



Engaging Patients In Care Coordination

# STATEWIDE STATUS REPORT

OCTOBER 2020

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## OVERVIEW

Missouri's opioid epidemic continues to spread across demographic and geographic boundaries — the consequences transcend all categories of age, ethnicity, geography and race. The national epidemic relating to opioid misuse and opioid use disorder is being addressed through multifaceted strategies, including research, policy and practice changes. Medical treatment of OUD is a primary strategy to reduce opioid-related morbidity and mortality. Missouri adopted a “medication-first” model, which incentivizes rapid and sustained access to U.S. Food and Drug Administration approved medicines to treat OUD, i.e. buprenorphine, methadone and naltrexone, as well as incorporating naloxone as a rescue medicine.

OUD should be managed by integrating a combination of treatment modalities personalized to the specific needs of the patient to ensure the best possible outcome, namely an integrated pharmacological and psychosocial approach to treatment. The acute needs of patients who present to a hospital due to opioid overdose requires service coordination that provides immediate linkages to FDA-approved medications, OUD treatment, and harm reduction and recovery support services.

Our ability to reach community members struggling with OUD is even more pressing as we navigate the current COVID-19 pandemic. Early reports for 2020 indicate that overdose deaths are rising in many areas of the country. The National Institute on Drug Abuse — part of the National Institutes of Health — warned that individuals with OUD could be particularly hard hit by COVID-19 as it is a disease that attacks the lungs. In response to COVID-19, rules related to telehealth and the prescribing of opioids were relaxed to ensure greater access to legitimate prescribing during the pandemic. However, these changes may unintentionally increase the risk of doctor shopping and inappropriate opioid prescribing in 2020. Missouri's lack of a statewide-legislated prescription drug monitoring program may exacerbate this projection in our state.

## BACKGROUND

Led by the Behavioral Health Network of Greater St. Louis, EPICC began as a nine-month pilot project in December 2016, serving St. Louis City, St. Louis and surrounding counties to connect patients from hospitals to evidence-based substance use treatment and grassroots recovery supports. In July 2017, funds were received from the Missouri Department of Mental Health via State Targeted Response Substance Abuse and Mental Health Services Administration funds to continue and expand the project to additional health care systems and substance use treatment providers in the eastern region.

The intent of the post-pilot launch was to sustain, expand and enhance the pilot project to serve a greater number of opioid overdose survivors, increase community linkages and provide project evaluation to demonstrate impact. All three FDA-approved types of medication-assisted treatment are offered through EPICC; however, social determinants of health play a significant role in accessing care and treatment modality. EPICC utilizes certified peer specialists, referred to as recovery coaches (people with lived experience), to encourage clients' engagement with community treatment providers through intensive outreach services. Recovery coaches, dispatched 24/7 through dedicated hotlines, establish immediate linkages to substance use and MAT services. Needs associated with housing, transportation, access to technology and more also are case managed.

In March 2018, the Missouri Hospital Association, in partnership with BHN, DMH, the Missouri Institute of Mental Health and many other state agencies, identified other Missouri communities disproportionately affected by opioid overdose deaths to replicate EPICC programming.

Region	Launch Date	Patients Served
Central	March 2019	190+
Eastern	December 2016	7,200+
Southwest	December 2019	130+
Western	April 2019	560+

Source: BHN & MHA EPICC programming data (December 2016 – September 2020)

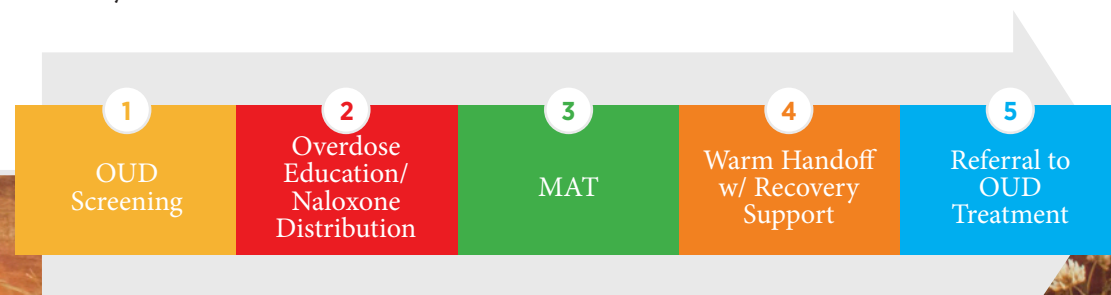
EPICC programming now is offered in the central, eastern, southwest and western regions of the state. To date, more than 8,000 community members have been served.

## PURPOSE

To link opioid overdose survivors at a point of crisis to community-based care via peer outreach (certified peer specialists/recovery coaches) across institutional and community settings.

- increased access to recovery support services
- rapid patient engagement across multiple access (referral) points, e.g. hospitals, emergency medical services
- admissions to DMH-funded treatment programs
- reduced emergency department utilization
- fewer repeat overdoses
- provision of Opioid Overdose Education and Naloxone Distribution (OEND)
- increased patient access to pharmacotherapy
- increased retention in OUD treatment services

Screening, brief intervention and referral to treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. EPICC programming delivery is based on the [SBIRT](#) model.



## EPICC COLLABORATIVE MODEL

Partners	Key Deliverables
<i>SBIRT Screening, Brief Intervention and Referral to Treatment: <a href="https://www.samhsa.gov/sbirt">https://www.samhsa.gov/sbirt</a></i>	
Recovery Community Centers	<ul style="list-style-type: none"> <li>• SBIRT integration (referral initiation)</li> <li>• Recovery support/capital</li> </ul>
Recovery Housing	<ul style="list-style-type: none"> <li>• SBIRT integration (referral initiation)</li> <li>• Housing</li> <li>• Recovery support/capital</li> </ul>
EMS	<ul style="list-style-type: none"> <li>• SBIRT integration (referral initiation)</li> </ul>
Hospitals	<ul style="list-style-type: none"> <li>• SBIRT integration (referral initiation)</li> <li>• Pharmacotherapy</li> </ul>
Substance Use Treatment Providers	<ul style="list-style-type: none"> <li>• SBIRT integration (referral initiation)</li> <li>• OUD treatment</li> <li>• Pharmacotherapy access/delivery</li> </ul>
EPICC Hotline	<ul style="list-style-type: none"> <li>• 24/7/365 crisis hotline</li> <li>• Mobile dispatching</li> <li>• Data gathering/reporting</li> </ul>
Health Departments	<ul style="list-style-type: none"> <li>• Technical assistance</li> <li>• Resource broker</li> </ul>
University of Missouri-St. Louis Missouri Institute of Mental Health & National Council on Alcoholism and Drug Abuse	<ul style="list-style-type: none"> <li>• Opioid overdose education</li> <li>• Narcan distribution</li> <li>• Technical assistance</li> </ul>
Behavioral Health Network of Greater St. Louis & Missouri Hospital Association	<ul style="list-style-type: none"> <li>• Project management/implementation support</li> <li>• Data gathering/analysis/reporting</li> <li>• Community mapping/infrastructure development</li> </ul>
Colleges & Universities	<ul style="list-style-type: none"> <li>• Technical assistance</li> <li>• Qualitative/quantitative research</li> </ul>
Missouri Department of Mental Health	<ul style="list-style-type: none"> <li>• Technical assistance</li> <li>• Assist with COVID-19-related programming response</li> <li>• Funder</li> </ul>

Infrastructure development and relationship building remains a key strategy throughout our state as we create additional access points to OUD treatment services and recovery supports. Historically, hospitals have represented the primary referral source for EPICC; however, the COVID-19 pandemic had an immediate impact on our ability to reach patients because of national, state and local regulations and guidance to contain the spread of COVID-19. In observance of these guidelines, all face-to-face patient outreach was suspended on March 16, 2020 — grounding 27 certified peer specialists. Overnight, EPICC programming pivoted from an in-person engagement model to a virtual one. Utilizing technology (e.g. cell phones) has been necessary to reach and retain connections with EPICC clients.

Hospital-initiated EPICC referrals decreased by roughly 30% during the second quarter of 2020. Diminished statewide referral volume accelerated efforts to expand EPICC referral sources to include EMS, substance use treatment providers and other community-based organizations, e.g. recovery community centers.

## EPICC REFERRAL VOLUME

### December 2016 to September 2020

	Eastern	Central	Western	Southwest
Quarter 4 2016	5			
Quarter 1 2017	32			
Quarter 2 2017	112			
Quarter 3 2017	187			
Quarter 4 2017	310			
Quarter 1 2018	408			
Quarter 2 2018	399			
Quarter 3 2018	500			
Quarter 4 2018	504			
Quarter 1 2019	511	3		
Quarter 2 2019	587	7	40	
Quarter 3 2019	814	19	105	
Quarter 4 2019	743	31	139	4
Quarter 1 2020	782	58	99	31
Quarter 2 2020	616	31	99	30
Quarter 3 2020	713	44	86	67
<b>TOTAL</b>	<b>7,223</b>	<b>193</b>	<b>568</b>	<b>132</b>

Referral volume slightly increased during the months of July and August; however, there remains significant opportunity to expand EPICC referrals beyond hospitals to include first responders and other community-based organizations, as appropriate. EMS partnerships have been well established in the eastern region with eight EMS districts actively making referrals.

Throughout the past six months, MHA has been working closely with DMH and MIMH to build relationships with EMS in MHA-led EPICC regions — central, southwest and western. EMS brochures have been created for each region to support referral initiation. Additionally, ongoing trainings will be provided as new EMS partners are onboarded. It is important to note that MIMH staff leading the Drug Overdose Trust and Safety project continue to dedicate a significant amount of time and energy supporting infrastructure development to include EMS. These expansion efforts would not be possible without this support.

These additional partnerships will help identify how to better engage with our communities to break down barriers to OUD treatment access. Individuals struggling with OUD need to be aware of the evidence-based treatment that is available to them. Retention in MAT is critical to achieving positive client outcomes and minimizing the risk of overdose. Engagement is key to retention in treatment — both in the early stages during intake and induction — and throughout the course of treatment.

## Eastern Region: Overall Cohort EPICC Participation\*, Fiscal Year 2020 (July 1, 2019-June 30, 2020)

2-Week	1 Month	3 Month	6 Month
49% (1,187 of 2,415)	39% (906 of 2,340)	22% (451 of 2,024)	15% (211 of 1,431)

Source: BHN EPICC Comprehensive Review (July 1, 2019 – June 30, 2020)

## Central, Southwest, Western Regions: Overall Cohort EPICC Participation\* (March 2019-June 2020)

2-Week	1 Month	3 Month	6 Month	12 Month
47% (255 of 536)	37% (187 of 505)	19% (73 of 379)	13% (26 of 193)	N/A

Source: MHA HIDI EPICC Web Portal

\*only those clients that have forms due at each respective touch point are included in these calculations.

Optimizing the duration and retention of EPICC client engagement presents an opportunity for programming, and specifically, outreach strategies. Establishing stronger networks of recovery support and additional access points to OUD treatment services (e.g. new partnerships) will support increased access to treatment and recovery services.

## State and Regional EPICC Staffing Infrastructure and Partner Constellation — ACTIVE

EPICC REGIONAL Staffing Infrastructure				
	Central	Eastern	Southwest	Western
Clinical Coordinator	1.0	1.0	1.0	1.0
Engagement Specialist	N/A	1.0	N/A	1.0
Certified Peer Specialists (aka Recovery Coach)	4.0 (*1.0)	13.0 (*1.0)	4.0	6.0 (*1.0)
Data Analyst	N/A	.80	N/A	N/A
EPICC STATE Staffing Infrastructure				
DMH Opioid Coordinator			1.0	
MHA – Vice President of Substance Use Programming			1.0	
MHA – Director of Maternal and Child Health			.20	
MHA – Data Coordinator			1.0	

(\*vacant positions)

The clinical coordinator and recovery coaches provide the foundation to the programmatic staffing infrastructure. The clinical coordinator plays a critical role in the day-to-day operations of EPICC and serves as the “quarterback” to the broader recovery coach team. Additional staff will be necessary as programs tenure and adapt to growth, and patient and stakeholder needs.

There has been some recovery coach turnover in the second and third quarters of 2020. While not immediately alarming, it reveals gaps in our ability to provide 24/7 coverage for programs with fewer coaches.

The eastern and western regions have had great success by adding an engagement specialist to their team and patient support structure. This has allowed additional focus on improving patient engagement rates and tracking. The engagement specialist positions were originally funded via AmeriCorps VISTA and then sustained through other funding sources.

Statewide EPICC programming implementation and development is being overseen by DMH. EPICC expansion and enhancement efforts are being co-led by DMH, BHN and MHA.

## Partner Constellation – CENTRAL REGION

HOSPITALS / HEALTH CENTERS (4)
Boone Hospital Center
Capital Region Medical Center
Moberly Regional Medical Center
MU Health Care
EMERGENCY MEDICAL SERVICES (1)
District: MU Health Care
SUBSTANCE USE TREATMENT PROVIDERS (4)
Burrell Behavioral Health
Compass Health Network
Phoenix Health Programs
Preferred Family Healthcare, Inc.
COMMUNITY-BASED ORGANIZATIONS (2)
in2Action*
Columbia/Boone County Department of Public Health and Human Services*

\*Informal Partnerships

Central region programming launched in March 2019. There currently are 11 partners serving through these efforts. To date, 193 community members have been referred.

## Partner Constellation – SOUTHWEST REGION

HOSPITALS / HEALTH CENTERS (3)
Cox North and Cox South
Cox Medical Center – Branson
Mercy Hospital – Springfield
EMERGENCY MEDICAL SERVICES (3)
District: Cox Health EMS
District: Mercy EMS
District: Taney County EMS*
SUBSTANCE USE TREATMENT PROVIDERS (2)
Burrell Behavioral Health
Preferred Family Healthcare, Inc.
COMMUNITY-BASED ORGANIZATIONS (3)
Missouri Department of Social Services – Children’s Division*
Peers Encouraging and Empowering Peers – Recovery Housing / Community Center*
Springfield Recovery Community Center*

\*Informal Partnerships

Southwest region programming launched in December 2019. There currently are 11 partners serving through these efforts. To date, 132 community members have been referred.

## Partner Constellation – EASTERN REGION

HOSPITALS / HEALTH CENTERS (18)
Barnes-Jewish Hospital
Barnes Jewish St. Peters Hospital
Children’s Hospital – St. Louis
Christian Hospital – Northeast
Christian Hospital – Northwest
Mercy Hospital – Jefferson
Mercy Hospital – Lincoln
Mercy Hospital – South
Mercy Hospital – St. Louis
Mercy Hospital – Washington
Missouri Baptist Medical Center
Progress West Hospital
SSM Health DePaul Hospital
SSM Health St. Joseph Hospital – Lake St. Louis
SSM Health St. Joseph Hospital – St. Charles
SSM Health St. Joseph Hospital – Wentzville
SSM Health Saint Louis University Hospital
SSM Health St. Mary’s Hospital – Jefferson City
EMERGENCY MEDICAL SERVICES (8)
District: Christian Hospital EMS
District: Crestwood EMS
District: Hazelwood EMS
District: Lemay EMS
District: Mehlville EMS
District: Rock Township Jefferson County EMS
District: Warren County EMS
District: Webster Groves EMS
SUBSTANCE USE TREATMENT PROVIDERS (5)
Center for Life Solutions
COMTREA, Inc.
Gateway Foundation
Preferred Family Healthcare
Queen of Peace Center
COMMUNITY-BASED ORGANIZATIONS (8)
Affinia Healthcare*
Assisted Recovery Centers of America*
Behavioral Health Response
Compass Health*
Missouri Institute of Mental Health
Missouri Network for Opiate Reform and Recovery*
National Council on Alcoholism and Drug Abuse
St. Louis Empowerment Center*

\*Informal Partnerships

Eastern region programming launched in December 2016. Currently, there are 39 partners serving through these efforts. To date, more than 7,223 community members have been referred.

## Partner Constellation – WESTERN REGION

HOSPITALS / HEALTH CENTERS (8)
Excelsior Springs Hospital
Liberty Hospital*
North Kansas City Hospital
Saint Luke’s Hospital East*
Saint Luke’s Hospital North*
Saint Luke’s Hospital Plaza*
Truman Medical Center – Hospital Hill
Truman Medical Center – Lakewood
EMERGENCY MEDICAL SERVICES (2)
District: Central Jackson County Fire Protection*
District: Independence Missouri – South Division*
SUBSTANCE USE TREATMENT PROVIDERS (6)
Comprehensive Mental Health Services
Heartland Center for Behavioral Change
ReDiscover
Swope Health Services
Tri-County Mental Health Services
Truman Medical Center
COMMUNITY-BASED ORGANIZATIONS (3)
CommCARE
Healing House, Inc.*
Clay County Health Department*

\*Informal Partnerships

Western region programming launched in April 2019. Currently, there are 19 partners serving through these efforts. To date, 568 community members have been referred.

Statewide, 80 partners are serving through EPICC programming and are supported by the following technical assistance team.

- Behavioral Health Network of Greater St. Louis
- Community Asset Builders, LLC
- Missouri Department of Health and Senior Services
- Missouri Department of Mental Health
- Missouri Hospital Association
- Missouri Institute of Mental Health
- Missouri Rural Health Association
- National Council on Alcoholism and Drug Abuse
- Kansas City Quality Value Initiative Consortium

# EPICC EXPANSION

## Rural Communities Opioid Response Program Grants

In June 2018, the Missouri Rural Health Association formed a multidisciplinary technical assistance team to support rural communities in grant writing, planning and implementation efforts. Partners include Community Asset Builders; Missouri Coalition for Behavioral Healthcare; DHSS; DMH; Missouri Foundation for Health; Missouri Health Connection; MHA; Missouri Institute for Mental Health; Missouri Primary Care Association; NCADA-St. Louis; Primaris; University of Missouri – MU Extension and MU CARES; and USDA.

- In September 2018, seven Missouri communities were awarded grants – the greatest number of awards for any one state.
- In November 2018, the Health Resources and Services Administration announced a second round of one-year grants. Six additional rural Missouri communities were awarded.
- In August 2019, HRSA awarded \$80 million to 80 grantees as part of its RCORP initiative. Missouri received eight awards — again receiving the highest number among other applicant states — totaling \$8 million in funding.
- In September 2020, HRSA awarded Citizen’s Memorial Hospital a \$500,000 neonatal abstinence syndrome grant to conduct a combination of prevention, treatment and recovery activities designed to improve systems of care, family supports and social determinants of health.
- Collectively, these awards total \$11 million and reach 46% of rural Missouri.

DMH, MIMH and MHA are actively working with several RCORP grantees (i.e. Missouri Highlands Health Care, Ozarks Rural Health Network and Your Community Health Center) in EPICC planning and infrastructure development.

## Partner Constellation – SOUTHEASTERN REGION (Missouri Highlands Health Care)

HOSPITALS / HEALTH CENTERS (3)
Iron County Medical Center
Missouri Highlands Health Center
Poplar Bluff Regional Medical Center
EMERGENCY MEDICAL SERVICES (1)
District: Butler County EMS
SUBSTANCE USE TREATMENT PROVIDERS (1)
Southeast Missouri Behavioral Health
HEALTH DEPARTMENTS (7)
Butler County Health Department
Carter County Health Center
Iron County Health Department
Reynolds County Health Center
Ripley County Health Department
Shannon County Health Center
Wayne County Health Department
SCHOOL DISTRICTS (2)
Lesterville R-IV Schools
Van Buren R-1 Schools
LAW ENFORCEMENT & JUDICIARY (3)
Carter County Sheriff’s Department
Shannon County Sheriff’s Department
42nd Judicial Circuit – Adult Drug & Family Court
COMMUNITY-BASED ORGANIZATIONS (5)
Birch Tree Place
Clark’s Mountain Nursing Center
Missouri Department of Social Services – Children’s Division
South Central Missouri Community Action Agency
Whole Health Outreach

There currently are 22 local partners identified to begin planning efforts. DMH, MIMH and MHA are actively supporting this infrastructure development. Programming will be led by HRSA-RCORP grant recipient Missouri Highlands Health Care. It is projected that EPICC programming will be operational during the fourth quarter of 2020.

## Partner Constellation – SOUTH CENTRAL REGION (Ozarks Rural Health Network)

HOSPITALS / HEALTH CENTERS (1)
Lake Regional Health System
SUBSTANCE USE TREATMENT PROVIDERS (2)
Compass Health Network
Preferred Family Healthcare, Inc.
COMMUNITY-BASED ORGANIZATIONS (1)
Ozarks Rural Health Network

There currently are four local partners identified to begin planning efforts. Programming will be led by HRSA-RCORP grant recipient Ozarks Rural Health Network. It is projected that EPICC programming will be operational during the first quarter of 2021.

## Partner Constellation – SOUTH CENTRAL REGION (Your Community Health Center)

HOSPITALS / HEALTH CENTERS (2)
Phelps Health
Your Community Health Center
EMERGENCY MEDICAL SERVICES (4)
District: Dent County EMS
District: Doolittle Fire
District: Phelps County EMS
District: Steelville EMS
LAW ENFORCEMENT (4)
Crawford County Sheriff’s Department
Rolla Police Department (Crisis Intervention Team)
Salem Police Department
Steelville Police Department
SUBSTANCE USE TREATMENT PROVIDERS (2)
Compass Health Network
Southeast Missouri Behavioral Health

There currently are 12 local partners identified to begin planning efforts. Programming will be led by HRSA-RCORP grant recipient Your Community Health Center. It is projected that EPICC programming will be operational during the fourth quarter of 2020.



# EPICC PROGRAMMING IMPACT DURING COVID-19 PANDEMIC

Providing recovery supports and treatment for OUD during the COVID-19 pandemic presents new challenges in care as our community-based organizations and health care providers navigate rapid system changes. In observance of federal Centers for Disease Control and Prevention guidelines, all face-to-face patient engagement was suspended on March 16, 2020, grounding 27 certified peer specialists. Overnight, EPICC programming pivoted from an in-person engagement model to a virtual one.

In response to the challenges of the COVID-19 pandemic, federal partners have provided additional guidance and support providing care to those with OUD.

- The Centers for Medicare & Medicaid Services expanded COVID-19 telehealth services for providers to be reimbursed through Medicare, and are expanding coverage for phone-based services.
- SAMHSA is advising that outpatient treatment options, when clinically appropriate, be used to the greatest extent possible due to the substantial risk of COVID-19 spread in inpatient or residential facilities. In addition, SAMHSA recommends that outpatient opioid treatment programs be more flexible in providing take-home medication during the COVID-19 pandemic.
- The Drug Enforcement Administration has waived federal requirements for in-person visits before controlled substance prescribing, which includes authorizing prescriptions for buprenorphine for the treatment of OUD to new and existing patients. In addition, expanding the availability of newer long-acting buprenorphine formulations, including a once monthly injection or a six-month subcutaneous implant, may be considered for some patients who have stabilized on daily dosing.

Those with OUD are at higher risk for housing insecurity, homelessness, food insecurity and criminal justice involvement. As COVID-19 continues to transform daily life for Missourians, health disparities are becoming more visible, providing additional validation to the link between social determinants of health and health outcomes. By not addressing SDOH, we risk undermining the efficacy of current efforts and compounding existing inequalities.

## Virtual Case Management

Technology, such as the internet and mobile phones, offers considerable promise for affecting OUD prevention, treatment and recovery. Technology offers tremendous flexibility in the delivery of care and treatment services.

To date, recovery coaches serving through EPICC continue to work remotely, providing virtual case management to referred community members and following local, state and federal guidelines when providing in-person outreach.

## In-person Meetings

Case management activities — from the beginning of the referral process throughout program stay — traditionally has been a highly interpersonal process with many face-to-face interactions. To help reduce the spread of COVID-19, it has been necessary to avoid meeting clients in person. If a face-to-face meeting is necessary, recovery coaches practice the following guidelines.

- mask up
- prior to meeting with the client, confirm that the client currently is not sick, nor does the client exhibit symptoms of COVID-19
- practice social distancing protocols
- clean and disinfect frequently touched surfaces after every in-person interaction
- avoid meeting inside a client's home — meet outside the home (e.g. naloxone distribution)



# SUMMARY

Developing strong links between health care, first responder programs, education, transportation infrastructure, community services, mobile treatment centers, telemedicine support, the justice system and others is critical to providing a rich network of access points to local, regional and state OUD treatment and recovery support services (e.g. MAT telemedicine).

Collectively, there are 118 unique Missouri agencies (80 active and 38 planning) that are participating in EPICC programming and/or infrastructure development. This broad base of EPICC stakeholders are supported actively by a technical assistance team comprised of an additional 10 agencies — with representation from local and state institutions.

It is unclear what additional challenges COVID-19 will have on our ability to thoughtfully serve our communities that struggle with OUD. Although, the power of coming together and beginning to discuss how we can improve our systems of care is a necessary first step. The certified peer specialists that serve through EPICC serve as a bridge for community members.

An anonymous coach wrote, “About six months ago, I received an EPICC referral for a male patient at the hospital following an opioid overdose. Upon arrival at the ED, I learned the patient was given several doses of naloxone but was unconscious and unable to give consent for EPICC outreach. Fortunately, I recalled the man as an agency client, previously referred to EPICC. I verified this information and, with the patient’s consent forms for EPICC outreach in-hand, I returned to the hospital. Although the patient remained unconscious, I visited him daily to provide peer support. I read to him and spoke of recovery, freedom and hope, believing in my heart that he could hear me. The day he awoke, he agreed to residential treatment. I know the peer support provided through EPICC outreach in the early days of his journey was instrumental in his treatment. He recently shared with me that without EPICC and peer support, that he would not be where he is today: working, attending community-based 12-step meetings, with stable housing and six months of recovery ... and he could hear me.”

A special thanks to the Missouri Department of Mental Health, the Missouri Institute of Mental Health and the countless other organizations that we serve alongside of, for providing the support and technical assistance necessary to improve how we serve our Missouri communities.



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