

SUBSTANCE USE COMMUNITY NEEDS ASSESSMENT

FOR CRAWFORD, DENT, MARIES, AND PHELPS COUNTIES



Prepared by:

Meramec Regional Planning Commission – Rural Opioid Initiative

4 Industrial Drive | St. James, MO 65559

Phone 573-265-2993 | Fax 573-265-3550

www.meramecregion.org | www.facebook.com/meramecregion

Prepared: September 2020

MRPC Rural
OPIOID
Initiative

Prepared by:

Meramec Regional Planning Commission – Rural Opioid Initiative

4 Industrial Drive | St. James, MO 65559

Phone 573-265-2993 | Fax 573-265-3550

www.meramecregion.org | www.facebook.com/meramecregion

Prepared: September 2020

“This Community Needs Assessment is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$738,500 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

TABLE OF CONTENTS

| | |
|--|-----------|
| Introduction | 1 |
| Community Needs Assessment | 1 |
| Meramec Region Rural Opioid Program | 1 |
| History of the Region | 2 |
| Characteristics of the Region | 4 |
| Socioeconomic Characteristics | 4 |
| Quality of Life | 5 |
| Health Status | 6 |
| Mission and Vision | 7 |
| Needs Assessment Methodologies | 8 |
| Overview of Results/Findings | 9 |
| Summary of Surveys | 9 |
| Gap Analysis | 18 |
| Regional Goals and Objectives..... | 20 |
| Action Plan: Implementation..... | 23 |
| Discussion and Conclusion | 30 |
| Appendix A – Law Enforcement Survey | 32 |
| Appendix B – First Responder Survey | 34 |
| Appendix C – Pharmacy Survey | 36 |
| Appendix D – School Survey | 38 |
| Appendix E – Community Programs | 40 |
| Appendix F – Naloxone Study | 41 |

INTRODUCTION

Community Needs Assessment

Through a grant from the Health Resources and Services Administration (HRSA), a substance use focused needs assessment was completed to better understand the needs of the communities and determine the next steps in combatting the opioid epidemic in Crawford, Dent, Maries, and Phelps counties within the Meramec Region. Information obtained during the community needs assessment will be used to guide future projects and resources for the communities.

“An opioid addiction is characterized by a powerful, compulsive urge to use opioid drugs, even when they are no longer required medically.” Opioids can change the chemistry of the brain and over time cause the body to require larger quantities of the same substance to have the same outcome.¹ Over the last two decades, more than 400,000 individuals have been a victim of an opioid overdose.² Opioid addiction has no boundaries. The disease can affect anyone at any time.

According to the CDC, “A community needs assessment provides community leaders with a snapshot of local policy, systems, and environmental change strategies currently in place and helps to identify areas for improvement. With this data, communities can map out a course for health improvement by creating strategies to make positive and sustainable changes in their communities.”³ A Community Needs Assessment truly understands the needs of our communities and will be used to develop action items to strive for wellness in the future.

Meramec Region Rural Opioid Program

The Meramec Region Rural Opioid Program is a consortium of health and social service organizations in Crawford, Dent, Maries, and Phelps counties and was created to address the rising opioid epidemic in our region. The group hopes to create awareness to improve prevention, treatment, and recovery from opioid addiction, and to identify gaps in services needed. Meramec Regional Planning Commission (MRPC) serves as the main facilitator of the consortium, houses the project director, and provides fiscal and administrative oversight of the grant program. All other consortium members work directly with the target population to develop and implement partnership strategies to increase substance abuse care and coordination with the skills and experience to guide the organization. Consortium members currently include:

Meramec Regional Planning Commission (MRPC): As a regional planning commission founded in community development, MRPC is an experienced facilitator of programs and

¹ Opioid addiction - Genetics Home Reference - NIH (2019, August 20). Retrieved from <https://ghr.nlm.nih.gov/condition/opioid-addiction>

² Understanding the Epidemic - Drug Overdose - CDC Injury Center (2018, December 19). Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>

³ Community Needs Assessment. Atlanta, GA: Centers for Disease Control and Prevention (CDC), 2013

projects affecting rural south-central Missouri. MRPC is well-versed in managing state and federal programs. The Meramec Region includes eight counties, which are Crawford, Dent, Gasconade, Maries, Osage, Phelps, Pulaski, and Washington. The CAN focuses on four: Crawford, Dent, Maries, and Phelps Counties.

Your Community Health Center, a Federally Qualified Health Center in Rolla, MO, facilitated four community conversations in Phelps and Maries counties. Attendees at the conversations were provided with basic education prior to being asked questions about the opioid epidemic.

Phelps/Maries County Health Department works directly with the Missouri Department of Health and Senior Services through contracts to deliver public health services to the two counties. The department addresses a wide range of public health issues, many of which are affected by the rural opioid epidemic.

Prevention Consultants of Missouri is a not-for-profit agency located in Rolla, MO working to provide, promote, and support research-based, effective prevention strategies. It provides support and technical assistance for substance abuse prevention programs and strategies to community coalitions in eight Missouri counties through a contract with the Missouri Division of Alcohol and Drug Abuse.

Dr. Sean Siebert, owner of Invent yourself, LLC, created the program ‘Rehabilitation through Innovation’ that was implemented in the Crawford County jail. The program works with offenders to develop a culture of entrepreneurship that allows inmates to better transition out of the legal system and into society. Substance abuse was a common denominator among most inmates. Through this program, which works directly with the region’s Workforce Investment Board, inmates were able to avoid typical employment hurdles that often lead to a return to drug abuse and crime.

Phelps Health, located in Rolla, MO, partnered with MRPC to host a one day workshop aimed towards employers and focused on understanding the illness, treatment and recovery, opportunities within employment, and enacting policy change within the workplace. Phelps Health provides mental and behavioral health services to community members in all counties in the study.

History of the Region

The number of mental health care facilities to serve the four-county area is minimal and the demand far exceeds the capacity of these providers. According to the Health in Rural Missouri Biennial Report, Maries County has no hospital. Crawford and Dent County have one to three hospital beds per 1000 residents, and Phelps County has four to five beds per 1000 residents⁴. All four counties are considered Health Professional Shortage Areas (HPSAs) in the areas of primary care, mental health, and dental care (MDHSS, 2017). Emergency departments at Phelps Health, Salem Memorial District Hospital and Missouri

⁴ Missouri Department of Health and Senior Services (2017). *Health in Rural Missouri Biennial Report 2016-2017*. Jefferson City, MO.

Baptist Sullivan are overloaded with drug-related patients that also require mental health care every year.

All county health departments serving the four county area (Crawford, Dent, Phelps/Maries) have identified substance abuse as a growing health problem for the region in each department's five-year needs assessment. The 2016 Community Health Needs Assessment prepared by Phelps Health, lists substance abuse as one of its top four priority needs in its service area, which includes Crawford, Dent, Maries, and Phelps counties. The 2016 reports from Sullivan Baptist in Crawford County and Salem Memorial District Hospital in Dent County also include substance abuse as a top health need in their respective service areas.

CHARACTERISTICS OF THE COMMUNITY

Socioeconomic Characteristics

Education and Income

An individuals’ level of education directly correlates to levels of health benefits. If a person lacks a basic level of education, they are more likely to have poorer health outcomes. This can include the ability to choose regarding substance use. A substance use disorder can make an individual significantly less productive. Addiction can also make maintaining employment very difficult. If someone can keep their job, they are very likely to spend most, if not all, of their pay on seeking drugs.⁵ At the same time, individuals who have poor health statuses tend to struggle to obtain an education. Community members with a lower education have not always been taught healthier choices when purchasing food. There may also be a financial struggle to purchase healthier foods as they tend to be much more expensive than the less healthy alternative. When children are hungry, they are less likely to be able to focus on their learning. If a child struggles with learning, they may also struggle with decision-making skills that are beneficial to them as they mature.

As noted in the Table 1, median household income directly correlates to health status in each county. Health status is based on length of life, quality of life, health behaviors, clinical care, social and economic factors and physical environment. According to Centers for Disease Control (CDC) – National Vital Statistics System (NVSS) and 2018 ACS 5-year estimates, the median household income for the state of Missouri is \$53,560. The Meramec Region, along with all counties in this study fall 14-29% below this average. Crawford County, the lowest health ranked county in the four county service area, has the lowest median household income at \$38,036, while Maries County, the highest health ranked county in the four county service area, has the highest median household income at \$44,436.

Table 1: Socio-Economic Characteristics

| Location | Population | Health Status Ranking of 115 | Population 25 years and older | High School Graduate | Bachelors Degree and Up | Median Household Income |
|-----------------------|------------|------------------------------|-------------------------------|----------------------|-------------------------|-------------------------|
| Crawford | 23,920 | 98 | 16,856 | 6,631 | 1,893 | \$38,036 |
| Dent | 15,573 | 83 | 10,977 | 4,431 | 1,599 | \$39,316 |
| Maries | 8,697 | 60 | 6,333 | 2,554 | 891 | \$44,436 |
| Phelps | 44,573 | 69 | 27,925 | 8,361 | 8,232 | \$42,846 |
| Meramec Region | 198,421 | N/A | 128,148 | 44,872 | 25,489 | \$45,979 |
| Missouri | 6,137,428 | N/A | 4,124,838 | 1,266,430 | 1,181,083 | \$53,560 |

Source: 2018 ACS 5-year estimates and MRPC Analysis

⁵ American Addiction Centers Editorial Staff. (2020, January 15). The Financial Toll of Addiction. Retrieved February 20, 2020, from <https://drugabuse.com/financial-toll-addiction/>

Quality of Life

Housing and Employment

Across Missouri, there is a mass shortage of affordable rental homes for extremely low-income households. This is especially prevalent in the Meramec Region. Unfortunately, many individuals who suffer from substance abuse tend to fall in the extremely low-income category. If someone is suffering from a substance use disorder, they are likely to be unable to attend their scheduled shift at work. When a person is unable to attend work regularly, staying gainfully employed is a difficult thing to achieve. According to the 2014-2018 American Community Survey, the unemployment rate for the Meramec Region is 6.5%, which is slightly higher than that of the state unemployment rate of 5.1%. At the time research was collected for this report, unemployment rates in the state and the Meramec Region were low and businesses were struggling to hire employable individuals. Since this research was collected and COVID-19 numbers began to increase, the state of Missouri closed many businesses during the months of April and May 2020. This caused a spike in unemployment across the state. These numbers will be reflected in future reports. Most employment in the Meramec Region consists of service work. Because of this, prospective employees are required to pass a drug test, which is not always possible for someone with a substance use disorder. Additionally, most employers will not employ someone with a felony drug charge in their background.

Table 2: Employment

| Location | Population | Labor Force | Employed | Unemployed | Unemployment Rate |
|-----------------------|------------|-------------|-----------|------------|-------------------|
| Crawford | 23,920 | 10,501 | 9,943 | 1,058 | 10.1% |
| Dent | 15,573 | 6,655 | 6,230 | 425 | 6.4% |
| Maries | 8,697 | 3,951 | 3,677 | 274 | 6.9% |
| Phelps | 44,573 | 20,252 | 19,026 | 1,226 | 6.1% |
| Meramec Region | 198,421 | 160,449 | 148,919 | 11,530 | 6.5% |
| Missouri | 6,137,428 | 3,044,052 | 2,888,094 | 155,958 | 5.1% |

Source: 2018 ACS 5-year estimates and MRPC Analysis

Population in Poverty

According to the 2014 - 2018 American Community Survey, 16.3% of the Meramec Region families are living in poverty. This figure is up slightly from 16% in 2010. Dent County have historically led the region in percent of the population meeting poverty guidelines for the past 30 years. In 1979, over 20% met the guidelines in these counties. These percentages increased considerably in 1989, Dent County with 25.2% persons in poverty. In 2018, Phelps and Dent counties recorded the highest poverty levels in the region at 22.3% and 21.0% respectively. Maries County continues to have the lowest number of persons in poverty, with than 16.2% reported in 2018.

Table 3: Poverty

| Location | Population | % Poverty All People | % Child <18 Poverty Under | % Senior +65 Poverty | Median Household Income |
|-----------------------|------------|----------------------|---------------------------|----------------------|-------------------------|
| Crawford | 23,920 | 19.5% | 24.1% | 16.1% | \$38,036 |
| Dent | 15,573 | 21.0% | 30.9% | 13.3% | \$39,916 |
| Maries | 8,697 | 16.2% | 24.9% | 7.0% | \$44,436 |
| Phelps | 44,573 | 22.3% | 23.6% | 10.5% | \$42,846 |
| Meramec Region | 198,421 | 16.3% | 20.9% | 10.3% | \$45,979 |
| Missouri | 6,137,428 | 14.2% | 29.5% | 8.6% | \$53,560 |

Source: 2018 ACS 5-year estimates and MRPC Analysis

Health Status of the Community

Missouri is ranked number 30 among all other states regarding opioid overdose deaths. In 2018, Missouri experienced a death rate of 72 deaths per 100,000. According to the 2014-2018 ACS 5-year analysis, the Meramec Region has a slightly higher death rate of 74 deaths per 100,000 people. When we narrow the scope to looking at the Meramec Region specifically, we see that the region consists of one of the highest-ranked counties when it comes to drug-related deaths. As you can see in the table below, Maries County experienced the highest death rate with a devastating 112 per 100,000 people while Dent counties experienced a death rate of 77 per 100,000 people. This is in part due to the availability of Narcan® and the increased national awareness of the dangers of substance abuse disorders.

Table 4: Health Status

| Location | Population | Health Status Ranking of 115 | Opioid Overdose Deaths 2014-2018 | Opioid Overdose Deaths x 100,000 Population |
|-----------------------|------------|------------------------------|----------------------------------|---|
| Crawford | 24,387 | 98 | 21 | 86 |
| Dent | 15,566 | 83 | 12 | 77 |
| Maries | 8,959 | 60 | 10 | 112 |
| Phelps | 44,873 | 69 | 29 | 65 |
| Meramec Region | 200,264 | N/A | 148 | 74 |
| Missouri | 6,113,532 | N/A | 4,377 | 72 |

Source: “Deaths Due to Opioid by County of Residence 2014-2018” – MODHSS and MRPC analysis

MISSION AND VISION

The Meramec Region Rural Opioid Program's entire service area is a designated Health Professional Shortage Area (HPSA) for primary care and mental health care. Through a strategic planning process completed in December 2018, The Meramec Region Rural Opioid Program created the following mission and vision;

Mission:

The mission of the Meramec Region Rural Opioid Program is to bolster the substance abuse safety net of rural central Missouri by:

1. Coordinating prevention activities to provide a more consistent message throughout all aspects of the community (health care, education, law enforcement, etc.)
2. Adapting and operationalizing an evidence-informed care coordination model to mitigate substance abuse barriers and connect patients with a social network of resources that complement addiction rehabilitation and
3. Establishing a regional consortium with identified partners to achieve long-term collective impact.

Vision:

The community will rally around those afflicted by the opioid epidemic to reduce fatalities, increase education and awareness, and improve employment opportunities for individuals and families impacted by the opioid.

NEEDS ASSESSMENT METHODOLOGIES

Surveys

In 2019 and 2020, surveys were conducted with law enforcement, first responders, schools and pharmacies. The purpose of the surveys was to determine a multitude of information. All respondents were asked questions about community resources including:

- Knowledge of treatment options in the community,
- Gaps in the community and future efforts organizations would like to see,
- Narcan availability and community knowledge of this access,
- Protocols for encounters with an individual under the influence of substances,
- Involvement from the different organization in the community, and
- Gaps in services for substance abuse education.

Law enforcement and first responders were specifically asked for information on drug-related calls in the community, and schools were asked directly for information on what kind of drug-related discipline reports are being seen most often. Pharmacies were asked to elaborate on the trends they are seeing in opioid prescriptions. The data obtained are included in this report as are the recommendations and action steps to be taken by the consortium and community.

Successes and Challenges

Originally, MRPC staff sent surveys via email and postal service with no response. No responses were returned. Staff was able to make contact and meet face to face with 11 of the 16 law enforcement offices in the four counties. Law enforcement officers were exceptionally receptive to the idea of providing the information we were requesting.

MRPC staff contacted 17 fire departments and eight emergency medical service (EMS) office. While eight fire departments were very willing to provide information to our office, EMS was not as forthcoming. Staff also struggled to contact all fire departments as many are rural, volunteer departments that do not always have someone available to take calls.

MRPC staff contacted all middle and high schools in our four-county service area. Many were very interested in efforts being made by the consortium. Unfortunately, in most situations, schools have a School Resource Officer (SRO), so when an individual is found in possession of, or under the influence of a substance, the SRO steps in and tends to deal directly with the local authorities. Because of this, it was difficult for many of the schools to provide accurate responses to the surveys. Because of this information gap, only four surveys were received.

When pharmacies were contacted regarding filling out a survey, MRPC was met with much resistance. Because pharmacies are a private industry, they are not required to release information about the different kinds of prescriptions that come to their business. Because of this, no pharmacy surveys were returned.

OVERVIEW OF RESULTS/FINDINGS

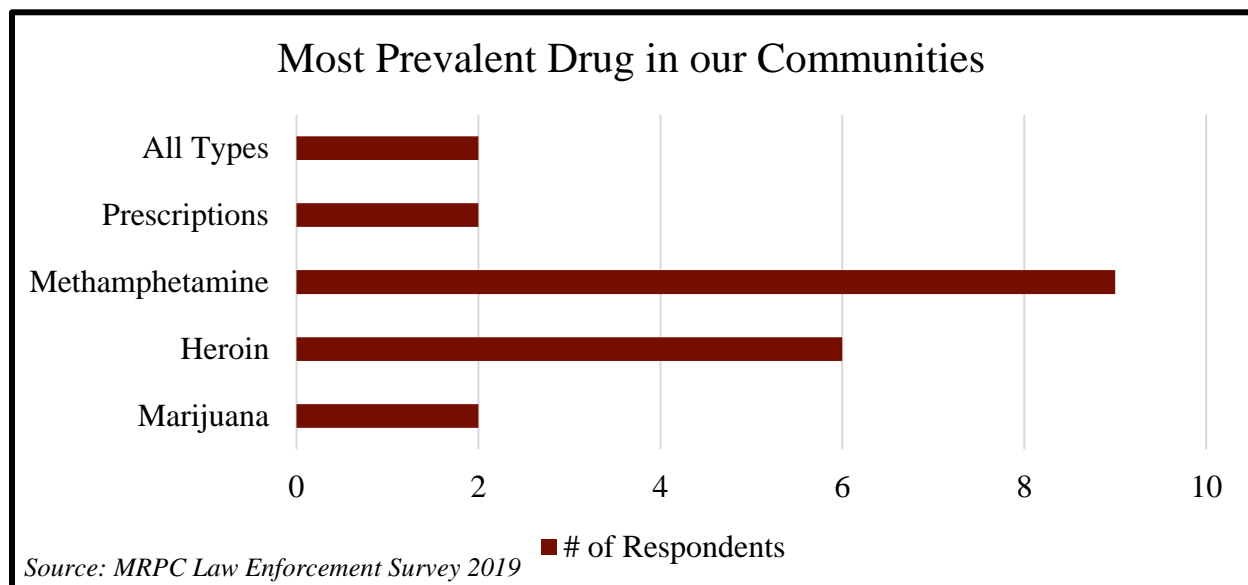
Summary of Surveys

Law Enforcement

MRPC staff originally sent out surveys via email to 16 city police and county sheriff's departments. No responses were received. Staff then contacted the departments and scheduled one-on-one meetings with most offices. Of the 16 departments originally contacted, 11 were willing to schedule meetings with staff to answer surveys.

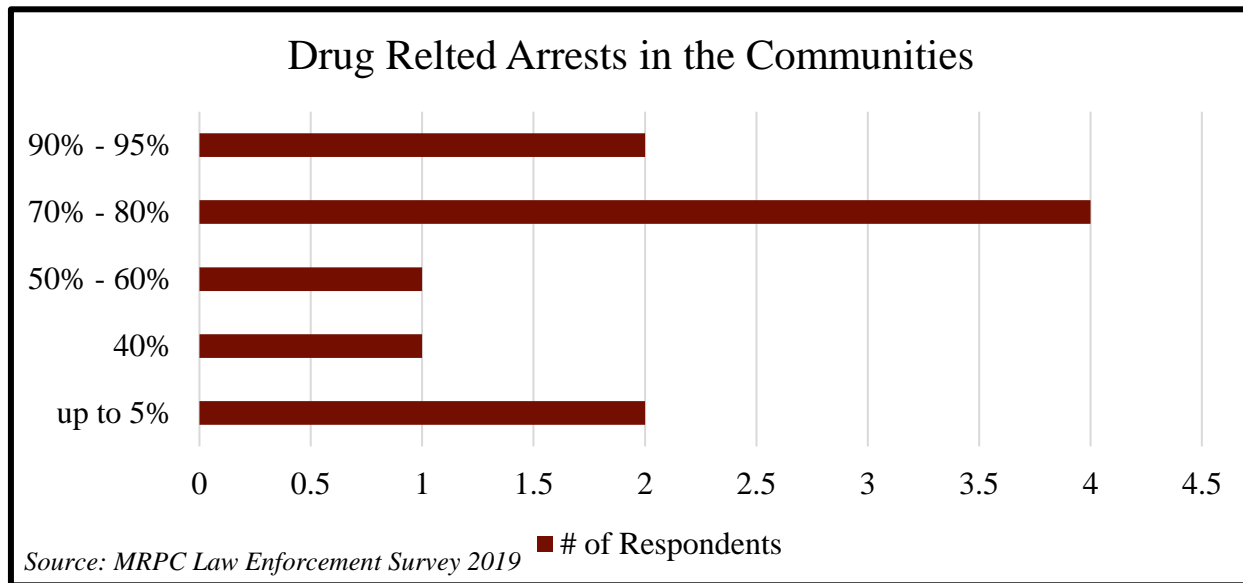
When asked what drugs law enforcement sees most often in their communities, 81% indicated methamphetamine use is on the rise. They attribute this to the increased awareness and education with opioid and substance abuse in their communities. Heroin is next on the list with 55% of respondents citing its use in the community. Other responses included prescription medication abuse, marijuana, and then a conglomeration of all types of drugs in some areas.

Figure 1: Law Enforcement Survey Responses



MRPC staff received very differing responses when asked about the percentage of arrests related to drugs in the last year. While some departments believed that as little as only 5% of arrests were related to drugs, other departments felt as much as 90-95% of all arrests were drug-related. Staff received responses indicating that most departments felt at least 50% of arrests were drug-related.

Figure 2: Law Enforcement Survey Responses

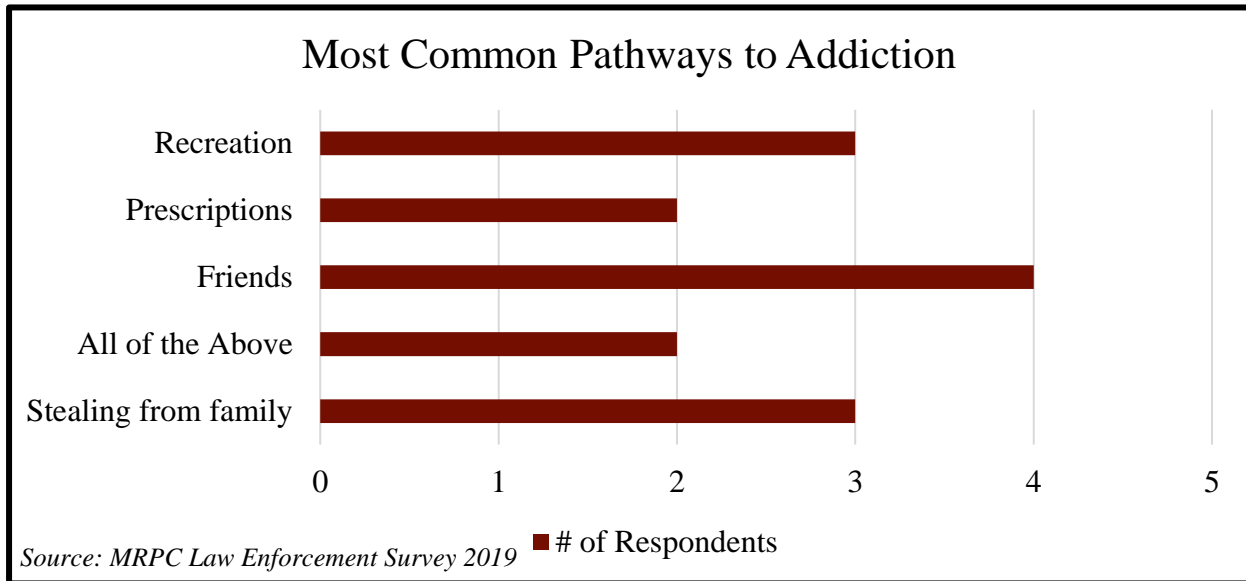


When law enforcement attempts to arrest someone under the influence, protocols vary widely. Many indicated that they must verify an individual is fit to be confined to a jail, but the way this is determined is very different. Some departments indicated they are taken to a hospital for them to make this determination while some make the call depending on if someone is showing signs of distress or withdrawal. One respondent indicated that sometimes the individual is put on a 12-hour hold or sent home with a family member.

When the individual under the influence of a substance is not the person being arrested, the response is significantly different. In over 75% of the response, departments indicated they have no known protocol for an individual in this situation. The only time action is taken is when children are involved. Officers will look for a family member to care for them or call the Department of Family Services to take the child into custody.

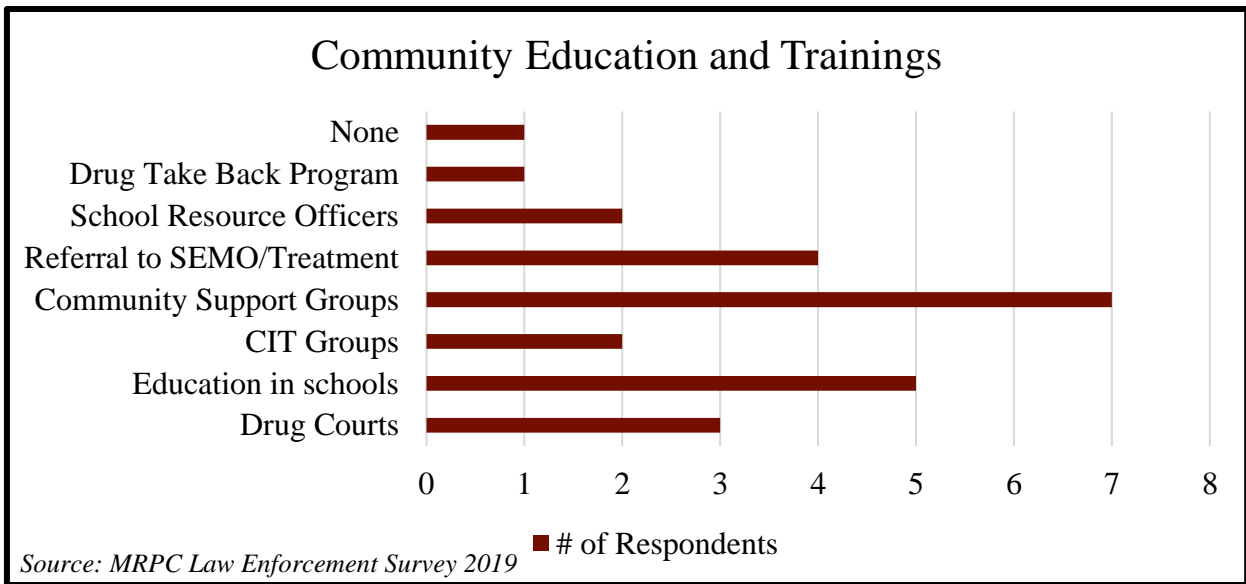
All departments unanimously responded that there is a serious opioid problem in all their communities; however, the pathway to get there is a different story. The most common response indicated that people who develop an addiction start by getting drugs from their friends but stealing from their family and recreationally using drugs was the next most common pathway. Other responses included becoming addicted to a prescription or all the above

Figure 3: Law Enforcement Survey Responses



When asked about prevention programs that are available in their communities, cities and counties are very diverse in what they offer. The most common responses were community support groups, such as Celebrate Recovery, coordinated by other individuals in recovery, Crisis Intervention Teams (CIT) in our communities, and Prevention Consultants providing education in the schools. Other responses consisted of drug courts in three of the four counties, School Resource Officers (SRO) in schools, Southeast Missouri Behavioral Health (SEMO), the National Child Safety Council, private drug treatment programs in one community, and drug take-back boxes located at many county courthouses. One respondent indicated they were not aware of any prevention programs in their respective community. Please refer to Appendix E for a list of programs provided in each county or city.

Figure 4: Law Enforcement Survey Responses

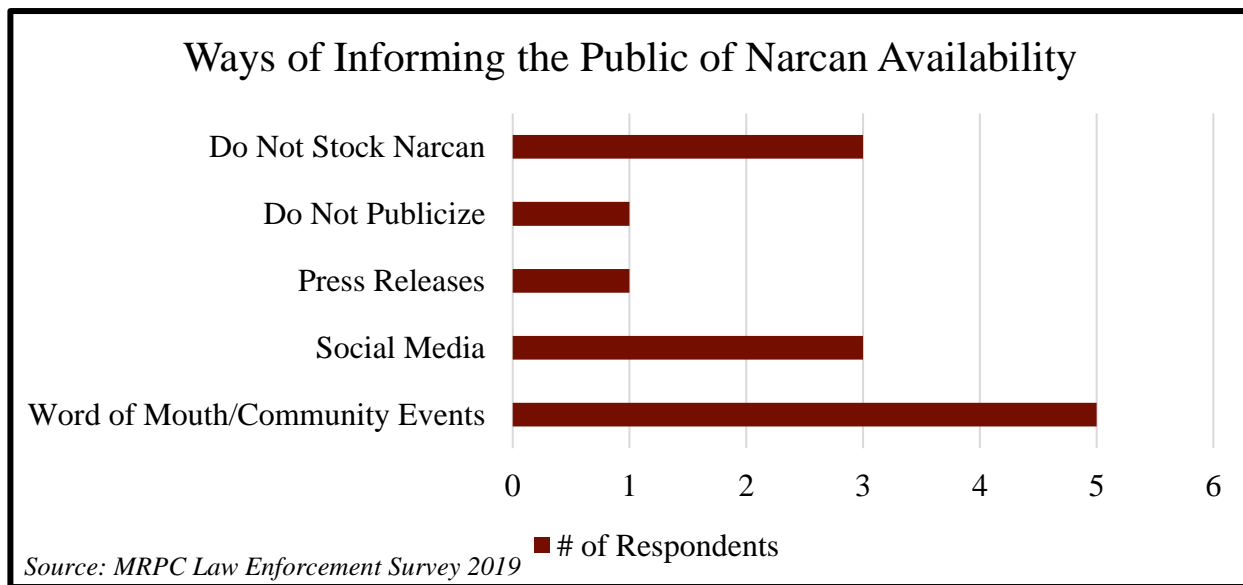


Law enforcement was asked if they provided specific trainings and programs in their respective communities; six of the eleven respondents indicated they did not. Some, but not all, of the offices indicated they offer drug courts through their departments. Other programs offered include education in schools and civic groups, CIT groups, and community support groups. One department takes it to the next step by offering anyone who shows up under the influence or in possession of substances assistance in finding treatment services.

In terms of the level of involvement in prevention and education programs in their communities, many departments are very involved while four are not involved in programs at all. Programs law enforcement participate in include education programs in the schools, CIT groups, support groups promoted by individuals in recovery, drug courts, drug take-back programs, and celebrate recovery. One county jail takes it a step further and brings in a preacher to provide spiritual guidance to the residents of their jail.

Eight of the eleven law law enforcement agency respondents that responded to the survey stated they stock Narcan in their office, while three not only do not stock it, but have no interest in it either. The offices that have Narcan are letting the community know about it most often through word of mouth and community events. Some departments use social media or press releases to inform the public. One department does not stock Narcan for public access, so they have no interest in informing the public they stock the product.

Figure 5: Law Enforcement Survey Responses



Four of the 11 respondents stated all their staff members are trained in how to administer Narcan. One department indicated they have roughly 10 officers trained to administer Narcan while another indicated they have approximately 12. Others only have a few members trained because of the time requirements of the classes. Two of the offices that do not carry Narcan do not have any officers trained to use it, while one office does have a single officer that is trained to properly use Narcan. All responses noted in Appendix F.

Law enforcement was specifically asked about trends they see with Narcan use. Many offices stated there is no specific time of year that they see an increase in Narcan use; it just comes in waves when “bad batches” come to a specific community. One reported they used Narcan approximately 20-30 times in 2018. The other respondents indicated they did not use Narcan in 2018, which was expected because they do not stock the product.

Approximately 63% of the departments that stock Narcan receive it from their local health departments. In one county, law enforcement is provided Narcan through the ambulance district and/or local hospital. One department took it upon themselves to apply for a grant to purchase Narcan on their own. All offices that stock Narcan believes they have enough supply while one of the offices that do not have Narcan feels there is not enough in our communities. Refer to Appendix F for all responses.

At the end of the survey, respondents were asked about the gaps they believe exist. The most common answer received from the officers was educational programs for 5th through 8th grade. Some believed that education needed to take place with high school-aged children. Other suggestions consisted of education in communities, local jails, and elementary schools.

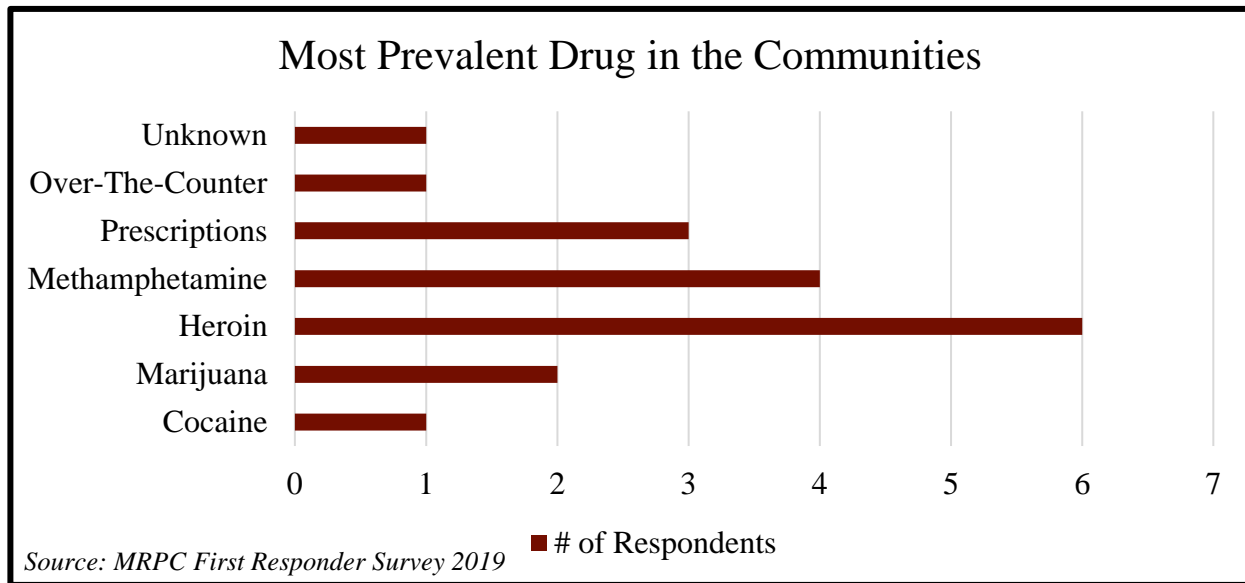
Many local law enforcement agencies in the Meramec Region have an active role in their communities and partner with their schools when they can. Two of the departments have partnered with the local drug task force to provide training in the schools. Many departments provide DARE trainings in their schools. Some schools provide SROs in their districts. Four law enforcement agencies reported that they are not being brought into the schools to speak to kids.

First Responders

There is a total of 17 fire departments and eight Emergency Medical Services (EMS) in the four counties covered by this report. MRPC staff made contact via email asking the different districts to respond to the survey provided for their specific entities. Only two surveys were received in return. One paid fire department and one rural volunteer fire department provided MRPC with the requested information upon initial contact. Staff was able to gather survey results from an additional six fire departments via phone call. As stated earlier in this report, because many of the fire departments in the district are rural, volunteer departments, it was very difficult to reach them as there is always not someone available to take calls.

When asked what drugs they believe are most prevalent in the community, heroin was the most common answer, with six responses. Other answers consisted of meth, prescriptions, marijuana, cocaine, and one fire department indicated that they did not know what drugs were common in their community.

Figure 6: Fire Department/First Responder Survey Responses



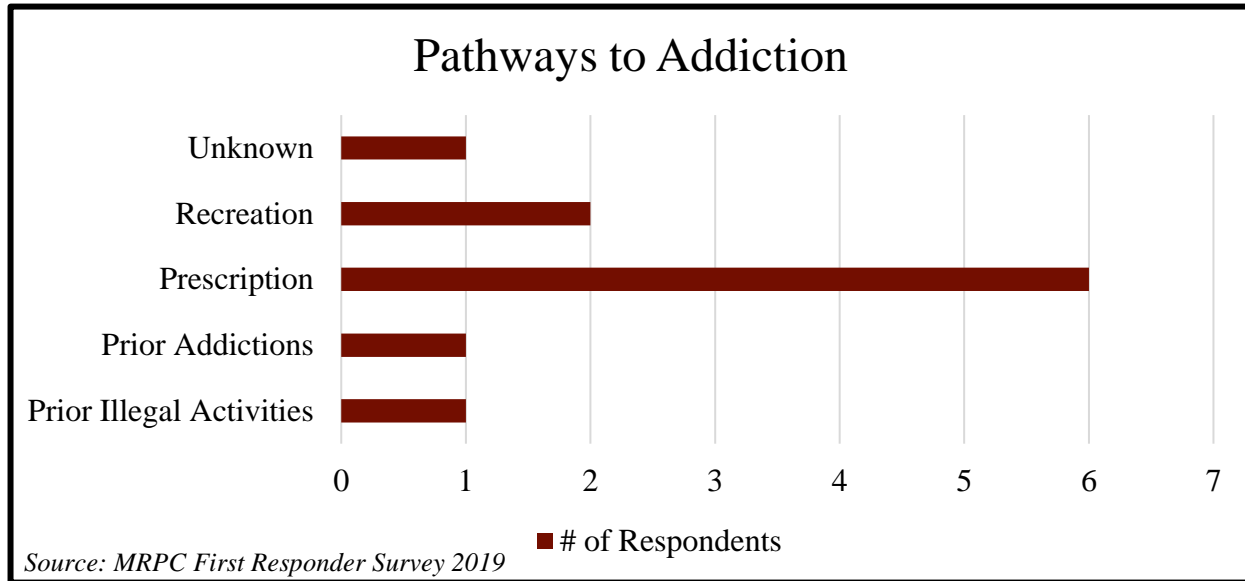
Concerning the number of calls related to drugs in the last year, most departments reported that approximately 5-10% of their calls were drug-related. Some reported that around 5% of their calls were due to drugs, and one department reported that none of their calls last year were related to drugs.

When a fire department encounters someone under the influence of opioids, while fire departments are usually not the first on the scene, the staff was told that fire departments do not normally have this situation. Other departments indicated that they do, when necessary, use Narcan if an individual is overdosing. One department indicated that they wait for EMS to arrive on the scene unless the fire department is aware that CPR is needed.

While all eight departments believe that there is an opioid problem in their community, only one provided information on what was needed most: more treatment opportunities, mental health care, and programs for re-entry into the community.

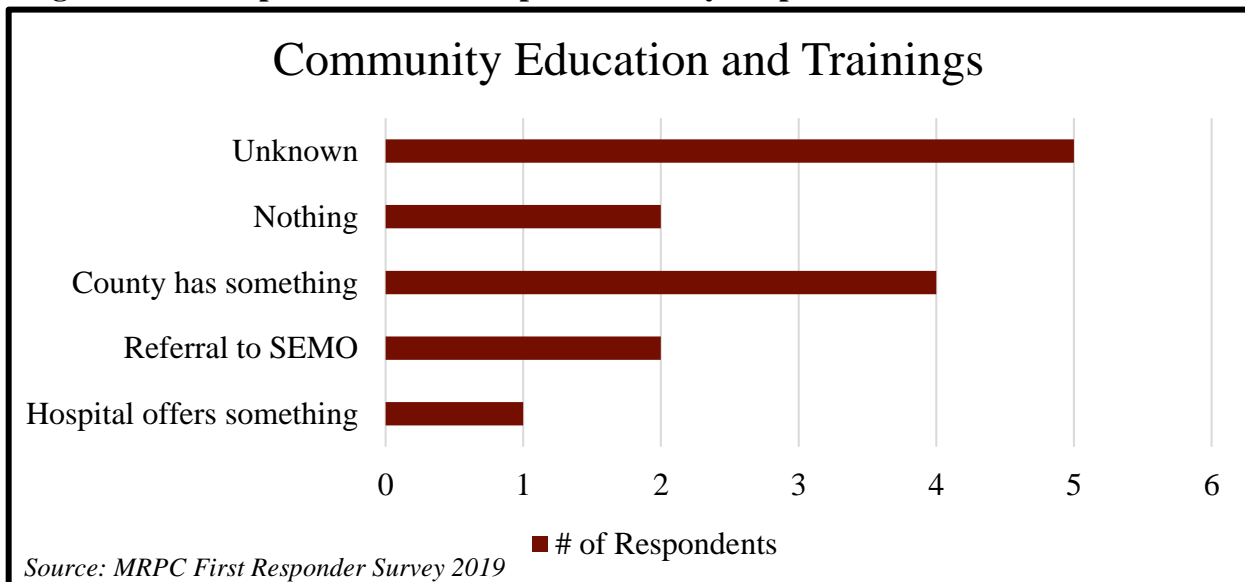
The different departments had multiple opinions on what is the most common path to addiction, while many believed that addiction begins with prescription medications, other responses included initial illegal activities, prior addictions that become a drug addiction, recreational use that becomes a problem, and one department reported that they do not know what the most common pathway is.

Figure 7: Fire Department/First Responder Survey Responses



When asked about prevention programs, treatment facilities and support programs in their areas, many fire departments noted there are very few options that exist while one fire department said there were no resources available to their community. Many responses included the department being aware that there were programs in the community but did not know specifically what the programs were. None of the fire departments currently offers any sort of program or project related to opioids. Because they are not offering any programs, their involvement does not exist.

Figure 8: Fire Department/First Responder Survey Responses



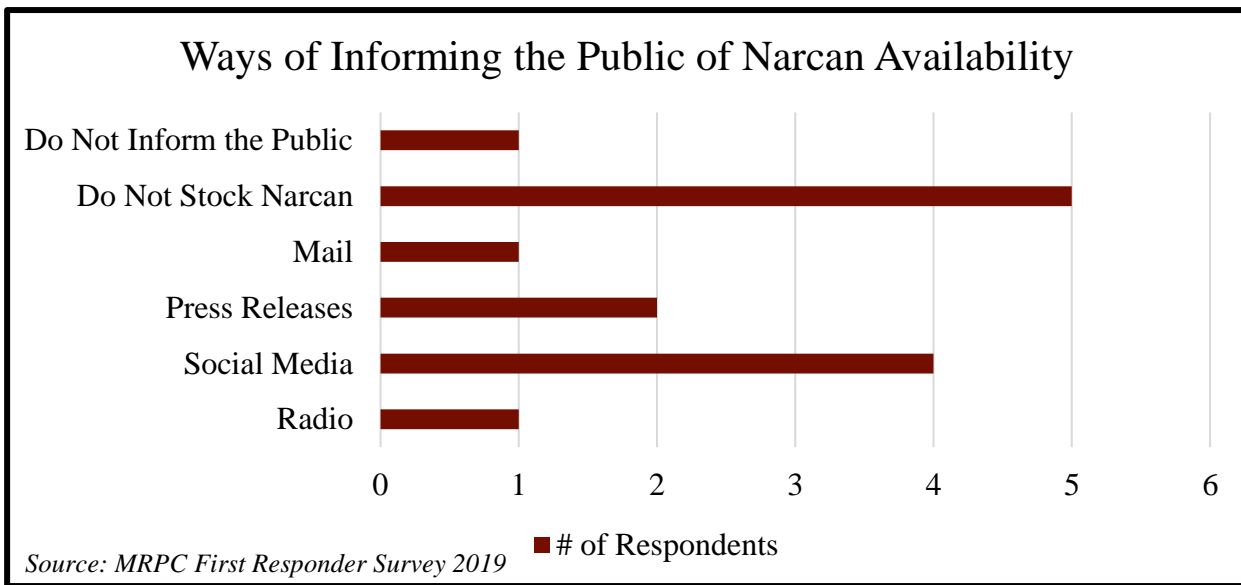
When asked if their departments carry Narcan, four departments indicated that they do carry Narcan, and it is supplied to them through their local county health department. One department reported they did not have Narcan but had completed all the necessary paperwork

and would be able to provide it to their community soon. Two departments indicated they did not carry Narcan but were interested in possibly having it in the future, while one fire department indicated they did not carry it, nor did they have an interest in carrying it.

All departments that either carry Narcan or were interested in carrying it were provided information about their local county health departments providing them Narcan at no cost. Of the departments that reported they carry Narcan, all departments report that between 90-100% of their staff members are trained to use it adequately. Some departments that carry Narcan indicated they have not used it at all, while one department indicated that they have administered Narcan between 20-50 times over the last year.

While five fire departments indicated they do not stock Narcan, those that do use many different outlets to inform the public that they carry Narcan including mail, newspapers, social media, and the radio to make the community aware that it is available. One fire department indicated that they do not currently carry Narcan, but are very interested in learning more about carrying the medication and providing training for their staff. All responses noted in Appendix F.

Figure 9: Fire Department/First Responder Survey Responses



All departments stated that education needs to take place in all aspects of the community. One department indicated that education should start in high school, two said education should start in middle school, and two departments said education should start in elementary school. Five fire departments said education should start in elementary school and carry on through all ages while the students are in school. All fire departments responded saying that they are not being asked to speak to kids in their respective communities.

Schools

There is a total of 33 elementary, middle and high schools in the four-county service area. For the purposes of this report, MRPC staff contacted superintendents within nine districts and

principals serving nine high schools in the four-county service area. Four schools responded to the survey.

Regarding what drugs schools are seeing in the school system most often, staff received answers consisting of tobacco products and electronic cigarettes along with marijuana. Three schools reported that 2% or less of detentions, suspensions, and expulsions are drug-related while one reported that 15-20% of their disciplinary actions involve the substances listed above.

When asked about protocols in place for individuals who are under the influence, one school reported they were not familiar with the protocol and must look it up when the situation arises. The other school districts reported that when a student is found under the influence, they are immediately removed from their classroom and principals/superintendents and SROs are notified. If the students are found in possession of drugs, alcohol, or tobacco, the student is removed immediately and protocols are followed.

Two of the respondents did not feel that there is an opioid problem in their respective schools. Of the remaining schools, one district believes there is a glaring problem, while the last school says that there is a drug issue, but may not be the most prevalent issue in their school.

When asked what they felt was the most common path to addiction, MRPC staff received differing results. One school felt the most common pathway was through recreational use and then progressing to stealing from family members, whereas the other school felt the pathway was paved from a trauma that the individual was not equipped to cope with. One school district believed because all students are different, all pathways to addiction are different.

None of the schools were very familiar with what prevention programs, treatment facilities and support programs are available in the community.

All of the respondents handle prevention in their respective schools very differently. One school provides a set-up of "Hidden in Plain View," a prevention program geared towards parents, during high school registration, while the other school provides DARE education to their fifth-grade students. Because "Hidden in Plain View" is a hands-on activity offered, the school that provides this to the community believes they are very involved in these programs. The DARE program, however, is taught by local law enforcement, so the school that provides this does not believe they are involved in the prevention efforts. One school indicated that their counselor brings in people to speak, but they were not aware of who they were bringing in as it changes every year. They also offer school assemblies and student groups to teach about substances.

One of the four schools keep Narcan in the buildings. In that school, the school nurse and the administration team are trained to administer the medication. Of the schools that do not carry Narcan, one school has two SROs who are trained to use it. All schools indicated that they have never had to use Narcan. The school that does have it, is unaware of where it comes from because the school nurse procures the Narcan for the school. The single school that carries Narcan makes the community aware by sending out letters to the parents at the beginning of each

school year and keep the information readily available on their Facebook page and school website. All responses noted in Appendix F.

When asked about gaps in education in the schools and where they felt that drug education was most needed, all school representatives had very similar responses. They said that students starting in the fifth grade through high school need to learn about the dangers of drugs but the largest need was with middle school-aged students and then community education.

When asked what they would like to do for opioid/substance abuse education but lack the resources or expertise, one school stated the need to introduce the DARE program they have in fifth grade to the middle schoolers as well. They said middle school students are being exposed to these temptations, so they need to be educated about the dangers. Another school indicated that education is most needed in late elementary classes and early in high school. The school said they would just like to have more time. Because of the strict requirements, the schools do not even have enough time to meet the DESE standards, let alone implementing drug abuse and social/emotional education. The schools would also like to see education on the long term effects of drugs and addictions rather than just the immediate risks of substance use. Some of these topics included the risks of going to jail and the long-term health implications from addiction.

Pharmacies

The pharmacy industry is considered a private industry. Because of this, they are not required to disclose information about the variety of prescriptions. In the Meramec Region, there are a total of 21 pharmacies in the four counties. No pharmacies responded to the staff's attempts for surveys.

Gap Analysis

Through survey results gathered throughout 2019 and 2020, MRPC determined five main service gaps in the four-county region.

Service Gaps for the Meramec Region

Gap 1: Lack of Consistent process when encountering an individual under the influence

Gap 2: Lack of Drug Courts in all four counties

Gap 3: Lack of Narcan in all city and county law enforcement offices

Gap 4: Lack of School Resource Officers (SROs) in all school districts

Gap 5: Lack of consistent prevention education program being taught in schools

Gap 1 – Lack of consistent process when encountering an individual under the influence

Law enforcement survey information indicated a lack of a consistent process for officers to follow when they encounter an individual who is under the influence of a substance. If law enforcement is not there to deal directly with the person who is under the influence, nothing is done. If law enforcement is there to deal directly with the person under the influence, they are taken to be seen by a medical professional to determine if they are fit for confinement. By creating specific goals and objectives, MRPC hopes to be able to provide a clear and consistent model to be used any time an individual is found to be under the influence of a substance.

Gap 2 – Lack of Drug Courts in all four counties

While three of the four counties in the service area provide a drug court, Maries County does not offer this to its residents. Based on survey results, many of our law enforcement respondents mentioned this as a strong benefit to their county. Maries County indicated they do not have a drug court due to the cost associated with it.

Gap 3 – Lack of Narcan in all city and county law enforcement offices

Narcan is used for the reversal of an opiate overdose. While all cities and counties have at least one service agency that carries the medication, it is not widely accepted. Some agencies feel that it is not their responsibility to carry Narcan, while some believe the responsibility lies in other agencies. This information is noted in Appendix F.

Gap 4 – Lack of School Resource Officers (SROs) in all school districts

School Resource Officers provide an added feature of security to schools in Missouri. Unfortunately, many of the schools in our region do not have the funding for an SRO in their schools regularly. Some schools have an SRO certain days of the week, while some schools do not have one at all. Not only do SROs provide safety to schools, but they are also able to share information about the dangers of using drugs and alcohol with students.

Gap 5 – Lack of consistent prevention education program being taught in schools

All respondents indicated that there is not a consistent prevention education program being taught in the schools. Prevention Consultants provides education to as many students as they can through special programs, but those surveyed indicated that students would benefit from a program that is built into their classes and taught every year. While many of the school districts would prefer to provide more drug education and awareness in their curriculum, the current MAP standards do not allow for this. Teachers have specific goals and objectives they must meet, and this leaves no extra room for additional course work.

REGIONAL GOALS AND OBJECTIVES

The goals and objectives identified in this section were based on items identified in the survey results analysis, as well as input from various regional stakeholders during several meetings and surveys completed throughout 2019 and 2020. MRPC staff will use the following goals, objectives, strategies to fill the gaps identified in this report.

Four Goals for the Meramec Region

Goal 1: Assist law enforcement in developing a consistent process for handling people who are under the influence

Goal 2: Develop relationships between the court system and employers to increase opportunities for those in recovery

Goal 3: Increase knowledge on the benefits and use of Narcan for overdoses

Goal 4: Implement early prevention strategies in schools and communities

Goal 1: Assist law enforcement in developing a consistent process for handling people who are under the influence

Objective 1: Use data to help better understand substance use disorders and opioid use disorders

Strategy 1: Educate law enforcement on recognizing signs and symptoms of substance use

Strategy 2: Develop and implement a resource documents to provide to law enforcement

Objective 2: Identify resources in the community

Strategy 1: Create a list of resources available to individuals with a substance use disorder

Objective 3: Engage in regional collaboration

Strategy 1: Encourage the use of Crisis Intervention Teams in counties

Goal 2: Develop relationships between the court system and employers to increase opportunities for those in recovery

Objective 1: Support programs to get people with substance use disorders back to work

Strategy 1: Coordinate “Rehabilitation through Innovation” program in local jail systems and community support groups

Objective 2: Support the implementation of a drug court in all counties

Strategy 1: Educate all county court systems of the benefits of a drug court for those suffering from SUD

Objective 3: Encourage “Recovery Friendly Workplace Initiatives” to employers

Strategy 1: Provide employers with “Recovery Friendly Workplace Initiatives” to allow increased hiring practices

Objective 4: Build partnerships to leverage resources

Strategy 1: Work with MO Job Center to compile a list of employers willing to hire individuals with a substance use disorder for distribution

Strategy 2: Develop a hiring event in counties to reach the offender population

Objective 5: Develop trainings to help employers recognize the signs of addiction

Strategy 1: Provide bi-annual workshops encouraging collaboration between recovery and employment

Strategy 2: Provide resources for employers to promote wellness and support of employees in recovery

Goal 3: Increase knowledge on the benefits and use of Narcan for overdoses

Objective 1: Increase number of people trained to use Narcan

Strategy 1: Partner with local providers to offer trainings to those interested in the use of Narcan

Objective 2: Meet with local law enforcement and first responders to determine where Narcan is currently available

Strategy 1: Provide information from county health departments to those who express interest in carrying Narcan

Goal 4: Implement early prevention strategies in schools and communities

Objective 1: Engage parents in prevention efforts

Strategy 1: Educate parents to see the warning signs of substance use through programs such as mock bedrooms

Objective 2: Engage educators in prevention efforts

Strategy 1: Implement the “2 Good 4 Drugs” curriculum for K-12

Objective 3: Engage the community in prevention efforts

Strategy 1: Develop and implement awareness activities such as awareness walks or health fairs in each community.

ACTION PLAN: IMPLEMENTATION

Goal 1: Assist law enforcement in developing a consistent process for handling people who are under the influence

Objective 1: Use data to help better understand substance use disorders and opioid use disorders

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|--|--|--|-----------|
| Educate law enforcement on recognizing signs and symptoms of substance use | Provide bi-yearly trainings through the MO Department of Mental Health and other area agencies | MRPC, MO Department of Mental Health, local agencies with SUD training | Bi-Yearly |
| Develop and implement a resource documents to provide to law enforcement | Update the resource list yearly and provide new copies to law enforcement and first responders | MRPC | Yearly |

Objective 2: Identify resources in the community

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|---|---|---------------------------|----------|
| Create a list of resources available to individuals with a substance use disorder | Update resource lists yearly to provide the most up to date information | MRPC | Yearly |
| | Provide service organizations in the Meramec Region with resource lists to provide to their clients | MRPC | Ongoing |

Objective 3: Engage in regional collaboration

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|--|--|--|----------|
| Encourage the use of Crisis Intervention Teams (CIT) in counties | Host community meeting to educate the public on the abilities of a CIT | MRPC, Community Support Groups, Service Industry Workers | Ongoing |
| | Contact state level CIT administrators to provide training at a local level to those interested in joining CIT | MRPC, Community Support Groups, Service Industry Workers | Yearly |

Goal 2: Develop relationships between the court system and employers to increase opportunities for those in recovery

Objective 1: Support programs to get people with substance use disorders back to work

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|---|---|--|----------|
| Coordinate “Rehabilitation through Innovation” program in local jail systems and community support groups | Partner with local county jails to educate about the benefits of the Rehabilitation through Innovation program to its residents | MRPC, local county jails, Invent Yourself, LLC | Yearly |

Objective 2: Support the implementation of a drug court in all counties

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|---|---|---------------------------|----------|
| Educate all county court systems of the benefits of a drug court for those suffering from SUD | Schedule community meetings and meeting with the court system in each county that does not have a drug court to provide information about forming a drug court in their respective county | MRPC, local court systems | Yearly |

Objective 3: Encourage “Recovery Friendly Workplace Initiatives” to employers

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|--|---|---------------------------|----------|
| Provide employers with “Recovery Friendly Workplace Initiatives” to allow increased hiring practices | Survey regional employers to determine who has implemented these strategies and who would like more information | MRPC, Regional Employers | Yearly |

Objective 4: Build partnerships to leverage resources

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|---|---|---|----------|
| Engage the employment sector to build trust between businesses and the recovery community | Work with MO Job Center to compile a list of employers willing to hire individuals with a substance use disorder for distribution | MRPC, Missouri Career Center | Ongoing |
| Develop a hiring event in counties to reach the offender population | Partner with local support groups in each county | MRPC, employers in the Meramec Region, Job Centers | Ongoing |
| | Provide information to local county jails and, drug courts, and probation and parole to encourage those looking for employment | MRPC, local government officials, drug courts, probation and parole offices | Ongoing |

Objective 5: Develop trainings to help employers recognize the signs of addiction

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|---|---|--|----------|
| Provide bi-annual workshops encouraging collaboration between recovery and employment | Provide bi-annual workshops encouraging collaboration between recovery and employment | MRPC, Missouri Department of Workforce Development, Local Government offices | Ongoing |
| | Provide employers with information about the financial benefits available to them when hiring an individual in recovery | MRPC, employers in the region | Ongoing |
| | Utilize data to educate employers the extent of the substance use epidemic on the economy in their respective communities | MRPC, employers in the region | Ongoing |

| | | | |
|--|--|---|---------|
| | Create video products to promote awareness and education | MRPC, Prevention Consultants of Missouri | Ongoing |
| Provide resources for employers to promote wellness and support of employees in recovery | Educate about and encourage the use of Employee Assistance Programs (EAPs) for all employees | MPRC, HR departments of employers in the region | Ongoing |
| | Provide employers with “Recovery Friendly Workplace Initiatives” to allow increased hiring practices | MRPC, HR departments of employers in the region | Ongoing |

Goal 3: Increase knowledge on the benefits and use of Narcan for overdoses

Objective 1: Increase number of people trained to use Narcan

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|--|---|----------------------------|-----------|
| Partner with local providers to offer trainings to those interested in the use of Narcan | Meet with local law enforcement and first responders to schedule regular quarterly trainings for Narcan use | MRPC, Department of Health | Quarterly |

Objective 2: Meet with local law enforcement and first responders to determine where Narcan is currently available

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|---|---|---------------------------|----------|
| Provide information from county health departments to those who express interest in carrying Narcan | Survey law enforcement and first responders yearly to determine who is currently stocking Narcan and who would like information about the medication. | MRPC | Yearly |

Goal 4: Implement early prevention strategies in schools and communities

Objective 1: Engage parents in prevention efforts

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|--|--|--|----------|
| Educate parents to see the warning signs of substance use through programs such as mock bedrooms | Partner with local prevention groups to provide alternative activities for children to participate | MPRC, parents, local prevention agencies | Ongoing |
| | Create video products to promote awareness and education | MRPC, Prevention Consultants of Missouri | Ongoing |

Objective 2: Engage educators in prevention efforts

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|--|---|--|----------|
| Implement the “2 Good 4 Drugs” curriculum for K-12 | Contact all school districts in the Meramec Region to schedule the program to be taught in at least each school once yearly | MRPC, school officials, Prevention Consultants | Yearly |

Objective 3: Make prevention a priority at the local level

| Strategy | Action Items | Partners and Stakeholders | Timeline |
|--|--|---|----------|
| Develop and implement awareness activities such as awareness walks or health fairs in each community | Educate parents and caregivers in the community of the dangers of opioid use | MRPC, community support groups, community members | Ongoing |
| | Create video products to promote awareness and education | MRPC, Prevention Consultants of Missouri | Ongoing |

DISCUSSION AND CONCLUSION

In response to the meetings and surveys completed throughout 2019, the Meramec Regional Planning Commission has determined four main goals and has made recommendations to develop long-term solutions:

1. Combat the substance use stigma in our rural communities
2. Increase opportunities for employment
3. Implement early prevention strategies
4. Foster strong recovery systems

MRPC and its staff will work to meet these goals through data mining for marketing strategies and encouraging community support, providing training to employers in the Meramec region to encourage the hiring of individuals from the offender population and providing necessary resource information to the community members, promoting prevention at every level in a community, and working to strengthen the recovery networks that already exist in communities while creating them in the communities that they do not.

Another gap identified in the assessment is the need for a standard operating procedure when we encounter an individual who is under the influence but is not the reason for the call. The family members tend to be looked over. This determination was made early on so the staff was able to begin looking for funding opportunities immediately. Because of this, MRPC staff was able to apply for and obtain funding for a grant to focus strictly on youth affected by the opioid crisis through the Department of Justice, Office of Juvenile Justice Delinquency Program. This grant is being implemented in two phases: one year of planning, and two years of implementation. The target population of this project is at-risk children, youth, and families who use opioids, are at risk for using opioids, or have family members that use opioids. This includes children, youth, and families in all eight counties of the Meramec Region: Crawford, Dent, Gasconade, Maries, Osage, Phelps, Pulaski, and Washington.

Goals, objectives, and strategies will be monitored through an action plan over the remainder of the grant to provide an evaluation of the progress of the action items. With this information, MRPC will continue to seek out funding opportunities to address the sustainability of this grant and continue the efforts put in place by this consortium.

APPENDICES

Appendix A - Law Enforcement Survey

Department: _____

City/County: _____

Interviewee: _____

Email: _____

Date of Interview: _____

Phone: _____

What drugs are you seeing most often in your community?

What % of arrests in the last year were drug-related?

If the individual arrested is found to be under the influence of drugs, what is the protocol you follow?

If you encounter an individual found to be under the influence of opioids what is your protocol? (immediate steps, the information given to an individual at end of encounter)

Do you feel there is an opioid problem in your community?

What is the most common path to addiction? (Rx that becomes abused, recreation, steal from family)

What prevention programs, treatment facilities, and support programs are available in your community?

Does your office offer any specific programs/projects related to opioids?

What is your level of involvement with these programs?

Does your office keep Narcan (Naloxone) on hand?

Appendix A - Law Enforcement Survey

If so, how are you making your community aware that you stock Narcan? (mail, newspapers, social media, radio, etc.)

How many of your officers are adequately trained to use Narcan?

In 2018, when were you required to use Narcan the most often? (specific months or time of year?)

Who supplies your office with Narcan? Is there enough?

Where do you think education is most needed? (elementary, middle, high school)

Who, if anyone, is bringing you in to speak to kids?

Additional Comments:

Appendix B - First Responders/EMS Survey

Department: _____

City/County: _____

Interviewee: _____

Email: _____

Date of Interview: _____

Phone: _____

What drugs are the most prevalent in your community?

What % of calls in the last year were drug-related?

If you encounter an individual found to be under the influence of opioids what is your protocol? (immediate steps, the information given to an individual at end of encounter)

Do you feel there is an opioid problem in your community? What is the greatest need in your community?

What is the most common path to addiction? (Rx that becomes abused, recreation, steal from family)

What prevention programs, treatment facilities, and support programs are available in your community? Do you have any resources to provide to persons/families?

Does your office offer any specific programs/projects related to opioids?

What is your level of involvement with these programs?

Does your staff keep Narcan (Naloxone) on hand?

If so, how are you making your community aware that you stock Narcan? (mail, newspapers, social media, radio, etc.)

Appendix B - First Responders/EMS Survey

How many of your staff are adequately trained to use Narcan?

In 2018, how many times did you have to use Narcan?

Who supplies your staff with Narcan? Is there enough?

Where do you think education is most needed? (elementary, middle, high school, community members)

Who, if anyone, is bringing you in to speak to kids?

Additional Comments:

Appendix C – Pharmacy Survey

Pharmacy: _____

City/County: _____

Interviewee: _____

Email: _____

Date of Interview: _____

Phone: _____

1. Do you feel there is an opioid problem in your community?

2. What is the most common path to addiction? (Rx that becomes abused, recreation, steal from family)

3. Does your pharmacy participate in a Prescription Drug Monitoring Program? If no, why not?

4. Has your pharmacy noticed an increase in long-term opioid prescriptions for acute conditions in the last year?

5. Does your pharmacy offer any specific programs/projects related to opioids?

6. Do you provide information and resources for individuals who receive opioid prescriptions outside the normal medication inserts?

7. What is your level of involvement with these programs?

8. How are you making your community aware that Narcan is available for purchase without a prescription? (Snail-mail, newspapers, social media, radio, etc.)

9. Are your employees adequately trained to use Narcan?

10. Do you have a process if you suspect an individual is abusing their prescription?

Appendix C – Pharmacy Survey

11. Where do you think education should be provided? (Schools, Dr. office, etc.)

Additional Comments:

Appendix D – School Survey

School: _____

City/County: _____

Interviewee: _____

Email: _____

Date of Interview: _____

Phone: _____

What drugs are you seeing most often in your school?

What % of detention/suspension/expulsion in the last year was drug-related?

If you encounter an individual found to be under the influence of opioids what is your protocol? (immediate steps, the information given to an individual at end of encounter)

Do you feel there is an opioid problem in your school? What is your greatest need in the schools?

What is the most common path to addiction? (Rx that becomes abused, recreation, steal from family)

What prevention programs, treatment facilities, and support programs are available in your community? Do you have any resources to provide to students/families?

Does your school offer any specific programs/projects related to opioids/ substance abuse? Who provides these programs? What grades are targeted?

What is your level of involvement with these programs?

Do you keep Narcan (Naloxone) on hand?

If so, how are you making your community aware that you stock Narcan? (mail, newspapers, social media, radio, etc.)

Appendix D – School Survey

How many of your staff members are adequately trained to use Narcan?

Have you had to use Narcan in your school? If so, how many times?

Who supplies your school with Narcan? Is there enough?

Where do you think education is most needed? (elementary, middle, high school, community members)

Where is the gap? What would you like to do for opioid/ substance abuse education but lack resources, expertise, etc?

Additional Comments:

Appendix E – Community Programs

| | Bourbon | Cuba | Steelville | Crawford County | Salem | Dent County | Belle | Vienna | Maries County | St. James | Phelps County |
|------------------------------------|---------|------|------------|-----------------|-------|-------------|-------|--------|---------------|-----------|---------------|
| Drug Courts | | | | X | | X | | | | | X |
| Education in schools | | | X | X | X | X | | | | X | X |
| CIT Groups | | | X | X | | | | | | X | X |
| Community Support Groups | | | X | X | | | X | X | | X | X |
| Referral to SEMO/ Treatment | | X | | | X | X | | | X | | |
| School Resource Officers | | | | | X | X | | | | | |
| Drug Take-Back Program | | | | | | | | | X | | |

Appendix F – Naloxone Study

Police Departments:

| Department Name | Carries Narcan | Number of Trained Staff | Supplied By |
|-------------------------|----------------|-------------------------|---|
| Bourbon Police | NO | N/A | N/A |
| Cuba Police | YES | 15 | Health Department |
| Steelville Police | YES | All Staff | Health Department |
| Crawford County Sheriff | YES | All Staff | Health Department |
| Salem Police | YES | All Staff | Health Department |
| Dent County Sheriff | YES | All Staff | Health Department |
| Vienna Police | NO | N/A | N/A |
| Belle Police | NO | N/A | N/A |
| Maries County Sheriff | YES | 10 | Grant funded, will move to Health Department next |
| St. James Police | YES | All Staff | Ambulance District |
| Phelps County Sheriff | YES | All Staff | Phelps Health |

Fire Departments:

| Department Name | Carries Narcan | Number of Trained Staff | Supplied By |
|----------------------|----------------|-------------------------|-------------------|
| Cuba Fire | NO | N/A | N/A |
| Leasburg Fire | In the Process | In the Process | Health Department |
| Dent County Fire | YES | All Staff | Health Department |
| Jadwin Fire | NO | N/A | N/A |
| Lenox Rural Fire | NO | N/A | N/A |
| Vichy Volunteer Fire | NO | N/A | N/A |
| City of Rolla Fire | YES | All Staff | Health Department |
| Doolittle Fire | YES | 90% | Health Department |
| Rolla Rural Fire | YES | 50-60% | Health Department |

Appendix F – Naloxone Study

Schools:

| Department Name | Carries Narcan | Number of Trained Staff | Supplied By |
|------------------------|----------------|-------------------------|-------------|
| Steelville High School | NO | N/A | N/A |
| Salem High School | NO | N/A | N/A |
| Vienna High School | YES | 5-10% | UNKNOWN |
| St. James High School | NO | >5% | N/A |