Engaging Patients in Care Coordination

EPICC Project Annual Report

St. Louis Eastern Region Community-Based Access to Care
October 2021 to September 2022

Behavioral Health Network
of Greater St. Louis

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Overview and Background

History and Summary

In September 2016, in conjunction with representation from DMH staff and Behavioral Health Response, a meeting was held with the community mental health centers and substance use treatment leadership to develop a 9-month pilot project to serve individuals who overdose on opioids. The pilot project received 149 client referrals through emergency departments from December 1, 2016, through June 30, 2017. Since the end of the pilot, additional hospital systems, a total of 14 Recovery Coaches, a Community Engagement Specialist, and seven substance use treatment providers have been incorporated into the project.

The intent of the post-pilot project launch was to sustain, expand and enhance the pilot project to serve a greater number of opioid overdose survivors, increase community linkages, assist with increasing access to medical personnel certified to prescribe Medication Assisted Treatment (e.g., Buprenorphine) and provide project evaluation to demonstrate impact. EPICC utilizes Recovery Coaches (people with lived experience) to encourage/facilitate clients' engagement with community treatment providers by providing intensive outreach services. Recovery Coaches, dispatched through a 24/7 call center, establish immediate linkages to SU treatment and MAT services.

Together with other Hospital Community Linkages portfolio of projects, including LINCS/HCL programs and Integrated Health Network, EPICC fosters a collaborative effort of acute and community providers to develop an accessible and coordinated system of behavioral healthcare throughout Missouri's Eastern Region.

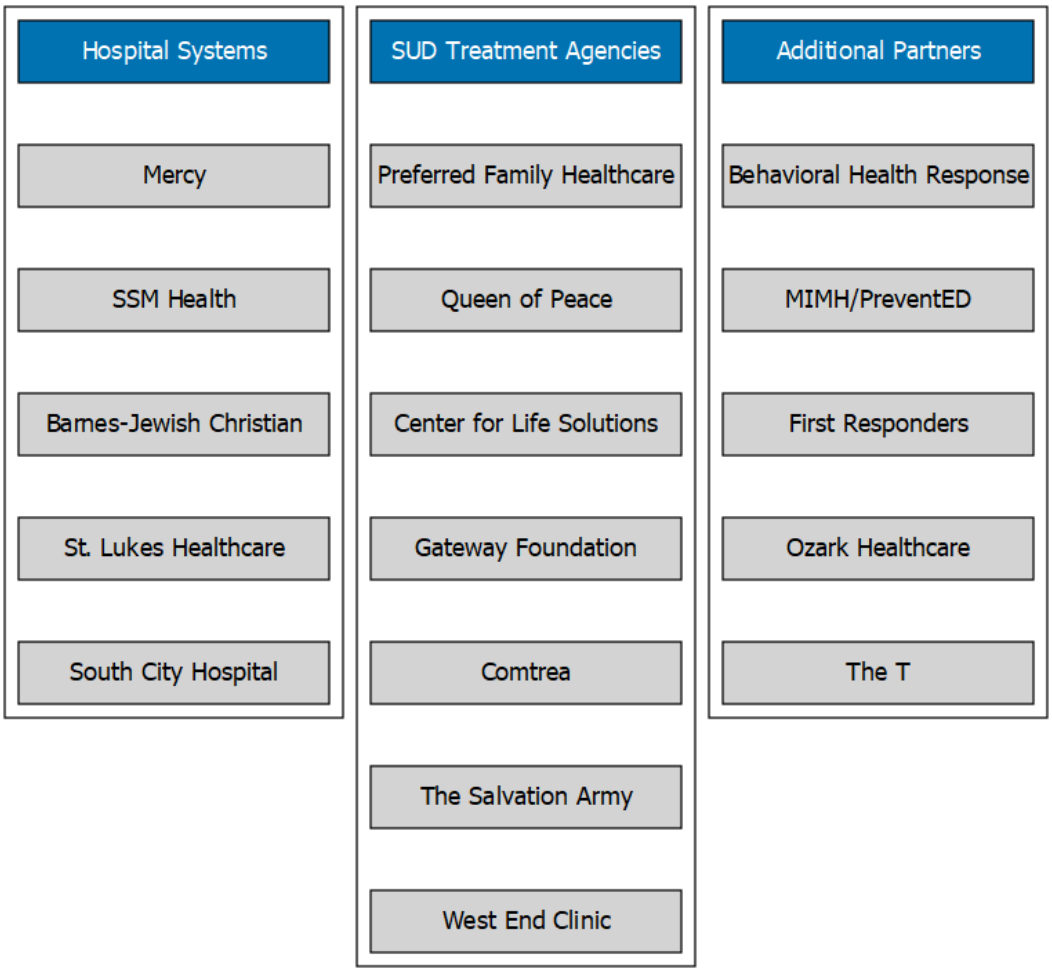


Figure 1: EPICC Partners

During FY2022, (10/01/2021 to 09/30/2022), EPICC received another 2,804 referrals for an overall project total of 11,351 from the referral partners.

Purpose

To provide intensive services to impact those who have overdosed on opioids to establish immediate linkages to substance use (SU) and medication assisted treatment (MAT) services. The goals are to engage patients during emergency room stabilization with MAT and SU treatment coordination/services; reduce future ER visits, overdoses, and deaths; provide opioid overdose education and Narcan distribution; and increase the capacity of regional providers offering MAT.

Target Population

Individuals seeking medical care due to opioid overdose who meet diagnostic criteria for opioid dependence and who are treated in formalized and community-based health-care systems. Demographics include youth ages 14 – 17 years of age with recreational opioid use and people, over 18 years of age, with opioid use disorder. In terms of reach, the program was projected to serve more than 1,500 clients annually in partnership with Center for Life Solutions, COMTREA, Gateway Foundation, Preferred Family Healthcare, Queen of Peace, The Salvation Army, and West End Clinic. EPICC successfully outreached 2,888 clients in FY2022.

Governance

The EPICC Project is guided by a Steering Committee, which guides the strategic vision, design, implementation, and evaluation efforts. These group meets monthly to monitor regional implementation of the project, address coordination issues, identify best practices, and foster effective communication and collaboration among partners. A roster for this group can be found in the Appendix.

Collaborators

In addition to its Steering Committee, EPICC engages a myriad of service providers in ensuring individuals with opioid use disorders receive the care they need. Partners and key roles include:

Table 1: EPICC Collaborators

Project Partners	Key Roles
Backbone Support	
Behavioral Health Network	Project Management
	Data Outcomes Tracking
	Stakeholder Reports
Behavioral Health Response 10/2/21- 7/1/22	24/7 Crisis Hotline
Answer First 7/1/22- Present	Mobile Outreach Dispatching
Substance Use Treatment Providers	
Center for Life Solutions COMTREA Gateway Foundation Preferred Family Healthcare, Inc Queen of Peace	Recovery Coach – Peer Support
	Substance use treatment
	MAT access/delivery
The Salvation Army	Substance treatment/ MAT access/delivery
West End Clinic	Substance treatment/MAT access/delivery
Overdose Education & Narcan Distribution Facilitators	
Missouri Institute of Mental Health	Opioid overdose education for coaches/staff
PreventED	Opioid overdose education
	Narcan distribution
Referring Hospitals	
Barnes Jewish Hospital BJH Christian Hospital Northeast Christian Hospital Northwest Children's Hospital BJC Ages >=14 BJC Missouri Baptist Hospital BJC Psychiatric Stabilization Center BJC Progress West Hospital BJC St. Peter's Hospital BJC West Mercy Hospital St. Louis Mercy Hospital South Mercy Hospital Lincoln Mercy Hospital Washington Mercy Hospital Jefferson SSM Health DePaul Hospital SSM Health St. Clare Hospital SSM Health St. Louis University Hospital SSM Health St. Joseph Hospital - St. Charles SSM Health St. Joseph Hospital - Wentzville SSM Health St. Joseph Hospital - Lake St. Louis SSM Health St. Mary's Hospital St. Luke's Hospital St. Louis St. Luke's Hospital -Des Peres South City Hospital	Patient stabilization
	Project Referral
	MAT [Buprenorphine] Rx / Maintenance

FY2022 Enhancements

Hospital Additions & Innovation

Since inception, hospitals served have grown from two (Barnes Jewish Hospital and SLU Hospital) to 24, resulting in the ability to accept referrals from every hospital in the Eastern region. Our hospital partners and physicians who have become EPICC champions continue to work diligently in navigating barriers and maintaining open communication with the EPICC leadership team.

Safety barriers continued into FY22, which lead to the EPICC Program Manager implementing a Covid-19 outreach policy in November 2021. Specifically, referral question sets were modified to include whether a referred individual was Covid-19 positive and/or pending test results. If an EPICC coach is informed of a Covid-19 outreach, they are instructed to complete via phone. Being fully aware that phone outreaches can lead to reduced engagement and communication between client and hospital staff, the EPICC coaches are instructed to send the MD Huddle Sheet, with discharge plan, to referring personnel via email. In addition, EPICC coaches complete required ROIs per verbal contact of the client, which include the name of verbal witness, such as the referring personnel.

EPICC saw the highest spike in Covid-19 referrals in January 2022, receiving 44 referrals. Fortunately, EPICC saw a steady decline in Covid- 19 referrals after January 2022, receiving only nine from 02/01/22- 3/31/22.

To combat high turnover within the hospital systems, the EPICC Program Manager has made a concerted effort in providing in-service education to ensure the continuation of referrals. Specifically, FY22 in-services was provided at:

- SSM DePaul (Inpatient Medical, Inpatient BH)
- SSM Lake St. Louis (ED)
- SSM St. Charles (ED Physicians & Inpatient Medical)
- SSM St. Mary's (Labor & Delivery)
- SSM St. Louis Univeristy (Psychiatry Residents)
- Mercy Washington (ED)
- BJC Christian Northeast (ED)
- BJC Christian Northwest (ED)
- Barnes Jewish Hospital (ED and Inpatient Medical)
- South City (ED, Inpatient BH, Inpatient Medical)

Community Engagement

EPICC has made a concerted effort to have a presence within the community and participate in recovery events throughout the Eastern Region. At each event, EPICC has had a raffle basket with a recovery theme to encourage individuals to learn more about EPICC and the services available through picking up material or speaking with a recovery coach or engagement specialist. Events which EPICC was present at, during FY22, include:

- "You Are Not Alone" (YANA) event on 4/16/22, which was organized by the CRUSH Coalition and hosted at Living with Purpose.
- SUD Awareness Event on 4/30/22, which was led by the St. Charles County CAPS Program.
- Restorative Justice Resource Fair on 5/14/22.
- Monumental Church of Faith resource on 6/18/22, which was held in Jennings, MO.
- Saint Louis Metropolitan Police Department (2nd District) Community Day on 6/25/22.
- Care STL Opioid Awareness Walk on 8/6/22, which was held in Forest Park- STL.
- Recovery Fest on 9/10/22, which was held in O'Fallon Park.
- Wake Up STL on 9/17/22, which was held in O'Fallon Park.

EPICC strives for collaboration with community providers, recovery supports and services. As discussed in "Programmatic Enhancements", the Program Manager provides a monthly in-person staff meeting. These meetings are utilized to introduce coaches to local resources and agencies, through in-person facilities tours and/or presentations.

- In April 2022, the EPICC team met at "The T" and was provided a tour of the facility and received overview of their harm reduction resources and services.
- In May 2022, the EPICC team met for an in-person meeting at BHN, where CenterPointe provided in service education on their services and referral process.

- In July 2022, the EPICC team met for an in-person meeting at BHN, where Aviary provided in service education on their services and referral process.
- In August 2022, the EPICC team met for an in-person meeting at BHN, where Sana Lake provided in service education on their services and referral process.
- In September 2022, the EPICC team met at Salvation Army- Midtown, toured the facility and were provided an overview of the referral process.

Additionally, the EPICC Program Manager has provided in-service presentations to local advisory boards and programs, that included the BHN Adult Services Advisory Board, Cure Violence Advisory Board, and the Bridges to Care & Recovery Wellness Champions.

The Community Engagement Specialist engaged in weekly community outreach efforts and provided resources to local community agencies and potential clients. She has developed relationships with local providers, uninsured and underserved/unhoused individuals, by having a presence at the domestic violence shelters, and/or community centers. The EPICC Program worked with the BHN Data Team to develop a process to track reengagement efforts and outcomes. A caseload was designed to capture intensive outreaching efforts which could include contacting next of kin, community agencies, making phone calls, and sending letters.

Programmatic Enhancements

EPICC has continued to utilize all programmatic enhancements which were integrated in FY21, including program focused pens, referral magnets, badge-buddies, the MD huddle sheet, and enhanced technology through agency provided iPads for the coaches.

During FY22, BHN has made a concerted effort to enhance internal documentation, team morale and collaboration with additional programs. Implementations included:

A) Starting in December 2021, quality assurance protocols to ensure integrity within documentation and engagement data. Specifically, recovery coaches and their agency clinical supervisors were notified of any past due or missing documentation in individualized, weekly audits. To provide clarity and understanding of required programmatic documentation, BHN provided in service education to select agency supervisors.

B) To address team support, the EPICC Program implemented a mid-shift in FY22. The mid- shift allowed for additional coverage and support to the day and evening shifts.

C) Within FY22, monthly “Program Support” meetings were implemented between the Program Manager and recovery coach. These meetings were utilized to ensure coaches questions are addressed and supported.

D) The program has required the Recovery Coaches to attend a weekly staff meeting, which is held via zoom. Starting in April 2022, the EPICC team met monthly for in-person staff meetings or community visits. These allowed the Recovery Coaches to enhance knowledge of community resources and built team morale. Please refer to “Community Enhancements”, which outlined each community visit and/or agency presentation during FY22.

E) In FY22, EPICC partnered with Integrated Health Network Community Resource Coordinators and created a process to receive referrals from the EPICC program. Between 3/1/22- 7/31/22, the EPICC program has successfully referred 31 clients to IHN or linkage to primary care and/or insurance support.

F) EPICC collaborated with the Emergency Room Enhancement (ERE) project in November 2021 to create a process in which an individual could receive the benefits from both programs simultaneously. EPICC’s primary focus is to link individuals to OUD treatment services, whereas ERE’s primary focus is to provide intensive case management to high hospital utilizers. When EPICC completes an outreach that would benefit from ERE services, they still provide SUD medication assistance treatment linkage, followed by a transfer to ERE. Requested transfers are facilitated between the ERE and EPICC Program Managers, to ensure continuity of care. In February 2022, a joint meeting was held with the EPICC and ERE teams for Q & A and to provide an opportunity for program personnel to become acquainted.

EMS Expansion

In November 2018, EPICC expanded and enhanced its programming to provide recovery support to people who are revived from an opioid overdose by an emergency medical technician (EMS) at the site of the overdose and refuse to be transported to an emergency room or do not have a medical need for transport. EPICC partners with MIMH DOTS program to train and onboard districts. EPICC has had the opportunity to onboard EMS districts within the North City/North County

catchment areas where overdose rates have reported an increase. At the completion of FY22, EPICC has maintained relationships with and 2 regional ambulance service providers.

During FY22, EPICC onboarded:

- City of Saint Charles Fire in February 2022
- North County Fire in April 2022
- Metro North Fire in April 2022
- St. Louis City EMS in April 2022 *
- Hazelwood Fire refresher in June 2022
- Berkeley Fire in August 2022
- Robertson Fire in September 2022
- Pattonville Fire in September 2022
- Maryland Heights Fire in September 2022
- West Overland Fire in September 2022 *Independent from DOTS collaboration*

Strategic Opioid Response (SOR) Community Engagement

EPICC received additional SOR funding through DMH for FY2020-2021 to continue innovation and development of the EPICC model to best serve high-need clients. Two new methods that had been implemented to address the opioid epidemic with an emphasis in the highest risk communities in Missouri are noted below:

A) The first was Pre-Admission Medication Assisted Treatment with the goal of improved treatment engagement and retention. In partnership with Barnes-Jewish Hospital, studies had shown patients receiving MAT in the ED (before a first outpatient appointment), were 66% less likely to return to the ED for a subsequent overdose compared to a patient who did not receive rapid medication induction. Recovery Coaches and partnering SUD providers often get a client to treatment on the same day or the next day. Recovery Coaches had access to an on-call physician with Ozark Healthcare who provided telehealth MAT services to the individual at time of their EPICC outreach. This provided a low barrier access point for the client to engage with the physician to be provided a bridge prescription. Clients were still referred to outpatient MAT treatment, but this assisted in covering evening doses, weekend referrals, or holidays. This tool was available to all EPICC Coaches to utilize as appropriate and has served 57 clients to date with MAT being prescribed during 54 of those telehealth visits.
Although this approach did not meet the goal of numbers served as initially projected, this has been an invaluable resource for the recovery coaches as they continue to navigate providing low barrier access and support to individuals to engage in SUD treatment. MIMH in collaboration with BHN and Ozark Healthcare have completed a thorough review of this component and the findings of SOR 2.0 will be presented at the HRSA conference in Fall 2022. The EPICC program has renewed its contract with Ozark Healthcare to continue the partnership through FY24. We have requested funding to continue this approach within SOR 3.0.

B) The second approach included working with the Faith Community. The top three counties with the highest mortality rates were in the St. Louis metropolitan area (DHSS 2014-2018 data). In the St. Louis region, opioid related deaths among white males in the city fell 5%, compared to a 50% increase for Black males. Given the debilitating nature of many BH disorders in the Black community, identifying ways to increase services is a vital and important public health concern. The EPICC program partnered with churches within the BCR network located in North City and North County respectively. Bridges to Care and Recovery was tasked with provided concentrated education/training on substance use disorder. The EPICC program was tasked to provide overdose education, Narcan distribution, engage with individuals in the surrounding community, provide telehealth point of access with SUD providers, Pre-Admit MAT, and to host SmartRecovery groups within the walls of the contracted churches.
Overall, this approach did not yield the results we had anticipated. Covid-19 created barriers that could not have been foreseen when the proposal had been submitted. The churches that were contracted shut their door to in person services. This was a prominent factor in not having the ability to engage with individuals who would otherwise be seeking support and services from the respective church communities and potentially the EPICC program. The Bridges to Care Program was able to capitalize off the movement to the virtual space and did in fact provide all trainings per the proposal via Zoom and their Facebook Live channel and delivered the subject matter to over 1226 individuals. To create opportunity for engagement, the EPICC program had dedicated recovery coaches and the Engagement Specialist still report weekly to the designated area surrounding the churches on set days/times and engage in door-to-door efforts, posting information in frequented businesses such as liquor stores, dollar general and laundromats. These efforts did contribute to the self-referrals received during FY22.
We have not requested continuation of funding for this approach within SOR 3.0.

EPICC Program Referral Disposition

During FY2022 (10/01/2021 to 09/30/2022), participating referral sources made 2,804 EPICC referrals. BJC - Barnes-Jewish Hospital and SSM Health - SLU were the two highest referring hospitals in FY2022 with 887 and 293 referrals respectively. **See Table 2 for data on all referring agencies**.

Table 2: Referrals by Referral Source, FY2020 - FY2022

Referring Agency	FY2020		FY2021		FY2022	
	Number of Referrals	Percentage of Total Referrals	Number of Referrals	Percentage of Total Referrals	Number of Referrals	Percentage of Total Referrals
BJC - Barnes-Jewish Hospital	1,020	36%	964	28%	887	32%
BJC - Barnes-Jewish Hospital Perinatal Behavioral Health Service	12	<1%	35	1%	4	<1%
BJC - Barnes-Jewish Hospital Psychiatric Support Center	118	4%	137	4%	80	3%
BJC - Barnes-Jewish Hospital St. Peters	68	2%	61	2%	30	1%
BJC - Christian Hospital	391	14%	430	12%	265	9%
BJC - Missouri Baptist	14	<1%	11	<1%	14	<1%
EMS/Fire District (No Hospital Transport)	15	<1%	7	<1%	11	<1%
Homeless Shelter	25	<1%	58	2%	3	<1%
Mercy - Jefferson	60	2%	82	2%	62	2%
Mercy - Lincoln	11	<1%	11	<1%	3	<1%
Mercy - South	303	11%	255	7%	195	7%
Mercy - St. Louis	96	3%	177	5%	112	4%
Mercy - Washington	46	2%	36	1%	34	1%
Other	40	1%	150	4%	164	6%
Preferred/Bridgeway	1	<1%	0	0%	0	0%
Self-Referral (post-EMS)	3	<1%	0	0%	0	0%
SSM Health - DePaul	294	10%	313	9%	290	10%
SSM Health - SLU	195	7%	301	9%	293	10%
SSM Health - St. Clare	15	<1%	17	<1%	15	<1%
SSM Health - St. Joseph (Lake St. Louis)	19	<1%	8	<1%	9	<1%
SSM Health - St. Joseph (St. Charles)	11	<1%	31	<1%	34	1%
SSM Health - St. Joseph (Wentzville)	36	1%	47	1%	15	<1%
SSM Health - St. Mary's	62	2%	87	3%	98	3%
DHSS Command Center	0	0%	2	<1%	0	0%
EPICC Intrastate Transfer	0	0%	5	<1%	2	<1%
Other Community Referral	0	0%	69	2%	5	<1%
Self-Referral (Community)	0	0%	7	<1%	4	<1%
SOR 2.0 Community Referral	0	0%	98	3%	9	<1%
South City Hospital	0	0%	36	1%	88	3%
St. Luke's Hospital - Chesterfield	0	0%	8	<1%	2	<1%
St. Luke's Hospital - Des Peres	0	0%	1	<1%	1	<1%
BJC - Barnes-Jewish Hospital Progress West	0	0%	0	0%	3	<1%
Community	0	0%	0	0%	72	3%
Total	**2,855**	**100%**	**3,444**	**100%**	**2,804**	**100%**

As noted, during FY2022, participating referral sources initiated 2,804 referrals, representing a 19% decrease from the prior fiscal year. See Table 3 for detail on all referring agencies.

Table 3: Percentage Change in EPICC Referrals by Source From FY2021 to FY2022.

Referring Agency	2021	2022	Percentage Change from FY2021 to FY2022
BJC - Barnes-Jewish Hospital	964	887	-8%
BJC - Barnes-Jewish Hospital Perinatal Behavioral Health Service	35	4	-89%
BJC - Barnes-Jewish Hospital Psychiatric Support Center	137	80	-42%
BJC - Barnes-Jewish Hospital St. Peters	61	30	-51%
BJC - Christian Hospital	430	265	-38%
BJC - Missouri Baptist	11	14	27%
EMS/Fire District (No Hospital Transport)	7	11	57%
Homeless Shelter	58	3	-95%
Mercy - Jefferson	82	62	-24%
Mercy - Lincoln	11	3	-73%
Mercy - South	255	195	-24%
Mercy - St. Louis	177	112	-37%
Mercy - Washington	36	34	-6%
Other	150	164	9%
Preferred/Bridgeway	0	0	NA
Self-Referral (post-EMS)	0	0	NA
SSM Health - DePaul	313	290	-7%
SSM Health - SLU	301	293	-3%
SSM Health - St. Clare	17	15	-12%
SSM Health - St. Joseph (Lake St. Louis)	8	9	12%
SSM Health - St. Joseph (St. Charles)	31	34	10%
SSM Health - St. Joseph (Wentzville)	47	15	-68%
SSM Health - St. Mary's	87	98	13%
DHSS Command Center	2	0	-100%
EPICC Intrastate Transfer	5	2	-60%
Other Community Referral	69	5	-93%
Self-Referral (Community)	7	4	-43%
SOR 2.0 Community Referral	98	9	-91%
South City Hospital	36	88	144%
St. Luke's Hospital - Chesterfield	8	2	-75%
St. Luke's Hospital - Des Peres	1	1	0%
BJC - Barnes-Jewish Hospital Progress West	0	3	NA
Community	0	72	NA
Total	**3,444**	**2,804**	**-19%**

EPICC Referrals for the Three Most Recent Fiscal Periods

The highest frequency of referrals was received in August of FY2021, while the lowest frequency was received in April of FY2020. See Figure 2 for detail.

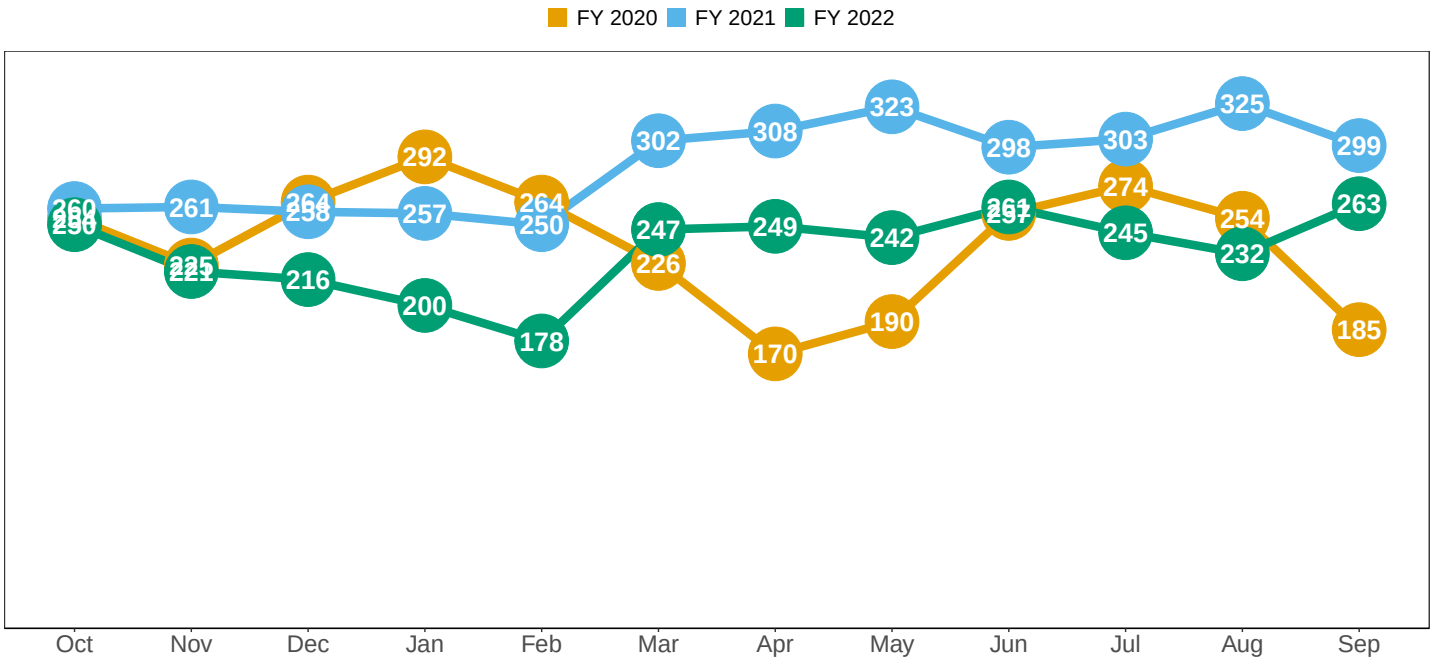


Figure 2: Referrals by Month for FY2022 and the Prior Two Fiscal Years

Calendar Heat Map of EPICC Referrals

The timing of referrals from 10/01/2021 to 09/30/2022 can be seen below. Referral volumes were higher on weekdays compared to weekends, with the greatest number of referrals placed on Monday - Thursday. Referral volumes were highest during the morning and midday, peaking between 10:00 a.m. and 3:00 p.m. Please see Figure 3 for full detail.

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Unknown	Total
Sunday	0	5	2	5	1	5	4	7	12	11	15	12	33	17	17	16	15	4	8	4	2	10	2	6	0	213
Monday	0	7	5	4	6	3	5	12	24	39	54	64	50	45	41	47	19	7	6	11	7	10	5	5	3	479
Tuesday	1	6	6	6	4	4	4	8	29	52	58	57	52	41	45	31	19	13	9	6	8	6	4	7	1	477
Wednesday	2	8	8	5	2	10	4	11	21	35	50	55	55	48	45	45	24	16	5	6	11	7	10	5	1	489
Thursday	2	6	5	4	4	6	6	7	24	40	45	51	51	45	50	32	24	8	10	7	12	5	9	2	2	457
Friday	0	4	4	6	8	2	3	7	18	26	51	54	51	38	50	39	27	16	11	7	10	7	5	7	2	453
Saturday	0	3	2	3	0	3	5	11	11	10	22	20	28	16	17	14	12	9	13	7	4	13	8	5	0	236
Total	5	39	32	33	25	33	31	63	139	213	295	313	320	250	265	224	140	73	62	48	54	58	43	37	9	2804

Figure 3: Calendar Heat Map of EPICC Referrals 10/01/2021 - 09/30/2022

EMS Referrals Placed in Transit by Presenting Hospital

From 10/01/2021 through 09/30/2022, 18 referrals have been placed by an EMS/Fire District while the client is in transit to the hospital. These referrals presented at the hospitals listed in Table 4.

Table 4: Referrals Called in Transit by Presenting Hospital, FY2022.

Presenting Hospital	Number of EMS Referrals Called in Transit	Percentage of EMS Referrals Called in Transit
BJC - Barnes-Jewish Hospital	3	17%
BJC - Barnes-Jewish Hospital St. Peters	2	11%
BJC - Christian Hospital	5	28%
Mercy - South	2	11%
South City Hospital	1	6%
SSM Health - DePaul	1	6%
SSM Health - SLU	1	6%
SSM Health - St. Joseph (St. Charles)	3	17%
Total	**18**	**100%**

Community Referrals to EPICC

EPICC has also received 11 community referrals from EMS/Fire Districts in the same period. Eligible community referrals were not transported to a hospital and were outreached by a Recovery Coach in the community. The EMS/Fire Districts placing these community referrals are detailed in Table 5.

Table 5: Referrals Called in Transit and Community Referrals (No Hospital Transport) by EMS/Fire District, FY2022.

EMS/Fire District	Number of EMS Referrals Called in Transit	Percentage of EMS Referrals Called in Transit	Number of Community Referrals Placed	Percentage of Community Referrals Placed
Christian	6	33%	NA	NA
City of St. Charles Fire	5	28%	5	45%
North County Fire	1	6%	NA	NA
Rock Community Fire	1	6%	NA	NA
Rock Township	1	6%	NA	NA
St. Louis City	4	22%	3	27%
Hazelwood	NA	NA	1	9%
Mehlville	NA	NA	2	18%
Total	**18**	**100%**	**11**	**100%**

EPICC Client Demographics

Age at Referral

The age group with the most frequent referrals in FY2022 was Ages 26-35 with 34% of referrals. See Figure 4 for additional details.

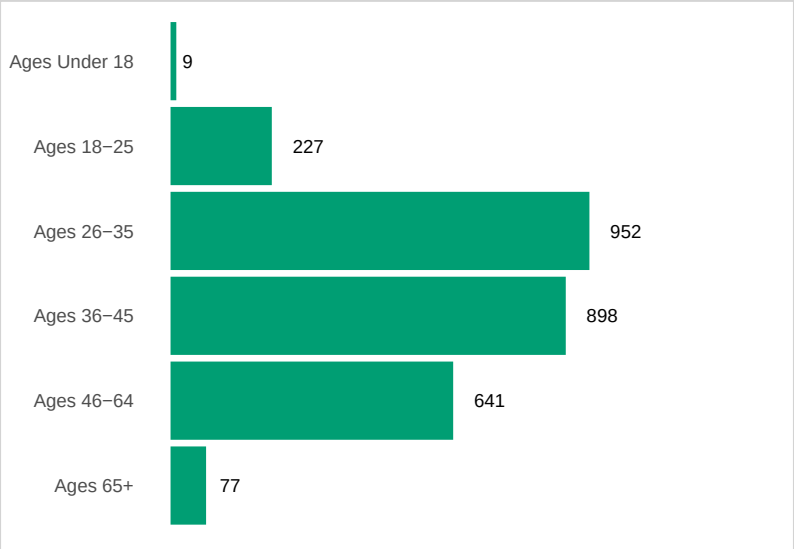


Figure 4: Referrals to EPICC by Age Range, FY2022.

Sex & Gender Identification

Clients identifying as Male were the most commonly referred group to EPICC in FY2022, followed by clients identifying as Female, accounting for 68% and 32% of referrals respectively. See Figure 5 for additional details.

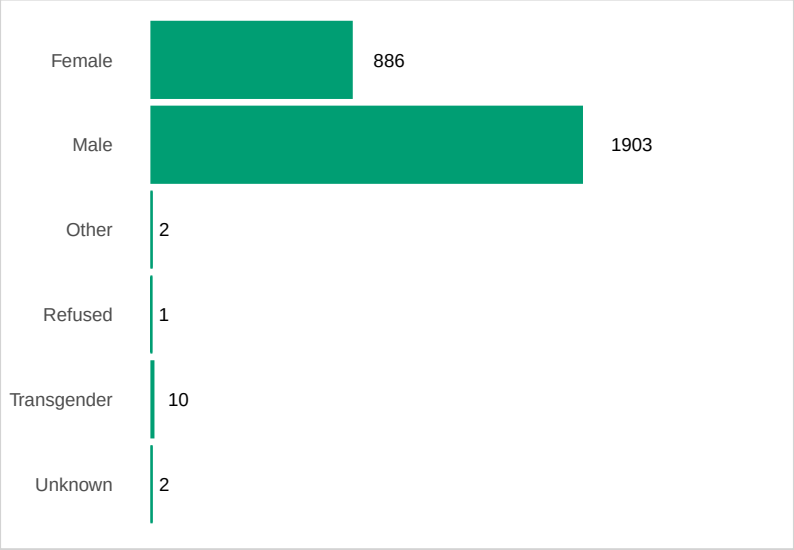


Figure 5: Referrals to EPICC by Sex, FY2022.

Race/Ethnicity

Clients identifying as Black or African American were the most commonly referred group to EPICC in FY2022, followed by clients identifying as White, accounting for 49% and 47% of referrals respectively. See Figure 6 for additional details.

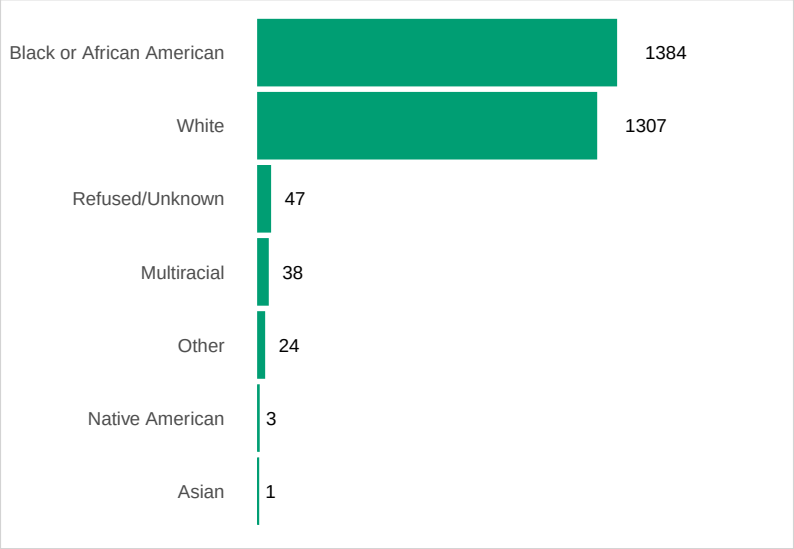


Figure 6: Referrals to EPICC by Race/Ethnicity, FY2022.

Insurance Status[1]

Insurance status of clients referred to EPICC is solicited at time of referral. Refer to Table 6 for details about insurance status at referral. Based on information received, this table indicates that 1,130 clients were uninsured at referral, accounting for **40% of all referrals** in FY2022.

Table 6: Insurance Status at Referral, FY2022.

Insurance Status at Referral	Number of Referrals	Percentage of Referrals
DMH Client	1,418	51%
Gateway to Better Health	1	0%
Managed Medicaid	21	1%
Medicaid	67	2%
Medicare	18	1%
Private Insurance	49	2%
Uninsured	1,130	40%
Unknown because EMS Referral - Collected at Initial Contact	7	0%
Unknown/Refused	93	3%
Total	**2,804**	**100%**

[1] In FY23, We have made updates on ETO and removed “DMH Client”and “Gateway to Better Health” from options of insurance status at referral. These two categories will be removed from future reports.

Housing Instability

In FY2022, 477, or 21%, of clients at their initial contacts made self-reported being homeless or experiencing housing insecurity (e.g., coach-surfing, in a domestic violence situation, etc.). See Figure 7.

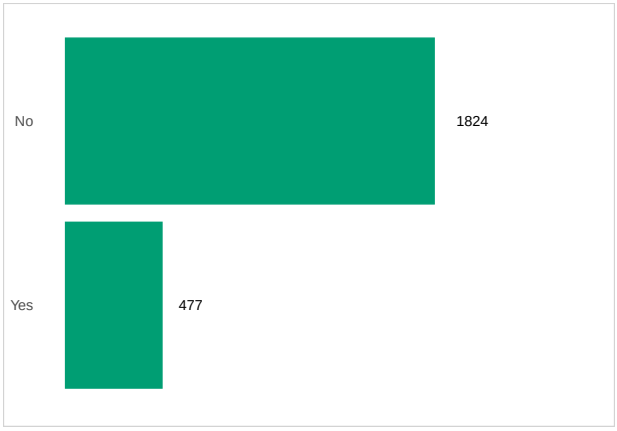


Figure 7: Clients Reporting Homeless or Housing Insecure at Referral, FY2022.

Substance Use Treatment

In FY2022, 771, or 34%, of clients at their initial contacts made self-reported having been in substance use treatment within the past twelve months. See Figure 8.

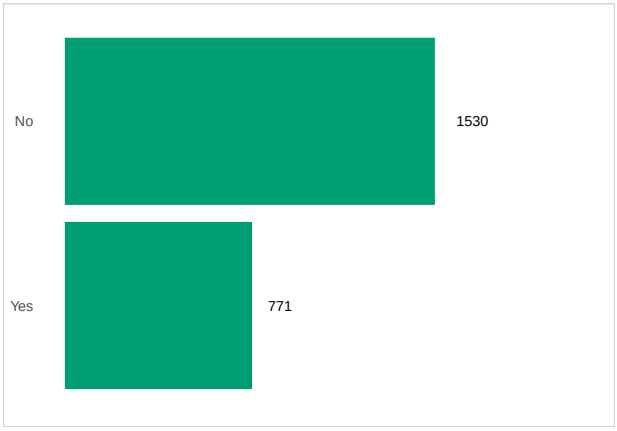


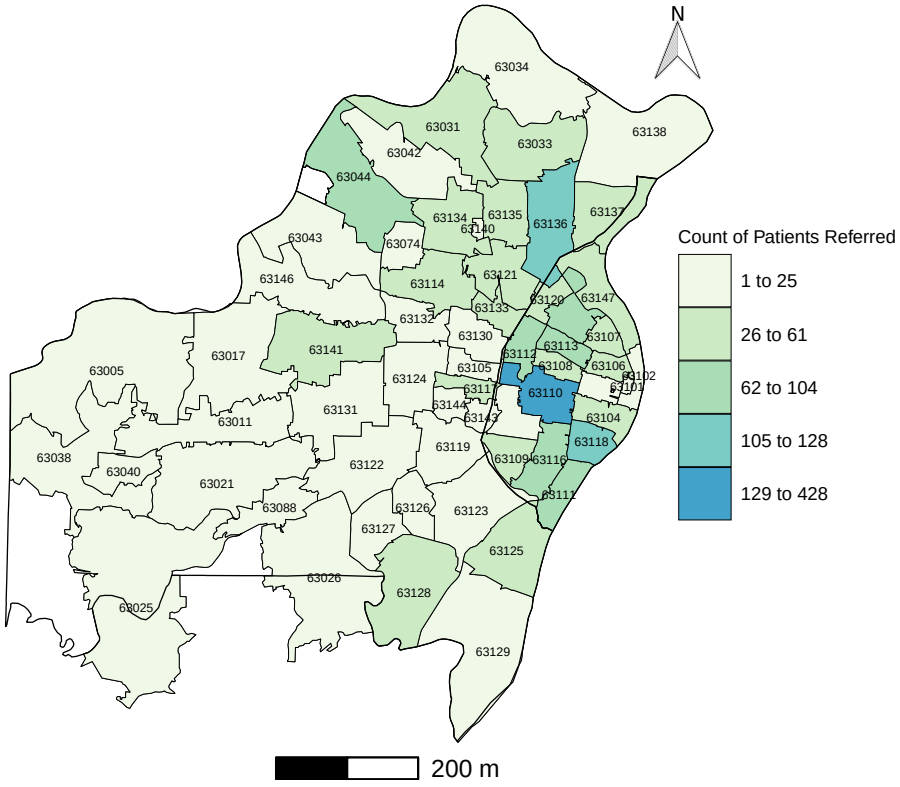
Figure 8: Clients Reporting Having Been in Substance Use Treatment Within the Past Twelve Months, FY2022.

Area of Residency

The EPICC project serves seven counties in Missouri's Eastern Region: St. Louis City and the Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis, and Warren. These maps reflect the dispersion of residency at time of referral. Unhoused clients are represented by the zip code where they spend their time OR (as a last resort) the zip code of the hospital from which they were referred to the EPICC program. The map shading is divided in quintiles by natural breaks in the data with darker colored zip codes indicating higher numbers of referrals. The top five zip codes of EPICC client residence include: 63110 (St. Louis City), 63118 (St. Louis City), 63136 (St. Louis), 63115 (St. Louis City), and 63112 (St. Louis City).

Referrals to EPICC Program: St. Louis City and St. Louis County Only

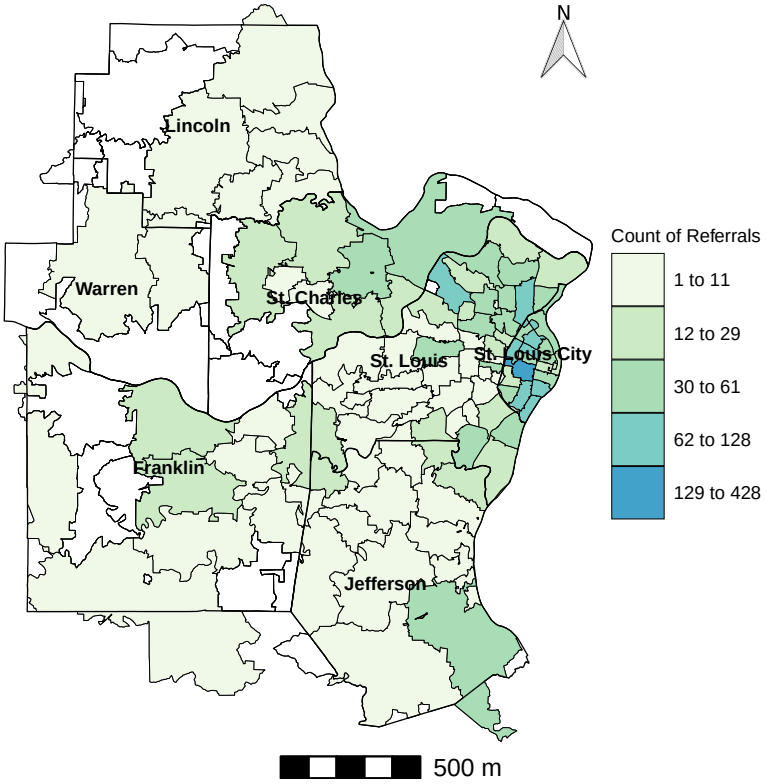
October 2021 to September 2022



Based on US Census Bureau ZIP Code Tabulation Area (ZCTA) Boundary Data

Referrals to EPICC Program: Seven Counties Served

October 2021 to September 2022



Based on US Census Bureau ZIP Code Tabulation Area (ZCTA) Boundary Data

Outcome Metrics

EPICC Participation at Outreach

In FY2022, out of 2,804 referrals, there have been 2,718 outreaches with 85% (2,321[2]) of clients agreeing to participate in EPICC services. Below is the outreach and participation data by each Recovery Coach agency.[3] Refer to Table 7 for full details.

Table 7: Client Baseline Participation by Agency of Recovery Coach During FY2022

Agency of Recovery Coach	Number of Outreaches	Clients Participating in EPICC at Outreach	Percent of Outreaches Participating in EPICC
Center for Life	201	165	82%
Comtrea	178	165	93%
Gateway Foundation	744	621	83%
Preferred Family Healthcare	911	790	87%
Queen of Peace	684	580	85%
Total	**2,718**	**2,321**	**85%**

EPICC Program Participation Across Follow-up Periods

Participation in the EPICC Project does decline over time, most markedly between initial contact and the two-week follow-up. Clients in our target population are difficult to reach and engage due to factors including high levels of homelessness and criminal justice involvement. Among referrals initiated in FY2022 and the prior two fiscal years, 7,406 initial contacts were conducted. The overall participation rates observed at subsequent follow-up time points are shown below. Please note that these percentages exclude those who are not yet due for a specific follow-up form.

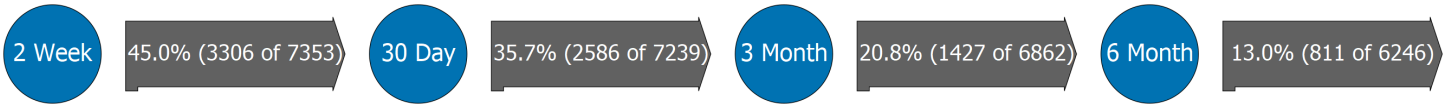


Figure 9: EPICC Participation at Each Follow-Up

[2]Out of 2,321 clients agreed to participate in EPICC services, there are 3 clients with a referral disposition of regional transfer and 45 clients with a referral disposition of transfer to Adult ERE program.

[3]Please note that clients are not necessarily referred to and may not receive treatment at their assigned Recovery Coach's agency.

Program Participation Over Time by Agency of Recovery Coach

Referrals initiated in FY2022 and the prior two fiscal years and the prior two fiscal years when outreached clients[4], at initial contact are presented in Table 8. The table is stratified by the Agency of the Recovery Coach facilitating EPICC participation at follow-up points.

Table 8: Client Program Participation Over Time by Agency During FY2022 and The Prior Two Fiscal Years

		Two Week		Thirty Day		Three Month		Six Month	
Agency	**Baseline EPICC Participation at Initial Contact (N)**	**N**	**Percent**	**N**	**Percent**	**N**	**Percent**	**N**	**Percent**
BHN	18	11	61.1%	13	72.2%	11	61.1%	0	0.0%
Center for Life Solutions	366	136	37.2%	92	25.1%	44	12.0%	26	7.1%
Comtrea	669	283	42.3%	273	40.8%	112	16.7%	64	9.6%
Gateway Foundation	2,034	969	47.6%	791	38.9%	504	24.8%	328	16.1%
Preferred Family Healthcare	2,507	1,200	47.9%	837	33.4%	460	18.3%	258	10.3%
Preferred Family Healthcare (TREE)	10	8	80.0%	6	60.0%	2	20.0%	0	0.0%
Queen of Peace	1,776	685	38.6%	559	31.5%	289	16.3%	135	7.6%
Total	**7,380**	**3,292**	**44.6%**	**2,571**	**34.8%**	**1,422**	**19.3%**	**811**	**11.0%**

Formal Treatment Engagement by Agency From Time of Admission

Among those participating at initial contact who attended a treatment intake (3,204), 2,895 clients were admitted to services. **Formal treatment engagement rates at follow-up time points (as reported by Recovery Coaches) can be observed in Table 9**. Formal treatment includes both MAT and non-MAT treatment services. Please note that many clients elect to accompany formal treatment services with informal treatment services (such as AA/NA, Recovery Centers, Celebrate Recovery) and a small number of clients engage solely in informal treatment services. Preferred Family Healthcare had the highest volume of admission (1,322), followed by ARCA (526), and Gateway Foundation (420). Engagement drops off after the two-week follow-up, which helps to account for the apparent steep decline in formal treatment engagement over time. Please also note that the formal treatment admission rates by admitting substance use treatment agency reported below exclude those who are not yet due for a specific follow-up form.

[4] Agree to participate in EPICC Services.

Table 9: Client Formal Treatment Engagement Over Time of Those Admitted by Substance Use Treatment Agency During FY2022 and The Prior Two Fiscal Years

Substance Use Treatment Agency	Number of Individuals Admitted	Thirty Day		Three Month		Six Month	
		N	Percent	N	Percent	N	Percent
Affinia	1	1	100.0%	1	100.0%	1	100.0%
ARCA	526	357	69.1%	183	38.4%	123	29.1%
BASIC	7	6	85.7%	3	42.9%	2	28.6%
Center for Life Solutions	62	45	75.0%	37	68.5%	21	42.0%
Centerpointe	17	10	71.4%	4	36.4%	1	11.1%
Compass Health	17	12	70.6%	5	29.4%	5	29.4%
Comtrea	12	5	50.0%	4	44.4%	2	22.2%
Comtrea (1 - Colton Baker)	63	48	76.2%	30	47.6%	24	40.0%
Family Counseling Center, Inc.	3	1	33.3%	1	50.0%	0	0.0%
Gateway Foundation	420	310	74.2%	170	41.5%	103	26.3%
Gibson Recovery Center	3	3	100.0%	3	100.0%	2	66.7%
New Beginnings	1	1	100.0%	0	0.0%	0	0.0%
Other SU Agency	116	68	60.2%	45	42.9%	30	32.3%
Preferred Family Healthcare	1,322	872	67.2%	480	39.1%	265	24.2%
Queen of Peace Center	209	122	59.8%	70	36.6%	47	28.3%
Salvation Army	42	31	73.8%	18	43.9%	12	33.3%
Southeast Missouri Behavioral Health (SEMO)	9	3	37.5%	2	28.6%	1	16.7%
Turning Point Recovery Centers	2	1	50.0%	1	50.0%	1	50.0%
Unknown at IC/2 Week/30 Days	4	0	0.0%	0	0.0%	0	0.0%
Westend Clinic	59	45	77.6%	38	73.1%	27	62.8%
Total	**2,895**	**1,941**	**68.3%**	**1,095**	**40.8%**	**667**	**27.6%**

Note: The total count of admissions is not filtered for length of time elapsed since initial contact.

Appendix A

Table 10: EPICC Steering Committee Roster September 2022

Name	Organization	Name	Organization
Laura Coleman	BHR	William Freeman	St. Lukes- Des Peres
Steve Doherty	Gateway	Barbara Beckermann	St. Lukes Health
Mary Beth Neufeld Wall	Gateway	Brianna Hanks	BJC
Bridget Cook	Gateway	Diane Howard	BJC
Sharon Spruell	Queen of Peace	Libby Dotson	Mercy
Amber Simpson	Queen of Peace	Dustin Smith MD	Mercy
Laura Bilsland	Comtrea	Amanda Kennedy	Mercy
Danielle Bent	Comtrea	Shaun Travis	SSM
Zhanna Keeton	Center For Life Solutions	Amy Blumenfeld	SSM
Marissa Lamey	Center For Life Solutions	Chelsea Robinson-Copass	SSM
Bryan Quick	PFH	Randy Pusczak	SSM
Megan Sohn	PFH	Kathleen Hulsey	SSM
Stephanie Cox	PFH	Michelle Schafer	SSM
Stacy Brown	PFH	Michaela Frederick	SSM
Cori Putz	PFH	James Pillarick	SSM
Gerald Dennis	PFH	Amy Knosewicz	SSM
Mike Bloodworth	PFH	Shaun Travis	SSM
Terisha Friedmann	PreventED	Kimberly Beck	Salvation Army
Amanda Harmel	PreventED	Aimee Monrotus	South City Hospital
Lauren Green	MIMH	Demitrice Taylor	West End Clinic
Liz Connors	MIMH	Yulanda Carter	BASIC
Katie Brown	MIMH	Robin Smith	BASIC
Kortney Gentner	DMH	Kimberly Beck	The Salvation Army
Amber Servey	DMH	Don Baker	The Salvation Army