

MORE Evaluation Brief

Missouri Institute of Mental Health February 2020

Key Highlights:

- The MORE project will end 9/30/2021 continued planning for sustainability and naloxone supply is essential
- Karen Wallace has accepted a new position with the CDC but will continue to serve as the MORE Project Director
- Naloxone distribution has been expanded to encompass community distribution through Local Public Health Agencies.
 - Approximately 5 agencies have committed to community distribution.
 - Individuals who obtain naloxone through an LPHA will be asked to complete a voluntary survey via postcard (see final page of report)
- OEND training continues through the online modules
- The EMS leave behind naloxone program has begun with 19 agencies currently distributing and 3 agencies in the process

Table 1. Training and Naloxone Distribution Update

	Number of Agencies Trained	Individuals Trained	Narcan Kits Distributed (2 doses/kit)				
By Region Classification							
Urban	112	1,359	3,023				
Rural	455	3,653	4,827				
Regional/Statewide	23	225	3,860				
Total	590	5,237	11,755				

Note: Training date ranges span from 10/1/17 - 2/11/2020, and includes Tier 1, Tier 2, and Tier 3 trainings.

Questions related to MORE Project Implementation?

Please contact the Project Director, Karen Wallace Karen.Wallace@health.mo.gov

Questions related to MORE Project Evaluation?

Please contact the Lead Evaluator, Claire Wood, PhD Claire.Wood@mimh.edu



Individuals Trained and Naloxone Distribution by County

Tier 1 Training Agencies

119

496

188

17

45

89

10

73

90

33

102

Region A: Central Jackson County Fire Protection District, Blue Springs

Region B: Marion County Ambulance District, Hannibal

Region D: Newton County EMS

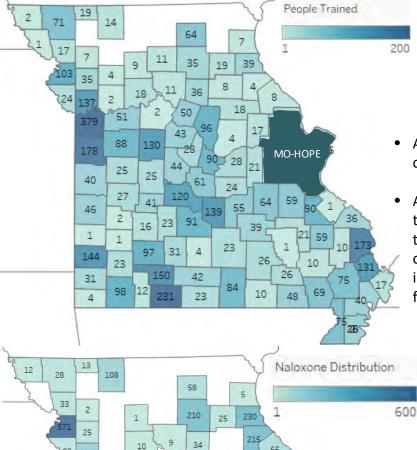
Region E: St Francois County Ambulance District, Farmington

Region F & I: University of Missouri EMS, Columbia

Region G: South Howell County Ambulance District, West Plains

Region H: Atchison Holt Ambulance District, Tarkio

Note: Region C covered by NCADA through the MO-HOPE grant.



65

61

78

17

MO-HOPE

18 50

197

8

160

19

118

51

24 13

84

42 15

14

53

141

57

41

72



Number of individuals trained per county in overdose education and naloxone administration (April 2018-January 2020)

- As of February 2020, trainings took place across 104 counties in Missouri through the MORE grant.
- As of January 2020, a total of **5,237** individuals were trained across the state through the MORE grant. Trainings took place both in person and through a standardized online training. There are 234 individuals not represented in the map. A majority of individuals not represented are from statewide agencies.

Naloxone Distribution by County (April 2018 - January 2020)

- Note: A total of 11,755 naloxone kits have been distributed. This map does not reflect naloxone distribution to statewide agencies or naloxone distributed to Region C which is covered by NCADA through the MO-HOPE grant. An additional 3,860 naloxone kits have been distributed to regional and statewide agencies including the Missouri State Highway Patrol, Missouri Probation and Parole, Missouri Department of Social Services, and SEMO Drug Task Force.
- Naloxone has been distributed to first responder agencies across 84 counties.



Overdose Events and Responses

Table 3. Overdose Event and Naloxone Administration Tracking

	MORE N		MO-HOPE ER Narcan Administrations		
Total	228		863		
Demographics					
White	207	91%	733	85%	
Black	18	8%	117	14%	
Hispanic	1	0.4%	14	2%	
Male	152	67%	609	71%	
Female	76	33%	248	29%	
Age (Under 18)	2	1%	6	1%	
Age (18-24)	41	18%	206	24%	
Age (25-44)	145	64%	534	62%	
Age (45-64)	34	15%	102	12%	
Age (65+)	6	3%	11	1%	
Event Characteristics					
Location of Event (Home)	163	72%	526	61%	
Location of Event (Public Place)	45	20%	235	27%	
Location of Event (Other)	18	8%	97	11%	
Substance Involved (Heroin)**	111	49%	571	66%	
Substance Involved (Prescription painkiller)**	32	14%	86	10%	
Substance Involved (Fentanyl)**	38	17%	213	25%	
Substance Involved (Meth)	8	4%	19	2%	
Substance Involved (Benzos)**	8	4%	21	2%	
Substance Involved (Alcohol)**	12	5%	29	3%	
Substance Involved (Other)**	12	5%	26	3%	
Substance Involved (Unsure)**	69	30%	259	30%	
Narcan Administered	228	100%	863	100%	
1 Dose Administered	146	64%	509	59%	
2 Doses Administered	63	28%	255	30%	
3+ Doses Administered	15	7%	86	10%	
Individual Survived	209	92%	777	90%	
Individual Didn't Survive	9	2%	40	5%	
Unsure of survival	13	6%	45	5%	
Transported to Hospital	187	82%	637	74%	

Field Report Tracking: On June 26, 2017 field report tracking was expanded to all Missouri law enforcement, regardless of if they received training through MORE or MO-HOPE, to create a State Central Repository for Opioid Overdose and Naloxone Administration Data (support from DMH, DHSS, and DPS). However, the uptake has been slow.

Currently, Overdose Field Reports reflect fatal and non-fatal overdose events responded to by agencies trained through one of the grant mechanisms, rather than a statewide tracking system.

*Narcan administration column (N=228) is subset of all reports submitted by MORE trained agencies and includes those in which naloxone, provided through the MORE project, was administered to an individual experiencing an overdose.

**Use of multiple substances can be reported per event.

Event characteristics (e.g., substance involved) is not a definitive examination of the substance or substances involved in the overdose event. These substances are reported by the first responders who may use clues on the scene of the overdose event or may ask the individual or other individuals on scene about the substances involved.

Note: Data reflect information collected from the Overdose Field Reporting System from (4/1/2018 – 1/31/2020) by individuals and agencies who received naloxone through the MORE project.

Key Differences between MO-HOPE and MORE

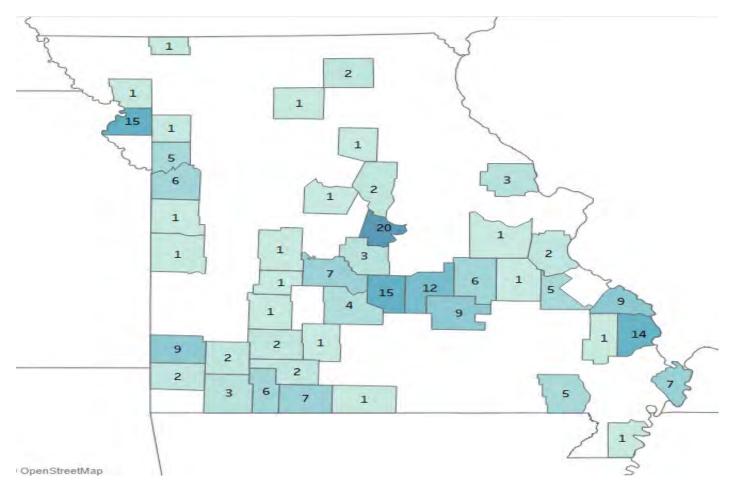
Overall, there were more similarities than differences in the demographic and event characteristics of overdose events.

- Field reports among MORE first responders included a higher proportion of White and female individuals relative to field reports among MO-HOPE first responders.
- Overdose events reported by MORE agencies were more likely to occur at a home residence and less likely to occur in a
 public place relative to overdose events reported by MO-HOPE agencies.



Patterns in Overdose Responses and Naloxone Administrations

Reported Naloxone Administrations by County: April 2018-January 2020



Note: Field reports within each month are a cumulative total.

Key Findings

When analyzing naloxone administration data reported by MORE trained agencies on the ODFR between August 2018 to January 2020, we identified the following trends:

- Overdose events are highest among the 25-44 age group, representing 64% of all overdose events reported in the field report by MORE-trained first responders. Additionally, overdose events among this age group are increasing more rapidly over time relative to other age groups.
- Overdose events are primarily taking place at a home/residence, representing 72% of all overdose events reported by MORE-trained first responders in the field report. This trend has remained consistent over time.
- Trends in reported substances involved have remained relatively consistent over time, with heroin being the most frequently reported substance.



Training Outcomes

Table 5. Overdose Event and Naloxone Administration Tracking

	In–Person Frequency	In-Person Percent	Online Frequency	Online Percent
 Confident administering naloxone in the event of an overdose 	1091	97.4	729	98.4
 Learned new information or skills as a result of the training 	1042	93	708	95.5
 How important do you think naloxone is in overall opioid overdose prevention work? 	903	94.9	617	97.2
a Hayyta magaadta an amiaid ayanda aa?	002	02.0	C22	00.4
How to respond to an opioid overdose?Resources for people who overdose	893 863	93.8 92.6	632	99.4 95.4
 How to recognize the signs of an opioid overdose? 	893	93.8	634	99.7
Opioid overdose risk factors	885	93	629	98.9
I can overdose from touching fentanyl.	43	20.6	236	36.2
 I can overdose from inhaling trace amounts o fentanyl at a scene where fentanyl is present. 	2(1	38.5	217	33.3
Legislation Related to Overdose Responses				
 Do you support programs in which first responders actively connect people who have overdosed to treatment? 	e 182	89.7	N/A	N/A
 Do you support the use of diversion programs for those with non-violent, drug-related charges instead of incarceration? 	168	82.8	N/A	N/A
 Do you support the Good Samaritan Legislation that provides legal protections for minor drug and alcohol violations to individuals experiencing or seeking help for a medical emergency, such as an overdose? 	162	79.8	N/A	N/A



Training Outcomes

Summary

The results indicate that both in-person and online training participants understand how to recognize an overdose, how to respond to an overdose, overdose risk factors, and how to provide resources to people who overdose.

Participants largely reported high-levels of confidence in their ability to recognize an opioid overdose and administer naloxone following the in-person training. All of the online survey participants reported high-levels of confidence in their ability to recognize an opioid overdose and administer naloxone following the training.

A large majority of survey participants reported learning new information and/or skills and feel that naloxone is an important tool in addressing the overdose crisis for both the in-person and online training.

Although addressed in both trainings, several participants still endorsed myths about fentanyl. While the implementation of the online survey is new, we have noticed approximately 36% of the online training participants still believe they can overdose from touching fentanyl compared to approximately 21% of the in-person training participants. Our research team will continue to closely monitor the results and reeducate our training participants if necessary.

A majority first responders who participated in our in-person training are receptive to the legislations related to overdose responses.

For the in-person training, analyses included only responses from individuals who completed post-evaluation assessments (March 2018 through January 31, 2020). For the online training, analyses included only responses from individuals who completed post-evaluation assessments (July 2, 2019 through January 31, 2020).

NOTE: Questions related to myths about fentanyl and overdose response related legislation were added to the evaluation assessments in year two of the MORE project. The low numbers of responses to these questions reflect the limited time of data collection (not missing data). Also, in year three of the MORE project an online training was implemented to increase our training capacity.



Post Card Data Collection







We're hoping to learn more about how people use naloxone (also known as Narcan) in Missouri. This work is being done by the Missouri Department of Health and Senior Services and the University of Missouri St.

Louis - Missouri Institute of Mental Health.

This information will be used to get continued funding for Narcan. If you don't fill out this postcard, you can still get Narcan.

What to do with this postcard: If you choose to complete this postcard, please answer the questions on the back of this card. Your answers are anonymous. Do not write your name, a return address, or any other personal information on this. Return this card to any USPS mailbox. Postage is already paid. If you have any questions, email Alex. Duello@mimh.edu.

If you witness a	n overdose please report it through
our	anonymous report at:

mohopeproject.org/odreport

Alex Duello
JMSL – Missouri Institute of Mental Healt
1633 World Parkway Circle
t. Louis MO, 63134

What is your current age?	what is your nearth insurance status? (Circle answer)					
Are you of Hispanic origin?	Private	Med	dicaid	Uninsured	Other	Unknown
□ Yes	Who is this naloxone for? (Circle all answers that apply)					
				Friend		
□ No						
What is your race? (select all that apply)	nat is your race? (select all that apply) Have you used naloxone					
☐ White	☐ Yes ☐ No					
☐ Black or African American	If Yes	s, where	did you ol	otain it?		
☐ American Indian or Alaska Native						
☐ Asian	5 - A - D - D - D - D - D - D - D - D - D		yone who	hasoverdo	sed?	
☐ Native Hawaiian or Pacific Islander	□ Ye	es 🗖 No				
☐ Other (specify)	Do you	knowan	one who	hasdied fro	man opioid o	verdose?
- other (specify	☐ Yes ☐ No					
How would you describe your gender?	About how many overdoses have you witnessed? (Circle answer)					
☐ Man	0	1	2	3	4 5+	•
☐ Woman	Ü	-	-		- 31	
□ Transgender man	When is the last time you witnessed an overdose? Within the past month Within the past 12 mont					
□ Transgender woman					st 12 months	
□ Gender nonconforming	☐ Within the past 6 months ☐ More than a year ago					
☐ Other (specify)						
	At the last overdoses cene you witnessed, did someone call 911?					
In what county in Missouri do you live?	☐ Yes ☐ No					
	If No.	, why wa	s 911 not	called?		
What is your zip code of residence?	Are you aware of any treatment, recovery, or harm reduction					
Tries a jour tip tout of residence:	servicesnear you?					
		es 🗆 No				

