

# 2022 STRATEGIC PLAN 18-MONTH UPDATE February 29-March 1, 2024



## SESSION OVERVIEW

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In November 2022, a significant milestone was reached with the convening of the Missouri Overdose Prevention Planning meeting. The primary objective of this gathering was to formulate a comprehensive 3–5-year strategic plan aimed at tackling the critical issue of overdose prevention and response within the state. Approximately 100 stakeholders from diverse sectors and agencies participated in this pivotal event. Central to their discussions was the overarching question:

**"What strategic measures can be undertaken over the next five years to foster cohesion and cultivate enduring collaborative alliances across systems, encompassing local, state, and federal entities? How can available resources and data be effectively leveraged to enhance equitable access to prevention, treatment, and recovery supportive services statewide, thereby advancing the collective mission of saving lives throughout Missouri?"**

Fast forward to February 2024, where a cohort comprising around 30 dedicated individuals reconvened to commemorate achievements, engage in reflective deliberations concerning progress made thus far and barriers that have prevented progress, and chart a course for sustained momentum. This assembly served as an occasion not only to celebrate milestones but also to recalibrate efforts in alignment with evolving needs and emerging challenges. A key outcome of this session was the formulation of a co-created one-year operational calendar, delineating actionable steps and strategic initiatives to propel the ongoing endeavors forward.

### **Session objectives included:**

- Share and celebrate work completed over the past 18-months
- Identify ways to share and communicate all the accomplishments.
- Identify strengths and challenges of moving the plan forward.
- Reflect on learnings and implications of moving a statewide plan forward.
- Development of accomplishments for the next 12-months.
- Create a calendar with SMARTIES goals, timeframes, sponsors and accountability measured for each strategy area

## 2024 STRATEGIC PLAN UPDATE ATTENDEES

Name	Organization	Name	Organization
Adriatik Likcani	Recovery Lighthouse	Alicia Ozenberger	Act Missouri
Andrew Hunter	Division of Community and Public Health, Bureau of Health Care Analysis & Data Dissemination	Brenda Schell	CDCF/ Midwest HiDTA
Cameo Jones	L.I.V. Recovery Sober Living	Dean Linneman	OA/PDMP
Jennifer DeLett-Snyder	Department of Mental Health	Jenny Armbruster	PreventEd
Jessica Howard	FCC Behavioral Health	Joe Yancey	St. Louis Reinvestment for Optimal Wellbeing
Kim Feaman	Department of Mental Health	Kortney Gentner	Department of Mental Health
Lauren Green	MIMH	Lesha Peterson	DHSS
Leslie Murphy	DHSS	Libby Brockman-Knight	Compass Health
Liz Connors	MIMH	Martha Smith	DHSS
Neann Wedgeworth	Division of Community and Public Health, Bureau of HIV, STD, and Hepatitis	Ralph Begay	Burrell
Rikki Wright	Department of Mental Health	Steve Johnson	DPS/Highway Patrol
Suneal Menzies	ARCA	Susan Bradford (Depue)	MO Institute of Mental Health
Tiffini Wright	DHSS	Van Godsey	Midwest HIDTA
Rhi Evans	MBHC	Paige Chapman	MBHC
Christine Smith	DMH	Lori Franklin	DMH
Karen Wallace	DHSS	Kim Freese	SAMHSA Region 7 Administrator

## TWO DAY AGENDA

Day 1: 1:00-5:00 PM 4-hours	
30 min	Welcome and Introductions
45 min	Documentation Review
45 min	Year In Review Activity ( <i>A celebration of accomplishments from the large focus question perspective</i> )
15 min	Break
45 min	Strategic Directions Evaluation ( <i>Identifying where progress is in motion and barriers that are in the way</i> )
45 min	Sharing and Communicating Successes
15 min	Reflection and Closing

Day 2: 9:00-3:00 PM 6-hours	
30 min	Welcome Back ( <i>Activity</i> )
30 min	Strategic Direction New Current Reality ( <i>SWOT, 2-year success indicators</i> )
15 min	Break
75 min	SMARTIES Goal ( <i>SMARTIES goals for the next year</i> ) & Year 2 Calendar
90 min	Lunch (11:30-1:00)
45 min	Calendar Review and Responsibility
45 min	90-Day Small Group Time
30 min	Closing Celebration

# ANTICIPATIONS

*In thinking about our time together over the next two days: "What anticipations do you have for our time together?"*

*"What are you hoping to get out of this event that will make your time here well spent?"*



## ANTICIPATIONS

- ◆ Learn partners roles
- ◆ Learn more about my role
- ◆ Data to inform decisions
- ◆ Anticipate a clear understanding of MCH leadership role in the strategic plan
- ◆ Elevate current goals
- ◆ Collaborative plans for the future
- ◆ Set goals for targeted response with measurable outcome
- ◆ Primary & secondary prevention strategies
- ◆ Comprehensive actions for plan that addresses Prevention -> Harm Reduction -> Recovery
- ◆ Actionable steps
- ◆ Defined action steps
- ◆ Evidence-based practices – what is working in other states
- ◆ Identify most valuable data sets available and how to access and share for decision making
- ◆ How to best disseminate data in a way so it is used in meaningful way
- ◆ Recognition that this is a statewide problem – we all have to work together to resolve
- ◆ Solutions to data collection challenges statewide
- ◆ New partners
- ◆ Plan for entire continuum.
- ◆ Opportunities for collaboration
- ◆ Increased knowledge
- ◆ Not just funding or increased funding but sustainable funding
- ◆ Develop partnerships for unified goals
- ◆ Clear to do's – what exactly can we/(I) do
- ◆ All entities are synched to optimize \$ & efforts to help & save ppl
- ◆ Discuss opportunities specific to prevention & recovery services for youth & people w/IDD
- ◆ Networking opp. with rural MO communities to share best practices & resources
- ◆ Discussing how we intentionally involve people with lived or living experience in a meaningful way to move the plan/work forward
- ◆ How MBHC can support / share / partner w. current & future efforts



## CELEBRATING OUR ACCOMPLISHMENTS

In preparation for creating another year of goals the group reflected on their accomplishments over the past 18-months. Participants were asked to reflect collective and individual accomplishments, then to share those out with a small group, and then ultimately to report out to the large group.



### *What have we accomplished over the past year?*

<ul style="list-style-type: none"> <li>• Coordination w/state DOC facilities to ensure on-going MAT upon release</li> </ul>	<ul style="list-style-type: none"> <li>• Jeff. City hired a community resource specialist on the police department</li> </ul>	<ul style="list-style-type: none"> <li>• 79 LPHA's established as Naloxone community distribution sites</li> </ul>
<ul style="list-style-type: none"> <li>• SIM mapping</li> </ul>	<ul style="list-style-type: none"> <li>• Developed survey for SU services</li> </ul>	<ul style="list-style-type: none"> <li>• Respite House (M &amp; W)</li> </ul>
<ul style="list-style-type: none"> <li>• Overdose prevention education and naloxone distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Wrote funding proposal for minority academy</li> </ul>	<ul style="list-style-type: none"> <li>• Established addiction fellowship to increase intent in addiction medicine</li> </ul>
<ul style="list-style-type: none"> <li>• "Collaboration" – DMH initiated meetings between providers to "<u>partner</u>" together</li> </ul>	<ul style="list-style-type: none"> <li>• Prepared proposal to DBH to meet coalition increase goal</li> </ul>	<ul style="list-style-type: none"> <li>• EPICC is now in SE Missouri fully staffed w/ 1 – clinical coordinator and 5 -peer recovery coaches</li> </ul>
<ul style="list-style-type: none"> <li>• Formation of MO PAL (Missouri Prevention Advocacy Leaders)</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention workforce development survey</li> </ul>	<ul style="list-style-type: none"> <li>• Compassion cures - public event w/naloxone distribution</li> </ul>
<ul style="list-style-type: none"> <li>• Secured OLS funds</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention mini grant</li> </ul>	<ul style="list-style-type: none"> <li>• MO harm redux conference</li> </ul>
<ul style="list-style-type: none"> <li>• Expand certified peer specialist services</li> </ul>	<ul style="list-style-type: none"> <li>• Injury &amp; OD team for DHSS</li> </ul>	<ul style="list-style-type: none"> <li>• Increase navigator support within OD2A</li> </ul>
<ul style="list-style-type: none"> <li>• Began peer Pre-Apprenticeship Program in STL</li> </ul>	<ul style="list-style-type: none"> <li>• Respite program served 435 people since 2022 in STL</li> </ul>	<ul style="list-style-type: none"> <li>• All individuals released from DOC have Naloxone added to their property</li> </ul>
<ul style="list-style-type: none"> <li>• EPICC expansion &amp; peer trainings, EPICC first annual convening Peer Summit in Oct. 2024 KC MCB Harm Reduction Specialist, ICRC international credential</li> </ul>	<ul style="list-style-type: none"> <li>• New harm reduction training – Foundations of Harm Reduction – Harm Reduction in practice</li> </ul>	<ul style="list-style-type: none"> <li>• New FTS training &amp; stimulant overamping training &amp; wound care for non-clinicians</li> </ul>
<ul style="list-style-type: none"> <li>• Increase coroner participation in data initiative related to toxicology</li> </ul>	<ul style="list-style-type: none"> <li>• DMH / DHSS selected for overdose prev. learning collab. (NGA)</li> </ul>	<ul style="list-style-type: none"> <li>• 40+ consultants w/lived experience to deliver harm reduction training</li> </ul>
<ul style="list-style-type: none"> <li>• Organizational changes to provide direct support &amp; TA to LPHA's for harm reduction contracts.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand access to care in N. City &amp; N. County</li> </ul>	<ul style="list-style-type: none"> <li>• Perinatal quality collaborative focus on care for pregnant / postpartum persons w/SUD</li> </ul>

<ul style="list-style-type: none"> <li>• OD awareness events, incorp. community leaders &amp; elected officials</li> </ul>	<ul style="list-style-type: none"> <li>• Co-location of SUD and comm. org. addressing tx deserts in STL</li> </ul>	<ul style="list-style-type: none"> <li>• Public awareness and media outreach efforts</li> </ul>
<ul style="list-style-type: none"> <li>• 1st ever MPS in county (Johnson)</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention training for CPS's</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile outreach</li> </ul>
<ul style="list-style-type: none"> <li>• School based prevention services – universal and indicated</li> </ul>	<ul style="list-style-type: none"> <li>• Joined Boone Co. opioid reduction coalition</li> </ul>	<ul style="list-style-type: none"> <li>• Began EMS BUP induction in the field w/ 6 pilot districts</li> </ul>
<ul style="list-style-type: none"> <li>• Invitation for bid focusing on recovery.</li> </ul>	<ul style="list-style-type: none"> <li>• More resources &amp; funding</li> </ul>	<ul style="list-style-type: none"> <li>• SUD grant program collaboration</li> </ul>
<ul style="list-style-type: none"> <li>• Served 248 people in 2023, 119 are still sober today</li> </ul>	<ul style="list-style-type: none"> <li>• Missouri PDMP implemented</li> </ul>	<ul style="list-style-type: none"> <li>• DEI work to address tx disparity</li> </ul>
<ul style="list-style-type: none"> <li>• Develop new fact sheets at county – level on drug overdose surv.</li> </ul>	<ul style="list-style-type: none"> <li>• Naloxone saturation plan – onetime stock of established vending machines</li> </ul>	<ul style="list-style-type: none"> <li>• Opened 30 – 40 bed men respite program in north city STL.</li> </ul>
<ul style="list-style-type: none"> <li>• Overdose fatality reviews (OFR's) – LPHA – National Presenters – meeting 3/20/24 planned</li> </ul>	<ul style="list-style-type: none"> <li>• Invitation for bid focusing on primary prevention</li> </ul>	<ul style="list-style-type: none"> <li>• IN Fy23 155,125 Naloxone kits distributed across 773 agencies</li> </ul>
<ul style="list-style-type: none"> <li>• EPICC (hybrid) in South Central Missouri Ozarks Medical Center (COMC), 2 peer coaches &amp; 1 manager</li> </ul>	<ul style="list-style-type: none"> <li>• Training for providers r/t screening &amp; referral for SUD (GR – funding)</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of Perinatal Health Access Project (state &amp; federal \$) with focus on mental health &amp; SUD</li> </ul>
<ul style="list-style-type: none"> <li>• Met with county commissioners offered evidence-based strategies @ multiple levels of funding</li> </ul>	<ul style="list-style-type: none"> <li>• MO maternal health action network to address maternal SU – Leadership Academy</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of a special work group to review child (0 -18yrs) deaths due to Fentanyl poisoning</li> </ul>
<ul style="list-style-type: none"> <li>• Participated in prevention harm reduction training thru Great Lakes PTTC</li> </ul>	<ul style="list-style-type: none"> <li>• Education with community via town hall mtgs.</li> </ul>	<ul style="list-style-type: none"> <li>• Started process to create region 7 peer council</li> </ul>
<ul style="list-style-type: none"> <li>• Community Coalition Support</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention Conference</li> </ul>	<ul style="list-style-type: none"> <li>• 5,125 emergency responders trained in OEND &amp; scene safety</li> </ul>
<ul style="list-style-type: none"> <li>• Advocacy @ local subdivision and state level for utilization of opioid settlement funding</li> </ul>	<ul style="list-style-type: none"> <li>• Let's connect (regional partner MATS) Metro East STL</li> </ul>	<ul style="list-style-type: none"> <li>• Funding established for S.U. respite beds</li> </ul>
<ul style="list-style-type: none"> <li>• Opened women's recovery home in Jefferson City</li> </ul>	<ul style="list-style-type: none"> <li>• SUD grant program via cannabis sales/taxes funding RCC's</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in recovery community centers</li> </ul>
<ul style="list-style-type: none"> <li>• Secured R-Corp., funding for epic like program for pregnant / post – partum women to access tx</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate statewide single report for Opioid settlement funds</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded mail – based Naloxone allowing Naloxone to reach 35 new counties</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in recovery community centers</li> </ul>	Active coalitions	



## STRATEGIC DIRECTION REFLECTION

Following the identification of the shared accomplishments the group reflected on each of the three strategic direction areas, further identifying actions that are in-progress and barriers hindering progress over the past 18-months.

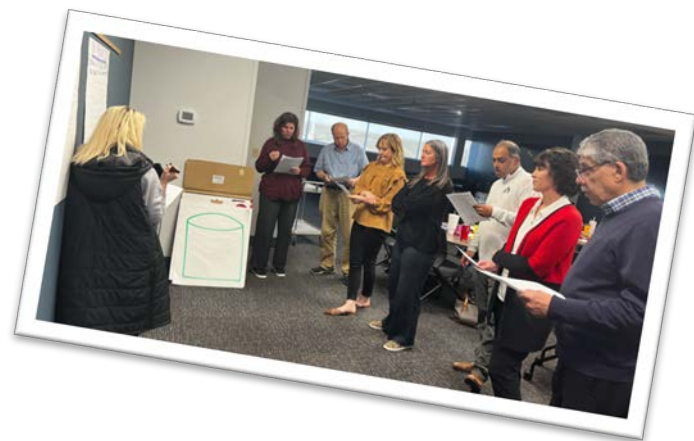
REFORMING DYNAMIC RESPONSE	
IN-PROGRESS	BARRIERS
<ul style="list-style-type: none"> <li>• Fatality reviews -&gt; recommendations for solutions presented to decision makers</li> <li>• DSS exploration for funding for home visits</li> <li>• Training for peers in prevention – credential Missouri Prevention Specialist</li> <li>• SAMHSA Regional Peer Council</li> <li>• 988</li> <li>• SIM mapping</li> <li>• MO Student Survey (DMH/DESE)</li> <li>• Standardizing definitions</li> <li>• DHSS dashboard (EMS Data) – state entity data sharing</li> <li>• Public availability</li> <li>• ME coroner info</li> <li>• DOC data linkage</li> <li>• Important / impactful data for decision making</li> </ul>	<ul style="list-style-type: none"> <li>• True engagement / leadership support for those w/lived experience</li> <li>• Political barriers during election year / legislation / statute</li> <li>• Review of prevention credentialing</li> <li>• No interstate data sharing w/POMP</li> <li>• Siloed data due to funder requirements</li> <li>• Lack of understanding of units available</li> <li>• Coroner – different trainings / willingness to share / toxicology</li> <li>• System is too large</li> <li>• Differing definition / operationalizing of terms</li> <li>• Lack of software (KC ordinance)</li> <li>• Coroner &amp; ME data sharing</li> <li>• Time of data turn around</li> <li>• Consistency of reporting @ county level</li> <li>• Capacity to collect / report</li> <li>• Data understanding</li> </ul>





## EMPOWERING FOR CHNGE

IN-PROGRESS	BARRIERS
<ul style="list-style-type: none"> <li>• Opportunities for opioid settl.</li> <li>• SUD grant from cannabis tax \$\$</li> <li>• Elevating grass roots / faith based</li> <li>• Partnership w/local service providers</li> <li>• Culture change</li> <li>• Coalitions active &amp; partnering</li> <li>• Increase in peer workforce</li> <li>• Increase in housing</li> <li>• Getting funding / pass through</li> <li>• Advisory for dispensing SUD funding</li> <li>• Fiscal sponsorship</li> <li>• Team based rates – CSTAR</li> <li>• FQHC /SUD partnership funding</li> <li>• PPS rates</li> <li>• Grassroots organizations have a seat @ the table</li> <li>• DEI trainings</li> <li>• CEDI trainings</li> </ul>	<ul style="list-style-type: none"> <li>• Little guys swallowed by big guys &amp; don't know how to access \$</li> <li>• Funding</li> <li>• Stigma &amp; personal bias</li> <li>• Lack of education / knowledge</li> <li>• Competition</li> <li>• Lack of dedication to and not and/or (limited vision)</li> <li>• Diverse pathway to leadership</li> <li>• Racism</li> <li>• Criminalization</li> <li>• Fear</li> <li>• Easier path for coalition support / \$</li> <li>• Knowledge of collaboration for funding</li> <li>• Stop expecting everyone to do things for free</li> <li>• More training and technical assistance</li> <li>• Advocating for sustainable school access</li> <li>• Local communities don't know what to spend settlement funds on</li> <li>• Local people don't know what is being spent or who to talk to</li> <li>• Bad legislation to increase criminalization</li> <li>• Capacity to write to DFC funds</li> </ul>



## PRIORITIZING PEOPLE

IN-PROGRESS	BARRIERS
<ul style="list-style-type: none"> <li>• CCBHO – SUD 2.1 expand access</li> <li>• BHCC – 18 adding 6 Springfield added youth</li> <li>• Increased DFC grants (prevention)</li> <li>• ASAM</li> <li>• Canvas &amp; outreach</li> <li>• ITCS expansion</li> <li>• EPICC expansion</li> <li>• Increase mobile unit &amp; crisis</li> <li>• Increase youth services</li> <li>• Support for underserved populations</li> <li>• 988 implementation</li> <li>• Access to training</li> <li>• Naloxone access increase across state</li> </ul>	<ul style="list-style-type: none"> <li>• \$ (Money)</li> <li>• Time – needs time to implement</li> <li>• CCBHO implementing SUD</li> <li>• Workforce (lack of)/lack of livable wage</li> <li>• Decrease services in rural spaces</li> <li>• Transportation</li> <li>• Stigma</li> <li>• Knowledge</li> <li>• Workforce are here to support staff &amp; representation of folks most impacted</li> <li>• Voice of people w/lived experience not here -&gt; fully represented               <ul style="list-style-type: none"> <li>◦ Engaged in evidence-based training and solutions</li> </ul> </li> <li>• Access to support services in rural areas</li> <li>• Normalization / de-sensitization/denial of use</li> </ul>



## SHARING AND COMMUNICATING SUCCESSES

Communicating and sharing all the work that has been completed is integral to the success of expanding understanding and creating a pathway for others to get involved. The group divided into four groups to creatively think through four aspects. Create a service description on what the strategic plan is or is intended to do. Identify the target market. Who can help move the plan forward. Identify communication pathway options on how to communicate the information. Create a slogan.

### Service Descriptions

- Partnering with you on overdoes prevention strategies for local communities to put into action to save lives!
- Missourians working together to prevent overdoses and save lives!
- Reduce overdose events and deaths through treatment, recovery, prevention and harm reduction
- Collaborative, effective effort to address overdose crisis via continuum of services facilitated by federal, state, & local partners, and communities, and people with lived experience.
- Interdisciplinary teams of professionals working across sectors to prioritize people to empower change in order to impact and reform a dynamic response to overdose.

### Target Markets

- |                         |                           |                      |
|-------------------------|---------------------------|----------------------|
| • General public        | • Champions               | • State entities     |
| • Communities           | • 12 sectors of the       | • Health Departments |
| • People living it      | community                 | • Foundations        |
| • People doing the work | • Coalitions              | • Legislators        |
| • Decision makers       | • Grassroot organizations |                      |

### Communication Pathways

- |                                  |                                 |                                 |
|----------------------------------|---------------------------------|---------------------------------|
| • Social media                   | • Speaker functions             | • Consistent branding           |
| • Radio                          | • Bus stops                     | • Identify community champions  |
| • Digital billboards             | • Public transportation         | • Provide leadership skills and |
| • Word of mouth                  | • Educational campaigns         | empower them with decision      |
| • TV ads                         | • Same message multiple times,  | making ability                  |
| • Churches and places of faith   | consistently                    | • Word of mouth                 |
| • Recovery and treatment centers | • Think about who the messenger | • FYI Fridays                   |
| • Conference presentations       | should be                       |                                 |



Together We Have the Power

Join the team!  
There is a position for everyone!



Be The Change  
You Can Prevent Overdose Deaths!

Collaborating for Change: Empowering  
lives, Reforming Responses to Overdose

Together We Can Prevent Overdose



Saving Lives from Overdose Is a TEAM Effort  
Don't be a bench warmer

Empowering People, Transforming Response:  
Uniting Sectors to Overdoes Reform


Together We Can Save Lives





## DATA REVIEW

The first annual report to the Missouri General Assembly on Opioid Settlement Funds was published on March 1, 2024. The group collectively reviewed the report, noting positives (+) and concerns (-) within it. They also identified key elements to consider for upcoming goals in the following year.

<ul style="list-style-type: none"><li>• How much spent per dept.</li><li>• List of who has funds</li><li>• Page 4 &amp; 5 were most informative</li><li>• The whole report is + transparency</li><li>• Opportunity to outreach for spending</li><li>• Speak to recovery services</li><li>• 57% went to prevention</li><li>• Prevention investment</li><li>• Treatment investment</li><li>• Lots of \$ went out</li><li>• Transparency with funding</li><li>• Breakdown of % to different sectors</li><li>• Timeline of when funds were allocated</li><li>• List of cities &amp; counties</li><li>• List of allowable uses</li><li>• Amt. of available funds</li><li>• Received 100% reporting</li><li>• Having this info to share</li><li>• Website</li></ul>	<div><div></div><div></div></div> <ul style="list-style-type: none"><li>• Prevention – primary vs reduction</li><li>• How much is available to each dept.</li><li>• Contact info for who has funds</li><li>• More detail on subcategories on page 15</li><li>• What are some examples of allowable uses?</li><li>• Why some counties &amp; cities not listed?</li><li>• Why some counties did not spend funds</li><li>• What is the process for an entity to get from distribution to spending</li><li>• Percentage that have not spent</li><li>• Recovery services not always mentioned as allowable usage</li><li>• Lack of local direction / understanding</li><li>• Who to talk to (local)</li><li>• Too much blue</li><li>• Data by rural / urban</li></ul>	<div><div></div><div></div></div> <ul style="list-style-type: none"><li>• No definition for political subdivision</li><li>• Amt. of funds not yet put into action</li><li>• Appropriation process</li><li>• How 11% of county \$ was spent</li><li>• Would like to know how much \$ each county got</li><li>• Tx &amp; recovery should be separated out</li></ul> <div></div>
<ul style="list-style-type: none"><li>• Education (of priorities, services, etc. and needs assessment)</li><li>• <u>Partnership &amp; collaboration</u></li><li>• Opportunity for <u>transformational</u> change for SUD</li><li>• Does it roll over? Yes</li><li>• Need guidance / strategy / infrastructure on how to impactfully spend \$</li><li>• Transparency &amp; accuracy on how \$ is spent / can be spent</li><li>• Hopefully lack of spending means people are being intentional with spending</li></ul>	<div><div></div><div></div></div> <ul style="list-style-type: none"><li>• Possibilities for coordination – don't want duplication</li><li>• Don't want \$ to just sit – where does the interest go?</li><li>• Still a lot of \$ to spend</li><li>• What the counties are doing</li><li>• Tracking and defining success</li><li>• Opportunities to advocate for unspent funds</li><li>• Accountability</li></ul>	



## CURRENT REALITY AND SUCCESS INDICATORS

Following review of the past 18 months and the report, the group shifted to assessing the current reality and defining 2-year success indicators for each of the strategic directions. The group engaged in a SWOT analysis for each strategic area and envisioned two years success indicators. Renewed motivation led them to craft SMARTIES goals—specific, measurable, action-oriented, realistic, time-bound, inclusive, equity-minded, and sustainable—that would pave the path to the envisioned success. Throughout the goal identification process a new strategic direction emerged. The plan now includes four strategic directions.

REFORMING DYNAMIC RESPONSE		
SWOT		2-YEAR SUCCESS INDICATORS
<b>STRENGTHS</b> <ul style="list-style-type: none"><li>• Ton of data</li><li>• We have a MO student survey (MSS)</li><li>• Drug overdose dashboard has great information</li></ul>	<b>OPPORTUNITIES</b> <ul style="list-style-type: none"><li>• Need a uniformed collection site to be able to share data</li><li>• Educate others, only 1 person knows how to enter</li><li>• Centralized ME/Coroner data system</li><li>• Increase in MSS participation</li></ul>	<ul style="list-style-type: none"><li>• What is different when we mobilize behind this area</li><li>• Have we made data more accessible &amp; understandable</li><li>• Have we made an impact on the workforce</li><li>• Every stakeholder/system has peers/patient navigators</li><li>• Increased accessibility</li><li>• Work group still intact &amp; achieving goals</li><li>• Better data at local level with cohesion of data sharing (on opioid website)</li></ul>
<b>WEAKNESSES</b> <ul style="list-style-type: none"><li>• Data is not shared</li><li>• Difficult to digest or understand</li><li>• No updated local resource guides</li><li>• Data collection can be a burden</li><li>• Lack of easy standardized systems</li></ul>	<b>THREATS</b> <ul style="list-style-type: none"><li>• cost prohibitive</li><li>• knowledge is retiring w/no middle folks – younger worker lacks knowledge whose job is this?</li></ul>	
GOAL IDENTIFICATION		
<ul style="list-style-type: none"><li>• Update naloxone saturation plan to accurately reflect current funding &amp; OD death data to make informed decisions</li><li>• Increase school participation in Missouri student survey</li><li>• Connecting the disparity parts of the system – navigator</li><li>• Bringing together the ME/Coroner with the interested state agencies and labs to determine capability for consistent statewide testing</li><li>• Implement a system that collects &amp; dissem. Community reso.</li></ul>		

EMPOWERING FOR CHANGE		
SWOT		2-YEAR SUCCESS INDICATORS
<b>STRENGTHS</b> <ul style="list-style-type: none"><li>• Diverse group of stakeholders</li><li>• High level collaboration</li><li>• Existing networks</li><li>• Active coalitions</li><li>• Trust building</li></ul>	<b>OPPORTUNITIES</b> <ul style="list-style-type: none"><li>• Opportunity to reconvene (regionally) or as a big group</li><li>• Funding for volunteer orgs.</li><li>• Work with local entities</li><li>• Way to highlight the success stories – what is working</li><li>• Don’t recreate the wheel</li><li>• Create information sharing groups</li></ul>	<ul style="list-style-type: none"><li>• More community coalitions / taskforce with outcomes, with plans for spending (implementation)</li><li>• Money being used to make change</li><li>• More trust and transparency</li><li>• Build trust w/communities bought into primary prevention, harm reduction, treatment, recovery</li><li>• <u>Fewer OD deaths!!!</u></li></ul>
<b>WEAKNESSES</b> <ul style="list-style-type: none"><li>• No local level collaboration</li><li>• How to access funds locally</li><li>• Lack of diversity in the room/decision making</li><li>• Stigma around Narcan esp. as a stand-alone intervention</li><li>• Losing knowledge &amp; new workforce does not have it</li></ul>	<b>THREATS</b> <ul style="list-style-type: none"><li>• Administration changes occurring (political climate)</li><li>• Who is the voice that we are training to replace us – need a bunch</li><li>• Attitudes &amp; awareness has to change</li></ul>	
GOAL IDENTIFICATION		
<div><div><ul style="list-style-type: none"><li>• Build a collaboration to revise the CPS – MPS credentials</li><li>• Conduct 3 townhall meetings to engage local communities / people with lived/living exp. / families in the planning process / buy in community support</li><li>• Leveraging existing assoc./coalitions, conferences, etc. to educate on the report/website, handing out the swag – logo, the report – get on communities radar</li><li>• Create criteria to divide state funding into primary prevention, harm reduction, treatment and recovery</li><li>• Amend legislation to allow interstate sharing of MO PDMP data</li><li>• Create training aimed for local communities on how to write proposals/access funds</li><li>• Renewed commitment from work groups</li></ul></div><div><ul style="list-style-type: none"><li>• Outline/structure for workgroup meeting and report outs</li><li>• Updated plan outlining accomplishments and updated goals</li><li>• Create OD prev. governing body so this work continues</li><li>• Identify stakeholders to meet w/MCB to revise the MPS credentials</li><li>• 25% increase of community coalitions w/strategic plans</li><li>• Reconvening plan</li><li>• Tell the monthly story of accomplishment thru podcast series</li><li>• Review &amp; adopt requirements &amp; levels of MO prevention credentials</li><li>• By Dec. 2025, representation of statewide OD prev-coalition will accurately reflect the communities it serves by 25%</li></ul></div></div>		

PRIORITIZING PEOPLE		
SWOT		2-YEAR SUCCESS INDICATORS
STRENGTHS	OPPORTUNITIES	
<ul style="list-style-type: none"><li>• Peer / family workforce as great foundation</li><li>• Committed and skilled work / programs are ALREADY happening</li><li>• Variety of services has expanded</li><li>• Collaboration b/w primary care &amp; behavioral health</li></ul>	<ul style="list-style-type: none"><li>• More expansion in rural areas</li><li>• Ability for more training, expand access to knowledge</li><li>• General revenue dedicated to primary prevention &amp; recovery</li><li>• Have to get the word out</li><li>• Better education for care givers / parents</li><li>• More wholistic care (FQHC / SUD partnerships)</li></ul>	
WEAKNESSES	THREATS	
<ul style="list-style-type: none"><li>• Imbalance / confusion on terminology: prevention – harm reduction, treatment – recovery</li><li>• Accessibility, no service in our rural areas</li><li>• No WIFI / transportation</li></ul>	<ul style="list-style-type: none"><li>• Lack of transportation</li><li>• Sustainable program revenue / funding sources</li><li>• Notion we need to do something “new”</li><li>• Mentality &amp; understand of the scope of the problem stays the same</li><li>• Still a lack of youth resources</li></ul>	
GOAL IDENTIFICATION		
<ul style="list-style-type: none"><li>• Maintain naloxone distribution by distributing 150,000 kits annually</li><li>• Create funding mechanism for transportation (on-going) to services</li><li>• DMH work with recovery, housing providers to dev. Opp./criteria for family housing</li><li>• Create a map of resource deserts</li><li>• Align SUP grant to support recovery services for MCH population</li><li>• Align SUD gr ant to support evidenced based “primary” prevention</li></ul>		



CREATING ACCOUNTABILITY (NEW)
GOAL IDENTIFICATION
<ul style="list-style-type: none"> <li>• Create desired outcome reporting measures for all entities receiving settlement funds (around prevention, harm reduction, treatment, and recovery)</li> <li>• Develop list serv. To share idea &amp; accomplishments</li> </ul>

## CALENDAR

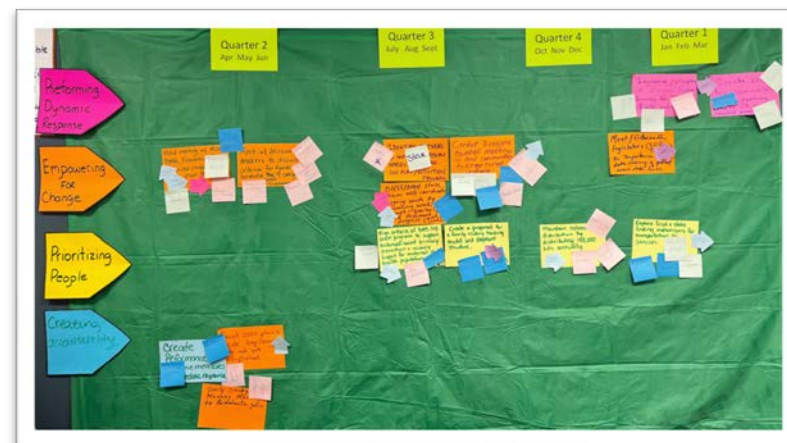
Following the prioritization, the group split into five smaller teams, each comprising of a staff member and a board representative. These teams reviewed all the potential SMARITES goal, carefully selecting the ones that would make it onto the upcoming calendar.

A decision was reached: any goal that evolved into a standard operating procedure (SOP) for the organization would no longer be classified as a strategic goal and would be excluded from the upcoming calendar. To ensure accountability and ownership, a staff or impact area leader, along with a board member, was assigned as sponsors for each selected goal.

Calendared goals without names will need to be reassessed for do-ability and accountability.

### Strategy Area 1: Reforming Dynamic Response

REFORMING DYNAMIC RESPONSE	Staff, Leader	Q2 Apr May Jun	Q3 July Aug Sept	Q4 Oct Nov Dec	Q1 Jan Feb Mar
Increase participation (the random sample of the) in Missouri student survey by 50% of all schools	Susan Bradford (consult only) <b>Van Godsey</b> Andy Hunter				
Create criteria for consistent tox reporting across all coroners/medical examiners	<b>Van Godsey</b>				



## Strategy Area 2: Empowering For Change

EMPOWERING FOR CHANGE	Staff, Leader	Q2 Apr May Jun	Q3 July Aug Sept	Q4 Oct Nov Dec	Q1 Jan Feb Mar
Hold meeting w/MCB, DMH, Prevention Providers to review credentials and create plan for revision	Ralph Begay, Jennifer Snyder, Jessica Howard, <b>Susan Bradford, Jenny Armbruster, Lori Franklin</b>				
Meet w/decision makers to discuss criteria for funding formula across 4 categories – Prevention, HR, Treatment, Recovery	Susan Bradford, Adriatik Likcani, Jessica Howard, Jenny Armbruster, Christine Smith, Lauren Green, Liz Connors				
Identify partners to implement podcast series regarding the plan/activities/progress	Adriatik Likcani, Steve Miller, <b>Tiffini Wright</b>				
Conduct 3 regional meetings in local communities to engage target audience	Kortney Gentner, Brenda Schell, Jennifer Snyder, Libby Brockman-knight, Christine Smith, <b>Tiffini Wright, Neann Wedgeworth</b>				
DHS/DMH state team will coordinate ongoing work by convening work groups quarterly and document progress (work gr. leads)	Kim Fearman, Rikki Wright, <b>Christine Smith, Tiffini Wright</b>				
Meet/educate legislators (SUD task force) Re: importance of data sharing of PDMP across state lines	<b>Dean</b>				





### Strategy Area 3: Prioritizing People

PRIORITIZING PEOPLE	Staff, Leader	Q2 Apr May Jun	Q3 July Aug Sept	Q4 Oct Nov Dec	Q1 Jan Feb Mar
Align criteria of DHSS, SUD grant program to support evidence-based primary prevention & recovery support for maternal child health population	Jenny Armbruster, Brenda Schell, Jennifer Snyder, Ralph Begay, <b>Tiffini Wright</b>				
Create a proposal for a family recovery housing model and payment structure	Ralph Begay, Adriatik Likcani, <b>Suneal Menzies</b>				
Maintain Naloxone distribution by distributing 150,000 kits annually	Liz Connors, Christine Smith, Neann Wedgeworth, <b>Lauren Green</b>				
Explore local & state funding mechanism for transportation to services	Suneal Menzies, Kim Fearman, Kortney Gentner, Ralph Begay, <b>Neann Wedgeworth, Leslie Murphy</b>				

### Strategy Area 4: Creating Accountability

CREATING ACCOUNTABILITY	Staff, Leader	Q2 Apr May Jun	Q3 July Aug Sept	Q4 Oct Nov Dec	Q1 Jan Feb Mar
Create performance outcome measures MO overdose response	Adriatik Likcani, Kim Fearman				
Yearly strategic planning meeting to reevaluate goals	Tiffini Wright, Neann Wedgeworth				
Revisit 2022 plan & decide keep/scrap goals not yet accomplished	Jessica Howard, <b>Susan Bradford</b>				

Thank you for your time and dedication to  
improving the lives of all individuals!

*Facilitation services provided by*



Mid-America (HHS Region 7)

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Steve  
Miller

Stephanie  
Ahles