

Fiscal Year 2011 Annual Report
CEO Letter

When we entered fiscal year 2011 there were many unknowns. We were unsure what our state allocations would be, we were not confident where future responsibility for Medicaid would be, and the beginning stages of the Affordable Care Act (federal health care reform) were starting to take effect. Any one of these had the potential to significantly change the way Boards operate. Fundamental and dramatic changes could occur throughout the state's behavioral health system. We did not know what to expect.

Some of these unknown issues have been resolved while others have not. After years of denied requests to have some authority to control Medicaid costs, Boards requested that the State effectively take over the Medicaid program. Specifically Boards asked that the responsibility to provide Medicaid match move to the state and that local allocations remain whole. We did not want to further erode our ability to provide non-Medicaid services because of reduced state funding. The legislature agreed to take over responsibility for matching Medicaid but drastically reduced community allocations to Boards. This was the case for both Mental Health and Drug and Alcohol funding. There are a number of areas around the state that get no state general revenue for either Mental Health or Drug and Alcohol services. This was not what we requested. This came on top of several years of radically reduced state support for alcohol, drug addiction and mental health services.

The outcome of the Affordable Care Act remains unknown. A number of efforts have taken place at the state level to either prepare for or attempt to stop its implementation. At the local level, the Mental Health & Recovery Board for Clark, Greene, and Madison Counties established funds for FY2012 and 2013 to help provide a bridge for clients and agencies hurt by limits on Medicaid or reductions in non-Medicaid allocations. There was only enough money for two years and we were working on the assumption that Medicaid eligibility would significantly increase in FY2014. We do not yet know if this will happen as scheduled.

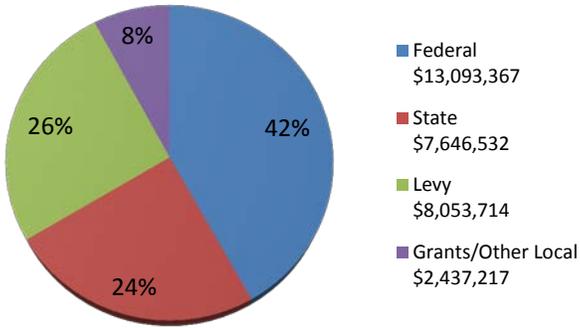
The dramatic increase in heroin and prescription opiate abuse has hit Ohio in a way never seen before. While all three of our counties have felt the effects of the opiate epidemic, Madison County seems to have been hit the hardest. This emerging issue threatens to overwhelm our ability to provide adequate treatment. Due to state cuts, our capacity to provide treatment has been reduced while demand for services has increased significantly. Board staff is working with our Madison County provider, Mental Health Services, to find ways to respond to the overwhelming demand, but limited resources are hampering our efforts.

We continue to work with our agencies to further implement the Feedback in Treatment (formerly Client Directed Outcome Informed) approach to improving outcomes for clients. Most of our contract agencies are in the early stages of implementation and those that are not implementing have expressed strong interest in doing so. By more fully seeking and incorporating client feedback in treatment client outcomes will improve, no-show rates will decrease, and overall efficiency will increase. This is a long term process but we are encouraged by the progress so far.

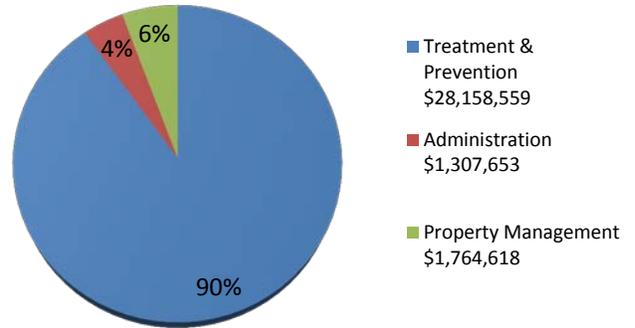
This past year that Board undertook a review of the way we have historically funded prevention programs. The Board concluded that neither the traditional prevention approach, nor "Best Practice" models were producing the results it wanted. As a result of this review, the Board adopted the PAX Simple Gifts approach to providing universal prevention to the most people as effectively and inexpensively as possible. While we continue to fund Strengthening Families programs, the funding has been matched to meet demand and remaining funds are being redirected into other approaches. Our focus so far has been on supporting the Good Behavior Game.

Fiscal Year 2012 looks to be full of changes and challenges. Fiscal Year 2011 had significant challenges but through careful planning, hard work, and the leadership provided by MHR Board members we were able to provide stable funding to our partner agencies, move forward on several important initiatives, and put into place a plan that will assist our agencies in making the transition to a state run Medicaid program which will likely include limits on services.

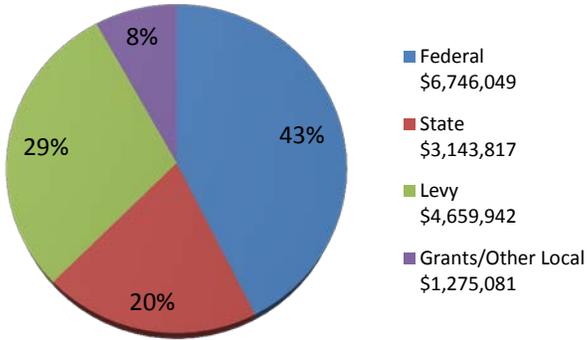
TOTAL BOARD FUNDING



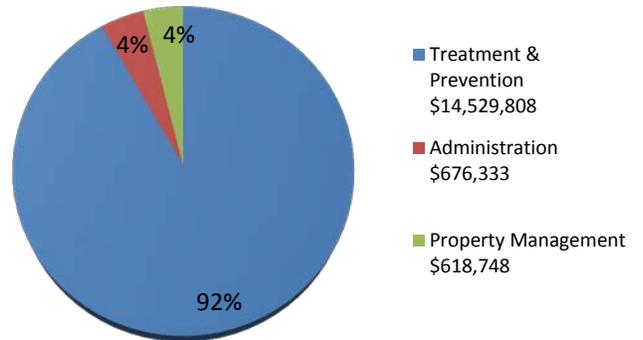
TOTAL BOARD EXPENSE



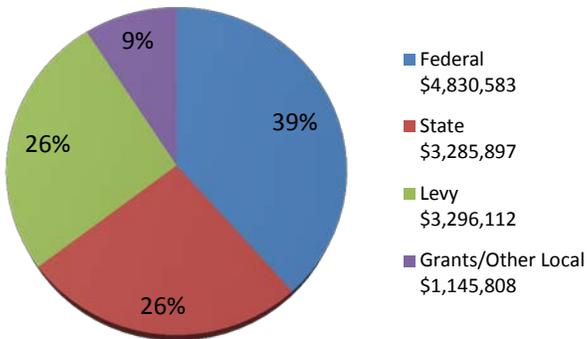
CLARK COUNTY FUNDING



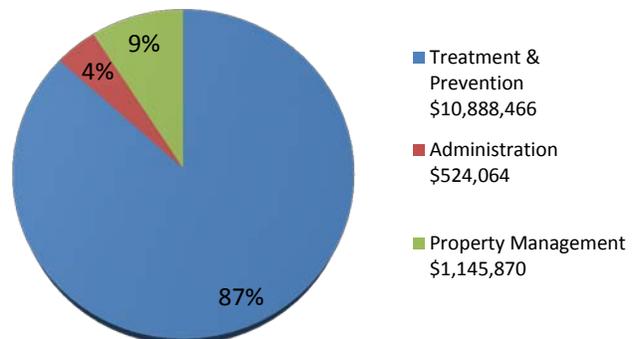
CLARK COUNTY EXPENSE



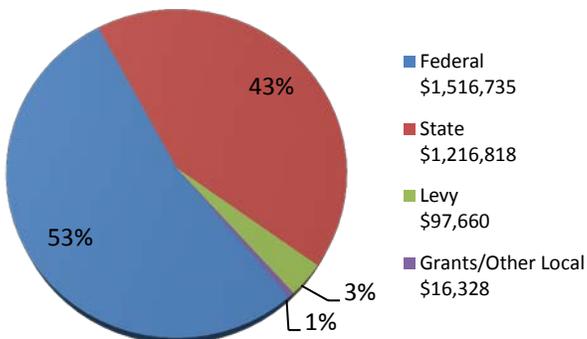
GREENE COUNTY FUNDING



GREENE COUNTY EXPENSE



MADISON COUNTY FUNDING



MADISON COUNTY EXPENSE

