

Mental Health and Recovery for Licking and Knox Counties
 SFY23 – SFY25 Community Assessment and Plan (CAP)
 Crosswalk of Plan Activities and Strategies

Continuum of Care: Prevention

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- The MHR service district has a high rate of estimated death of despair (death by suicide, drug poisoning, and alcohol abuse) at 41.94 (Knox) and 49.7 (Licking) deaths per 100,000 people. <https://www.winmeasures.org> Health disparities cause deaths of despair and are fueled by easy access to lethal means, along with a lack of social connection and economic and spiritual fulfillment. Local assessment indicate people are experiencing mental health symptoms more frequently. Unidentified trauma including ACEs negatively affect a person's health and wellness. Residents would benefit from family supports and universal evidenced based prevention strategies to strengthen resilience and promote protective factors. Public awareness would also decrease stigma.
- Both counties would benefit from more school-based interventions to mitigate risk factors associated with addiction and mental illness by promoting protective factors and greater resiliency in students.

Primary Indicator of Progress: Decrease number of poor mental health days per month for adults

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
Family Supports & Other Community Universal Prevention Strategies To improve overall community mental health by increasing the availability of inclusive, culturally competent and trauma-informed evidenced based family supports & other universal community prevention strategies that foster resiliency and support recovery, promote protective factors, develop greater public awareness, and decrease stigma.	Family Mentoring Program (family peer support)	Mental Health America of Licking County and Family Life Counseling & Psychiatric Services	Number of families served 95% of families will use community resources
	Parenting Education including Triple P (all levels), Incredible Years, Active Parenting Now	Pathways of Central Ohio, Mental Health America of Licking County, Freedom Center, Our Futures (Licking Memorial Health Systems), and Knox Parent Support Initiative	Number of parents trained 80% of parents participating will report improvements in parenting skills and behaviors 80% of parents participating will report improved behaviors of their children
	Universal community prevention including MHFA youth & adult), QPR, Hidden in Plain Sight, KSAAT Community Coming Together Conference,	Mental Health America of Licking County, MHR, Freedom Center, Pathways of Central Ohio, and other MHR network of care providers	Number of trainings or events offered in the community

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
<p>The SAMHSA Strategic Prevention Framework (SPF) will be used to maintain established local coalitions and partnerships and develop new ones.</p>	<p>Knox Public Health (KPH) Get Healthy Knox County, Licking County Health Department (LCHD) Creating Healthy Communities, county health departments' Project Dawn overdose and naloxone education and distribution, education of safe disposal of prescription drugs and sharps, and stop the stigma campaign, Overdose Awareness Day, and other community events promoting health and wellness</p> <p>United Way of Knox County – Health and wellness community initiatives, participation in key community partnerships and coalitions, education, resource navigator program, and funding</p> <p>United Way of Licking County – Health and wellness community initiatives, community partner council forums, and funding</p> <p>Licking County Foundation, Knox County Foundation, Ariel Foundation – Funding and other resources supporting</p>	<p>Knox Public Health - KSAAT Drug Free Coalition & KHPP/CHIP</p> <p>Licking County Health Department Drug Overdose Prevention Program/Coalition (DOP) & LCHD CHIC Planning</p> <p>Newark Homeless Outreach & Ohio Change Addiction Now</p> <p>United Way of Knox County United Way of Licking County Licking County Foundation Knox County Foundation Ariel Foundation</p>	<p>Number of persons participating in training or event</p> <p>90% of individuals completing QPR training will show increased knowledge about how to effectively respond to a suicide crisis</p> <p>90% of individuals completing MHFA will indicate increased confidence in applying the knowledge and skills learned in MHFA</p> <p>Quantity of prescription drugs collected and safely disposed of during drug take back days</p> <p>Increase trainings to increase general knowledge of mental health & mental health services (KCH – CHIP)</p> <p>Design community health education plan focused on youth (KCH – CHIP)</p> <p>Knox County will conduct two community resource forums (KHP – CHIP)</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	community health and wellness		
	School-based Prevention including Good Behavior Game, Second Step, Too Good for Drugs, Too Good for Violence, Signs of Suicide, SOS, Sources of Strength	MHR network of prevention providers Licking & Knox County School Districts Our Futures – Licking Memorial Health Systems County health department CHIPs and partner organizations	Number of students receiving EBP prevention strategies Number of schools receiving EBP prevention education 90% of students will report/demonstrate increased developmental competencies (skills and/or behaviors) Knox County students will develop a peer led plan to reduce substance use (KCH – CHIP)
	Suicide Prevention Coalitions	Knox County Suicide Prevention Coalition (KCSPC) Licking County Suicide Prevention Coalition (LCSPC)	Completion and implementation of strategic plan to increase public awareness of suicide Number of QPR trainings provided to the community Number of person participating in QPR trainings Number of events raising public awareness of suicide – memorials, 5K awareness races, etc.
	Violence Prevention	New Directions (Knox) The Woodlands – New Beginnings (Licking)	100% of persons receiving domestic violence (DV) crisis intervention services will be provided with a safety plan

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	<p>School – based and community violence prevention education</p> <p>Domestic Violence Crisis Services, Referral, Advocacy and Navigation Services, and Emergency Shelter</p>	<p>MHR network prevention providers and other community partners</p>	<p>that takes into account risk assessment</p> <p>100% of adults/families receiving DV Referral, Advocacy, and Navigation Services will increase awareness and confidence in using community resources</p> <p>80% of DV shelter residents will have more knowledge of community resources</p> <p>90% of students will report/demonstrate increased developmental competencies (skills and/or behaviors)</p>
	<p>SBIRT</p> <p>Depression and Anxiety Screenings</p>	<p>Behavioral health & primary health care providers, FQHCs</p>	<p>Number of people screened</p> <p>Number of providers administering SBIRT and/or depression – anxiety screenings</p>
	<p>SUD Health Education & Infectious Disease Screening</p>	<p>Freedom Center and partners including - Knox County Community FQHC, Lower Lights Christian FQHC, Family Health Clinic (Newark), Licking Memorial Health Systems, Knox Community Hospital and other behavioral health care providers</p>	<p>Number of people educated about infectious diseases & overdose prevention</p> <p>Number of people screened for HIV, Hepatitis C, and pregnancy</p> <p>Number of people receiving fentanyl strips and safe sex supplies</p>
	<p>Establish local coalitions and partnerships using SPF – Faith-based Collaborative</p>	<p>MHR and other community partners</p>	<p>Develop coalition to plan for the behavioral health care</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
		Area churches and ministerial associations	<p>needs of congregations and other faith-based groups</p> <p>Identify behavioral health needs of faith-based community</p> <p>Develop activities and events promoting protective factors and resiliency for congregations and other faith-based groups</p> <p>Provide evidenced-based behavioral health education to five Knox County church congregations (KCH – CHIP)</p>
	Establish local coalitions and partnerships using SPF – Rural/Farm Life Collaborative	<p>MHR and other community partners</p> <p>Ohio Farm Bureau, Ohio State Extension Services including 4H</p>	<p>Develop coalition to plan for the behavioral health care needs of rural – farming communities</p> <p>Identify behavioral health needs of rural – farming communities</p> <p>Develop activities and events promoting protective factors and resiliency for rural communities</p>

Continuum of Care: Mental Health Treatment

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- Residents face barriers finding easy and timely access to behavioral health care leading to unmet need. Barriers include a lack of necessary workforce, transportation, geographical distance, cost, stigma, and confusion in accessing available services.
- Unserved or underserved people experiencing multiple health disparities keep them from engaging in care and achieving greater health and wellness. Consequences of untreated mental illness and addiction include poor health and risk of disease, homelessness, boarding in emergency departments, and arrest leading to incarceration and involvement in the criminal justice system. There is also a high incidence of unintentional overdose deaths especially in Licking County. Complex needs require coordinated care management and access to resources and supports.
- The MHR service district has a high rate of estimated death of despair (death by suicide, drug poisoning, and alcohol abuse) at 41.94 (Knox) and 49.7 (Licking) deaths per 100,000 people. <https://www.winmeasures.org> Health disparities cause deaths of despair and are fueled by easy access to lethal means, along with a lack of social connection and economic and spiritual fulfillment. Local assessment indicate people are experiencing mental health symptoms more frequently. Unidentified trauma including ACEs negatively affect a person's health and wellness. Residents would benefit from family supports and universal evidenced based prevention strategies to strengthen resilience and promote protective factors. Public awareness would also decrease stigma.

Primary Indicator of Progress Increased ratio of population to workers

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
<p>The Public Behavioral Health Workforce Developing infrastructure and strategies to stabilize and increase workforce recruitment and retention necessary for the provision of effective service delivery including improved access to care and addressing unmet mental health treatment needs.</p>	<p>MHR Ad-hoc System Change Committee - Using the SAMHSA Strategic Prevention Framework (SPF) with the Ad-hoc System Change Committee to develop local workforce retention and recruitment strategies</p> <p>MHR's Bylaws allows for the appointment by the Board Chair of ad-hoc committees that concentrate on critical issues impacting the continuum of care and the community. The Ad-hoc System Change Committee has in the past worked with network providers and their boards along with other key community partners</p>	<p>MHR Ad-hoc System Change Committee – Workforce</p>	<p>Development and implement strategies addressing local workforce recruitment and retention issues</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	<p>to prepare for behavioral health redesign. The committee acts like any other standing board committee, holds formal public meetings, and makes recommendations to the full MHR board for their consideration. Similarly, the committee, comprised by behavioral healthcare providers and their board members and other key community partners, has held formal meetings addressing workforce issues and is developing strategies.</p>		
	<p>Mental Health Treatment - Timely Access to Care</p>	<p>MHR network of care mental health providers</p>	<p>90% of new clients will be provided with an initial evaluation within 10 business days from first call/first contact (HEDIS)</p> <p>90% of new clients will receive their first treatment service within 20 business days of initial contact/first contact. (the first appointment after the initial evaluation has been completed) (HEDIS)</p> <p>Average number of days between discharge from all hospital psychiatric services and provider services follow-up contact (face-to-face,</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
			telehealth, or phone) will be 7 days or less
	Mental Health Treatment - Improved Functioning	MHR network of care mental health providers	75% of persons receiving services will demonstrate a higher level of functioning over a six month period using a valid functioning scale
	Consumer Operated Services Peer Support Services	The Main Place	<p>Number of persons using consumer operated services</p> <p>85% of SPMI adults attending consumer operated services will engage with a peer support specialist and develop a recovery plan</p> <p>Number of persons using peer support services</p> <p>75% of persons using formal peer support services will demonstrate a higher level of functioning over a six month period using a valid functional scale</p>
Children's Behavioral Health Care Services – Mental Health	<p>MHR network of mental health providers</p> <p>FCFC MSY high fidelity family teams, special committees and workgroups, and resources</p> <p>Juvenile Court Services – Special Docket Mental Health Court (Knox) & Family Intervention Services (Licking)</p>	<p>Number of children/youth receiving services</p> <p>75% of children/youth receiving services will demonstrate a higher level of functioning over a six month period using a valid functioning scale</p>	

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
			<p>98% of youth receiving services will have no new involvement with the juvenile justice system</p> <p>Number of very young children receiving early childhood mental health services (ECMH)</p> <p>90% of very young children receiving ECMH will remain in pre-school settings without suspension/expulsions while receiving services</p>
	Mental Health Jail & Re-entry Services	MHR network of care mental health providers	75% of persons assessed in jail and referred to mental health services as part of re-entry planning will engage in mental health services within 14 days of release
	Criminal Justice/Juvenile Justice Court Collaboration	<p>Local Correction Planning Boards</p> <p>Adult and juvenile special docket court steering committees & treatment teams</p> <p>Stepping Up Initiatives</p>	<p>Number of participants graduating from special docket court programs</p> <p>Number of participants using ATP or other resources to support recovery plans</p>
	Adult Teams – Adult Community Collaborative Team – Multi-system Adults (MSA), ACT/FACT	Licking and Knox Multi-system Adult Teams – Behavioral Healthcare Providers, criminal justice system – probation, law enforcement, healthcare – FQHC & hospitals, JFS & social services	<p>Number of persons served by the MSA team</p> <p>Number of persons served by MSA team diverted from jail or hospital ED</p> <p>90% of ACT clients released to community control will meet</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
		Behavioral Healthcare Partners of Central Ohio 24/7 ACT/FACT Teams	<p>the terms of their civil commitment</p> <p>90% of FACT clients released to community control will meet the terms of their conditional release</p>
	Mental Health Discharge & Linkage	MHR network of care mental health providers	<p>Number of persons receiving discharge coordination and linkage services</p> <p>Average number of days between discharge from all hospital psychiatric services and provider services follow-up contact (face-to-face, telehealth, or phone) will be 7 days or less</p>
	Children/youth with multi-system challenges and their families (FCFC Shared Plan)	<p>FCFC Full Councils, Board of Directors and Funders Group, Early Intervention Services, Early Childhood Coordinating Committee/Early Childhood Clinical Committee, Community Support Teaming – High Fidelity Wraparound/Service Coordination, Clinical Committee/Community Team</p> <p>Other partners – Knox Health Planning Partnership, Knox Parent Support Initiative, KC Child Abuse and Neglect Prevention Advisory Board, LC Ohio InCK Project, LC Maternal</p>	<p>Partnerships and coordination between child/family serving systems (CPS,JC,DD, MH&R, service providers, schools) to further develop the continuum of care and expand services for children and families</p> <p>Number of families connected to community-based, intensive & home-based services</p> <p>% of Youth involved in FCFC family teaming who are at high risk (risk defined by referral/CANS)for residential placement (more than 30 days)/CPS Custody/court</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
		Child Health Project Advisory Board, Communities of Support Steering Committees (LCHD)	placement to DYS/CCF who are diverted from placement
	Promoting trauma informed practices and environments Adverse Childhood Experiences (ACES) Screenings to understand the impact of trauma on individual health and wellness and promote its use in developing trauma informed environments	MHR network of care providers and other community partners FCFC & Shared Plans Knox HRSA KORR Consortium	Number of persons screened Number of providers administering ACES screening Number of community organizations using a trauma informed model or the six trauma informed principals (FCFC Shared Plan) Increase access to trauma informed practice trainings (FCFC Shared Plan)

Continuum of Care: SUD Treatment

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- Residents face barriers finding easy and timely access to behavioral health care leading to unmet need. Barriers include a lack of necessary workforce, transportation, geographical distance, cost, stigma, and confusion in accessing available services.
- Unserved or underserved people experiencing multiple health disparities keep them from engaging in care and achieving greater health and wellness. Consequences of untreated mental illness and addiction include poor health and risk of disease, homelessness, boarding in emergency departments, and arrest leading to incarceration and involvement in the criminal justice system. There is also a high incidence of unintentional overdose deaths especially in Licking County. Complex needs require coordinated care management and access to resources and supports.
- The MHR service district has a high rate of estimated death of despair (death by suicide, drug poisoning, and alcohol abuse) at 41.94 (Knox) and 49.7 (Licking) deaths per 100,000 people. <https://www.winmeasures.org> Health disparities cause deaths of despair and are fueled by easy access to lethal means, along with a lack of social connection and economic and spiritual fulfillment. Local assessment indicate people are experiencing mental health symptoms more frequently. Unidentified trauma including ACEs negatively affect a person's health and wellness. Residents would benefit from family supports and universal evidenced based prevention strategies to strengthen resilience and promote protective factors. Public awareness would also decrease stigma.

- Both counties have taken custody of a significant number of children due to their parents' addiction many of whom are not involved in care. This family disruption causes significant trauma for all involved and tremendous cost to the counties.

Primary Indicator of Progress: Increased ratio of population to workers

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
<p>The Public Behavioral Health Workforce Developing infrastructure and strategies to stabilize and increase workforce recruitment and retention necessary for the provision of effective service delivery including improved access to care and addressing unmet addiction treatment needs and low retention rates</p>	<p>MHR - Ad-hoc System Change Committee - Using the SAMHSA Strategic Prevention Framework (SPF) with the Ad-hoc System Change Committee to develop local workforce retention and recruitment strategies</p> <p>MHR's Bylaws allows for the appointment by the Board Chair of ad-hoc committees that concentrate on critical issues impacting the continuum of care and the community. The Ad-hoc System Change Committee has in the past worked with network providers and their boards along with other key community partners to prepare for behavioral health redesign. The committee acts like any other standing board committee, holds formal public meetings, and makes recommendations to the full MHR board for their consideration. Similarly, the committee, comprised by behavioral healthcare</p>	<p>Ad-hoc System Change Committee – Workforce</p>	<p>Development and implement strategies addressing local workforce recruitment and retention issues</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	<p>providers and their board members and other key community partners, has held formal meetings addressing workforce issues and is developing strategies.</p>		
	<p>SUD Treatment - Timely Access to Care</p>	<p>MHR network of care SUD providers</p>	<p>90% of new clients will be provided with an initial evaluation within 10 business days from first call/first contact (HEDIS)</p> <p>90% of new clients will receive their first treatment service within 20 business days of initial contact/first contact. (the first appointment after the initial evaluation has been completed)(HEDIS)</p> <p>90% of adult IV drug users will be scheduled for an initial clinical appointment within 14 calendar days of the initial call</p> <p>Average amount of days between discharge from Withdrawal Management/SUD residential treatment and face-to-face outpatient services will be 5 days or less</p>
	<p>SUD Treatment - Improved Functioning</p>	<p>MHR network of care SUD providers</p>	<p>75% of persons receiving SUD services will demonstrate a higher level of functioning over a six month period using a valid functioning scale</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	SUD Treatment - Retention Rates	MHR network of care SUD providers	50% of persons assessed for SUD services will complete the program
	SUD Peer Support Services	<p>The Main Place</p> <p>Knox County Special Docket Courts:</p> <p>MERIT Mt. Vernon Municipal Court Special Docket Drug Court</p> <p>ARMOR Knox County Common Pleas Court Special Docket Drug Court</p>	<p>Number of SUD peer supporters integrated within special docket drug court treatment teams</p> <p>Number of persons using peer support services</p> <p>75% of persons using formal peer support services will demonstrate a higher level of functioning over a six month period using a valid functional scale</p>
	Children's Behavioral Health Care Services - SUD	<p>MHR network of mental health providers</p> <p>FCFC MSY high fidelity family teams, special committees and workgroups, and resources</p> <p>Juvenile Court Services – Special Docket Drug Court (Knox) & Family Intervention Services (Licking)</p>	<p>Number of youth receiving services</p> <p>65% of youth assessed as appropriate for SUD services will complete the program</p> <p>75% of youth receiving services will demonstrate a higher level of functioning over a six month period using a valid functioning scale</p> <p>98% of youth receiving services will have no new involvement with the juvenile justice system</p>
	Jail & Re-entry Services	MHR network of care SUD providers	75% of persons assessed in jail and referred to mental health services as part of re-entry

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	SUD Discharge & Linkage	MHR network of care SUD providers HRSA KORR Consortium Members (Knox)	planning will engage in SUD services within 14 days of release Number of persons receiving discharge coordination and linkage services Average amount of days between discharge from Withdrawal Management/SUD residential treatment and face-to-face outpatient services will be 5 days or less
	Criminal Justice/Juvenile Justice Court Collaboration	Local Correction Planning Boards Adult and juvenile special docket court steering committees & treatment teams Stepping Up Initiatives	Number of participants graduating from special docket court programs Number of participants using ATP or other resources to support recovery plans
	Adult Teams – Adult Community Collaborative Team – Multi-system Adults (MSA), QRT, Special Docket Court Treatment Teams	Licking and Knox Multi-system Adult Teams – Behavioral Healthcare Providers, criminal justice system – probation, law enforcement, healthcare – FQHC & hospitals, JFS & social services Knox (ORT) – Knox County Sheriff's Office, Mt. Vernon PD, The Main Place (peer support & case management), Freedom Center (treatment), Pathways of Central Ohio 211 24/7 Crisis Hotline, other first responders	Number of persons served by the MSA team Number of persons served by MSA team diverted from jail or hospital ED Number of persons connected with MAT services 50% of individuals receiving outreach and screened will engage in services

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
		<p>Licking (QRT) – Newark PD, The Main Place, LAPP (treatment), Pathways, other first responders</p> <p>Special Docket Court Treatment Teams – Licking & Knox Municipal Courts and Licking and Knox Common Pleas</p>	<p>Number of participants graduating from special docket court programs</p> <p>Number of participants using ATP or other resources to support recovery plans</p>
	<p>Children/youth with multi-system challenges and their families (FCFC Shared Plan)</p>	<p>FCFC Full Councils, Board of Directors and Funders Group, Early Intervention Services, Early Childhood Coordinating Committee/Early Childhood Clinical Committee, Community Support Teaming – High Fidelity Wraparound/Service Coordination, Clinical Committee/Community Team</p> <p>Other partners – Knox Health Planning Partnership, Knox Parent Support Initiative, KC Child Abuse and Neglect Prevention Advisory Board, LC Ohio InCK Project, LC Maternal Child Health Project Advisory Board, Communities of Support Steering Committees (LCHD)</p>	<p>Partnerships and coordination between child/family serving systems (CPS,JC,DD, MH&R, service providers, schools) to further develop the continuum of care and expand services for children and families</p> <p>Number of families connected to community-based, intensive & home-based services</p> <p>% of Youth involved in FCFC family teaming who are at high risk (risk defined by referral/CANS)for residential placement (more than 30 days)/CPS Custody/court placement to DYS/CCF who are diverted from placement</p>
	<p>Promoting trauma informed practices and environments</p>	<p>MHR network of care providers and other community partners</p>	<p>Number of persons screened</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	Adverse Childhood Experiences (ACES) Screenings to understand the impact of trauma on individual health and wellness and promote its use in developing trauma informed environments	FCFC & Shared Plans Knox HRSA KORR Consortium	Number of providers administering ACES screening Number of community organizations using a trauma informed model or the six trauma informed principals (FCFC Shared Plan) Increase access to trauma informed practice trainings (FCFC Shared Plan)

Continuum of Care: Medication Assisted Treatment (MAT)

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- Residents face barriers finding easy and timely access to behavioral health care leading to unmet need. Barriers include a lack of necessary workforce, transportation, geographical distance, cost, stigma, and confusion in accessing available services.
- Unserved or underserved people experiencing multiple health disparities keep them from engaging in care and achieving greater health and wellness. Consequences of untreated mental illness and addiction include poor health and risk of disease, homelessness, boarding in emergency departments, and arrest leading to incarceration and involvement in the criminal justice system. There is also a high incidence of unintentional overdose deaths especially in Licking County. Complex needs require coordinated care management and access to resources and supports.
- The MHR service district has a high rate of estimated death of despair (death by suicide, drug poisoning, and alcohol abuse) at 41.94 (Knox) and 49.7 (Licking) deaths per 100,000 people. <https://www.winmeasures.org> Health disparities cause deaths of despair and are fueled by easy access to lethal means, along with a lack of social connection and economic and spiritual fulfillment. Local assessment indicate people are experiencing mental health symptoms more frequently. Unidentified trauma including ACEs negatively affect a person's health and wellness. Residents would benefit from family supports and universal evidenced based prevention strategies to strengthen resilience and promote protective factors. Public awareness would also decrease stigma.
- Both counties have taken custody of a significant number of children due to their parents' addiction many of whom are not involved in care. This family disruption causes significant trauma for all involved and tremendous cost to the counties.

Primary Indicator of Progress: Decrease number of unintentional overdose deaths

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
<p>Evidenced-based Comprehensive Medication Assisted Treatment Services Promote and develop access to programs that provide SAMHSA evidenced-based Medication Assisted Treatment (MAT) practices that focus on a comprehensive "whole-person" recovery approach in combination with the use of approved medication to treat alcohol and opioid addiction, counseling and behavioral therapies, access to other resources leading to improved functioning and life skills, and integration with primary care</p>	<p>Evidenced-based Comprehensive Medication Assisted Treatment Services</p>	<p>Freedom Center, Behavioral Healthcare Partners of Central Ohio, LAPP (LMH – Shepherd Hill Hospital)</p>	<p>Number of persons served</p> <p>Number successfully completing treatment</p> <p>Number of persons receiving MAT services in jail (Knox)</p> <p>Number of persons not incurring any new criminal charges</p> <p>Number of persons employed or engaged in vocational /educational programs</p>
	<p>Quick Response Teams (QRT/ORT) – SUD outreach and engagement to MAT and other SUD treatment services</p>	<p>Knox (ORT) – Knox County Sheriff's Office, Mt. Vernon PD, The Main Place (peer support & case management), Freedom Center (treatment), Pathways of Central Ohio 211 7 Crisis Hotline, other first responders</p> <p>Licking (QRT) – Newark PD, The Main Place, LAPP (treatment), Pathways, other first responders</p>	<p>Number of persons connected with MAT services</p> <p>50% of individuals receiving outreach and screened will engage in services</p>

Continuum of Care: Crisis Services

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- Residents face barriers finding easy and timely access to behavioral health care leading to unmet need. Barriers include a lack of necessary workforce, transportation, geographical distance, cost, stigma, and confusion in accessing available services.
- Unserved or underserved people experiencing multiple health disparities keep them from engaging in care and achieving greater health and wellness. Consequences of untreated mental illness and addiction include poor health and risk of disease, homelessness, boarding in emergency departments, and arrest leading to incarceration and involvement in the criminal justice system. There is also a

high incidence of unintentional overdose deaths especially in Licking County. Complex needs require coordinated care management and access to resources and supports.

- The MHR service district has a high rate of estimated death of despair (death by suicide, drug poisoning, and alcohol abuse) at 41.94 (Knox) and 49.7 (Licking) deaths per 100,000 people. <https://www.winmeasures.org> Health disparities cause deaths of despair and are fueled by easy access to lethal means, along with a lack of social connection and economic and spiritual fulfillment. Local assessment indicate people are experiencing mental health symptoms more frequently. Unidentified trauma including ACEs negatively affect a person's health and wellness. Residents would benefit from family supports and universal evidenced based prevention strategies to strengthen resilience and promote protective factors. Public awareness would also decrease stigma.

Primary Indicator of Progress: 80% of persons receiving a service on the crisis continuum will be diverted from jail, emergency departments, and other higher levels of care (when appropriate) to other community-based services

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
<p>Crisis Continuum of Care Expansion of behavioral health crisis continuum of care including a 24/7 crisis stabilization center, additional BH urgent care units, community navigators, and enhanced mobile crisis response for diversion to appropriate levels of care</p>	<p>Crisis Stabilization Center (Capital Project)</p> <p>There is no 24/7 crisis stabilization center with observation or short term crisis residential care located in the MHR service district. Services have been purchased using state and federal funding from Franklin County providers. Timely access to these service arrangements has proven challenging due to geographical distance, transportation, lack of beds, and need for immediate accessibility to care. Consequences of these barriers include the stress placed on hospitals and uncomfortably long ED stays with less experienced staff in dealing</p>	<p>Behavioral Healthcare Partners of Central Ohio</p> <p>Licking Memorial Health Systems</p> <p>Knox Community Hospital</p> <p>MHR</p> <p>Other community partners</p>	<p>Determine community need for a 24/7 Crisis Stabilization Center</p> <p>Conduct pre –development activities</p> <p>Amass community partnerships and gather support</p> <p>Exploring funding options, and a potential capital campaign.</p> <p>Develop a project pro-forma including development and operational costs over time.</p> <p>Complete design development phase for the construction project to include timeline, budget, and project expectations</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	with behavioral health crises and sometimes unhelpful outcomes, incarceration resulting from arrest due to disruptive behaviors due to mental illness and/or addiction, and increased stigma.		Engage contractors and resources necessary to manage and complete construction project
	Urgent Care Units – Care Now Clinics	Behavioral Healthcare Partners of Central Ohio	<p>Determine need for additional urgent care centers</p> <p>80% of persons receiving a service on the crisis continuum will be diverted from jail, emergency departments, and other higher levels of care (when appropriate) to other community-based services</p>
	<p>Mobile Crisis Teams – Youth</p> <p>Mobile Response and Stabilization (MRSS) is a 24/7 structured community based, in-person, intervention and support service for youth and families, provided by a mobile response and stabilization service team. It is a prevention-focused emergency program that serves as a gateway to other services across the system of care.</p>	Behavioral Healthcare Partners of Central Ohio	<p>Transition current youth mobile crisis response model to MRSS</p> <p>Complete requirements to meet fidelity of MRSS model</p> <p>Number of youth served by the team</p> <p>Number of youth served prevented from using hospital ED, acute care services, placement disruptions, or involvement with the juvenile justice system.</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	<p>MRSS screening, triage, and mobile response, can last for up to 72 hours. Stabilization lasts for up to six weeks</p> <p>Mobile Crisis Teams – Adult mobile crisis response/co-responder teams</p> <p>KOP and KORR intervene prior to and/or in an effort to prevent the need for psychiatric hospitalization, as well as to reduce the frequency of law enforcement interactions related to behavioral health issues. It uses law enforcement awareness of persons at risk from calls for service and closes the gap by referring these individuals to the outreach services for engagement and care management.</p> <p>24/7 Pre-screening and Probate Mobile Services – risk and mental status assessment, crisis planning, hospital pre-screenings and probate community services – jails, hospital ED, schools, other community settings. Linkage to higher levels of care. Co-responds with law enforcement especially CIT and other first responders</p>	<p>Knox Outreach and Prevention Team: KOP – Knox County Sheriff's Office, Fredericktown PD, Knox County behavioral healthcare providers</p> <p>Licking Community Outreach and Prevention Team (CORE) – Newark PD, Heath PD, Licking County behavioral healthcare providers</p> <p>Pre-screening and Probate Mobile Services – Behavioral Healthcare Partners of Central Ohio</p>	<p>Number of persons referred to KOP and CORE</p> <p>Number of persons engaged in community services and supports</p> <p>95% of persons in crisis/urgent situation will be responded to within one hour of their initial contact</p> <p>100% of persons receiving crisis intervention services will be provided with a plan of action necessary to return them to a safe and/or improved level of functioning</p> <p>80% of persons receiving a service on the crisis continuum will be diverted from jail, emergency departments, and other higher levels of care (when appropriate) to other community-based services</p>

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	<p>BH Community Navigators</p> <p>Community navigation is a recognized public health best practice that connects individuals and families seeking mental health and/or substance use service with appropriate care. The service will provide advocacy and support to persons and families especially those seeking higher levels of care. Families with shared experience have identified difficulties in understanding admission criteria for higher levels of SUD care when advocating for loved ones in immediate need.</p>	<p>Pathways of Central Ohio serves as the primary Crisis Call Center for the service district providing by 24/7 crisis hotline services and information and referral.</p> <p>Other partners include Knox Public Health and Licking County Health Department Community Navigator Programs</p>	<p>Number of persons using community navigation</p> <p>80% of people seeking community navigator services will engage in care.</p>
	<p>Crisis Intervention Team (CIT) academies, advanced trainings, dispatch training, and steering committees</p>	<p>MHR - CIT coordinator</p> <p>Licking & Knox CIT Steering Committees - law enforcement, probation, other first responders, MHR network of care and other community providers, NAMI</p>	<p>Number of trainings held</p> <p>Number of officers and other first responders trained</p>

Continuum of Care: Harm Reduction

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- Residents face barriers finding easy and timely access to behavioral health care leading to unmet need. Barriers include a lack of necessary workforce, transportation, geographical distance, cost, stigma, and confusion in accessing available services.
- Unserved or underserved people experiencing multiple health disparities keep them from engaging in care and achieving greater health and wellness. Consequences of untreated mental illness and addiction include poor health and risk of disease, homelessness,

boarding in emergency departments, and arrest leading to incarceration and involvement in the criminal justice system. There is also a high incidence of unintentional overdose deaths especially in Licking County. Complex needs require coordinated care management and access to resources and supports.

- The MHR service district has a high rate of estimated death of despair (death by suicide, drug poisoning, and alcohol abuse) at 41.94 (Knox) and 49.7 (Licking) deaths per 100,000 people. <https://www.winmeasures.org> Health disparities cause deaths of despair and are fueled by easy access to lethal means, along with a lack of social connection and economic and spiritual fulfillment. Local assessment indicate people are experiencing mental health symptoms more frequently. Unidentified trauma including ACEs negatively affect a person's health and wellness. Residents would benefit from family supports and universal evidenced based prevention strategies to strengthen resilience and promote protective factors. Public awareness would also decrease stigma.
- Both counties have taken custody of a significant number of children due to their parents' addiction many of whom are not involved in care. This family disruption causes significant trauma for all involved and tremendous cost to the counties.

Primary Indicator of Progress: Decrease number of unintentional overdose deaths

Strategy Projects	Project/Key Activities	Organization/Coalition	Secondary Outcome Indicators
<p>SUD Community – based Nurse A full time SUD nurse to provide health education and support to high-risk SUD populations including pregnant women in community-based settings. Services include health education, infectious disease screening, overdose prevention services including naloxone education and distribution and support of other harm reduction strategies, wound care, and linkage to medical and behavioral health care services</p>	<p>SUD Community – based Nurse</p> <p>SUD Health Education & Infectious Disease Screening</p>	<p>Freedom Center and partners including - Knox County Community FQFC, Lower Lights Christian FQHC, Family Health Clinic (Newark), Licking Memorial Health Systems, Knox Community Hospital, and other behavioral healthcare providers</p>	<p>Number of people educated about infectious diseases & overdose prevention</p> <p>Number of people screened for HIV, Hepatitis C, and pregnancy</p> <p>Number of people receiving fentanyl strips and safe sex supplies</p>
	<p>SUD Community – based Nurse</p> <p>Overdose Prevention with Naloxone,</p>	<p>Freedom Center and partners including - Knox County Community FQFC, Lower Lights Christian FQHC, Family Health Clinic (Newark), Licking Memorial Health Systems, Knox Community Hospital, and other behavioral health care providers</p>	<p>Number of persons trained in administering Naloxone</p> <p>Number of kits distributed to high risk individuals, family members, professionals, and other community members</p>

Strategy Projects	Project/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	County health department Overdose Prevention and Unintentional Overdose Fatality Review Groups	Knox Public Health – Child Fatality, Unintentional Overdose Fatality, and Suicide Review Board Licking County Health Department Drug Overdose Prevention Program/Coalition (DOP) and Unintentional Overdose Fatality Board	Number of unintentional overdose deaths Identified trends with resulting strategies to reduce overdose deaths
	SBIRT Depression and Anxiety Screenings	Behavioral health & primary health care providers, FQHCs	Number of people screened Number of providers administering SBIRT and/or depression – anxiety screenings
	Quick Response Teams (QRT/ORT) – SUD outreach and engagement to MAT and other SUD treatment services	Knox (ORT) – Knox County Sheriff's Office, Mt. Vernon PD, The Main Place (peer support & case management), Freedom Center (treatment), Pathways of Central Ohio 211 7 Crisis Hotline, other first responders Licking (QRT) – Newark PD, The Main Place, LAPP (treatment), Pathways, other first responders	Number of persons connected with MAT services 50% of individuals receiving outreach and screened will engage in services
	Evidenced-based Comprehensive Medication Assisted Treatment Services	Freedom Center, Behavioral Healthcare Partners of Central Ohio, LAPP (LMH – Shepherd Hill Hospital)	Number of persons served Number successfully completing treatment Number of persons receiving MAT services in jail (Knox)

Strategy Projects	Project/Key Activities	Organization/Coalition	Secondary Outcome Indicators
			Number of persons not incurring any new criminal charges Number of persons employed or engaged in vocational /educational programs

Continuum of Care: Recovery Supports

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- Residents face barriers finding easy and timely access to behavioral health care leading to unmet need. Barriers include a lack of necessary workforce, transportation, geographical distance, cost, stigma, and confusion in accessing available services.
- Unserved or underserved people experiencing multiple health disparities keep them from engaging in care and achieving greater health and wellness. Consequences of untreated mental illness and addiction include poor health and risk of disease, homelessness, boarding in emergency departments, and arrest leading to incarceration and involvement in the criminal justice system. There is also a high incidence of unintentional overdose deaths especially in Licking County. Complex needs require coordinated care management and access to resources and supports.
- Housing challenges including lack of affordable and safe housing and homelessness is a contributing condition to health disparities and barriers faced by residents including those seeking or using behavioral health care services.

Primary Indicator of Progress: 75% of persons receiving services in the network of care will reside in transitional or permanent housing, including scattered site transitional, adult care facilities, recovery housing, permanent supported housing or independent housing with a lease or ownership

Strategy	Project/Key Activities	Organization/Coalition	Secondary Outcome Indicators
Permanent Supportive Housing Project & Other Housing Planning Participation in community homelessness/housing planning including the development of a housing project addressing	MHR Ad-hoc System Change Committee - Housing	MHR staff and board and other key community members and organizations	Survey housing needs of behavioral health population Develop and priorities strategies addressing housing needs of the population

Strategy	Project/Key Activities	Organization/Coalition	Secondary Outcome Indicators
needs of people challenged with mental health and/or addiction issues along with housing challenges			Develop MHR Housing Policy 75% of persons receiving services in the network of care will reside in transitional or permanent housing, including scattered site transitional, adult care facilities, recovery housing, permanent supported housing or independent housing with a lease or ownership
	Permanent Supportive Housing Project (Capital Project)	The Main Place	Determine need for permanent supportive housing development using the "Place Next Door" model
	Local HUD CoC Coalitions and other Community Housing Groups Participation	Licking County: LCHI – Licking County Housing Initiative Knox County: ENC – Emergency Needs Coalition	Participate in planning process with local housing groups and initiatives Align MHR planning with local housing groups and initiatives
	SUD Treatment - Improved Functioning	MHR network of care SUD providers	75% of persons receiving SUD services will demonstrate a higher level of functioning over a six month period using a valid functioning scale
	SUD Treatment - Retention Rates	MHR network of care SUD providers	50% of persons assessed for SUD services will complete the program
	Mental Health Treatment - Improved Functioning	MHR network of care mental health providers	75% of persons receiving services will demonstrate a higher level of functioning over a six month period using a valid functioning scale

Continuum of Care: Pregnant Women with SUD

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- Residents face barriers finding easy and timely access to behavioral health care leading to unmet need. Barriers include a lack of necessary workforce, transportation, geographical distance, cost, stigma, and confusion in accessing available services.
- Unserved or underserved people experiencing multiple health disparities keep them from engaging in care and achieving greater health and wellness. Consequences of untreated mental illness and addiction include poor health and risk of disease, homelessness, boarding in emergency departments, and arrest leading to incarceration and involvement in the criminal justice system. There is also a high incidence of unintentional overdose deaths especially in Licking County. Complex needs require coordinated care management and access to resources and supports.
- The MHR service district has a high rate of estimated death of despair (death by suicide, drug poisoning, and alcohol abuse) at 41.94 (Knox) and 49.7 (Licking) deaths per 100,000 people. <https://www.winmeasures.org> Health disparities cause deaths of despair and are fueled by easy access to lethal means, along with a lack of social connection and economic and spiritual fulfillment. Local assessment indicate people are experiencing mental health symptoms more frequently. Unidentified trauma including ACEs negatively affect a person's health and wellness. Residents would benefit from family supports and universal evidenced based prevention strategies to strengthen resilience and promote protective factors. Public awareness would also decrease stigma
- Both counties have taken custody of a significant number of children due to their parents' addiction many of whom are not involved in care. This family disruption causes significant trauma for all involved and tremendous cost to the counties.

Primary Indicator of Progress: Decrease number of substance exposed infants

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
SUD Community – based Nurse A full time SUD nurse to provide health education and support to high-risk SUD populations including pregnant women in community-based settings. Services include health education, infectious disease screening, overdose prevention services including naloxone education and distribution and support of other harm reduction strategies, wound care, and linkage to medical	SUD Community – based Nurse	Freedom Center and partners including - Knox County Community FQFC, Lower Lights Christian FQHC, Family Health Clinic (Newark), Licking Memorial Health Systems, Knox Community Hospital, and other behavioral healthcare providers	Number of people educated about infectious diseases & overdose prevention
	SUD Health Education & Infectious Disease Screening		Number of people screened for HIV, Hepatitis C, and pregnancy
	SUD Community – based Nurse	Freedom Center and partners including - Knox County Community FQFC, Lower Lights	Number of people receiving fentanyl strips and safe sex supplies
			Number of persons trained in administering Naloxone

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
and behavioral health care services	Overdose Prevention with Naloxone	Christian FQHC, Family Health Clinic (Newark), Licking Memorial Health Systems, Knox Community Hospital, and other behavioral health care providers	Number of kits distributed to high risk individuals, family members, professionals, and other community members
	SUD Community – based Nurse Maternal/Pre-natal Care Referral & Linkage	Freedom Center and partners including - Knox County Community FQFC, Lower Lights Christian FQHC, Family Health Clinic (Newark), Licking Memorial Health Systems, Knox Community Hospital, and other behavioral health care providers	Number of pregnant women referred to maternal/pre-natal care Number of pregnant women referred to gender specific programming
	Gender Specific Services	MHR SUD network providers	Number of pregnant women receiving services 95% of pregnant women receiving SUD treatment services will be enrolled in gender specific programming
	SBIRT Depression and Anxiety Screenings	Behavioral health & primary health care providers, FQHCs	Number of people screened Number of providers administering SBIRT and/or depression – anxiety screenings
	Quick Response Teams (QRT/ORT) – SUD outreach and engagement to MAT and other SUD treatment services	Knox (ORT) – Knox County Sheriff's Office, Mt. Vernon PD, The Main Place (peer support & case management), Freedom Center (treatment), Pathways of Central Ohio 211 7 Crisis Hotline, other first responders	Number of persons connected with MAT services 50% of individuals receiving outreach and screened will engage in services

Strategy	Projects/Key Activities	Organization/Coalition	Secondary Outcome Indicators
		Licking (QRT) – Newark PD, The Main Place, LAPP (treatment), Pathways, other first responders	
	Evidenced-based Comprehensive Medication Assisted Treatment Services	Freedom Center, Behavioral Healthcare Partners of Central Ohio, LAPP (LMH – Shepherd Hill Hospital)	Number of persons served Number successfully completing treatment Number of persons receiving MAT services in jail (Knox) Number of persons not incurring any new criminal charges Number of persons employed or engaged in vocational /educational programs
	Plans of Safe Care Steering Committee Community Support Grant - OhioJFS	Licking County Health Department, Licking Memorial Health System, Brightview, LAPP, The Village Network, Licking County Board of DD, MHR	Plan for the safe care of SUD pregnant women and infants Align with Bold Beginnings - Ohio

Continuum of Care: Parents with SUD and Dependent Children

Related Barrier and Health Disparity Trends Identified in CAP Assessment

- Residents face barriers finding easy and timely access to behavioral health care leading to unmet need. Barriers include a lack of necessary workforce, transportation, geographical distance, cost, stigma, and confusion in accessing available services.
- Unserved or underserved people experiencing multiple health disparities keep them from engaging in care and achieving greater health and wellness. Consequences of untreated mental illness and addiction include poor health and risk of disease, homelessness, boarding in emergency departments, and arrest leading to incarceration and involvement in the criminal justice system. There is also a high incidence of unintentional overdose deaths especially in Licking County. Complex needs require coordinated care management and access to resources and supports.

- The MHR service district has a high rate of estimated death of despair (death by suicide, drug poisoning, and alcohol abuse) at 41.94 (Knox) and 49.7 (Licking) deaths per 100,000 people. <https://www.winmeasures.org> Health disparities cause deaths of despair and are fueled by easy access to lethal means, along with a lack of social connection and economic and spiritual fulfillment. Local assessment indicate people are experiencing mental health symptoms more frequently. Unidentified trauma including ACEs negatively affect a person's health and wellness. Residents would benefit from family supports and universal evidenced based prevention strategies to strengthen resilience and promote protective factors. Public awareness would also decrease stigma.
- Both counties have taken custody of a significant number of children due to their parents' addiction many of whom are not involved in care. This family disruption causes significant trauma for all involved and tremendous cost to the counties.

Primary Indicator of Progress: Reduce number of children in custody due to parent(s) substance use

Strategy	Project/Key Activities	Organization/Coalition	Secondary Outcome Indicators
County JFS/CS SUD Family Services – Provides SUD care coordination to unserved & underserved parents who have lost or at risk of losing custody of their children (ages 0 - 17) due to their addiction. Offers advocacy, outreach and engagement with ongoing services including primary and behavioral health care and other recovery supports. Based on the OhioMHAS OhioSTART Model	County JFS/CS SUD Family Services	Knox County JFS/CS, Knox Public Health – Family Advocate Licking County JFS/CS – Behavioral health provider TBD	Number of JFS families referred Number of JFS families engaged in care Number of JFS families retaining custody
	SUD Treatment - Improved Functioning	MHR network of care SUD providers	75% of persons receiving SUD services will demonstrate a higher level of functioning over a six month period using a valid functioning scale
	SUD Treatment - Retention Rates	MHR network of care SUD providers	50% of persons assessed for SUD services will complete the program
	SBIRT Depression and Anxiety Screenings	Behavioral health & primary health care providers, FQHCs	Number of people screened Number of providers administering SBIRT and/or depression – anxiety screenings
	SUD Community – based Nurse SUD Health Education & Infectious Disease Screening	Freedom Center and partners including - Knox County Community FQFC, Lower Lights Christian FQHC, Family Health Clinic (Newark), Licking	Number of people educated about infectious diseases & overdose prevention

Strategy	Project/Key Activities	Organization/Coalition	Secondary Outcome Indicators
		Memorial Health Systems, Knox Community Hospital, and other behavioral healthcare providers	<p>Number of people screened for HIV, Hepatitis C, and pregnancy</p> <p>Number of people receiving fentanyl strips and safe sex supplies</p>
	Adult Teams – Adult Community Collaborative Team – Multi-system Adults (MSA), QRT, Special Docket Court Treatment Teams	<p>Licking and Knox Multi-system Adult Teams – Behavioral Healthcare Providers, criminal justice system – probation, law enforcement, healthcare – FQHC & hospitals, JFS & social services</p> <p>Knox (ORT) – Knox County Sheriff's Office, Mt. Vernon PD, The Main Place (peer support & case management), Freedom Center (treatment), Pathways of Central Ohio 211 24/7 Crisis Hotline, other first responders</p> <p>Licking (QRT) – Newark PD, The Main Place, LAPP (treatment), Pathways, other first responders</p> <p>Special Docket Court Treatment Teams & Steering Committees – Licking & Knox Municipal Courts and Licking and Knox Common Pleas</p>	<p>Number of persons served by the MSA team</p> <p>Number of persons served by MSA team diverted from jail or hospital ED</p> <p>Number of persons connected with MAT services</p> <p>50% of individuals receiving outreach and screened will engage in services</p> <p>Number of participants graduating from special docket court programs</p> <p>Number of participants using ATP or other resources to support recovery plans</p>
	Quick Response Teams (QRT/ORT) – SUD outreach and	Knox (ORT) – Knox County Sheriff's Office, Mt. Vernon PD,	Number of persons connected with MAT services

Strategy	Project/Key Activities	Organization/Coalition	Secondary Outcome Indicators
	engagement to MAT and other SUD treatment services	<p>The Main Place (peer support & case management), Freedom Center (treatment), Pathways of Central Ohio 211 7 Crisis Hotline, other first responders</p> <p>Licking (QRT) – Newark PD, The Main Place, LAPP (treatment), Pathways, other first responders</p>	50% of individuals receiving outreach and screened will engage in services