

**Driving Quality Improvement in Child Mental Health Services:
The Performance Improvement Center**

Like many health care services, child mental health care treatments in the U.S. and across Connecticut vary widely in their rates of effectiveness. Treatments are often created to fill an unmet need and may not ever be properly evaluated or improved. This is changing. The skyrocketing costs of health care have led to a renewed focus on quality and outcomes. It is not enough to simply have services in place for children and families -- it is equally important to invest in services that are proven to yield positive outcomes and work in real world settings.

Over the past decade, Connecticut has invested significant resources in developing community-based mental health services for children, including (when available) evidenced-based treatments (EBTs) - interventions proven to be effective by rigorous scientific testing. Unfortunately EBTs are not yet developed for many child mental health needs. As a result, it is critical to improve existing services and support locally developed best practice models by making sure they are more accessible, of higher quality, and implemented consistently across sites. By systematically funding and supporting comprehensive Quality Improvement (QI) initiatives that promote best practices and improve the quality of care across services, we can better ensure that we are getting the best return on investment for our taxpayer dollars.

In collaboration with the Department of Children and Families (DCF), the Connecticut Center for Effective Practice ([CCEP](#)) at CHDI has developed a Quality Improvement (QI) model, the Performance Improvement Center (PIC), to improve the quality and effectiveness of community-based child mental health care programs in Connecticut. The model has proven itself as a valuable and necessary approach for ensuring that children and families receive high-quality services that result in positive behavioral health outcomes.

The Performance Improvement Center (PIC) Model

The PIC model is a rigorous system of QI that systematically monitors, evaluates and continuously improves child mental health treatment quality and outcomes. The PIC implements a comprehensive quality improvement system and is flexible enough to be replicated and applied to virtually any intervention that may require enhancements in any of these four areas:

- Standardized Practice Development
- Standardized Training
- Improving Access and Service Quality
- Conducting Outcomes Evaluation

CASE STUDY: PIC & Emergency Mobile Psychiatric Services (EMPS)

An example of the PIC at work can be seen in Connecticut's statewide [EMPS](#) Crisis Intervention Services - a program providing rapid response crisis stabilization and short-term intervention to children and families in their homes and communities. EMPS helps children avoid costly and restrictive interventions such as emergency departments, inpatient hospitalization, and incarceration. Following the implementation of PIC for EMPS in 2009,

EMPS has made great advances in quality of care and outcomes for children and families. These improvements can be seen as a direct result of the training, data collection and quality improvement activities of the DCF funded PIC. EMPS has demonstrated significant improvements in multiple areas including service mobility and numbers of children served, resulting in statistically significant improvements in the emotional and behavioral functioning of children and families receiving EMPS services.

For more information, including detailed results of the PIC case study, please read CHDI's March 2012 IMPACT, "*The Performance Improvement Center: A Promising Approach for Improving Service Quality and Outcomes*" at <http://www.chdi.org/pic-impact>.

For more information on this topic, please contact Jeff Vanderploeg at 860-679-1542 or jvanderploeg@uchc.edu.