

I am very happy to report completion of the Mental Health & Recovery Board 2010 - 2015 Strategic Plan. The plan focuses on communications, system effectiveness, access to services, and using needs assessment data to inform the Board in planning decisions for non-Medicaid services. I believe these goals will help us prioritize our activities during what appears to be a very challenging time.

This challenging time began with deep, state-level budget cuts in 2009 which have been absorbed by our Board and every partner agency throughout our region. Despite administrative, program, and staff reductions, the community continued its support for critical child, youth, adult, and senior behavioral health services in Clark, Greene and Madison Counties through renewal of our November levies and we are grateful the community for this support. As good stewards of the tax payer's money and in light of economic realities, the Board has affirmed its commitment to effective, quality behavioral healthcare.

Our desire to improve system effectiveness is rooted in the belief that as resources constrict, it becomes even more important to operate as efficiently and effectively as possible. Even though the Ohio Department of Mental Health appears to be abandoning the "community-based model" put in place to replace institutionalization, people suffering from mental illness continue to live in our communities. While the Ohio Department of Alcohol and Drug Addiction Services continues to be underfunded by the Ohio Legislature, heroin use in our area has increased dramatically. It is our challenge and responsibility to find ways to enhance clinical care, while simultaneously improving our ability to meet the ever-expanding need for services. I believe the Client Directed Outcome Informed (CDOI) treatment approach endorsed by the MHR Board will help us accomplish these goals.

The CDOI approach is deceptively simple: Invested clients make good progress and clients are most likely to be invested when they have a voice in treatment and their voice is heard and acted upon. A review of the research makes a convincing argument that gathering frequent and targeted information regarding the well-being of the client and the efficacy of treatment improves treatment outcomes and improves fiscal efficiency.

Scott Miller, one of the originators of the CDOI approach, will be with us for two days in January 2011 to present the CDOI approach, begin to train clinicians, and generally assist us in adopting CDOI as a Board-approved quality improvement and consumer outcomes methodology. My hope is that all the MHR Board contract agencies will participate in the process of learning about CDOI and finding out how it can be implemented in their particular agency. A group of agencies have already approached the Board expressing a desire to form a "pilot group" which will begin working toward

implementation during the fall. They will help lead the way and provide an opportunity to learn from their experience.

The MHR Board's strategic plan sets a goal of full CDOI implementation by July 1, 2012. This is an ambitious goal that will challenge us to work together, perhaps in ways we have not done before. It can be done, but it will require a change in mindset from "them and us" to "all of us". Consumers, agencies, community stakeholders, and the Board will all benefit if we can adopt this approach.

Dr. Kent Youngman, MHRB CEO
May 26, 2010