

# MISSOURI OVERDOSE RESPONSE: COMMUNITY ENGAGEMENT RECOMMENDATIONS

AUGUST 2024



MISSOURI DEPARTMENT OF  
**HEALTH &**  
**SENIOR SERVICES**



Missouri Department of  
**MENTAL HEALTH**

# CONTENTS

|   |    |
|---|----|
| Introduction .....                              | 3  |
| Focus Group Outreach and Questions .....        | 5  |
| Survey Outreach and Questions .....             | 6  |
| Understanding The Past .....                    | 7  |
| Understanding The Present .....                 | 9  |
| Understanding The Future .....                  | 11 |
| Recommendations and Next Steps .....            | 13 |
| Appendix .....                                  | 14 |
| Sample .....                                    | 14 |
| Method and Materials .....                      | 14 |
| Analysis .....                                  | 15 |
| Focus Group Data .....                          | 16 |
| Survey Data .....                               | 25 |
| Themed Recommendations and Prioritization ..... | 27 |

# INTRODUCTION

In 2022, a statewide strategic plan was developed to address the overdose crisis across Missouri. Approximately 100 individuals from various sectors—including federal, state, and local governments; treatment, support, and prevention agencies; coalitions; the Missouri National Guard; education associations; and people with lived experience—collaborated to create a plan centered on the following 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 support services statewide, thereby advancing the collective mission of saving lives throughout Missouri?"*

From this strategic planning session, the following strategy areas emerged:

- Reforming Dynamic Response
- Empowering for Change
- Prioritizing People
- Creating Accountability

In 2024, a group of about 30 individuals reconvened to commemorate achievements, reflect on progress and barriers, and chart a course for the next 12 months.

In August 2024, the Missouri Department of Health and Senior Services, in collaboration with the Department of Mental Health, launched a community engagement initiative as part of the strategic plan. The goal of this initiative is to gather insights and recommendations from professionals and individuals with lived experience, offering valuable feedback for the state to consider in its ongoing efforts to combat the overdose crisis in Missouri.

## **Community Engagement Initiative**

This initiative involved conducting focus groups across three key locations in Missouri—St. Louis, Poplar Bluff, and Kansas City—and developing a statewide survey to gather input from stakeholders. The purpose was to collectively understand the current realities of the overdose crisis, using a past-present-future approach to data collection.

A total of 128 stakeholders participated in the focus groups, including representatives from state organizations, local government entities, service providers, religious organizations, probation and treatment providers, individuals with lived experience, and parents affected by the opioid epidemic. Additionally, 47 survey responses were collected.

The aims of this effort included:

- Gain insights from the community regarding effective and ineffective measures in addressing the opioid crisis.
- Generate actionable recommendations for the Missouri Department of Health and Senior Services and Department of Mental Health to consider in tackling the opioid crisis.
- Foster trust and confidence with the community.
- Ensure the community feels that their voices are being heard.

The state will use the feedback and recommendations to determine which align most effectively with the strategic plan and identify any additional efforts to incorporate or eliminate from the current strategies.

To facilitate this process, the state contracted EmpoweringYOU, an independent organization, to administer and collect survey results, facilitate the focus groups, and compile a report that includes themes generated across all locations and survey responses. This report reflects the feedback and recommendations collected from the community engagement initiative.

# FOCUS GROUP OUTREACH AND QUESTIONS<sup>1</sup>

| Monday July 29 <sup>th</sup> , 2024                          | Tuesday July 30 <sup>th</sup> , 2024                          | Thursday August 1 <sup>st</sup> , 2024                       |
|--|---|--|
| Jubilee Community Church<br>St. Louis, MO<br>2:00-4:00 pm CT | SEMO Behavioral Health<br>Poplar Bluff, MO<br>2:00-4:00 pm CT | Bluford Public Library<br>Kansas City, MO<br>2:00-4:00 pm CT |

Focus group participants worked together to answer a series of questions (see below) about the overdose crisis in their community.

## Past

- Where have you seen improvements in addressing overdose in your community?
- What gets in the way of overdose prevention in your community?

## Present

- What current programs are working well that we should continue or expand?
- Where are the gaps in our current approach?

## Future

- What barriers are there for people to get help to prevent overdose?
- What opportunities exist that we can take advantage of to improve overdose prevention?

## Recommendations

- What recommendations or goals should the state consider in addressing overdose prevention?



<sup>1</sup> See the Appendix for details on how focus group data was collected and analyzed.

# SURVEY OUTREACH AND QUESTIONS<sup>2</sup>

Survey participants provided responses to open-ended questions regarding the overdose crisis in their communities. They were also asked to specify their community of residence and to provide any additional comments.

## Past

- What gets in the way of overdose prevention in your community?

## Present

- What efforts have you seen to prevent overdose in your community?

## Future

- Where do you think the state could do better to address drug overdose in Missouri?

## Recommendations

- What recommendations or goals should the state consider in addressing overdose prevention?

## Additional Questions

- What additional comments would you like to share?
- What community do you live in?



### Missouri Overdose Response

Drug overdose is affecting communities throughout Missouri. To enhance our collective health and well-being, it is crucial to address this crisis together. The Missouri Department of Health and Senior Services and the Department of Mental Health seeks your valuable input.

Your feedback will guide the state's overdose strategic plan. By understanding the community's perspectives on past efforts, current progress, and existing gaps in addressing the crisis, we aim to identify future opportunities, risks, and concrete recommendations for effective action.

We are answering the question: What measures has the state of Missouri implemented to address overdose, and what additional actions should be considered to effectively combat this issue statewide?

We invite participation from individuals of all ages, professionals in prevention and treatment, and those with lived or living experiences. Participation in this survey is entirely voluntary, and all responses will remain anonymous. Your insights are vital in shaping a more effective response to overdose in Missouri.

In the survey, you will be asked to identify up to three elements related to each question. Please indicate the ones that are most important to you or ones you think others might not mention. Thank you for your time; this survey should take approximately 10-15 minutes to complete.

What efforts have you seen to prevent overdose in your community?

Action 1

Action 2

Action 3

<sup>2</sup> See the Appendix for details on how survey data was collected and analyzed, and for respondents' additional comments.

# UNDERSTANDING THE PAST

The following themes were derived from questions exploring experiences in addressing the overdose crisis. Both survey respondents and focus group participants identified barriers to overdose prevention, with focus group participants also highlighting areas of community improvement.

## What gets in the way of overdose prevention in your community?

| Themes                                       | Kansas City | Poplar Bluff | St. Louis | Survey |
|--|-------------|--------------|-----------|--------|
| Absence of Community Support and Apathy      | X           | X            | X         | X      |
| Fragmented Collaborations                    | X           | X            | X         | X      |
| Narrow Mindsets and Beliefs                  | X           | X            | X         | X      |
| Barriers to Access (Services)                | X           |              | X         | X      |
| Absence of Resources and Alternative Options | X           | X            | X         |        |
| Absence of Knowledge and Education           | X           |              | X         | X      |
| Misaligned Priorities                        | X           |              | X         | X      |
| Easy Access to Substance                     | X           | X            |           | X      |
| Criminalization                              | X           |              | X         | X      |
| Fear of Repercussions                        |             | X            |           | X      |
| Bureaucracy and Politics                     |             | X            | X         |        |
| Friends and Family                           | X           | X            |           |        |
| Helplessness and Isolation                   | X           |              | X         |        |
| Barriers to Funding                          | X           |              |           | X      |
| Access to Stable Housing                     | X           |              | X         |        |
| Absence of Community Input                   | X           |              |           |        |
| Limited Access to Information                | X           |              |           |        |

| Themes   | Kansas City | Poplar Bluff | St. Louis | Survey |
|--|-------------|--------------|-----------|--------|
| Absence of Personal Safety                           |             |              |           | X      |
| Sporadic Follow Through                              |             |              |           | X      |
| Overlooking the Dangers and Consequences of Drug Use |             |              |           | X      |
| Absence of Personal Safety                           |             |              |           | X      |
| Barriers to Data Collection and Reporting            |             |              |           | X      |

Themes from all three focus groups and survey participants include:

- Absence of Community Support and Apathy
- Narrow Mindsets and Beliefs
- Fragmented Collaborations

### Where have you seen improvements in addressing overdose prevention in your community?

| Focus Group Themes                                    | Kansas City | Poplar Bluff | St. Louis |
|---|-------------|--------------|-----------|
| Emergency Access Services                             | X           | X            | X         |
| Increased Education and Awareness                     | X           | X            | X         |
| Increased Outreach                                    | X           | X            | X         |
| Expanded Options and Access to Services and Resources | X           | X            | X         |
| Decriminalization, Policy and Legislation             | X           | X            | X         |
| Increased Evidence Based Programming                  | X           |              | X         |
| Coordination of Services                              | X           |              | X         |
| Stigma Reduction                                      | X           |              | X         |
| Implementation of Peer Specialists                    | X           |              |           |
| Access to Funding                                     | X           | X            |           |
| Increased Training Opportunities                      |             |              | X         |
| Access to Data  |             |              | X         |



# UNDERSTANDING THE PRESENT

The following themes addressed questions related to current practices and efforts. Survey respondents identified efforts they were aware of to address the overdose crisis, and the focus groups identified programs that are currently working and gaps in the current approaches.

## What efforts have you seen to prevent overdose in your community?

- Expanded Education and Training
- Increased Access
- Reducing Stigma
- Expanded Messaging
- Increased Resources
- Community Outreach
- Expanded Marketing
- Expanded Programming
- Increased Collaboration
- Increased Support and Treatment

## What current programs are working well that we should continue or expand?

| Focus Group Themes                            | Kansas City | Poplar Bluff | St. Louis |
|---|-------------|--------------|-----------|
| Quality Coordinated Services and Programming  | X           | X            | X         |
| Emergency Access Services                     | X           | X            | X         |
| Increased Housing and Transportation Programs | X           | X            | X         |
| Coordinated Care                              | X           | X            | X         |
| Lived Experience Resources                    | X           | X            | X         |
| Funding                                       | X           |              | X         |
| Reduced Regulations and Advocacy              | X           |              | X         |
| Access to Treatment                           |             | X            | X         |
| Employment Support and Opportunities          |             | X            | X         |
| Awareness Campaigns                           | X           |              |           |
| Outreach Programs                             |             |              | X         |
| Family Programming                            |             |              | X         |

| Focus Group Themes   | Kansas City | Poplar Bluff | St. Louis |
|----------------------|-------------|--------------|-----------|
| Basic Needs Programs |             |              | X         |
| Access to Resources  | X           |              |           |

## Where Are the Gaps in Our Current Approach?

| Focus Group Themes                             | Kansas City | Poplar Bluff | St. Louis |
|--|-------------|--------------|-----------|
| Increased Access to Resources and Services     | X           | X            | X         |
| Access to Funding                              | X           | X            | X         |
| Quality Collaboration and Coordinated Services | X           | X            | X         |
| Transportation and Housing Barriers            |             | X            | X         |
| Continuing Education and Training              | X           |              | X         |
| Addressing the Person Not One Problem          | X           | X            |           |
| Employee Resources                             |             | X            | X         |
| Inclusion of Communities                       | X           |              | X         |
| Access to Knowledge and Information            | X           |              | X         |
| Outreach Services                              | X           |              | X         |
| Increase Programming                           | X           |              | X         |
| Leveraging Lived Experience Respectfully       | X           |              | X         |
| Drug Use Identification                        | X           |              |           |
| Increasing Awareness                           |             | X            |           |
| Current Mindsets and Beliefs                   | X           |              |           |
| Regulations                                    |             |              | X         |

# UNDERSTANDING THE FUTURE

Future responses to the overdose crisis emphasized suggested improvements, barriers, and opportunities. Survey respondents pointed out areas for state improvement, while focus groups explored barriers to overdose prevention and identified potential opportunities.

## Where do you think the state could do better to address drug overdose in Missouri?

- Increase Awareness and Outreach
- Expand Education and Training Opportunities
- Increase Access to Resources
- Expand Services
- Increase Messaging and Communication
- Increase Two Way Communication
- Increase Awareness of Addiction as a Disease
- Focus on Justice Reform
- Expand Funding Opportunities
- Improve Data Collection
- Expand Services for Youth
- Reduce Barriers to Access Treatment and Services
- Increase Collaboration Across Programming, Services, and Agencies

## What barriers are there for people to get help to prevent overdose?

| Focus Group Themes  | Kansas City | Poplar Bluff | St. Louis |
|---|-------------|--------------|-----------|
| Access to Services and Resources  | X           | X            | X         |
| Inadequate Funding  | X           | X            | X         |
| Barriers to Treatment   | X           | X            | X         |
| Access to Transportation, Employment, Housing                             | X           | X            | X         |
| Bureaucracy and Legal Consequence   | X           |              | X         |
| Reduced Staffing  | X           |              | X         |
| Reduced Value of Self, Environment, and Absence of Social Support Systems | X           | X            |           |
| Absence of or Outdated Programs   | X           | X            |           |
| Access to Pro Social Activities   |             | X            | X         |

| Focus Group Themes                 | Kansas City | Poplar Bluff | St. Louis |
|------------------------------------|-------------|--------------|-----------|
| Youth Education                    | X           |              | X         |
| Absence of Knowledge and Education | X           |              | X         |
| Narrow Mindsets and Beliefs        | X           |              | X         |
| Access to Timely Data              | X           |              |           |
| Culture and Communication Barriers |             |              | X         |
| Ability of Drug identification     |             |              | X         |
| Collective Trust                   |             |              | X         |

### What opportunities exist that we can take advantage of to improve overdose prevention?

| Focus Group Themes  | Kansas City | Poplar Bluff | St. Louis |
|---|-------------|--------------|-----------|
| Leverage and Enhance Current Programs and Services                | X           | X            | X         |
| Expand Education and Training Opportunities                       | X           | X            | X         |
| Increase Access   | X           | X            | X         |
| Increase Data Collection and Timely Access                        | X           | X            | X         |
| Increase Collaboration Across Programming, Services, and Agencies | X           |              | X         |
| Enhance Communication and Reflection                              | X           |              | X         |
| Increase Outreach and Awareness                                   | X           |              | X         |
| Enhance Treatment Opportunities                                   | X           | X            |           |
| Strategically Use Funding   | X           |              |           |
| Outreach  | X           |              |           |
| Access to Basic Needs Resources                                   |             | X            |           |
| Culture/Mind Shift  |             |              | X         |
| Foster Unionization   |             |              | X         |

# RECOMMENDATIONS AND NEXT STEPS

Drawing on themes from surveys and focus group discussions, actionable recommendations have been formulated for the state to consider as it continues efforts to combat the overdose crisis. The recommended initiatives are detailed below.

## Strategic Plan Actions Based on Recommendations

|  |  |
|--|--|
| Establish Initiative to Enhance Prevention Services for Youth  | Create a Plan to Address Safe Use and Disposal in Communities  |
| Initiative to Normalize and Promote Harm Reduction Programming   | Establish System to Provide Narcan Training  |
| Campaign to Promote Compassion Towards People Facing Substance Dependence and Educate the Community                  | Create a Process to Collect and Distribute Local and Timely Data   |
| Create a Collaboration to Better Serve People with Addiction in the Justice System                                   | Create Program to Promote Usage of Peer Advocates  |
| Create a Plan to Expand Outreach Services  | Create Harm Reduction Certification Program  |
| Initiative to Address Policy Change  | Establish Training Program for Supervisors and Hospitals Staff   |
| Create a Process to Manage and Oversee the Allocation and Use of Grants and Opioid Settlement Funds                  | Establish a Committee to Address Access to Housing and Transportation                                    |
| Build Partnerships and Collaborations to Streamline Care and Services  | Campaign to Educate the Community about the Risks, Signs of Opioid Use and Overdose Prevention           |
| Create a process to elevate community voice  | Develop a process to assess and fund community driven plans  |
| Create a process to evaluate and fund program and service expansion  | Establish an Initiative to Increase Comprehensive and Equitable Access to Services for all Populations   |
| Create an Initiative to Increase Access to Programs and Resources  | Form Task Group to Provide Recommendations to Remove Obstacles and Expand Access to Essential Treatments |
| Create Initiative to Promote Holistic and Compassionate Approaches to Addressing Social and Psychological Challenges |  |

# APPENDIX

## Sample

Participation in surveys and focus groups was entirely voluntary, with no incentives offered. A total of three focus groups were organized, involving 128 participants: 70 from the St. Louis focus group, 41 from the Kansas City focus group, and 17 from the Poplar Bluff focus group. Additionally, 47 individuals completed the electronic surveys. The participants represented a diverse array of stakeholders, including state organizations, local government entities, service providers, religious organizations, probation and treatment providers, individuals with lived experience, and parents whose children have been affected by the opioid epidemic.

## Method and Materials

Three locations across the state were selected to host focus groups: Kansas City, Poplar Bluff, and St. Louis. A survey was developed to identify, engage, and recruit individuals of all ages, as well as professionals in prevention and treatment, and those with lived experiences to provide feedback that will inform the State of Missouri's overdose strategic plan. Participants could contribute by attending an in-person community listening session (focus group) and/or by completing an online survey. Advertising for the surveys and focus group sessions was conducted through flyers, personal invitations, and word of mouth.

## Focus Groups

All focus group sessions were open to all participants, except for the session held in Poplar Bluff, which was by invitation only. Each session took place from 2:00 PM to 4:00 PM Central Standard Time. The session in St. Louis was held on July 29, 2024, followed by the session in Poplar Bluff on July 30, 2024, and finally the session in Kansas City on August 1, 2024. During each session, participants collaborated to respond to a series of questions regarding the community's opioid response (refer to the Focus Group Outreach and Questions section above).

## Surveys

A six-question online survey was conducted to gather insights regarding the measures implemented by the state of Missouri to address the issue of overdoses, as well as to explore additional actions that could be considered to effectively tackle this challenge statewide. Flyers featuring QR codes and links to the electronic survey were distributed throughout the community.

The survey included four questions focusing on the state's response to the overdose epidemic, each with three open-ended response options. Additionally, one open-ended question allowed for further comments from respondents. One question was dedicated to gathering demographic information, offering 13 predefined geographical location options to indicate the respondent's residence. A table detailing the geographic distribution of survey respondents is provided in the section below titled "Survey Data." Due to the limited number of respondents, the data was not segmented or compared by location.

The administration of the online survey was handled by the survey company Zoho. It is important to note that the survey was not designed to collect psychometric data and therefore did not utilize validated psychometric scales. All respondents were included in the analysis, regardless of the extent of their survey completion, while any blank responses were excluded from the final analysis.

## **Analysis**

Thematic analysis was employed to evaluate the responses from the electronic survey and focus groups, focusing on the identification of words, themes, meanings, and the frequency of mentioned concepts. A member of the research team performed a thematic analysis of the responses by reviewing all inputs and extracting prevalent themes. This approach utilized frequency counts to derive emerging themes. For instance, when analyzing responses to the question, "What challenges prevent overdose prevention in your community?", the researcher documented the frequency of particular responses and categorized each based on its interpreted theme. Responses such as "lack of collaboration," "removal of service silos," and "lack of service coordination" were classified by the researcher under the theme "Fragmented Collaborations." The responses from focus group participants were organized by location and compared both within locations and against survey responses, when applicable, to identify overarching themes across all groups. The identified similarities are presented in the response tables and the shared themes sections.

## Focus Group Data

Below are attendees' responses to focus group questions. The tables below are organized by location, and everything was vetted by the small groups and presented to the full group for further discussion.

### Past- Kansas City

| What gets in the way of overdose prevention in your community?   | Where have you seen improvements in addressing overdose prevention in your community?   |
|--|---|
| <ul style="list-style-type: none"> <li>• Attitude improvement and access to MAT around MAT</li> <li>• EMS carrying Narcan</li> <li>• Narcan distributions</li> <li>• Higher levels of awareness</li> <li>• First responders</li> <li>• Co-responders</li> <li>• Decriminalization/Harm reduction</li> <li>• EMS pilot - field suboxone injections</li> <li>• More education, less stigma</li> <li>• Increase in funding</li> <li>• Community paramedic project</li> <li>• Mobile access units (KCAR, RAU)</li> <li>• EMS (BUP in the field)</li> <li>• Try to make healthier drugs for them</li> <li>• 988</li> <li>• OFR reviews</li> <li>• Crisis response</li> <li>• Reduce stigma</li> <li>• Crisis centers</li> <li>• Youth CIT</li> <li>• CIT training</li> <li>• CBHLs/YBHLs</li> </ul> | <ul style="list-style-type: none"> <li>• Mental health challenges - existing untreated, no access for help</li> <li>• Politics</li> <li>• Lack of will</li> <li>• Stigma</li> <li>• Being surrounded by people or situations can make it harder</li> <li>• Substance use is a family secret</li> <li>• Financial problems</li> <li>• The idea of "you got to do what you got to do" and you stay in the substance use</li> <li>• Thinking about DARE or don't do drugs will stop you from using</li> <li>• Biases</li> <li>• Apathy</li> <li>• Affordable housing</li> <li>• Waitlist</li> <li>• Unclear path to recovery</li> <li>• Remove service silos</li> <li>• Lack of education</li> <li>• Social and political drivers of health</li> <li>• Lack of harm reduction approach</li> <li>• Religious silos in treatment/bias</li> <li>• Accessibility to treatment</li> <li>• Lack of navigators</li> <li>• More people to administer vivitrol</li> <li>• Criminalization of tools</li> <li>• Funding</li> <li>• Staffing</li> <li>• Respite beds</li> <li>• Bureaucracy</li> <li>• Lack of beds</li> <li>• Unclear intake</li> </ul> |



## Present - Kansas City

| What current programs are working well that we should continue or expand?   | Where are the gaps in our current approach?  |
|---|--|
| <ul style="list-style-type: none"> <li>• Combat sales tax</li> <li>• First call</li> <li>• Harm reduction initiatives</li> <li>• Drug testing strips (fentanyl/xylazine)</li> <li>• Coordination of care programs</li> <li>• Crisis center</li> <li>• Living and lived experience</li> <li>• "KC Harm Reduction Coalition Model"</li> <li>• Public awareness campaigns</li> <li>• Peer support programs</li> <li>• 988 hotline</li> <li>• Safe syringe programs</li> <li>• EPICC</li> <li>• BHCs</li> <li>• Respite programs</li> <li>• Confluence</li> <li>• Co-responder programs</li> <li>• More open access</li> <li>• Access to MAT in jail</li> <li>• THC taxes</li> <li>• SOR</li> <li>• State nrx distribution including IM nrx</li> <li>• NP waiver regulation relaxed</li> <li>• Expand access of fentanyl testing strips</li> <li>• YBHL youth behav. Health liaison</li> <li>• Some/many of these programs work but challenge yourself to improve quality, access, reach to funding to truly make these better for all communities, including underserved and underfunded populations</li> <li>• EPICC</li> <li>• Sober living housing</li> </ul> | <ul style="list-style-type: none"> <li>• I don't know your approach</li> <li>• Is Spanish facing community included</li> <li>• You don't have a 24 hour resource center</li> <li>• Need more mental health care facilities</li> <li>• Language barriers + ID</li> <li>• KC parks-n-rec</li> <li>• For data - funding for technology &amp; trained IT staff</li> <li>• Working in silo, need more collaboration across multiple sectors not just health</li> <li>• Uplifting the expertise of people with lived experience and paying them for it</li> <li>• More housing first programs</li> <li>• More just/affordable transition or post transition housing</li> <li>• Meeting people where they are at - in streets, outside etc.</li> <li>• Access to resources - waitlists</li> <li>• More support for families, adolescence/youth plus more options (i.e. outpatient) and mental health services</li> <li>• Lack of continuing education for law enforcement</li> <li>• Focus on quality of life as an outcome vs. just abstinence (funding)</li> <li>• Treatment of symptoms rather than underlying conditions (trauma)</li> <li>• Risk education for youth.</li> <li>• Re-entry into workforce - stigma</li> <li>• More community centers</li> <li>• Safe use sites</li> <li>• More medical detoxes - funding</li> <li>• More resource assistance for people in recovery - jobs, cars, housing, navigating criminal records</li> <li>• Being too "progressive" is a problem</li> <li>• Safe Haven shelters</li> <li>• PH/PS collaboration</li> <li>• Legal/more SSPs</li> <li>• Mass spectrometer and comprehensive drug checking</li> <li>• Education of civil protections</li> <li>• Onsite Tox testing</li> <li>• Support for injection alternatives - pipes etc.</li> <li>• Lack of polysubstance knowledge</li> <li>• Safe supply</li> <li>• Safe injection site/OPC</li> </ul> |

## Future - Kansas City

| What barriers are there for people to get help to prevent overdose?  | What opportunities exist that we can take advantage of to improve overdose prevention?  |
|--|---|
| <ul style="list-style-type: none"> <li>• Education about safe use practices</li> <li>• Education for parents</li> <li>• Racial/socioeconomic barriers</li> <li>• Individual insight/ poor mental health</li> <li>• Programs for IDD/DID individuals</li> <li>• More school involvement/prevention</li> <li>• Leadership programs for SUDs</li> <li>• Policies and procedures</li> <li>• Stigma</li> <li>• Funding</li> <li>• Hopelessness</li> <li>• Nonlegal status of SSPs</li> <li>• Supervised injection sites</li> <li>• Education</li> <li>• Transportation</li> <li>• Education with schools (gate keepers)</li> <li>• Housing first program</li> <li>• Mental health services</li> <li>• Detox services, especially for minors</li> <li>• Lack of understanding of harm (ex. Friend gave to me, ordered off internet)</li> <li>• Harm reduction call lines - more people to staff, more publicized</li> <li>• Grassroots vs grass tops</li> <li>• Wait-time/waitlist</li> <li>• Access</li> <li>• Criminalization</li> <li>• Minor/age</li> <li>• Access to resources</li> <li>• Knowledge of resources</li> <li>• Lack of timely OD map</li> <li>• Language (Spanish)</li> <li>• 24-hour live resources</li> <li>• Need more MAT available</li> <li>• No family/friend support</li> </ul> | <ul style="list-style-type: none"> <li>• Mental health fist aid</li> <li>• Education for hospital staff</li> <li>• Harm reduction national line (create a local one, too)</li> <li>• Provide education (dignity centered) to elected officials, local and state - help them move from judgement to understanding</li> <li>• Early intervention prevention education in schools - more training</li> <li>• Harm reduction specialist training</li> <li>• Advertise testing strips and where to get them</li> <li>• Opioid response money</li> <li>• MAT in jails</li> <li>• Harness awareness</li> <li>• Safe houses</li> <li>• More narcan/tests strips</li> <li>• MAT in DOC throughout stay</li> <li>• Collaboration between organizations with seamless care coordinator</li> <li>• More funding for treatment and prevention</li> <li>• Increase assertive outreach and recovery</li> <li>• School programs</li> <li>• Vending machines</li> <li>• OD map (od tracking)</li> <li>• ORN training</li> <li>• Training</li> <li>• Recovery high schooles</li> <li>• Overdose fatality reviews (OFR)</li> <li>• Don't reinvent the wheel, catch up with the rest of the worrld</li> <li>• Diversion programs</li> <li>• Prerelease programs</li> <li>• Reentry navigation</li> <li>• 1115 waiver</li> <li>• Medicaid</li> </ul> |

## Recommendations - Kansas City

| What recommendations or goals should the state consider in addressing overdose prevention?   |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Acknowledge the humanity of the users. They vote too</li> <li>• Stewardship of opioid settlement funds</li> <li>• More harm reduction education</li> <li>• Funding for housing with support mental health - substance use services</li> <li>• Full representation of all stakeholders - family, survivors, tx, users</li> <li>• Increase street outreach programming with existing resources to meet the needs of the unhoused/nomadic population</li> <li>• Harm reduction approach for youth</li> <li>• Provide better access to risk reduction supplies (naloxone boxes, vending machines)</li> <li>• Substance use diversion court (recovery focused)</li> <li>• Decriminalize paraphernalia</li> <li>• Mandate Narcan in schools (BOE advocacy)</li> <li>• Active outreach to build trust</li> <li>• Localized data</li> <li>• Provide audio devices/increase access for diverse ability</li> <li>• Expand women housing beyond faith based</li> </ul> | <ul style="list-style-type: none"> <li>• Legalize SSPS</li> <li>• Continuing to promote and support intramuscular naloxone</li> <li>• Funding for prevention services</li> <li>• CPS training offered in Spanish</li> <li>• KC Parks and Rec - give us sharps containers in the park- Safety</li> <li>• Up to date O.P. data</li> <li>• Multilingual options/resources</li> <li>• Bridging the gaps in cares and linkage</li> <li>• Abstinence based programs embrace and normalize harm reduction practices</li> <li>• Support the existing programs doing the work</li> <li>• Community events to get different groups together</li> <li>• Real prevention in high schools to allow Narcan training</li> <li>• Having each community have input and decide how to spend OSF</li> <li>• MAT in jails</li> <li>• Public chutes for needles</li> <li>• Narcan training</li> </ul> |

## Past - Poplar Bluff

| What gets in the way of overdose prevention in your community?   | Where have you seen improvements in addressing overdose prevention in your community?  |
|--|--|
| <ul style="list-style-type: none"> <li>• Funding/Rural area</li> <li>• Lack of mobile crisis/24-hour access</li> <li>• Harm reduction availability</li> <li>• Housing crisis/homeless shelters</li> <li>• If I call for help for someone who is overdosing and suffer or have trouble for trying to help. People are afraid to help.</li> <li>• Stigma - 100%</li> <li>• Government</li> <li>• Lack of providers</li> <li>• Pride</li> <li>• Not on the same page</li> <li>• Drugs (price to make them, easy access to them, constant temptation)</li> </ul> | <ul style="list-style-type: none"> <li>• Narcan machine at health center</li> <li>• Education using Narcan more present</li> <li>• No people owe helping others who are overdosing</li> <li>• Good Samaritan law</li> <li>• Store access of drug tests</li> <li>• Support/ churches/FOA/RU ministries (support groups)</li> <li>• Some linkage to care from emergency department</li> <li>• Christian homes/recovery homes (long treatment)</li> <li>• Peer support continues to grow</li> <li>• Non-Christian sober living/treatment centers</li> </ul> |

## Present - Poplar Bluff

| What current programs are working well that we should continue or expand?   | Where are the gaps in our current approach?  |
|---|--|
| <ul style="list-style-type: none"> <li>• Community treatment centers (need 24-hour access)</li> <li>• Good collaboration</li> <li>• 24-hour crisis centers</li> <li>• Wrap around services</li> <li>• SEMO BJ ICTS program</li> <li>• Peer support specialists</li> <li>• MAT clinic</li> <li>• Employment programs</li> <li>• Housing assistance</li> <li>• Substance abuse counseling</li> <li>• Peer groups</li> </ul> | <ul style="list-style-type: none"> <li>• Funding</li> <li>• Not open at the right times (should be 24 hours)</li> <li>• Places not adequately staffed</li> <li>• Not having access</li> <li>• Transportation</li> <li>• Focus on productivity rather than treatment</li> <li>• Need more awareness events</li> <li>• Lack of Fentanyl test strips</li> <li>• Need funding</li> <li>• More organization collaborations</li> <li>• Employee resources</li> </ul> |

## Future - Poplar Bluff

| What barriers are there for people to get help to prevent overdose?  | What opportunities exist that we can take advantage of to improve overdose prevention?  |
|--|---|
| <ul style="list-style-type: none"> <li>• Transportation</li> <li>• Employment</li> <li>• No medication</li> <li>• MAT meds if no insurance/funding</li> <li>• Not enough support during crisis especially off hours</li> <li>• They could be suicidal</li> <li>• More positive activities in smaller communities</li> <li>• Lack of support</li> <li>• Sober friends</li> <li>• Not starting early at younger age</li> <li>• Broken homes</li> <li>• Poverty</li> <li>• Community resources</li> <li>• Mindset</li> <li>• Genetics/environment</li> <li>• Mental health care</li> <li>• More rehab facilities</li> <li>• Government funding</li> </ul> | <ul style="list-style-type: none"> <li>• 24-hour access to Narcan machine at health center</li> <li>• Expand services at churches/FOA/RU ministires</li> <li>• Expand linkage to care from emergency department</li> <li>• Create Narcan keychains</li> <li>• Enhance transportation options</li> <li>• Expance access to wrap around services</li> <li>• Increase food/SNAP benefits to reflect inflation</li> <li>• Access to cleaning (i.e. showers)</li> <li>• Insurance</li> <li>• Availability of services</li> <li>• DDMPs transportation</li> <li>• Programs for free</li> <li>• Better access to narcan in community</li> <li>• Need more support, need options</li> <li>• Need peer support specialists in the the community after hours</li> <li>• Disconnect treatment and peer support</li> <li>• Better listening to needs of clients without guilt</li> <li>• Better understanding</li> <li>• More client-centered treatment</li> <li>• Narcan distribution</li> </ul> <div> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Food resources</li> <li>• Education</li> </ul> </div> |

## Recommendations - Poplar Bluff

| What recommendations or goals should the state consider in addressing overdose prevention?  |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Access to funds (drug court etc.) when you don't qualify for a probation program (cab fare, bikes)</li> <li>• Narcan Keychain</li> <li>• Follow through on promises made to those on the streets</li> <li>• Housing and programs for men</li> <li>• Access to Narcan 24 hours in community space (gas stations)</li> <li>• More education and awareness events, especially early education</li> <li>• Not so quick to throw and addict in prison</li> <li>• Funding for things like housing, food, showers, and programs to provide basic needs</li> <li>• More access to basic needs (food, housing etc.)</li> <li>• Insurance acceptability for treatment</li> <li>• More recovery community centers</li> <li>• Mental health services</li> <li>• Community engagement sessions with organizations and people with lived experience</li> <li>• Youth programs</li> </ul> | <ul style="list-style-type: none"> <li>• Job programs for reentry from prison</li> <li>• Bring employees into prison, line up jobs before release</li> <li>• Methadone/ suboxone education</li> <li>• Build collaboration with gambling establishments to put funds back into the community</li> <li>• Refurbish old buildings (school, hospital) into shelters</li> <li>• Increase funding for housing, more shelters (long-term)</li> <li>• Regulate gambling</li> <li>• Access/regulation to energy supplements</li> <li>• More funding for faith-based programs</li> <li>• Treatment programs for whole family</li> <li>• Funding for free shelters/transportation</li> <li>• Transitional housing</li> <li>• Insurance coverage</li> <li>• Education</li> <li>• Increase access to services, crisis services, peer support 24 hours</li> <li>• Cab vouchers or access to no-credit loans (transportation)</li> </ul> |

## Past - St. Louis

| What gets in the way of overdose prevention in your community?  | Where have you seen improvements in addressing overdose prevention in your community?   |
|---|---|
| <ul style="list-style-type: none"> <li>• 988 available to all</li> <li>• Increased awareness</li> <li>• More peers/HR people in the movement</li> <li>• More CHWs in housing</li> <li>• More trauma-informed care &amp; responsive</li> <li>• Jubilee ministries outreach</li> <li>• Linking to 1,2,3, and other services</li> <li>• Being seen/accessible</li> <li>• More accessibility to healthcare and Narcan</li> <li>• More access to recovery housing/respice centers</li> <li>• Increase in MAT</li> <li>• EMS distributing Narcan and education</li> <li>• Increased education and awareness (ex. Good Samaritan, CPR)</li> <li>• Increased outreach - more participation in community</li> <li>• Social workers responding to calls with law enforcement</li> <li>• Greater voice from peer specialists (growing the community)</li> <li>• Decrease stigma</li> </ul> | <ul style="list-style-type: none"> <li>• Easy access</li> <li>• Ignorance of the need</li> <li>• Stigma</li> <li>• Lack of education</li> <li>• Community lack of understanding</li> <li>• Giving a voice to the people in the community</li> <li>• Lack of resources/alternatives to substance use</li> <li>• Compassion fatigue and provider apathy (including emergency response)</li> <li>• Only focusing on the immediate emergency</li> <li>• Rapidly changing supply</li> <li>• Generational use (Trauma)</li> <li>• Not enough community feedback</li> <li>• Not enough wound care specialist</li> <li>• Criminalization of drug use</li> <li>• Chaos management instead of creating order</li> <li>• Funding (unrestricted)</li> </ul> |

| What gets in the way of overdose prevention in your community?   | Where have you seen improvements in addressing overdose prevention in your community?   |
|--|---|
| <ul style="list-style-type: none"> <li>• Expanding variety of treatment options (faith-based)</li> <li>• Peer specialists play a more pivotal role (barring felons is not a good practice)</li> <li>• Funding - grass roots efforts</li> <li>• Faith-based training</li> </ul> | <ul style="list-style-type: none"> <li>• Transparency</li> <li>• Lack of stable housing</li> <li>• Fiscal management for small organizations</li> <li>• Grant reporting requirements</li> <li>• Lack of collaboration</li> <li>• Legislative apathy</li> <li>• AI talk, no action</li> <li>• Feeling isolated - only in my community</li> <li>• Knowing what is going well</li> <li>• Not enough HR centers</li> <li>• Lacking holistic care</li> <li>• Funding structure (barriers on how funding can be used)</li> <li>• Lack of funding for data collection</li> <li>• Low barrier trauma treatment</li> <li>• Racial issues (community lack of support)</li> <li>• Lack of male services (peers)</li> </ul> |

### Present - St. Louis

| What current programs are working well that we should continue or expand?  | Where are the gaps in our current approach?  |
|--|--|
| <ul style="list-style-type: none"> <li>• The harm reduction program</li> <li>• Narcan distribution</li> <li>• Peer support specialist (24/7 EPICC)</li> <li>• Collaborative outreach</li> <li>• Peer respite housing/recovery housing</li> <li>• Mobile outreach</li> <li>• Community outreach</li> <li>• Holistic healing</li> <li>• Faith based programs</li> <li>• Permanent supportive housing</li> <li>• Job training/Job connections</li> <li>• Recovery friendly workplace</li> <li>• Quality shelters</li> <li>• Jubilee</li> <li>• Prevention programs (school to community based for youth)</li> <li>• NA/AA/CR/Al-Anon</li> <li>• Family support training</li> <li>• Father support groups</li> <li>• Hygiene, shower, laundry, services</li> </ul> | <ul style="list-style-type: none"> <li>• Housing</li> <li>• Transportation</li> <li>• Lack of access and knowledge of resources</li> <li>• Certified Peer specialist in shelters</li> <li>• Increased pay for peer specialists</li> <li>• Male targeted help</li> <li>• Community health worker being covered through DMH</li> <li>• More dedicated CBHL positions for SUD not tethered to Administrative Agent structure</li> <li>• Trauma informed</li> <li>• First responders</li> <li>• Increasing coalition efforts</li> <li>• Lack of information HUBS</li> <li>• Overreliance on police/policing</li> <li>• Human navigators</li> <li>• Detox services</li> <li>• Education</li> <li>• Lack of cultural appropriate services</li> <li>• Availability of medications access</li> </ul> |

| What current programs are working well that we should continue or expand?  | Where are the gaps in our current approach?  |
|--|--|
| <ul style="list-style-type: none"> <li>• Entitlement specialists</li> <li>• Women and children housing</li> <li>• Continue to expand CPS opportunities</li> <li>• Credentialing exceptions streamlined</li> <li>• Sex work advocacy</li> <li>• Low/no barrier housing expanded</li> <li>• Allowing groups in this community to do the work with technical assistance</li> <li>• Contingency management</li> <li>• Never Use Alone hotline</li> <li>• Grassroots</li> <li>• Transportation programs - public transportation</li> <li>• Employment support</li> <li>• Mobile treatment</li> <li>• Respite</li> </ul> | <ul style="list-style-type: none"> <li>• Basic needs wound care</li> <li>• Funding</li> <li>• Re-entry from DOC or Jail</li> <li>• Policy advocacy</li> <li>• Lower red tape barriers</li> <li>• Streamlining</li> </ul> |

### Future - St. Louis

| What barriers are there for people to get help to prevent overdose?  | What opportunities exist that we can take advantage of to improve overdose prevention?   |
|--|--|
| <ul style="list-style-type: none"> <li>• More access sites</li> <li>• Recovery community centers</li> <li>• Mobile outreach</li> <li>• Not enough treatment homes</li> <li>• Not enough CIT officers/fear of law enforcement</li> <li>• Shame of judgement - pride</li> <li>• VA - must be involved to get Narcan. No standing order</li> <li>• Well intentioned, uneducated people</li> <li>• Sustainable funding</li> <li>• Where to find help-education</li> <li>• Cultural awareness</li> <li>• Misinformation</li> <li>• Low barrier</li> <li>• Transportation</li> <li>• Money</li> <li>• Insurance</li> <li>• Staffing issues - turnover</li> <li>• Changing drug supply</li> <li>• Training for everyone</li> <li>• Meeting people where they are</li> </ul> | <ul style="list-style-type: none"> <li>• Need to know opportunities</li> <li>• Drug user unions</li> <li>• LEIN (CPIW and CPS programs in construction and labor unions)</li> <li>• More access to dispensing Narcan-opioid in spaces where the people are</li> <li>• Broad sharing of resources (funders and lived experience communicating)</li> <li>• Acceptance of what harm reduction means to this community</li> <li>• Policy levels and practical level are wedlocked</li> <li>• What does local vs state/ federal governance impact the work</li> <li>• Practitioner to inform the policy</li> <li>• Recovery housing and services</li> <li>• Youth, schools</li> <li>• Crisis access points</li> <li>• GROW - grassroots efforts</li> <li>• Collaboration, network, agencies - comprehensive multi-sectors, warm hand off</li> <li>• More support for risk-reduction strategies</li> <li>• More 24 hour services/weekends</li> <li>• Increased 24/7 free, accessible naloxone</li> </ul> |

| What barriers are there for people to get help to prevent overdose?  | What opportunities exist that we can take advantage of to improve overdose prevention?  |
|--|---|
| <ul style="list-style-type: none"> <li>• Safe usage sites, increase street out-reach</li> <li>• Starting with youth and family education</li> <li>• Trust</li> <li>• Addressing structural racism</li> <li>• Evolution/adaptation programs (services, is it evidence based, stigma around practice)</li> <li>• Language barriers (too jargony)</li> <li>• Need more CBHLs</li> <li>• Need more Naloxone at FTS</li> <li>• Legal landscape</li> <li>• Stigma and bias</li> <li>• Response times too high</li> <li>• Language barriers - need interpreters/people who speak languages</li> </ul> | <ul style="list-style-type: none"> <li>• Whole family services - men and women</li> <li>• Improve peer services</li> <li>• More male peer support</li> <li>• More access to support groups</li> </ul> |

## Recommendations - St. Louis

| What recommendations or goals should the state consider in addressing overdose prevention?   |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Center the voices of users</li> <li>• Tearing down segmentation</li> <li>• Decriminalization</li> <li>• Increase peer navigators</li> <li>• Safe consumption sites legalized and funded</li> <li>• Funding where necessary</li> <li>• Not criminalizing OD victims</li> <li>• Smaller grants \$10-50K to fund capacity building with grass roots organizations</li> <li>• Bring services to communities</li> <li>• More treatment centers</li> <li>• Increased pay for peers to they're not struggling, living paycheck to paycheck</li> <li>• Help Jubilee with the funds to get Eliot school open to get beds and make them available for the men and women that need them and housing as well.</li> <li>• Funding drug user's unions without restrictions (people who use drugs)</li> <li>• Lower enrollment barriers</li> <li>• Remove politics from funding</li> <li>• Lower barriers for smaller agencies that are more boots on the ground (funding applications, data collections, HER)</li> <li>• Funding for some substance use issues but not all</li> </ul> | <ul style="list-style-type: none"> <li>• More money for grass roots organizations</li> <li>• Increase access to better, healthier, food pantries</li> <li>• Fund more men's beds</li> <li>• More resources for mental health directed at urban communities</li> <li>• Everyone says talk is cheap!!! Report back to your office, get the money necessary to tackle this most urgent issue before your family ends up dead</li> <li>• Decriminalize drug use and poverty</li> <li>• Legalize syringe service programs and other evidence bases services</li> <li>• Remove legal barriers to receiving assistance to people with drug convictions (SNAP)</li> <li>• Getting services/link to services to community event/organizations (i.e. church - example: grill to glory)</li> <li>• More state and federal funding for the essentials of individuals (housing, recovery housing, food, employment)</li> <li>• Lessen the barriers and streamline funding for organizations</li> <li>• Higher pay to entice CPS's in leadership positions to grow the amount to peers to match population served</li> <li>• Increased income-based housing</li> <li>• Supportive housing</li> <li>• Long-term funding</li> <li>• Fund navigators to help access/awareness</li> <li>• Collaborative collecting impact to secure funding change policy</li> </ul> |



|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Supporting people re-entering from justice system (second chances)</li> <li>• Consider tiered funding levels that allow high performing programs to receive unrestricted operating funds. Organizations need more flexibility to address barriers to care and root causes</li> <li>• Independent groups or organizations of CPS/CHW's that are in the community outreaching and engaging individual and connecting them to services &amp; community organizations like Jubilee involved. (People who are already in the community doing the work)</li> <li>• More community support over therapy</li> <li>• Stop taking kids from parents seeking help (on Suboxone &amp; Medicated Assisted Treatment (MAT))</li> <li>• Advocacy work, need substance use disorder to not be criminalized</li> <li>• Immediate access to treatment despite insurance status</li> <li>• The state to start with actually caring and making overdose a priority</li> <li>• Lots of people overlook the issue because it doesn't affect them</li> <li>• Force school to allow services in</li> </ul> | <ul style="list-style-type: none"> <li>• Invest proactively instead of reactively</li> <li>• That pets are taken better care of, than human lives. Think about it...</li> <li>• More whole family involvement in recovery (support training)</li> <li>• Get everyone on the same page. The public, police etc. that drugs are not the "monster" but rather it is an issue that needs all hands to help understand</li> <li>• Remove the barriers for individuals to be peer support specialists</li> <li>• Less fear mongering language</li> <li>• Harm reduction isn't the only option</li> <li>• More realistic youth programming and harm reduction: Just say KNOW - evidence based youth curriculum</li> <li>• Be timelier with allocating resources/funding</li> <li>• Fund all services that can display competence in improving quality of life in every community (all hands-on deck)</li> <li>• More accessible income-based housing, transportation, affordable healthcare act</li> </ul> |
|---|---|

## Survey Data

The following outlines the responses collected from survey participants. The first table presents the participants' regions of residency. To ensure the privacy of respondents, all survey responses have been aggregated across locations due to the small sample sizes.

Most survey participants were located in the St. Louis Metropolitan Statistical Area (MSA), followed by those in the Kansas City MSA. The distribution of participants by region of residency is illustrated in the table below.

### Survey Respondents' Region of Residency

| Region  | N         | %             |
|---|-----------|---------------|
| Bootheel - Butler, Carter, Dunklin, Mississippi, New Madrid, Pemiscot, Ripley, Scott, Stoddard, Wayne                           | 1         | 2.0%          |
| Central - Audrain, Boone, Callaway, Cole, Cooper, Gasconade, Howard, Moniteau, Montgomery, Osage, Randolph                      | 4         | 8.2%          |
| Kansas City MSA - Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray  | 12        | 24.5%         |
| Lake Ozark Rolla - Camden, Crawford, Dent, Laclede, Maries, Miller, Morgan, Phelps, Pulaski                                     | 1         | 2.0%          |
| Lower East Central - Cape - Bollinger, Cape Girardeau, Iron, Madison, Perry, Reynolds, Ste. Genevieve, St. Francois, Washington | 5         | 10.2%         |
| South Central - Douglas, Howell, Oregon, Ozark, Shannon, Texas, Wright  | 1         | 2.0%          |
| Springfield - Branson - Christian, Dallas, Greene, Polk, Stone, Taney, Webster  | 5         | 10.2%         |
| St. Louis MSA - Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren, St. Louis city                                    | 16        | 32.7%         |
| West Central - Bates, Benton, Henry, Hickory, Johnson, Pettis, St. Clair, Saline  | 1         | 2.0%          |
| Unknown   | 3         | 6.1%          |
| <b>TOTAL</b>  | <b>49</b> | <b>100.0%</b> |

## Additional Comments

### What additional comments would you like to share?

- Again... provide legal protection for Syringe Service Programs.
- People are going to use drugs no matter what we do, so we might as well make it safe for them to do it. If things are legal and regulated, we can help to ensure a safe drug supply.
- Very simply put, other Countries have a better hold on drug overdose and usage because of the policies they have on the books.
- I can't stress enough how connected mental health and addiction are related. Fix social services Medicaid program. It is broken and people don't have access to benefits because they have no local offices and cannot get through on the phone. There is a huge disconnect between the upper management in the state and the actual workers assigned to help the clients. Try calling yourself, like a regular person would need to do to get coverage. (...) It will blow your mind how much you are unable to access services, accomplish anything or get help with the system the government is providing to people. It is maddening and people just give up.
- Increase funding for diversion efforts. More treatment courts. Increase the number of behavioral health workers in jails and courts. Increased utilization of peers and inclusion of those with lived / living experience in everything! Increased funding for CIT.
- I wish we had some educated people in this area to help medical professionals understand SUD. These individuals are being guided by something out of their control while medical professionals are being so callous and acting like they take drugs/overdose because they are bored. It's a disease!!! As a medical professional it's very difficult that I too, didn't understand this until I was educated by some of the peer coaches that work with EPICC. I learned, from working in the ED of a local hospital, that it's the patient's fault, they just don't care about themselves, they don't care about their kids or that it's their fault in some way. This is a horrible misconception, and I wish there was a way to re-educate as we learn more about this subject. Someone decided to make pain a vital sign, this caused the pain epidemic and now here we are with not enough help to cover the issues we, as a country, have made. I pray every day that my children don't go to a party, try a pill or smoke some pot that is laced with fentanyl. All lives are important.
- Power4STL's holistic communal approach to reducing the risk for overdose, holistic harm reduction, has now been codified into a body of offerings through our new project, "T Academy. We would deeply welcome the opportunity to share what we have observed, learned, and now practice, to help other organizations and communities gain capacity for harm reduction.
- "There is still a lot of stigma connected to peers (CPS). The lack of understanding on what a CPS does is clear. DMH should require supervisors to be trained appropriately and how a CPS is utilized.
- Harm reduction has a place in programs. It has been vilified by the extremists on both sides of the topic. It can and should be used even in abstinence-based programs. Used properly it can make a difference.
- We have spent too much time using abstinence as the main outcome measurement. A focus shifted to the quality of life would produce better outcomes for those served as well as lower drug poisonings. We have learned better ways to meet people where they are, but we still refuse to fully embrace it.
- Free fentanyl testing kits + an ad campaign on their availability is probably the easiest option to reduce overdoses, as demonstrated in other states.
- It is only offered in St. Louis and KC
- Harm reduction needs to be a huge presence everywhere. We need to be helping these people not locking them up
- The largest factor in overdose I have seen is NOT knowing what you are using and how much. Drug test kits and safe USING sites would help prevent overdose. Legalize and regulate it!!!
- Thanks for your coordination and support. I am anxious to see programming reach the behavioral health agencies so it can reach the people of Missouri.
- We have to focus on prevention more.
- Appreciate the opportunity to share perspective, would like to see better representation from all stakeholders. I attended the KC meeting and most of the participants were from organizations providing mental health, rehab, SUD resources/services, harm reduction coalitions and/or governmental entities (e.g. both the KCMO Health Dept & the Jackson County HD were represented). There were very few individuals with "lived experience" (...). Additionally, Law enforcement was not represented, nor was the legal system (e.g. prosecutor's office) or faith-based organizations. Also, I had the strong impression most of the attendees were more either working in or living in urban areas of KCMO (Jackson County) while attendees from the other counties/metro area cities weren't in attendance based on the introductions done at the start of the meeting. (...) it will be important to get feedback/perspective from many different sources to get a complete picture of what is needed statewide to prevent overdose. (...) what is needed in the urban core, may not necessarily be effective in suburban or rural areas of the state.

# Themed Recommendations and Prioritization

## Themed Recommendations

Recommendations for both focus groups and survey participants are presented below. Please note that the focus group themes are not categorized by community.

### What recommendations or goals should the state consider in addressing overdose prevention?

#### Focus Groups Combined

- Enhance prevention services for youth
- Normalize and promote harm reduction programming
- Promote compassion towards people facing substance dependence
- Collaboration in the justice system to better serve people with addiction
- Expand outreach services
- Policy change
- Manage and oversee grants and opioid settlement funds
- Partnerships and collaborations to streamline care and services
- Elevate community voice
- Evaluate and fund program and service expansion
- Increase access to programs and resources
- To remove obstacles and expand access to essential treatments
- Increase comprehensive and equitable access to services for all populations
- Address safe use and disposal in communities
- Provide Narcan training
- Collect and distribute local data in a timely manner
- Promote usage of peer advocates
- Create harm reduction certification program
- Training for supervisors and hospitals staff
- Address access to housing and transportation
- Educate the community about opioid use and overdose prevention
- Assess and fund community driven plans
- Promote holistic and compassionate approaches to address social and psychological challenges
- Provide recommendations

#### Surveys

- Promote usage of peer advocates
- Create harm reduction certification
- Create additional recovery housing
- Decriminalizing drugs and drug paraphernalia
- Expand education
- Stop stigma campaign
- Increase education in schools
- Increase public awareness
- Showcase the impact of losing a loved one
- Increase awareness about impact on youth
- Build affordable housing
- Build collaborations prevention resource centers and community coalitions
- Do not support drug induced homicide legislation

- Be intentional about using opioid settlement money
- Create affordable housing
- Increase funding for peer support specialists
- Programs
- Increase funding for prevention education
- Expand clean needle

## Prioritization

Focus groups participants were asked which of the identified recommendations would:

- Be well received by the community
- Have the greatest impact moving forward

The recommendations are presented below in their original wording, as they were not categorized into themes. Please note that prioritization information for the St. Louis focus group is not available due to time constraints.

| Recommendation  | Well Received |              | Most Impactful |              |
|---|---------------|--------------|----------------|--------------|
|   | Kansas City   | Poplar Bluff | Kansas City    | Poplar Bluff |
| Access to Narcan 24 hours in community space (gas stations)                       |               | X            |                |              |
| Cab vouchers or access to no-credit loans (transportation)                        |               | X            |                | X            |
| Education   |               | X            |                |              |
| Funding for things like housing, food, showers, and treatment programs            | X             | X            | X              | X            |
| Narcan keychain   |               | X            |                |              |
| Not so quick to throw and addict in prison  |               |              |                | X            |
| Refurbish old buildings (school, hospital) into shelters                          |               | X            |                | X            |
| Treatment programs for whole family   |               |              |                | X            |
| Acknowledge the humanity of the users; they vote too                              | X             |              | X              |              |
| Funding and focus on prevention services  | X             |              | X              |              |
| Each community decides on how opioid funds (OSF) are allocated in their community | X             |              | X              |              |

# Thank you for your time and commitment to addressing the overdose crisis and saving lives across Missouri!

*Facilitation services provided by*



Steve  
Miller

David  
Ahles

Stephanie  
Ahles

**Report analysis completed by:**

Jessica Wildermuth, PHD  
WILD House Collaborative

