



Mental Health Services

for Clark and Madison Counties, Inc.

(MHS)

Community Health Needs Assessment 2024-2026 Report

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Letter from the CEO

Mental Health Services works closely with the local health departments and other health care providers in Clark and Madison Counties to address the health care needs of the area residents. Our mission to improve the safety and quality of life of those we serve is paramount in our work to understanding our community needs and aligning our services to support them. With our expertise in behavioral health, we have focused on initiating a zero suicide culture and we are proud of the progress we have made in decreasing deaths by suicide in our patient population. Our work in our local communities continues to support this focus community wide, including our work with schools, other health care entities and local health departments.

We recognize substance use disorders has a great impact on our citizens and their families. This also has an impact on local workforce and health care providers capacity to treat individuals in need of care. We continue to work to expand services for substance use disorder treatment and other addictive behaviors. We provide education and advocacy in our communities to better understand mental health and substance use disorders and have more recently added physical health care to our continuum of care. This enables us to provide integrated care to better ensure individuals receive the care they need in a holistic environment where care is coordinated between various health care professionals.

We are honored to be a part of the communities we work with and strive to improve the overall health of our population and improve their health care experience at Mental Health Services.

Community Health Needs Assessment Report 2024-2026

Consistent with Mental Health Services (MHS) mission, vision, and values, we are committed to caring for the integrated physical and behavioral health needs of our communities. By conducting the local triennial Community Health Needs Assessments (CHA) in Clark and Madison Counties, we gain an understanding of our community needs. Working with other community stakeholders and consumers, we develop our MHS Community Health Improvement Plan (CHIP) to address our community needs.

Mental Health Services for Clark and Madison Counties Mission, Vision, and Values Statements

Our Mission, Vision, and Values continue to serve as guideposts for our work. are reviewed and reaffirmed by the Board and Leadership staff every year review, revise, and affirm MHS's commitment to these core concepts stated below:

Mission

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

Vision

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

Values

- Quality
- Innovation and Growth
- Compassion
- Integrity
- Partnership

Mental Health Services Strategic Goals

1. Improve patient outcomes through our services and programs by becoming certified as a Federally Qualified Health Center Look-Alike.
2. Improve employee satisfaction and engagement to establish ourselves as an employer of choice.
3. Improve capacity to serve more patients with shorter wait times.
4. Change attitudes, opinions, and beliefs about our organizational brand and the stigma around “mental health.”
5. Improve and sustain financial health



Figure 1: MHS Strategic Goals

While we use a variety of approaches to achieve our goals, underpinning every decision is internal and external data so we can make informed decisions and measure our effectiveness. The results of this Community Health Assessment most directly impact Strategic Goal 1, Improve Patient Outcomes, but our response to this information can influence the other goals as well.

Social Determinants of Health (SDOH)

Mental Health Services is using the Healthy People 2030 model to assess our communities' Social Determinants of Health (SDOH) among other factors that influence well-being for our patients and their families¹. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains:

1. Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty

2. Education Access and Quality

- Early Childhood Development and Education
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy

3. Health Care Access and Quality

- Access to Health Services
- Access to Primary Care
- Health Literacy

4. Neighborhood and Built Environment

- Access to Foods That Support Healthy Dietary Patterns
- Crime and Violence
- Environmental Conditions
- Quality of Housing

5. Social and Community Context

- Civic Participation
- Discrimination
- Incarceration
- Social Cohesion

MHS CHA for Clark County, Ohio

External Influences and Environment

The operations of Mental Health Services are influenced by the trends and factors present in the communities and other organizations with which we work. Here are some demographic and other descriptive statistics about Clark County that impact individual physical and mental health as well as our ability to serve the population:

Figure 2: Total Population in Clark County, Ohio, and the United States

¹ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved June 14, 2024, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Clark County, OH	136,001	396.88	343
Ohio	11,799,448	40,858.53	289
United States	331,449,281	3,533,018.38	94

Data Source: US Census Bureau, *Decennial Census*. 2020.

Figure 3: Age Distribution

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Clark County, OH	5.68%	16.61%	8.31%	11.35%	11.26%	12.33%	14.11%	20.36%
Ohio	5.65%	16.32%	9.34%	12.72%	11.98%	12.21%	13.83%	17.96%
United States	5.55%	16.51%	9.43%	13.53%	12.73%	12.33%	13.1%	16.83%

Data Source: US Census Bureau, *Decennial Census*. 2020.

Figure 4: Racial Distribution

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Clark County, OH	81.68%	8.97%	0.66%	0.31%	0.07%	1.94%	6.37%
Ohio	76.96%	12.53%	2.53%	0.26%	0.04%	1.9%	5.77%
United States	61.63%	12.4%	6%	1.12%	0.21%	8.42%	10.21%

Data Source: US Census Bureau, *Decennial Census*. 2020.

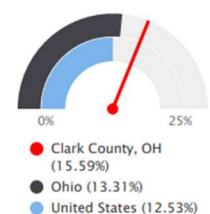
Figure 5: Population Living in Poverty (below 100% of FPL)

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Clark County, OH	132,426	20,647	15.59%
Ohio	11,472,644	1,526,507	13.31%
United States	323,275,448	40,521,584	12.53%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, *American Community Survey*. 2018-22.

Population in Poverty, Percent



The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability.²

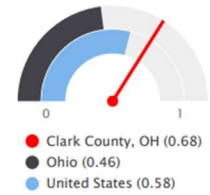
Figure 6: Social Vulnerability Index

² Quoted from United States Census Bureau, "American Community Survey, Community Needs Assessment." 2018-2022.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Clark County, OH	134,409	0.64	0.82	0.49	0.55	0.68
Ohio	11,675,275	0.42	0.47	0.51	0.50	0.46
United States	326,569,308	0.54	0.48	0.71	0.62	0.58

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2020.

Social Vulnerability Index Score



The Food Desert indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.³ 30% of the census tracts in Clark County are in a food desert, which greatly impacts overall health.

Figure 7: Food Deserts

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Clark County, OH	138,333	10	34	28,446	109,887
Ohio	11,536,504	421	2,522	1,504,341	10,032,163
United States	308,745,538	9,293	63,238	39,074,974	269,670,564

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019.

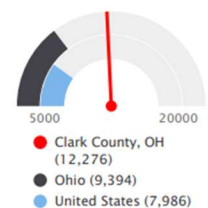
This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.⁴

Figure 8: Premature Deaths and Years of Potential Life Lost

Report Area	Premature Deaths, 2019-2021	Years of Potential Life Lost, 2019-2021	Years of Potential Life Lost, Rate per 100,000 Population
Clark County, OH	2,876	45,418	12,276
Ohio	193,266	3,064,337	9,394
United States	4,535,347	73,613,082	7,986

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings, 2019-2021.

Years of Potential Life Lost Rate Per 100,000 Population



In summary, the population of Clark County, Ohio has more people per square mile, more children and elderly people, has a higher percentage of people living in poverty, is more vulnerable in the case of a disaster, has a higher percentage of people living in food deserts, and has a higher rate of premature death than Ohio and the United States on average. All these factors, and more, put a strain on the health care systems in place to help care for the people of Clark County.

³ Ibid

⁴ Ibid

Clark County Combined Health District Community Health Assessment 2023-2025

“During the last CHA/CHIP cycle, Clark County and the entire world has been overwhelmed responding to an unprecedented pandemic caused by a novel coronavirus called SARS-CoV-2 (COVID-19). Even in the midst of testing and vaccinating the entire population of Clark County, the local public health system has made progress towards achieving the goals outlined in the last CHIP. Pandemics are typically known as “equalizers” and affect the entire population; however, the COVID-19 pandemic set known health inequities ablaze and created new issues. After careful review of the previous CHA/CHIP documents and consideration of the dampened efforts to achieve the goals previously outlined due to the overwhelming COVID-19 response of the entire community, the CHA Steering Committee decided to 1) collect new primary and secondary data with an eye towards “pandemic skew,” and 2) look at previous goals and “reboot” many of them into the next CHA/CHIP cycle. This reboot was dependent on “Continuation Evaluation Criteria” that included: 1) support from newly collected/pooled data, 2) current or renewable momentum towards previous goals, 3) alignment with state priorities, 4) willing leadership in the strategic issue areas, and 5) community capacity to make additional strides in the priority areas.”⁵

- The CHA of Clark County was led by the Clark County Combined Health District (CCCHD) and published in February 2023
- The published report of CHA findings were reviewed by a Steering Committee comprised of local Clark County health-related agencies and other interested parties and led by the Clark County Health Commissioner
- October 2023, the Community Health Improvement Plan (CHIP) was 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
- Participating agencies were charged with incorporating data from CHA and developing goals and objectives with applicable interventions from CHIP Task Forces into their strategic planning processes
 - Responsible for additional drill down
 - Responsible for assignment of responsibilities
- Kelly Rigger, MHS CEO participates in meetings to develop the assessment and plan and chairs the Mental Health Task Force with reporting responsibilities to the CCCHD Steering Committee.

Key Assessment Data Related to Mental Health in Clark County

Data from the 2023 CHA identified the following areas of concern related to mental health:

- 20% of youth reported having no one to talk to when feeling depressed or anxious.
- 20.6% of youth report seriously considering suicide.

⁵ Quoted from “Clark County Community Health Assessment, 2022” Found at <https://ccchd.com/wp-content/uploads/2023/02/Clark-County-CHA-2022-Final.pdf>

- Overdose rates were 48.8 per 100,000 people which is higher than state and national rates.
- 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 to attempt suicide in the past year. This was significantly higher than the state (11.1%) and nation (13.6%)
- In a four-month period of 2023, the 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.

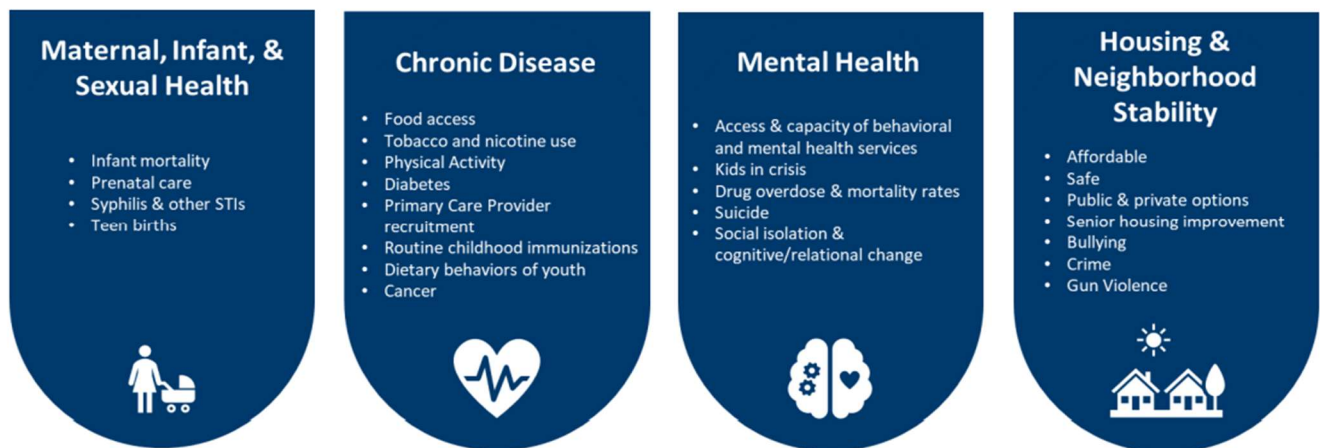
http://www.ccchd.com/ccchd/n_he/comhealthas.html

Plotting a Course for Health Improvement

Using data from the Community Health Assessment, MHS works closely with CCCHD and other community partners to select health initiatives to work on for the next three years. The link below provides a view of the 2023-2025 Community Health Improvement Plan. <https://ccchd.com/wp-content/uploads/2023/10/CCCHD-CHIP-2023-2025-FINAL-2023-10-13-v3.pdf>. Both the CCCHD CHA and CHIP can be found in Appendix 1 of this report.

Clark County, Ohio Health Priorities⁶

From the data collected during the Community Health Assessment (CHA), the Steering Committee identified four health priorities. These health priorities are the foundation for the CHIP and task forces in the community.



Integration and collaboration with internal and external primary care sources are essential to improving health disparities, outcomes, and quality of life for our patients. MHS's Community Health Assessment (CHA) leads to our Community Health Improvement Plan (CHIP) which elaborates on the current and needed future services to individuals and families, as well as inter-

⁶Quoted from "Clark County Community Health Improvement Plan, 2023-2025" Found at <https://ccchd.com/wp-content/uploads/2023/10/CCCHD-CHIP-2023-2025-FINAL-2023-10-13-v3.pdf>

relationships with other healthcare and community agencies. All of our work is performed in compliance with applicable Federal and State regulations and quality guidelines, and under accreditation of The Joint Commission.

MHS CHA for Madison County, Ohio

External Influences and Environment

Every three years Mental Health Services works closely with Madison County Public Health and other community partners to conduct a county-wide Community health Assessment (CHA). Based on the results of the CHA, a community health improvement plan (CHIP) is developed to address county-wide health care needs. MHS is an integral part of the public health plan and introduces strategies to improve the overall health of those we serve and all those who live in Madison County and the surrounding area.

Madison County lies between Springfield and Columbus, and more than 37% of its working population drives 30+ minutes to work. Both I-70 and I-71 go through Madison County. Madison County, with about 466 square miles of land, is primarily a rural county, with over 93% of its land area being cropland, pasture, and forest. About 6% of its land cover is developed. Madison County's total population is 43,824 (Census 2020)⁷. Its largest community and singular city is London with 10,279 residents. Population projections forecast Madison County's population to increase by 7% by the year 2030.

Figure 9: Total Population of Madison County, Ohio, and the United States

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Madison County, OH	43,824	465.81	94
Ohio	11,799,448	40,858.53	289
United States	331,449,281	3,533,018.38	94

Data Source: US Census Bureau, Decennial Census, 2020.

Figure 10: Age Distribution

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Madison County, OH	2,271	6,921	3,305	5,753	5,846	6,132	6,397	7,199
Ohio	666,434	1,925,452	1,102,347	1,500,324	1,413,842	1,440,125	1,632,187	2,118,737
United States	18,400,235	54,705,765	31,254,763	44,834,666	42,184,137	40,868,806	43,408,408	55,792,501

Data Source: US Census Bureau, Decennial Census, 2020.

Figure 11: Racial Distribution

⁷ Quoted from United States Census Bureau, 2020. Found at https://data.census.gov/profile/London_city,_Madison_County,_Ohio?g=060XX00US3909744674

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Madison County, OH	86.82%	6.13%	0.58%	0.16%	0.01%	1.54%	4.76%
Ohio	76.96%	12.53%	2.53%	0.26%	0.04%	1.9%	5.77%
United States	61.63%	12.4%	6%	1.12%	0.21%	8.42%	10.21%

Data Source: US Census Bureau, Decennial Census, 2020.

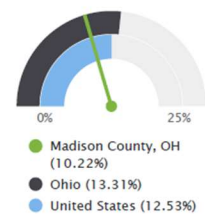
Figure 12: Population Living in Poverty (below 100% of FPL)

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Madison County, OH	39,226	4,009	10.22%
Ohio	11,472,644	1,526,507	13.31%
United States	323,275,448	40,521,584	12.53%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2018-22.

Population in Poverty, Percent



While Clark County has a high Social Vulnerability Index Score and approximately 20% of its Census Tracts identified by USDA as food deserts, those issues not as significant in Madison County which has only one Census Tract identified as a food desert and a low SVI score. Different issues, however, cause Madison County to have high community health needs. Health behaviors like binge drinking contribute to poor health outcomes in Madison County. The number of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days is almost 18% (over 19% when age adjusted) which is higher than the state and national averages. Binge drinking is present at high levels across most of the county, which affects transportation and outreach planning.⁸

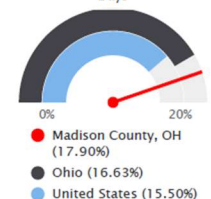
Figure 13: Alcohol – Binge Drinking

Report Area	Total Population	Adults Age 18+ Binge Drinking in the Past 30 Days (Crude)	Adults Age 18+ Binge Drinking in the Past 30 Days (Age-Adjusted)
Madison County, OH	44,386	17.90%	19.20%
Ohio	11,780,017	16.63%	18.06%
United States	331,893,745	15.50%	16.70%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021.

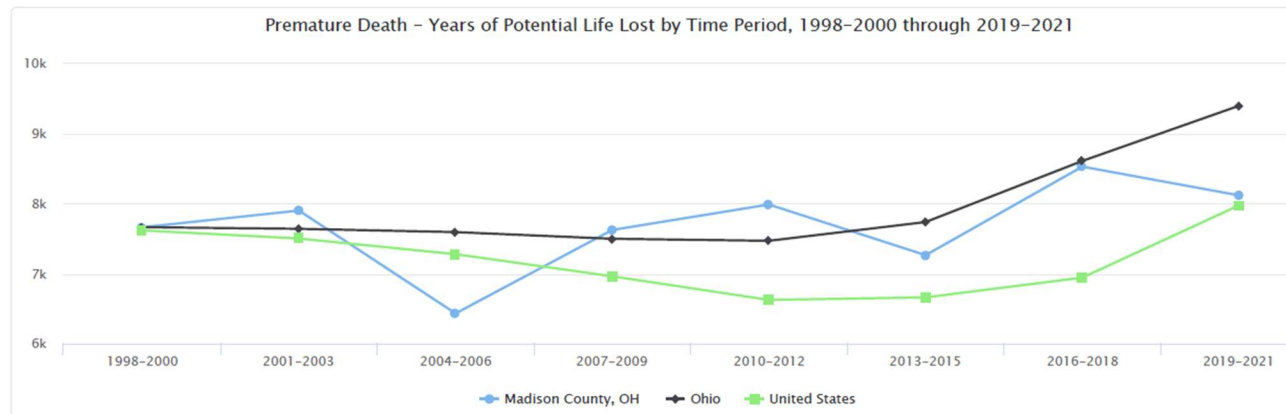
Percentage of Adults Age 18+ Binge Drinking in the Past 30 Days



While the trend for the rate of premature death in Madison County has been going up since 1998, we did see a small decrease during the Covid-19 Pandemic, likely due to the rural nature of the county and the natural social distancing that occurred. However, the rate of premature death in the United States rose during the Pandemic and just met Madison County's rate during the last 3-year cycle, and Ohio's rate increased a lot, which is not great news for anyone.

⁸ Quoted from United States Census Bureau, "American Community Survey, Community Needs Assessment." 2018-2022

Figure 14: Years of Potential Life Lost by Time Period

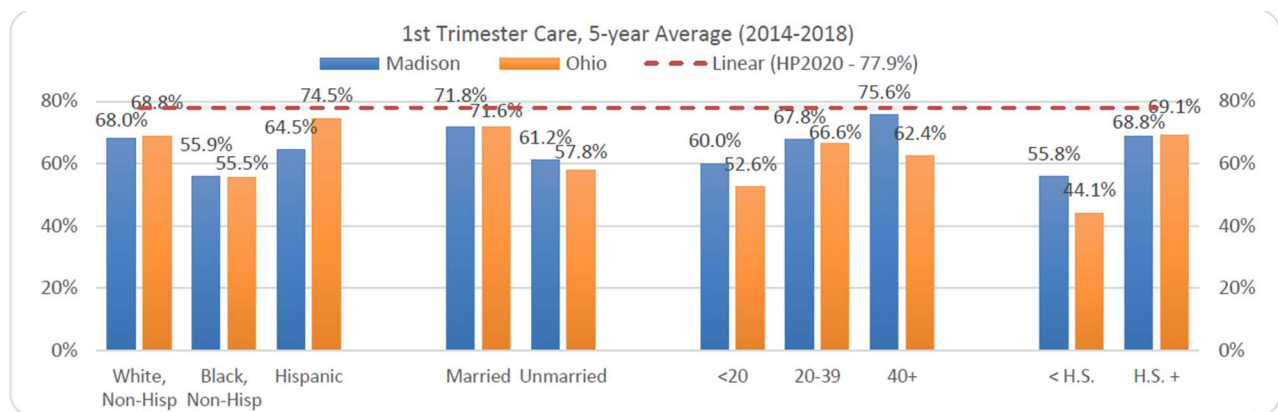


Madison County Public Health CHA 2019 and CHIP 2022⁹

The last CHA by Madison County Department of Public Health was conducted in 2019. The CHIP that was subsequently developed was greatly affected by the Covid-19 Pandemic, and many of the health priorities identified had to be delayed due to limited personnel and other resources. However, more recent assessments by Madison Health reinforce the need to address similar priorities as were identified in 2019, so we will list them here:

Maternal and Infant Health

Maternal and Infant Health includes infant and maternal mortality, birth outcomes and related risk factors impacting preconception, pregnancy and infancy such as teen pregnancy. This chart demonstrates the health disparities present in accessing care during the first trimester of pregnancy:



Source: Ohio Department of Health

Madison Health also identified Infant Mortality and Breastfeeding as priorities in their CHA for this period.¹⁰

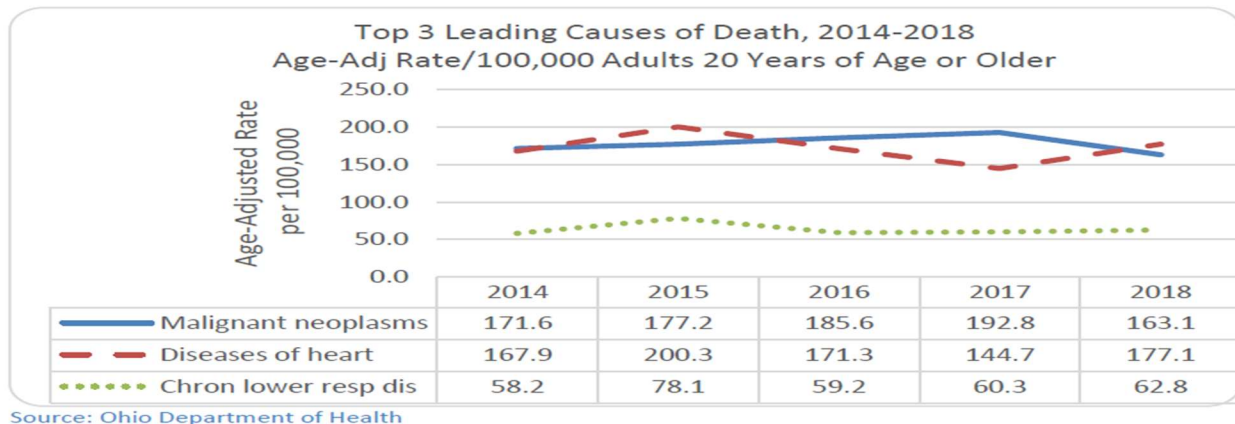
⁹ Taken from Madison County Community Health Needs Assessment, 2019 found at https://www.co.madison.oh.us/services/public_health/index.php

¹⁰ Taken from "Madison Health 2022 Community Health Needs Assessment" found at <https://www.madison-health.com/content/uploads/2023/04/Madison-Health-2022-CHNA.pdf>

Chronic Disease

The second priority identified by the CHA is addressing the high rate of chronic disease. The top three leading causes of death in Madison County between 2014-2018 were cancer (malignant neoplasms), heart disease, and chronic lower respiratory disease. Chronic diseases, including obesity, cardiovascular disease, diabetes and cancer, stand out as concerns for Madison County. Obesity and hypertension, for example, are highly prevalent conditions in the County, affecting more than one third of the population.

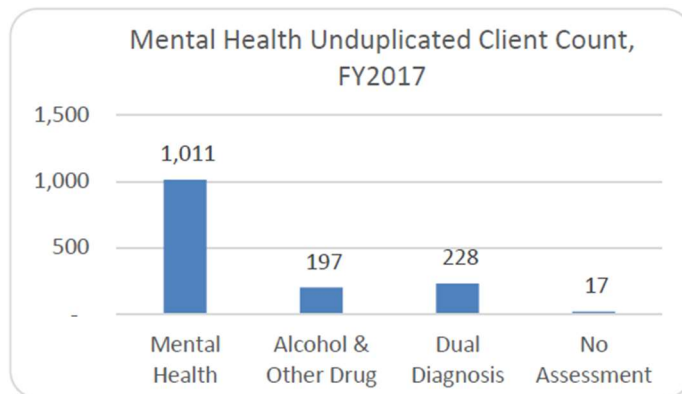
Figure 15: Top 3 Leading Causes of Death



Mental Health and Addiction

Mental health, especially addiction, continues to cause premature death and other unwanted health outcomes for the population of Madison County. As part of the group of counties at the core of the worst of the opiate epidemic, and the widespread impact of the Covid-19 Pandemic on individual's mental health, Madison County has a large unmet need for SUD and other behavioral health interventions. We know from Figure 13: Alcohol – Binge Drinking that almost 18% of the population admits to binge drinking in the last 30 days. Contrast that with only 3% of the population seeking mental health or addiction services for ANY issue, per the graph below:

Figure 16: Mental Health Unduplicated Client County, FY 2017 Madison County



Source: Ohio Department of Mental Health and Addiction Services

Health Outcomes

Figure 17: Health Outcomes and Factors, 2022

	U.S. Top Performers	Ohio	Madison	Clark
Health Outcomes				
Length of Life				
Premature death	5,600	8,700	7,300	11,500
Quality of Life				
Poor or fair health	15%	18%	20%	22%
Poor physical health days	3.4	4.2	4.3	4.7
Poor mental health days	4	5.2	5.2	5.5
Low birthweight	6%	9%	7%	9%
	County TREND is getting worse for this measure			
	County TREND is the same for this measure			
	County TREND is getting better for this measure			

Plotting a Course for Health Improvement

Using data from the Community Health Assessment, MHS works closely with Madison County Public Health and other community partners to select health initiatives to work on for the next three years. The link below provides a view of the 2022 Community Health Improvement Plan.

<https://cms7files.revize.com/madisonoh/MCPH%20CHIP-%208.5.22%20final.pdf>

The healthcare priorities identified for the 2022 MCPH CHIP include:

- Maternal and Infant Health
 - Reduce Infant mortality
- Mental Health and Addiction
 - Reduce Depression
- Health Behaviors
 - Increase physical activity
 - Improve nutrition
- Access to Care
 - Reduce unmet need for mental health care
 - Increase local access to healthcare services
 - Investigate community needs related to public transportation

Feedback Sources

To remain true to the organizational Mission, Vision, and Values, and maintain relevance 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 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 2024-2026.

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 each quarter between January 2018 and September 2023. Each of the following 7 graphs shows the results of a specific question on the survey as compared to our organization-wide goals.

Patient Perception of Care

Figure 18: Timeliness of Appointments

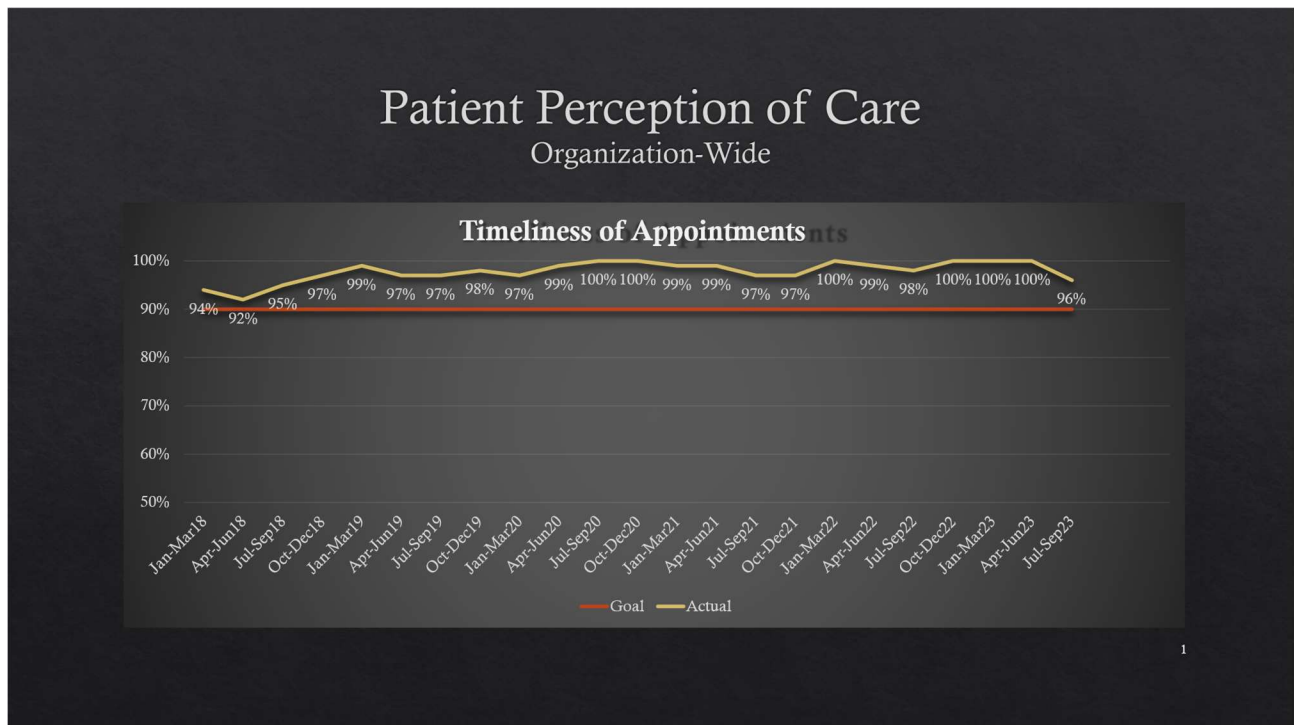


Figure 19: Decisions about Care



Figure 20: Treatment Goals and Needs Met

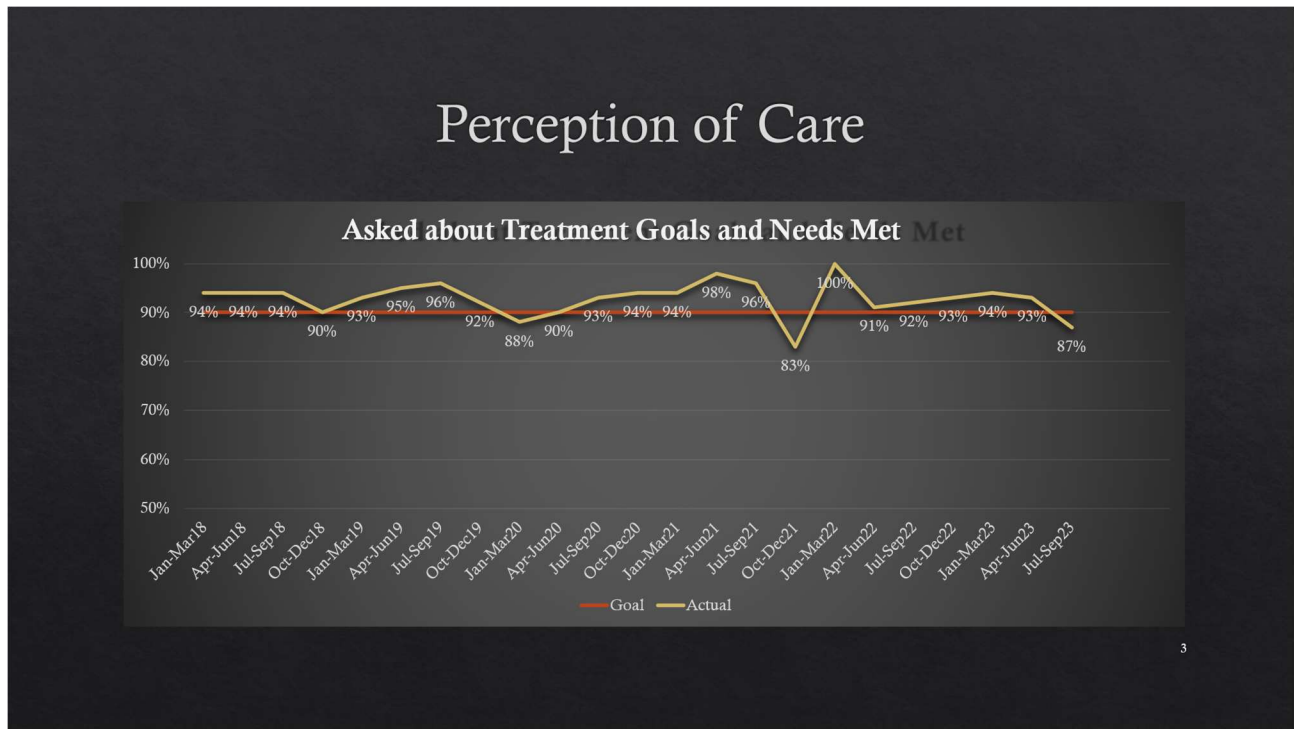


Figure 21: Cultural Needs Met

Perception of Care



4

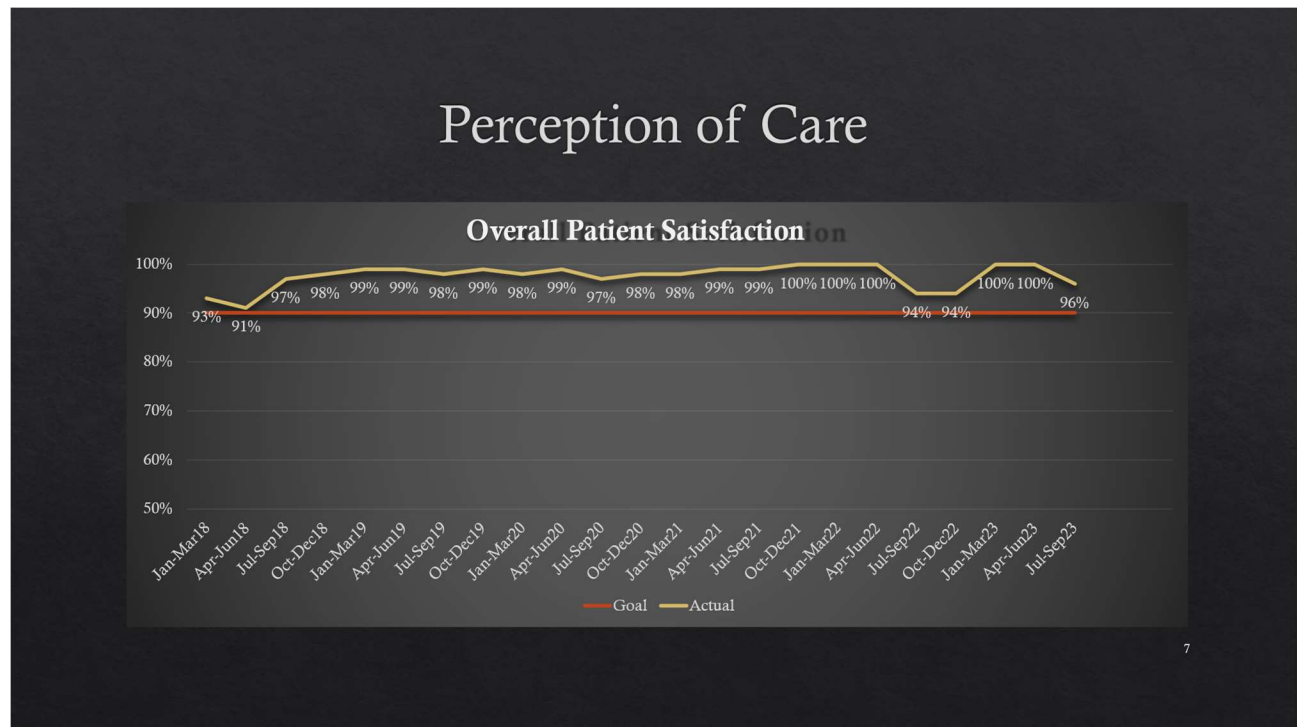
Figure 22: Likelihood to Recommend Services



Figure 23: Satisfaction with Safety of Care



Figure 24: Overall Patient Satisfaction



Mental Health Services' Assessment Conclusions

Clark and Madison County Public Health Mental Health Priorities

- Access and capacity of behavioral health and mental health services
- Kids in crisis
- Drug overdose & mortality rates
- Suicide
- Social isolation & cognitive/relational change
- Reduce depression
- Reduce unmet need for mental health care

Mental Health Services' Priorities

We offer services pertinent to each of the priorities listed above, which not only means that our previous assessments have led us in the right direction, but also that unfortunately some of the more difficult mental health needs in our communities have not been completely addressed. Our focus in the immediate future is to continue to find ways to integrate primary care and behavioral health care to address all the issues impacting our clients and their health. Specifically:

- Increase the amount of Primary Care services and locations we offer
- Increase services to children and youth during the summer
- Increase the amount and type of SUD services we offer, including developing Medication Assisted Treatment clinics and IOP or other groups at all our locations
- Continue our very successful Zero Suicide program
- Develop a training and fellowship program to increase the number of mental health professionals in our communities and improve existing professionals' skill levels.