

# Continuous Quality Improvement (CQI) Planning

## The “Golden Thread”

### Continuous Quality Improvement (CQI)

**Planning** is an ongoing process of looking at the factors underlying the need for mental health and alcohol and other drug services and how they will be used to direct the plan for the system of care, including:

- ✓ the needs of clients, families, and the community
- ✓ the environmental and legislative context for MH and AOD prevention, treatment & Recovery support services
- ✓ the determination of service/ program and population priorities
- ✓ the identification of outcomes and benefits
- ✓ coordination and collaboration procedures



In short, adherence to this planning process weaves the “golden thread” from the various needs assessment processes **through** the determination of specific priorities for the system within current fiscal, environmental and legislative contexts **to** the translation into individual agency budgets and program requirements **through** routine monitoring, oversight and evaluation procedures **into** recommendations for system adjustments in dollars or program and/or target population priorities...

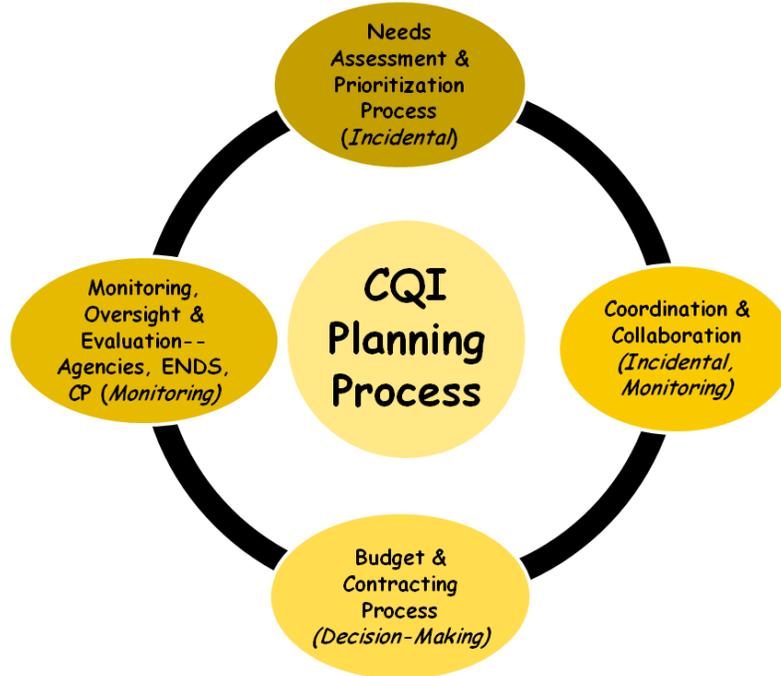
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## (CQI) Planning in Action

What tools, processes and other mechanisms are in place to:

- Ensure the “continuous” part of CQI planning is occurring?
- Preserve the accountability and transparency of the Board process for needs assessment and prioritization & decision-making around funding and program allocations?
- Balance programming and funding across the system of care and the various service and population priorities with limited resources funding requirements?
- Ensure the alignment of resources with planned service and population priorities?

# The "Golden Thread"



*I*nformation and data is gathered from a variety of sources, using many different strategies—ranging from population demographics and other data collected by the U.S. Bureau of Census to direct community input through public forums, surveys and focus groups.



Board-determined priorities or values; Prevention, treatment & recovery support Investor Targets established by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) & Ohio Department of Mental Health (ODMH); and National Outcome Measures (NOMs) as required by the federal government are also considered.



## Coordination & Collaboration

Ongoing involvement, interaction, and collaboration with service & referral agencies and other community partners and stakeholders occur as part of the effort to:

- ✓ Develop and ensure an efficient and comprehensive system of mental health and alcohol/drug services and supports
- ✓ Maximize resources and minimize duplication of services
- ✓ Improve customer outcomes

As a result, timely and current feedback is obtained and used in many ways—from joint funding of programs or initiatives to identification of gaps in the service continuum to enhanced communication and streamlined referral protocols.

The Board budget is based on State, Federal, and Local Funds. The overall funding level, combined with state & federal requirements around many of the funds, informs who we are able to serve and what programs are available.

Funds for mandated services and earmarked populations are “taken off the top” of the total budget, with available dollars allocated according to the Board’s CQI planning process.

The Board enters into contracts with agencies to implement mental health & alcohol/drug prevention, treatment and recovery support programming as per the identified service needs, local priorities and values, and state and federal performance targets.



## Budget & Contracting Process



## Monitoring, Oversight & Evaluation

*The* Board routinely uses a variety of methods and criteria to monitor and evaluate the benefits of the system and to provide information about its goals or values, service and program activities, outcomes, & costs.

Methods and criteria used range from patterns of service use in the Board area—including amounts and types of services by specific client demographic and diagnostic characteristics—to data on consumer outcomes.

Results of the various evaluation activities are integrated into the CQI planning process and inform individual service/program decisions as well as the development of and changes to the overall continuum of care

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In summary, the activities related to planning that occur on a daily basis---

- ❖ Informal and formal opportunities for community feedback
- ❖ Regular collection, analysis and use of data and other information to monitor service delivery and outcomes and inform practice
- ❖ Focused reviews and response to identified issues
- ❖ Flexibility and adjustments to system funding and/or programming in response to changing needs or other data related to efficiency and effectiveness
- ❖ Explicit and open deliberation and decision-making processes

---are regularly incorporated into the process used by the Board to determine its most important investment areas.

*Together*, these components comprise our efforts to provide a community behavioral health care system that is responsive, flexible and outcome-oriented and is based on the changing needs of the communities and the persons experiencing mental health, alcohol and/or drug addiction problems.