001) and their study on improving health care for mental and substance use conditions (2006). Utilizing the six aims for quality healthcare as proposed by the IOM (*i.e.* care should be patient-centered, safe, efficient, effective, equitable and timely) provided an organizing framework for the Collaborative. Thirty-one MHCA member organizations adopted the aim of patient-centered care as an overarching principle and paired it with one of the other five aims to design and implement quality improvement projects. Of those, twenty-five organizations completed the collaborative process and individual projects; some had to leave the project because of costs, staffing changes, and other commitments.

Each of the participating MHCA organizations delegated at least one lead staff to participate. Member organizations also committed to participation in quarterly collaborative meetings and to completion of a quality improvement initiative for their organization. Training in the essential components of quality improvement techniques and process improvement was also part of the overall initiative. Leadership and technical assistance was provided by Allen Daniels, Ed.D. and Carla Williams, MSA from the University of Cincinnati Department of Psychiatry along with Neal Adams, MD MPH from the California Institute of Mental Health. Funding for the project included support from SAMHSA's Center for Mental Health Services (CMHS), MHCA and the participating organizations.

As a part of this quality improvement learning collaborative each of the participating organizations completed a quality improvement project and pre-post assessments of organizational competencies in quality improvement. All of the organizations were successful in enhancing their QI infrastructure and completing multiple PDSA (plan-do-study-act) cycles that brought about meaningful improvements in care processes. Further questions about the Collaborative and its results can be directed to Allen Daniels (allen.daniels@uc.edu), Neal Adams (nadamsmd@me.com), or Don Hevey (heveyd@mhca.com).

Pictured in these two pages are some of the projects as demonstrated by Collaborative participants and enjoyed by those who attended the MHCA Conference. ❖



From Left: Collaborative Facilitators Neal Adams and Allen Daniels, SAMHSA's Ken Thompson, MHCA CEO Don Hevey



Pat Novak describes Adult & Child Center's project to David Stone



National Council CEO Linda Rosenberg visits during the poster session with Carl Meier of West Bergen Mental Healthcare

Left: Jefferson Center is represented by Sharon Stremel

Right: Ken Thompson talks with Linda DePiano of Oakwood Centers.

Below: Tony Kopera of C4, left, and Terry Haru of Heritage Behavioral Health discuss Collaborative' projects.



Counter-clockwise from left:

Kathy Reynolds of Washtenaw Community Health Organization visits with facilitator Allen Daniels

Dan Fishbein of Jefferson Center and Kathy Reeves of Cape Counseling discuss their Collaborative projects.

Greg Speed of Cape Counseling Center and Jennette Hitchcock of AMHC visit during the poster session.



Heather Taras of La Frontera explains their project to SAMHSA's Ken Thompson

Inman White of Community Healthcare and Donna Moore of Burke Center take a look at Summit Pointe's poster overseen by Sandy Hall

