



HAMILTON COUNTY

Mental Health & Recovery Services Board



Serving the Community

2018 Annual Report

The Hamilton County Community Mental Health Board was established in 1968 with the mission of providing mental health services in the community, not just in hospitals. The newly established board of 15 members began addressing their responsibilities with Thomas S. Grogan, Jr. as the Community Mental Health Board's first Executive Director.

In 1990, the Hamilton County Board of County Commissioners voted to establish a Board of Alcohol and Drug Addiction Services (ADAS) to separately serve the alcohol and drug addiction population. John Y. Young became the ADAS Board's first Executive Director.

In 2006, the Hamilton County Commissioners voted to combine the two separate Boards into a single entity. Thus, effective October 19, 2006 a new entity, the Hamilton County Mental Health and Recovery Services Board (HCMHRSB), was formed. Patrick Tribbe, who had been the President/CEO of the Mental Health Board since March 17, 1997, was named as the first President/CEO of the new Board.



Serving the Community

2018 Annual Report
HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

50 Years of Progress



Thomas L. Gabelman
Chair
Board of Trustees



Patrick Tribbe
President/CEO

This year marks the 50th anniversary of the creation of the Hamilton County Community Mental Health Board, now known as the Hamilton County Mental Health and Recovery Services Board (HCMHRSB). The development of behavioral health services in Hamilton County was made possible by two key pieces of legislation: the historic CMHA (Community Mental Health Act) signed into law in 1963, which laid the foundation for contemporary mental health policy (i.e., providing mental health and addiction services in the community, not just in hospitals); and in 1968, the passage of Ohio House Bill 648 that provided for the establishment of county-based community mental health boards to plan and coordinate behavioral health services at the local level.

Another key piece of legislation, passed in 1988, had a significant impact on local board operations. Am. Sub. S.B. 156, known as the Mental Health Act made it possible for many individuals in state psychiatric hospitals to be released and receive treatment in their own communities. Just as importantly, the Act transferred authority from the state to local boards to plan, fund, manage, and evaluate public behavioral health care in their community, paving the way for current HCMHRSB operations.

Over the last 50 years we have had many successes and learned a great deal about the treatments and services that work best for mental illness and substance use disorders. Creation of effective community support strategies combined with ongoing collaborations and partnerships with law enforcement, court systems, schools, and adult and children's protective systems continue to meet the needs of behavioral health clients in achieving recovery outside of the hospital.

One of our most recent successes occurred in 2017 when the citizens of Hamilton County voted

overwhelmingly in favor of the Mental Health Levy, which passed with 72.4 percent of the vote. This was truly a historic win for mental health services in Hamilton County. The HCMHRSB also relies on funds from the HHIC (Health, Hospital, and Indigent Care) levy to fund portions of addiction treatment programs. The HHIC levy passed with a similar margin.

HCMHRSB regularly measures its success in helping residents achieve recovery. Using instruments specifically designed to monitor client progress, our findings tell us that three out of four youth and two out of three adults evidence improvement in areas such as symptom reduction, quality of life, problem severity, and functioning during their treatment. Similar levels of improvement were witnessed for those receiving services for addiction with between 64% and 76% reflecting measurable progress in their sobriety, and 93% reporting at least some satisfaction toward achieving their recovery goals. With over 26,000 administrations occurring during 2017 we can have great confidence in the findings realized through this effort.

HCMHRSB also demonstrates success in other areas. Last year Urban Greater Cincinnati Network on Mental Illness (UGC NOMI) honored the HCMHRSB for its performance and dedication to diversity, outreach and inclusion. HCMHRSB received this prestigious award at the Bebe Moore Campbell Minority Mental Health Awareness Month Dinner.

In 2017, HCMHRSB was awarded nearly \$2 million in new funding to increase the number and availability of local addiction services. Funding was awarded through the 21st Cures Act as part of the OhioMHAS Opioid State Targeted Response grant. In addition, HCMHRSB obtained a commitment from the Board of County Commissioners for \$700,000 for each calendar year of 2017 and 2018 for treatment funding.

2018
Board of Trustees



Judge John O'Connor
Vice Chair



Mary Ellen Malas
Secretary



Matthew Curoe



Mark Davis



Gwen DiMeo



Patrick Garry



Darlene Peek

HCMHRSB dedicated a portion of the Cures Act funding to open a new Engagement Center for opiate addicted individuals. The Engagement Center serves individuals referred from QRT teams or hospital emergency departments directly following an overdose to ensure that recovery services are immediately available.

In FY2017, 163 individuals were served by specialized dockets (e.g., Mental Health Court, Drug Court, etc.) The Mental Health Court Coordinator recently joined the panel of instructors for Crisis Intervention Team training for law enforcement, leading to an increase in the number of referrals to the Mental Health Court.

HCMHRSB added a pilot position (health navigator for youth) at the Juvenile detention center. HCMHRSB collaborated with system partners (Juvenile Court, Juvenile Detention Center, Job and Family Services, and Children’s Hospital) in a planning process that helped to provide information about gaps and needs for juveniles with behavioral health issues in the juvenile justice system, resulting in the pilot position.

HCMHRSB is also part of a comprehensive community collaborative endeavor working to decrease youth suicides in the community. Collaborative efforts include improving youth suicide screening, enhancing continuity of care, interpreting national trends, examining strategies employed by other communities, and analyzing current community resources. In addition, HCMHRSB funds prevention, education, and support resources through the COPE program as well as several community resources for crisis response and suicide prevention such as the 281-CARE Suicide Prevention crisis line and the Mobile Crisis Team.

Although funding for a federal SAMHSA grant of \$9 million over 6 years (Journey to Successful Living) has expired, HCMHRSB is continuing to sustain Journey services, enrolling an additional 300 young people into services after grant funding ended. HCMHRSB also maintains the Journey partnership with Mental Health America to facilitate Mental

Health First Aid, an effective strategy for assisting persons experiencing mental health challenges, crises and mental health disorders.

The Hamilton County PATH (Projects for Assistance in Transition for Homelessness) team, housed at Greater Cincinnati Behavioral Health Services, received a significant increase in funding this fiscal year as a direct result of their continued success in achieving identified measurable goals. The PATH team also worked cooperatively with the CABHI grant team (Cooperative Agreement to Benefit Homeless Individuals) to provide housing for chronically homeless individuals with behavioral health needs. The combined team exceeded their goal of housing individuals by 26%.

While we accomplished much over the last year, we continue to develop and implement new strategies and refine current practices to meet our commitment of providing a continuum of mental health, addiction, prevention, and supportive services that have a positive impact on the community, are accessible, results oriented, and responsive to individual and family needs. While last year was a difficult year, particularly as we continued to face the opioid epidemic, as we look back over all the positive accomplishments during the year and throughout our fifty-year history, we are proud of all the programs and activities that support those individuals in our community who are receiving treatment and support services. Treatment works, people recover, they find a place to live and in many cases, return to work and school. As in past years, that would not be possible without the valued support from Board members, volunteers, employees, and citizens of Hamilton County. The Hamilton County Mental Health and Recovery Services Board thanks all the members of the community for their resounding support in passing the 2017 Mental Health Levy and the other levies that help support our services.



Regina Moore



Mary Oden, PhD



Gary E. Powell



Jonathan L. Steinberg, PhD

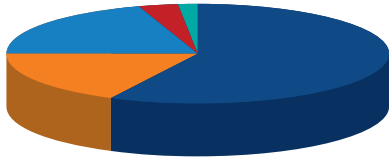


Christine Wilder, MD



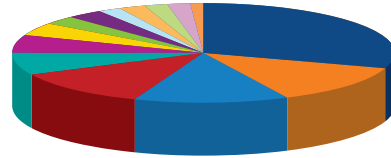
Ashlee Young

Total Revenue — \$59,576,896



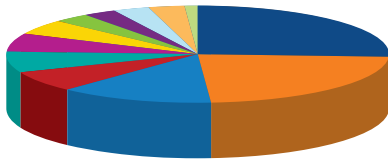
- Mental Health Levy — 57.6%
- All Other MH Revenue — 17.5%
- All Other AOD Revenue — 20.0%
- HHIC AOD Services Levy — 3.4%
- Family Services & Treatment AOD Services Levy — 1.5%

AOD Services



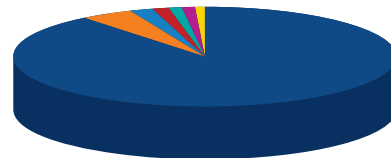
- Residential Treatment — 30%
- Other Services — 13%
- Counseling — 13%
- Prevention — 12%
- Detoxification — 7%
- Community Services — 6%
- Assessment — 4%
- Dip Screens/Lab Urinalysis — 3%
- Medical/Somatic, Buprenorphine/Vivitrol — 3%
- Recovery Supports — 2%
- Case Management — 2%
- Intensive Outpatient — 2%
- Methadone Administration — 2%
- Peer Services — 1%

MH Services



- Residential Treatment & Housing — 26%
- Community Psychiatric Supportive Treatment — 23%
- Other Mental Health — 13%
- Psychiatric Interview/Assessment/Evaluations — 7%
- Employment & Vocational — 7%
- Crisis Intervention — 6%
- Prevention & Education — 5%
- Care Coordination — 3%
- Pharmacological Management — 3%
- Counseling — 3%
- Consumer Operated & Peer Support — 3%
- Partial Hospitalization — 1%

Total Expenditures — \$59,137,168



- Agency Provider Contracts — 89.2%
- Salaries, Benefits & Taxes — 4.6%
- Capital Expenditures — 1.8%
- Building Management SAMAD — 1.5%
- Operating Expenses — 1.2%
- Council of Gov'ts/SHARES — 0.9%
- Auditor & Treasurer Fees — 0.8%

Provider Agencies

Addiction Services Council	Hamilton County Sheriff's Dept.
Beech Acres Parenting Center	IKRON Corporation
Camelot Community Care	Keystone Richland Center, dba, Foundations for Living
Center for Addiction Treatment	Lighthouse Youth Services
Central Clinic - MHAP	Mental Health America of Northern Kentucky & Southwest Ohio
Central Clinic – Outpatient Services	Pressley Ridge
Central Community Health Board	Prevention First!
Cincinnati Children's Hospital Medical Center	Prospect House
Cincinnati Union Bethel	Recovery Center of Hamilton County
Cornell Abraxas Group	Salvation Army
Excel Development Corp.	Shelterhouse Volunteer Group
First Step Home	St. Aloysius Orphanage
Free Store/Food Bank	St. Joseph Orphanage
Glad House	Sojourner Recovery Services
Greater Cincinnati Behavioral Health Services	Talbert House
Hamilton County Adult Probation	Tender Mercies
Hamilton County Juvenile Court	The Crossroads Center
Hamilton County Dept. of Pre-Trial & Community Transitions Services	UMADAOP



HAMILTON COUNTY

**Mental Health &
Recovery Services Board**