State Medicaid programs play a central role in the provision and payment of mental health services in the United States. This is particularly true for lower-income children, youth and adults with serious mental illness. Rutgers University’s Institute for Health, Health Care Policy, and Aging Research (IHHCPAR) is coordinating MEDNET, a three year, multi-state consortium focused on increasing the utilization of evidence-based clinical and delivery system practices in the provision of mental health treatment for beneficiaries of state Medicaid programs. The learning collaborative includes: California, Maine, Missouri, Oklahoma, Texas and Washington.

Project Goals
MEDNET will develop, implement, and evaluate strategies to accelerate the implementation of two types of comparative effectiveness findings in Medicaid mental health:

• Effective and safe clinical practices related to pharmacological and psychosocial mental health treatment; and
• Effective state policies, strategies, and organizational practices related to management of these treatments.

For example, comparative effectiveness of clinical practices will include psychotropic polypharmacy, the management of cardio-metabolic risks in antipsychotic (AP) treated patients, optimizing anti-psychotic dosage, assessing and improving medication adherence, and identifying and targeting care for high risk/high utilization sub-populations. Programs and strategies for quality improvement include quality measurement, provider feedback, consultative care initiatives, and clinic-based quality improvement strategies, among others.

Multi-state Learning Collaborative and Individual State Quality Improvement Planning
All state partners will be participating in the multi-state learning collaborative that is designed to provide states with tools needed to use evidence-based practices to improve prescribing practices. Each state will design and implement an individualized, innovative and integrated continuous quality improvement (CQI) data driven project. MEDNET will support states to:

• Convene a state stakeholder collaborative structure to support the initiative.
• Develop a customized state quality improvement plan.
• Adopt a common set of metrics to profile use patterns that address quality, guideline consistency, and track improvements over time.
• Create provider and/or clinic feedback reports that will help prescribers understand and utilize evidence to address specific quality concerns.
• Educate and train providers to understand the benefits of practice change that improves quality of care and reduces costs.

Technical Assistance and Data Driven Quality Improvement
The Rutgers MEDNET team, in concert with state leadership, will develop a core set of common metrics to guide the implementation of CQI projects. This includes consultation with the states in the utilization of measures, technical assistance related data analyses, development of report formats, and a portfolio of reports run for the states. This process will enable states to use data to monitor quality, and, in turn, target scarce resources more effectively. Pooled administrative data across states will be used to examine patterns and trends that will be of great interest to a number of target audiences, for example state and federal Medicaid and mental health authorities.