Mental Health Services
for Clark and Madison Counties, Inc.

(MHS)

Community Health Needs Assessment
2021-2023 Report

Consistent with Mental Health Services vision, mission, and values, we are committed to caring for the behavioral health needs of our community. Based on our triennial community health needs assessment, we seek to gain an understanding of our community needs and, working with other community stakeholders and consumers, we develop our MHS CHNA plan along with our implementation plan, to address our community needs.

MHS Vision, Mission, and Values Statements

The Vision, Mission, and Values statements were revised since the last update dated 2018-2020. They are stated below.

Vision

Individuals and families will develop to their full potential in order to live a healthy and satisfied life.

Mission

To improve the safety and quality of life of those we serve

Values

- Quality
- Innovation/ Growth
- Compassion
- Integrity
- Partnership

Mental Health Services, Community Health Assessments, and Planning Processes

Mental Health Services provides comprehensive behavioral healthcare for people of Clark and Madison Counties who have emotional, behavioral, substance use, primary care, and/ or psychiatric health needs, regardless of their ability to pay.

External Influences

The operations of Mental Health Services are intertwined with the trends and factors present in the communities where it exists and other organizations with which it works. Integration and collaboration with internal and external primary care sources are essential to improving health disparities, outcomes, and quality of life for our patients. Service to individuals and families, as well as inter-relationships with other healthcare agencies, are elaborated in the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) set forth for the designated service areas. All of these actions are performed in compliance with applicable Federal and State regulations and quality guidelines, and under accreditation of The Joint Commission.

Madison County CHA and CHIP 2019-2021

Madison County Public Health used the Mobilizing for Action through Planning Partnerships (MAPP) process to glean input from community stakeholders in the development of their plan.

The healthcare issues were identified by stakeholder input and data from the Themes and Strength Assessment, the Forces of Change and Local Public Health System Assessments, and the Health Status Assessment.

1. The Steering Committee initially used the criteria of prevalence, seriousness, and impacts on other health issues to prioritize the issues identified.
2. They further refined the priorities by determining issues that cut across all four MAPP assessments (forces of change, community themes and strengths, the local public health system, and the community health status).
3. Finally, the steering committee applied a modified list of questions similar to the PEARL Test (Physical Evidence and Reasoned Logic) and narrowed the focus down to two strategic priorities for Madison County.

The strategic priorities identified by the Madison County CHA and actively being addressed are:

- Substance Abuse
- Lung Cancer

Although mental/behavioral health issues received mention, they did not rise to the priority level. Adequate resources are available to address these areas.
https://www.co.madison.oh.us/document_center/Public%20Health/MCPHCHIP2017.pdf

Clark County CHA and CHIP 2016-2019

- 2015 - Community Health Assessment (CHA) of Clark County led by the Clark County Combined Health District (CCCHD)
- Lead agencies identified topics of greatest concern based on data
  - Lead agencies
    - Springfield Regional Medical Center
    - Rocking Horse Community Health Center
    - Mental Health and Recovery Board
    - McKinley Hall
  - Participating agencies
    - Other healthcare agencies
    - Interested citizens
- January 29, 2016 – Report of CHA findings to all Clark County health-related agencies and other interested parties led by Clark County Health Commissioner
- Community Health Improvement Plan (CHIP) created
  - Combined findings from the CHA used to determine priorities
  - CHIP Task Forces created to address topics of greatest health concern and impact
    - Charged with developing goals for health status improvement
    - Staffed by members of participating agencies
- March 29, 2016 – Task Forces presented goals in a meeting of all Clark County health-related agencies
  - Goals, work plans, and meeting minutes of Task Forces are available to the community on line http://www.ccchd.com/ccchd/n_he/comhealthas.html

- Participating agencies charged with incorporating data from CHA and applicable interventions from CHIP Task Forces into their strategic planning processes
  - Responsible for additional drill down and assignment of responsibilities
  - Fall 2016 - Completed by Mental Health Services as part of 2016-19 strategic plan
  - Currently updating and incorporating into new strategic planning process
- January 2019 – a new Community Health Assessment for Clark County is in process; no findings are yet available
- Summer 2021—a new Community Health Assessment for Clark County continues to be in process; Kelly Rigger, MHS CEO participates in meetings to develop the assessment and plan; 2020 Drug Death Report is most recent data available

Community Health Needs Assessment (CHNA) for SW Ohio, N Kentucky, and SE Indiana

- January 2019 – report on findings from Community Health Needs Assessment (CHNA) for SW Ohio, N Kentucky, and SE Indiana released
  - Representatives from the Mental Health organization in Clark County participated
  - 23 agencies and churches with an interest in, or concentration on health were represented
  - 68 Individuals from Clark County contributed to discussions and voted on priorities in 6 community meetings
  - Data from Clark County are presented on pp. 181-186 of the 362 page document http://gdaha.org/wp-content/uploads/2019/02/2019-CHNA-Report-1-7-19.pdf

Recovery Oriented Systems of Care in Ohio (ROSC)

"Since 2014, the Ohio Association of Behavioral Health Authorities has outlined and pursued a vision for transforming behavioral health services across the state consistent with recovery principles." ("ROSC Statewide Assessment Results (2018)"; pg 1; contact person Dontavius Jarrells mailto:djarrells@oacbha.org)

A stakeholder assessment to determine progress toward implementation of ROSC principles was developed and administered (by on-line/paper survey) for the first time in summer of 2018 to:

- Examine degree to which state and local behavioral health systems are recovery-oriented
- Identify areas of strength and opportunities for development and improvement

Participants included Board members and staff, persons in recovery, their family members, front line and executive-level behavioral health service providers, and members of Mental Health Boards (*Ibid.*). These results were drawn from individuals involved with, and/or touched by, behavioral health and/or addiction concerns. While contributing to the overall assessment picture, they are not totally pure for behavioral health issues.

Key Assessment Data Related to Mental Health

Data from the 2016 CHA identified the following areas of concern related to mental health: http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf

- In 2015, 40.3% of Clark County adults indicated they had at least 1 day in the past month where their mental health was not good, of those 48.9% thought about death/suicide, and 16.7% attempted suicide

- 16.5% of Clark County households contain a member who is depressed or mentally ill, or had a household member attempt suicide
- In the past 5 years, there have been 88 suicides in Clark County. Of those, 80% are men between the ages of 45 and 64
- It was found that 17.7% of Clark County youth made a plan about attempting suicide in the past year. This was significantly higher than the state (11.1%) and nation (13.6%)
- In a four month period of 2013, Springfield Fire Chief noted 15.4% of EMS runs were for patients with prior or current contact with MHS, or for reasons documented as non-compliance or attention-seeking behaviors (27 people called 7 or more times (303 requests), 99 people called 4-6 times (460 requests))

Additional data from the CHA can be found in various documents on the Clark County Combined Health District website devoted to the Community Health Assessment, Community Health Improvement Plan and Progress Reports, and Task Force Minutes.
http://www.ccchd.com/ccchd/n_he/comhealthas.html

Data from the 2019 CHNA identified the following areas of concern related to mental health:
http://gdaha.org/wp-content/uploads/2019/02/2019-CHNA-Report-1-7-19.pdf

- Mental health, with an emphasis on mental trauma was identified as the second priority in community meetings (access to transportation and cost of healthcare were identified as the first priority)
- The seven individuals who completed and returned a paper survey also identified mental health as a second priority (substance abuse was the first priority)
- Participating agencies identified mental health as a third priority behind obesity and social determinants of health
- The Clark County Combined Health District identified the following priorities (with Mental Health being fourth in emphasis):
  - Obesity
  - Diabetes
  - Heart disease
  - Mental Health
- The suicide rate per 100,000 is 15.4 (13.3 for Ohio)
- Depression % is 16.4% (18.5% for Ohio)
- Ratio of mental health providers is 1:1152 (1:561 for Ohio)
- Uninsured % is 14.2% (7.6% for Ohio)
- 2 of 13 zip codes in Clark County have a Community Needs Index (CNI) >3.4 which is an indicator for socioeconomic variation, barriers to care, and an increased need for health care services

Data from the 2018 ROSC Assessment specific to Clark and Madison Counties were just received from the state on May 6, 2019. (Contact person Dontavius Jarrells; mailto:djarrells@oacbha.org) Additional time will be required to digest findings, determine overall applicability based on small number of responses, and determine what programmatic changes may be needed.

Since this was the first ROSC assessment, the following are under consideration for improving the survey process itself:

- Refine the assessment tool
- Complete future assessments to evaluate impact of new/revised initiatives
- Develop methods to improve participation in the assessment survey itself

Findings from ROSC Assessment for Clark and Madison Counties as compared to those for Ohio:

	CLARK	MADISON	OHIO
Number of Participants	51	14	2822
Overall ROSC Score (Avg)	4.39	3.91	4.58
Focus on Clients & Families (client/family friendly)	4.52	4.60	4.78
Timely Access to Care (community organizations, peer support, evidence-based medical and behavioral health screenings)	4.52	4.06	4.68
Healthy, Safe, & Drug Free Communities (critical, evidence-based prevention strategies provide a cornerstone)	4.19	3.32	4.45
Accountable Financing (outcome-based contracts which include behavioral health as an indicator, peer outreach)	4.32	3.76	4.49
Systems of Care (managed locally and involve people in recovery)	4.34	3.66	4.44
Responses scored on 6-point scale, where 6 denotes the most positive, and 1 denotes the most negative			

Work of CHIP Task Force for Mental Health Services

Seven Task Forces were originally developed as part of the Community Health Improvement Plan, to address the priorities identified during the 2016 Community Health Assessment. While all of the Task Forces interact with Mental Health Services to a greater or lesser extent, there are other entities within Clark County charged with more specifically addressing those health needs. The Mental Health Task Force relates directly to the primary focus of Mental Health Services. Mental Health Services has a designated internal representative to the Mental Health Task Force and sub-groups, who serves as liaison between MHS and the larger group, participates in the work of the Task Force, and acts as an internal driver for the assignments within MHS. The Task Forces meet regularly to continually work toward achieving their specific health objectives. Baseline data, minutes, and periodic progress reports for each Task Force can be found on line. http://www.ccchd.com/ccchd/n_he/comhealthas.html

- **Mental Health – Kelly Rigger, MHS CEO, Committee Chair**
- Substance Abuse
- Tobacco Cessation
- Chronic Disease Management
- Healthy Births & Sexuality
- Nutrition
- Physical Activity (no longer active)

Additionally, both Jill Sokolnicki and Valarie Jenkins of MHS participate in Clark County Public Health meetings regarding Child Mortality Review and Drug Death Review to inform community practice changes and reduce child and substance use deaths.

Mental Health Task Force Objectives

Depression Screening (Adult Sub-committee)

Impact Objective: To improve the awareness and use of a locally available on-line self-assessment tool for adolescents through adults to identify depression and risk of suicide. Use of the tool also connects the participant directly to information about local mental health services availability, location and service hours.

SMART Objective: Increase raw participation by 20% in the Mental Health Services HANDS Depression Screening Tool through promotion and direct referral; to improve the demographic breadth and balance of participants as identified by gender, age and other pertinent demographic discriminants. To provide an immediate referral guidance tool for gatekeepers that promotes the screening tool or more direct referral as deemed necessary. To regularly identify the source of referrals as an indication of program impact and efficacy.

Physician Impact Plan (Adult Sub-committee)

Impact Objective: To improve coordination of efforts between individual treating physicians and the community of mental health service providers

SMART Objective: A survey of local physicians will be conducted to identify referral practices when dealing with or prescribing medications for a mental health condition; a survey of local mental health service providers will be conducted to identify contact information, types of services and referral requirements; a complete and regularly updated referral list of mental health service providers will be available to all physicians.

Youth Continuity of Care (Adolescent/Youth Sub-committee)

Impact Objective: Create a seamless continuum of care from the school through the various medical and social service agencies when dealing with school-age children in Clark County who present with suicidal ideation or other acute mental health issues

SMART Objective: The MH Task Force will implement a Parental Consent to Treat and Release Information form and protocol for use by all Springfield and Clark County School districts

Youth Suicidal Ideation (Adolescent/Youth Sub-committee)

Impact Objective: Reduce the incidence of reported suicidal ideation among middle school-age children in Clark County.

SMART Objective: The MH Task Force will implement evidence-based programs/interventions in Springfield and Clark County School districts for middle school age students.

PAX Good Behavior Game (PAX GBG) (Adolescent/Youth Sub-committee)

Impact Objective: To improve the efficacy of the elementary educational experience by implementing the validated PAX GBG curriculum programming for elementary school programs throughout Springfield and Clark County and through training and support of the elementary school teachers.

SMART Objective: 50% of all elementary school programs will support PAX GBG programming in selected classrooms by the beginning of the 2017/2018 academic year. At least one elementary school will support PAX GBG in every classroom grades 1 through 5 by the beginning of the 2017/2018 academic year. 75% of all elementary school programs will support PAX GBG by the beginning of the 2018/2019 academic year. To increase the number of PAX GBG trained teachers by at least 40 per year over the next 5 years.

Mobile Integrated Healthcare

NOTE: this initiative was discontinued in December 2017, when the Fire Chief retired. The new Chief is working to address the problem of non-emergent use of 911 calls through alternate pathways, which will accomplish the same objectives.

Impact Objective: To improve the efficacy of interventions available to EMS first responders for mental health related situations thereby reducing the frequency of service requests and the need for more expensive and less effective resources in those situations

SMART Objective: To better match the services provided to the needs presented. To expand non-emergency treatment protocols, including transfer of patient care, and enhance the appropriate sharing of protected health information across multiple provider agencies involved.

Mental Health Task Force Structure

Mental Health Task Force (entire group)

The entire Task Force meets monthly to report progress of the two age-specific sub-committees and keep all members updated.

MHTF – Adult Sub-committee

The Adult sub-committee meets bi-monthly. The focus of this group is to develop methods by which adults with depression and a risk for suicide can be identified and connected with mental health services.

Depression Screening

The HANDS Depression Tool is available for depression assessment of adolescents through adults. The HANDS Tool is a brief 10-question tool which can be accessed on-line and self-administered, or used by a Gatekeeper. HANDS data and trends are evaluated regularly.

Gatekeepers

According to The Surgeon General's *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*, many agencies and groups within the community promote health, reduce risk factors, or otherwise touch the lives of individuals and families in crisis. https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf, (pdf pg. 42). The Task Force developed a list of these potential "Gatekeeper" agencies where additional education can be provided to prepare staff members for their role as "Gatekeeper" or first to recognize and intervene in a potential suicidal situation. QPR (Question, Persuade, and Refer) training is an established mental health methodology to identify and interrupt a suicidal crisis and direct that person to the proper care.

The first QPR training was offered in October, 2016. To date, over 300 community Gatekeepers and employees of the Clark County Combined Health District have received QPR training. Additional community Gatekeepers continue to be identified and trained. Wallet cards listing signs of suicide and the national suicide hotline were updated for distribution, and assessment and referral resource cards have also been developed for the Gatekeepers to carry. MHS modified their intake procedures and their database and trained personnel to code as Gatekeeper all those who were referred through this method. Although an increase in persons seeking mental health services has been identified, it has

not been possible to tie those seeking services back to the Gatekeepers as a referral source. The Task Force is contacting Gatekeepers to reinforce the referral process and reinforce training as necessary.

Finally, a mental health counselor has been placed in the local hospital Emergency Department during prime hours to work directly with patients in crisis, thus freeing other health professionals, who might not have the same depth of experience. Participants in the Transitions Focus Group identified the presence of these mental health counselors as being especially helpful. Those who have had multiple Emergency Department encounters noted the addition of these counselors as a positive change. The Gatekeeper initiative also provides a secondary benefit by assisting some individuals to lower their anxiety below an emergent level. This has occurred virtually and in-person during the COVID-19 pandemic as a means of reducing transmission of infectious illness.

Physicians and Mental Health Service Providers
Attempts to survey area physicians to identify their mental health treatment and referral patterns received minimal responses. As an alternative approach, a resource list of mental health service providers has been developed for physicians to use for referrals, and added to the Clark County Resource Guide, distributed by the Community Health Foundation.

MHTF – Youth Sub-committee
The Adolescent/Youth sub-group meets bi-monthly. The group's primary focus is to reduce incidence of suicidal ideation among adolescents in Clark County, by working with school administrators to implement evidence-based programs in elementary and middle schools to improve behaviors and everyday decision-making.

Youth Continuity of Care
A county-wide policy and process for implementing, maintaining, and sharing information among appropriate mental health agencies for any child under treatment for mental illness or suicidal ideation has been developed. A parental *Consent to Treat and Release Information* form has been created for parents to sign as part of the standard process whenever a child is referred for mental/behavioral health services. A plan of care for the child is then completed by the physician/counselor/nurse and returned to the school so that appropriate follow-up can be completed. This process has been successful in the one school where it has been trialed.

Youth PAX Good Behavior Game (PAX GBG)
In the 2018-19 school year, 11 schools are participating in the PAX-GBG curriculum with about 100 teachers trained and more than 70 classrooms implemented including all grades in one elementary school, and close to all grades in a second school. Evaluation of this program has produced evidence of self-regulation and more attention in the classroom among the students participating in the program.

Youth Suicidal Ideation
The Task Force introduced the evidence-based BOTVIN LIFE SKILLS training program for middle school students to district school superintendents, with the goal of reducing suicidal ideation among adolescents. Under this sequential program, "Students learn how to examine their self-image and its effects on behavior; set goals and keep track of personal progress; identify everyday decisions and how they may be influenced by others; analyze

problem situations, and consider the consequences of each alternative solution before making decisions; reduce stress and anxiety, and look at personal challenges in a positive light." http://www.ccchd.com/documents/contentdocuments/doc_23_5_947.pdf (pdf pg. 13). The Community Health Foundation and the United Way purchased the Botvin curriculum, and the Mental Health & Recovery Board of Clark, Greene and Madison Counties funded the training for Botvin teachers. Through the 2017-18 school year, 243 students from Tecumseh, Catholic Central and Miami View schools were served through the Botvin program.

Feedback Sources

In order to remain true to the organizational Vision, Mission, Values, and also maintain relevancy to the populations served, it is necessary to establish processes by which feedback can be both provided and obtained. Mental Health Services accomplishes this in several ways.

Executive Leadership

Members of the Management Team serve as representatives on the Madison County CHA Steering Committee, on the Mental Health Task Force, and as liaisons to other related agencies in the communities served. Because of their position within Mental Health Services, they can speak with authority, and also bring information and needs from the Madison County Steering Committee, the Mental Health Task Force, and other agencies, back to the MHS Leadership meetings for incorporation into planning and/or immediate activities. As stated earlier, the goals and objectives were also considered in the discussion and development of the MHS Strategic Plan for 2016-19, and are part of the current discussions formulating the Strategic Plan for 2020-25.

For the 2020-2023 Strategic Plan, the goal statement, **"Learning and Growth**… *to achieve our mission, how must we improve our capabilities to change and learn?***"** most closely aligns with the CHA/CHIP initiative. Of the 14 objectives related to that goal, two have been completed, and the others are in process.

Clients and Families

As part of the Quality Management system, results of Client Satisfaction surveys are discussed and issues addressed monthly, or more frequently, if warranted. Written comments are also reviewed by MHS Leadership for further analysis and follow-up.

For this document, results from Client Satisfaction surveys were obtained for identical nine-month periods (July 1 - March 31) in the past three fiscal years. This nine-month period was used, because it enabled direct comparison with data available from the CHA/CHIP Update document completed in 2017. Patient Satisfaction Date from subsequent quarters has also been included in this document. The following results are of note:

Survey Question and Findings	July 1, 2016 – March 31, 2017	July 1, 2017 – March 31, 2018	July 1, 2018 – March 31, 2019
Are very satisfied or satisfied with how quickly they were offered treatment	69%	93%	92%
Feel they were involved in decisions about their care, treatment and services, including treatment goals and needs (Yes/No)	85%	93%	92%

Survey Question and Findings	July 1, 2016 – March 31, 2017	July 1, 2017 – March 31, 2018	July 1, 2018 – March 31, 2019
Were asked if their treatment goals and needs were met (Yes/No)	49%	94%	92%
Felt needs expressed related to ethnic or cultural background during assessment were met well to very well	55%	91%	85%
Felt that their care was provided in a safe environment (Yes/No)	93%	99%	99%
Offered suggestions to improve safety (Yes/No)	72%	12%	15%
Were very satisfied or satisfied with overall services they received	90%	95%	94%
Are very likely or likely to recommend the services they received to others	79%	89%	89%

Focus Group –Transitions Program

In an effort to obtain the most current feedback, the author of this document met with clients who are actually receiving services. Some, but not all, have previously resided on the inpatient unit. The remainder joined Transitions directly. The discussion was guided to cover key topics of interest, but also open ended enough for participants to share whatever thoughts came to mind as the discussion unfolded.

The following information was provided to participants and they were thanked for participating:

PURPOSE: *to obtain current feedback from clients or support persons of clients of Mental Health Services of Clark County (MHS).*

WHY: *MHS is updating their portion of the Community Health Improvement Plan that was based on the overall Community Health Assessment led by the Clark County Health Department and completed in 2015/16. Your responses will help identify current strengths and weaknesses in the provision of mental health services to residents of Clark County, and help guide MHS as future direction of care efforts is determined.*

KEY POINTS:

- *No names or other identification will be used*
- *Results will be aggregated and reported in general terms as to main points, trends, etc.*
- *Responses should be as general as possible and avoid specific details related to any client's counseling or treatment plan.*
- *Questions will be open ended so participants can respond as they desire*
- *Your participation signifies your willingness for to use the information you provide in the final report.*

The following were the key topics for discussion in the focus group:

- What do you identify as positives with Mental Health Services?
- In what ways do you think Mental Health Services might improve?
- How satisfied were you with how quickly your special person/you personally was/were offered treatment?

- What concerns do you have related to:
  - Accessibility?
  - Appointments available?
  - Times?
  - Transportation?
- If you identified any needs related to your ethnic or cultural background, were they met?
- How satisfied were you overall with the services your special person/you personally received?

Focus Group – NAMI (National Alliance on Mental Illness)

Due to some confusion with communication, the group was not informed that there would be a post-session focus group. The facilitator was willing to stay and provided helpful information.

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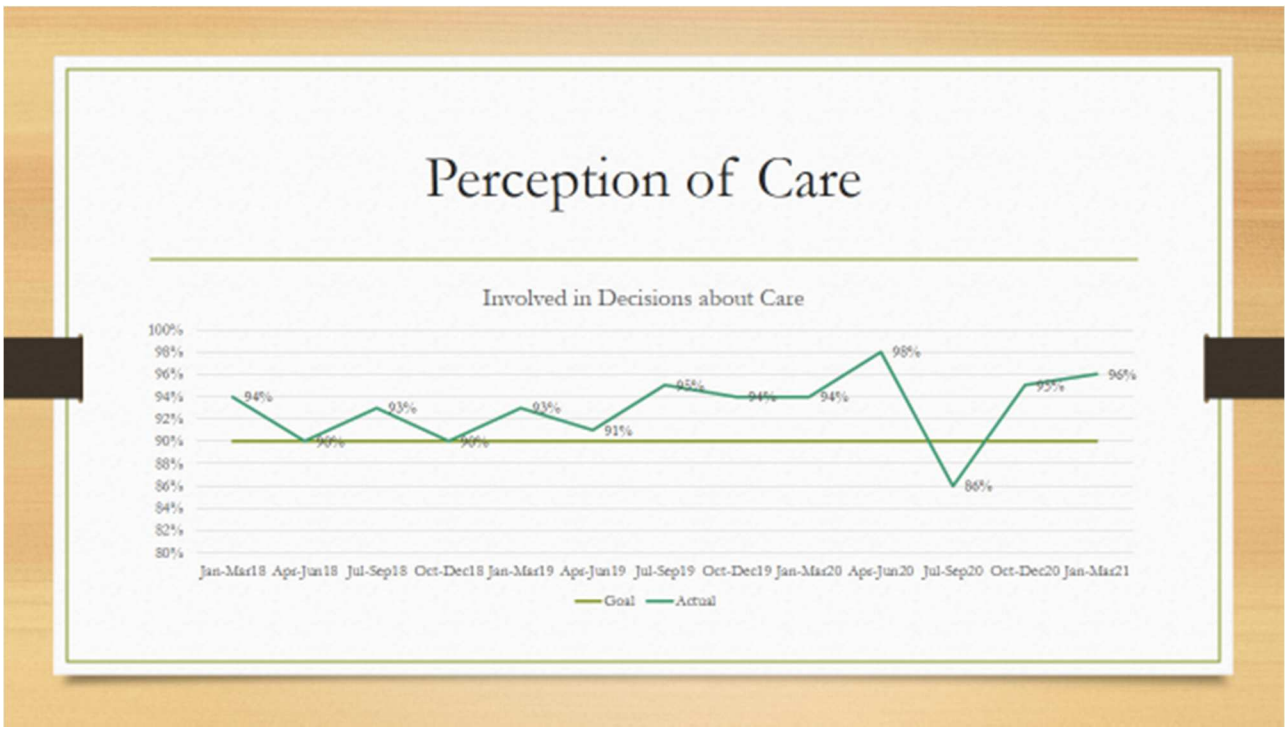
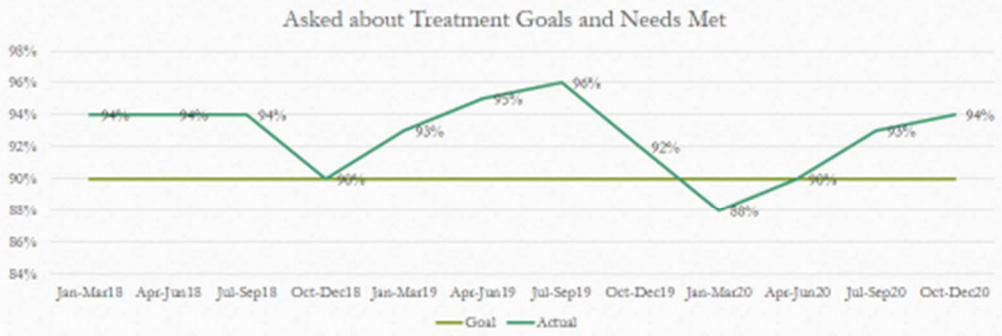
Background Documents Following

- Patient Satisfaction Comparison
- Transitions Group Comment Summary
- NAMI Focus Group Comment Summary

Patient Satisfaction



Perception of Care



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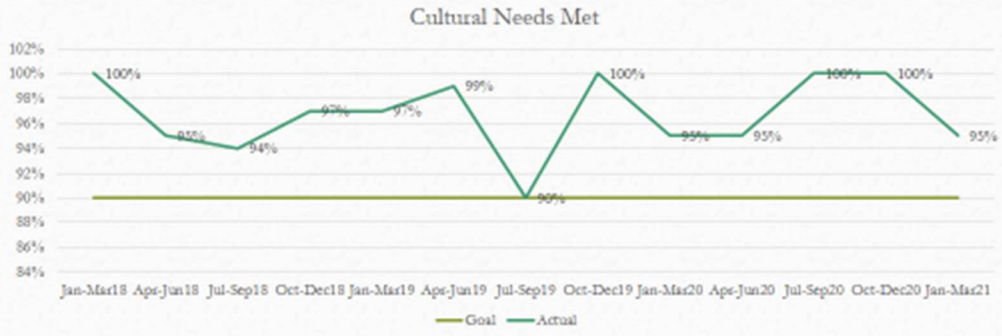

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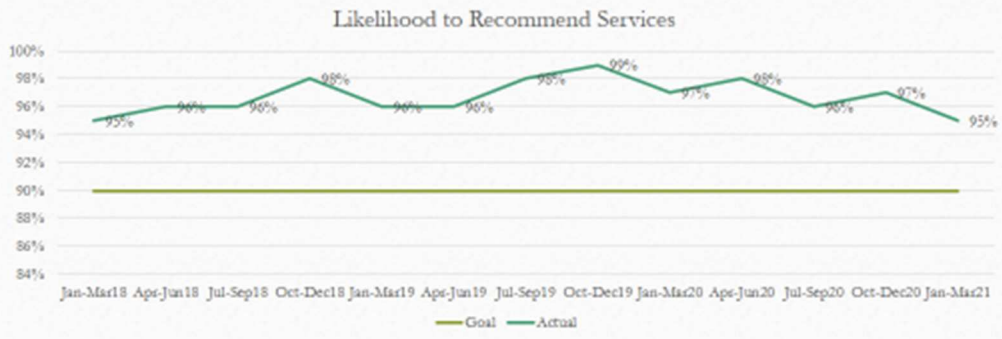

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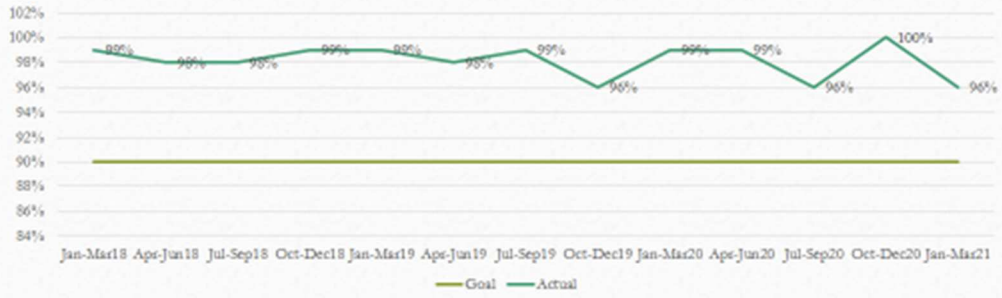

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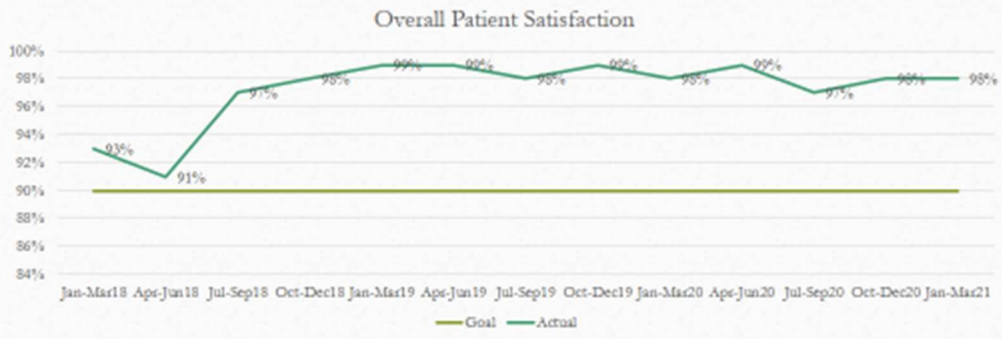

Transitions Group Comment Summary

Positive Comments

- New van facilitates getting here for those without transportation
- Therapists are attentive and caring; can talk to anyone and they will listen
- Transitions is like a support group for members
- Central pharmacy is good for obtaining prescriptions for people without insurance
- People on inpatient unit are there for you (not just doing a job)
- Staff in reception area are friendly and helpful
- The leader of Transitions provides fresh coffee and snacks to make people feel welcome
- The Transitions leader doesn't make people feel rushed in discussions
- Staff will work with you to adjust meds to "get it right"
- "If I hit another rough spot, I know I will be welcomed back (to Transitions)"
- When hospitalized at Mercy, someone stayed with individuals to watch over and "protect them from themselves"

Areas for Improvement

- Community / Outpatient
  - More advertising to increase awareness of services
  - Difficult to find phone number on website
  - Put flyers about available services in library, grocery stores, churches, pharmacies, shelters, doctors' offices, radio/TV ads, etc.
  - Facebook page to identify services
  - Some people think building is just available for inpatients, not aware of other services offered there
  - More funding to help provide more services
  - Make people aware that they can get help even if they don't have money
- Inpatient Unit Personnel
  - Doctors sometimes overbooked – too long to wait to get an appointment, then too long to wait to get in to doctor when have an appointment
  - Nurse Practitioner is overbooked – people feel rushed, needs to listen more to understand each person to appropriately prescribe meds
  - Hire another Nurse Practitioner and Psychiatrist
  - Promptly remove persons acting out from waiting area to a more private location so stress of others is not triggered
- Inpatient Unit Timeliness
  - Group denied any issues with timeliness on inpatient unit
  - Waiting list to get into Transitions is too long (both from inpatient unit and directly as an outpatient)
  - Would like an evening Transitions group
  - People who are walk-ins seeking crisis help sometimes have to sit in waiting area for hours

NAMI Focus Group Comment Summary

- What are the gaps in services?
  - Could in-home evaluations be provided for people who are currently clients (this is happening in Greene County)?
  - Since the change in Medicaid funding support for groups, groups are no longer being held.
    - Clients, who used to come to groups, then would go to Vernon Center for socialization and informal group support for the remainder of the day.
    - No longer having the van transport for AM groups has cut down on attendance at Vernon Center. Unless clients have access to private transportation or bus lines, they do not come.
  - The van is available, but there is no driver.
  - The transition of 18-year-olds from teenagers to adult is still problematic. There is a support gap unless they qualify, and there is available space, for them to live at Mulberry Terrace.

- What going well and/or has improved?
  - Communication is better between case managers and families. There are not as many complaints.
  - There is positive integration and flow between Clark and Greene County clients. They may, and do, attend meetings in both county locations. Meetings are held once a month, so if they need more immediate support with a loved-one problem, they may attend a second meeting in the other county.
  - There don't seem to be as many complaints about obtaining necessary medications for family member in need

- What can still be improved?
  - NAMI is looking forward to increased relationship with MHS (relationship with TCN in Greene Co. is good – NAMI provides lots of programming for them)
  - There is a 12-week family-to-family course that can be given
    - There is a body of NAMI support group wisdom. What helped me. . . that can be shared with new members
    - Would like an opportunity to share that course information with MHS staff
    - It is peer support, not therapy
  - Families often feel that they have been left out
    - Families still do not know about NAMI – find out from casual conversations, rather that organized referral from clinical staff
    - NAMI would like to be a partner, so all clinical staff would see and use calendar of offerings to guide family to appropriate opportunities