Eastern Missouri Teens "Speak Hard" in Jefferson City

On March 8, more than 350 Missouri high school students, including 48 from our own eastern region, gathered at the State Capitol in Jefferson City for the 13th annual Speak Hard Youth Conference.

This teen leadership program is sponsored by ACT Missouri, a statewide non-profit organization that promotes healthy, drug-free communities by compiling data on drug and alcohol trends, advocating for strong public policies, and partnering with state, regional, and local organizations, including NCADA.



Speak Hard 2017 attendees pose on the steps of the Capitol.

Speak Hard gives teen leaders an extraordinary opportunity to learn about substance use prevention issues, network with peers from every part of the state, and most important, meet with their elected representatives to advocate for specific substance prevention issues that affect them, their schools, and their communities.

Bianca, an 11th grade student from Riverview Gardens High School in St. Louis, summarized the experience of many of our students: "The trip really showed me the importance of understanding the government and how it works. We learned things about the real world and got many words of wisdom. The positivity made me feel comfortable and free to be myself and make mistakes without

being judged. There were many laughs, but also lots of work. I was truly blessed to be a part of something that makes a difference in my community."

"People always wonder how the conference got such an intriguing name," adds Lori Krueger, an NCADA Commu-

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Substance Use Assessments

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nity Strategist, who organizes the trip each year. "As we prepare the students for their experience, we stress that because they have about 15 minutes with each legislator, they have to 'speak up, speak out, speak hard.' These are tough issues. They need to be prepared to field questions with facts and data, but also to communicate why the issue is important to them, as a teen, as a student, as a community member. It really focuses them on getting to the essence of their message – which is such great training for them as students, as future workers, and in life!"

NCADA thanks ACT Missouri for its annual grant support, which has helped us bring our own teen leaders to Speak Hard for the past 10 years. Think of it: a decade's worth of young leaders, excited to realize how they can make a difference when their voices are heard – and who go on to become engaged adult citizens and advocates for substance use prevention.

NCADA Golf Tournament

AUGUST 7 • THE COUNTRY CLUB OF ST. ALBANS

Sponsorships and foursomes are still available, but limited. Reserve your spot today. Register online at ncada-stl.org/golf, or call Angie Yarbrough at (314) 962-3456. See you on the course!



DIRECTOR'S Lessons from Flint

In April 2013. the city of Flint. Michigan switched its water supply

from Detroit's Water and Sewerage Department which drew from Lake Huron—to a local treatment plant that took water from the Flint River. The switch

was made as a cost-saving measure for the struggling city. Almost immediately, residents began to complain about the water's color, taste and odor. As it turned out, these would be the least of their worries.

C ecause water from the Flint River Dhad high levels of bacteria, it was treated with additional chlorine. Chlorine reacts with organic material in the water to produce carcinogenic byproducts such as trihalomethanes; it also makes water more acidic, which

corrodes pipes. Federal law mandates

Howard

adding anti-corrosive agents to drinking water in large cities; but officials in Flint did not bother to follow the law.

Three years after switching sources, residents were told not to drink the water

the Flint River, its drinking water spiked in bacteria and trihalomethanes. Legionnaires' disease appeared and caused at least 10 deaths. And worst of all: the acidic water corroded Flint's old lead pipes, allowing lead to seep into the drinking water. Prolonged exposure to lead causes a range of incurable developmental problems; it is devastating to children.

After the city began drawing from

Nearly three years after switching water sources, the Genesee County Health Department issued a public health emergency, and residents were told not to drink the water. By that time the damage to Flint's children was widespread and irreparable.

Most public health emergencies are caused by terrorism, natural disasters or infectious diseases. Earthquakes, floods and hurricanes mobilize the Red Cross and the WHO. So do outbreaks of Zika, Ebola, Lassa or yellow fever, cholera, or tuberculosis. When a public health emergency is declared, the response is proportionate to the threat. Tens—sometimes hundreds—of millions of dollars are directed to the problem. But more than money, human capital is expended on a military scale to beat back the problem. Healthcare workers are flown into the affected area, and they remain—often at great personal risk—until the war is won. Or at least until the crisis has passed.

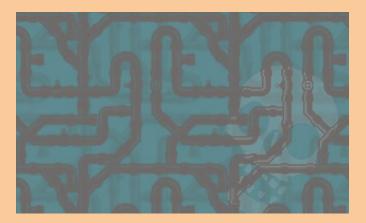
But the public health emergency in Flint was different. It was entirely preventable, and it was caused and exac-

erbated by misinformation and mismanagement. When the evidence for the crisis finally became inescapable, the response was slow, tepid and wholly inadequate.

\ / /hat happened in Flint is, in many ways, analogous V to the public health emergency that is this country's opioid epidemic. Like the water crisis in Michigan, our problem with opioids was also caused by misinformation and mismanagement. Greed and malfeasance seemed to drive companies like Purdue Pharma to intentionally mislead healthcare professionals about the safety of their drugs. OxyContin was advertised as non-addictive, and misprescribed for chronic conditions that too often led to dependence, diversion, and death. Drug cartels smuggling huge quantities of cheap, pure heroin into the country didn't help, and today, 22 years after OxyContin was introduced to the American pharmacopeia, we are awash in opioids and people are dying in record-high numbers.

As it was in Flint, the response to the opioid crisis has again been tepid and wholly inadequate. There's no sign of "Doctors Without Borders" or C-5 cargo planes bringing supplies to stem the tide of addiction and destruction. There are no tent cities of field hospitals and 9 out of every 10 people in need of treatment for a substance use disorder don't receive it. There's too little help for too many in need, and for those without the money to pay for treatment, long waiting lists create a formidable—and often terminal—obstacle.

It is a perverse irony that it is much easier to obtain heroin than one of the three medicines approved for



use in treating heroin addiction. Doctors may prescribe OxyContin or other opioids to an unlimited number of patients, but there are strict controls over how many can be offered buprenorphine, a drug that is shown to be an effective adjunct for the treatment of opioid addiction.

he federal government recently made additional funding available, and 12 states (including Missouri) won multi-million dollar grants to prevent opioid overdoses, largely by making naloxone, the opioid overdose reversal drug, more available. This is necessary but insufficient. It is analogous to combating a massive invasion of killer bees by providing Epi-Pens to those in their path.

So more federal money is being released, and Missouri will get some of that too. In fact, nationally, \$1 billion has been earmarked for dealing with the opioid crisis (mostly for treatment). Sounds like a lot until you consider that we spend \$27.5 billion on HIV-AIDS every year.

There are no easy answers to the opioid crisis. But we can't address this public health emergency with underfunded, halfhearted, incomplete measures. As a region and as a country, we have to mount a vigorous response. We have to wage war. And not a "war

on drugs," but a war on addiction, and a war to provide kids healthier responses to dealing We really can with the pain that life sometimes dishes out. inoculate There is no Jonas Salk for opioid use disorder and we don't have the money or the scientific child with

every

resiliency

skills and

protective

factors

knowledge to inoculate every child with an anti-addiction vaccine. But we really can inoculate all school children with resiliency skills and protective factors to help insulate them from the risk factors they'll face as teens.

NCADA is the region's largest provider of this kind of programming. Last year we delivered it to 77,000 students (grades K-12) in 280 schools. And it still isn't enough because we

cannot serve all kids in all grades in all schools. To beat back this epidemic and ensure that the next one won't take root we need to do more. In the St. Louis area, with as little as \$3 million in additional annual funding, we could inoculate all kids by implementing a comprehensive, region-wide prevention strategy.

Three million dollars. Three million dollars. That's .0009 of Purdue Pharma's annual revenue, or a minuscule .0001 of the Missouri state budget. To deprive the community of this ridiculously effective prevention programming is the epitome of being penny wise and pound foolish.

Today, in Flint, Michigan, the water is clean, but the corroded lead pipes make it still unsafe to drink. Until the entire municipal water infrastructure is replaced, it will continue to leach poison into Flint's children.

ere in St. Louis, we need not tear up the streets nor break the bank to make this a healthier community full of kids who are less likely to appear in court rooms or jail cells, emergency rooms or, most tragically, caskets. We can transform our prevention infrastructure with a small but sustained investment.

We can eradicate this public health emergency. But the time to act is now, and the size of the response must match the size of the threat. TD.

hweissman@ncada-stl.org



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CALENDAR OF EVENTS

For event information and registration visit ncada-stl.org, or contact Jeanne Cordingley at jcordingley@ncada-stl.org, or (314) 962-3456 x304 (unless otherwise noted in the event listing).

FOR PROFESSIONALS

June 21: Ethics – A Matter of Perspective

8:30 a.m. - 12:00 p.m., NCADA, 9355 Olive Blvd. \$30 (3 contact hours) In an ethical dilemma, you may understand what needs to be done, but be unsure about the right approach. How can you determine what is best?

July 28: Youth Mental Health First Aid

A vouna person vou know could be experiencina a mental health crisis. Learn an action plan to help. Available to anyone 18 or older. 8:30 a.m. - 5:00 p.m., NCADA, 9355 Olive Blvd.

Registration is free. Lunch is provided. (CEUs available on request)

August 25: Youth Mental Health First Aid

8:30 a.m. - 5:00 p.m., NCADA, Franklin County 3033 Highway A, Suite 102, Washington, MO 63090 (636) 239-7652

Registration is free. Lunch is provided. (CEUs available on request)

September 1: Ethics – Right Way? Wrong Way?

8:30 a.m. - 3:30 p.m., NCADA, 9355 Olive Blvd. \$50 (6 contact hours) How can codes of ethics help professionals develop decisionmaking processes? *Right Way? Wrong Way?* offers pointers on building a framework for resolving ethical dilemmas.

September 14: Youth Mental Health First Aid

8:30 a.m. - 5:00 p.m., NCADA, 9355 Olive Blvd. Registration is free. Lunch is provided. (CEUs available on request)

FOR STUDENTS

September 7: Red Ribbon Training – St. Louis County 8:15 a.m. – 1:15 p.m. United Hebrew Congregation, 3788 Conway Rd., 63141

The first of three youth leadership trainings in substance use awareness for 6th, 7th and 8th graders. The trainings are free but

require registration. For more information and to register, visit ncada-stl.org/redribbon.

September 12: Red Ribbon Training – Jefferson County 8:15 a.m. – 1:15 p.m., Faith Community Church, 4824 Scottsdale Rd., House Springs, 63051

September 19: Red Ribbon Training – Warren County 8:15 a.m. - 1:15 p.m. Faith Christian Family Church, 17350 E. Veterans Memorial Pkwy., Truesdale, 63383

FOR EVERYONE

August 7: Golf Tournament

9:00 a.m.-6:00 p.m. The Country Club of St. Albans,101 St. Albans Rd.

NCADA's premiere fundraising event! Have fun as you support NCADA programs. Space is limited so register early. Visit ncadastl.org/golf or contact Angie Yarbrough at (314) 962-3456 x352.

Coalition On Addictions schedule, p. 6

PLC 2017

Expedition Prevention – it's the journey...and the goal!

On Friday, Nov. 3 and Saturday, Nov. 4 at the Holiday Inn – St. Louis, more than 200 middle and high school teens will gather for the 27th annual Prevention Leadership Conference.

These 7-12 grade students, representing schools and organizations throughout the St. Louis area and surrounding counties, will network with peers, learn from national experts in the drug prevention field,



and get motivated to make a difference in their communities.

By providing the inspiration – and the practical tools – to launch community and individual substance use prevention efforts, PLC will show students that the true power of prevention resides inside the hearts, hands, and minds of youth!

PLC2017 is a journey not to be missed! For more information and to register, visit plcstl.org. 📼

LEGISLATIVE UPDATE – Brandon Costerison Two wins and a sickening defeat

After a decade working in politics, I understand how easy it is to feel jaded, discouraged, and sometimes outright angry toward the whole system. On Friday, May 12 at 6 p.m., the 99th Missouri General Assembly wrapped up its first session, and Missouri remains the only state in the nation without a statewide prescription drug monitoring program, much to the frustration of doctors, pharmacists, nurses, law enforcement, public health professionals—and NCADA.

However, due to the efforts of innumerable advocates from across the state and bold, committed legislators, we did see progress related to other substance use policies.

First, we saw the passage of **SB139**, sponsored by Sen. David Sater, a pharmacist from southwest Missouri.

SB139 creates the "RX Cares for Missouri Program" which allows the Missouri Board of Pharmacy, in conjunction with the Department of Health and Senior Services, to fund "programs or education to promote medication safety or to suppress or prevent prescription drug abuse, misuse, and diversion..."

This investment in prevention is tremendously important, and shows the state's dedication to addressing opioid use before it even starts.

SB501, also sponsored by Sen. Sater, contains several life-saving initiatives.

SB501 contains a statewide Good Samaritan statute. With language originally proposed by Rep. Steve Lynch, **SB501** assures that people who call 911 in a medical emergency will not be arrested, charged, prosecuted, convicted, or have their property subject to civil asset forfeiture.

These provisions are designed to make it more likely that people who have a drug or alcohol poisoning will get the medical treatment that they need, and not be abandoned by others due to fear of prosecution.

SB501 also allows the Department of Health and Senior Services to issue **a statewide standing order** for pharmacies to dispense naloxone, an opioid overdose reversal medication.

Many smaller pharmacies are having difficulty acquiring a standing order to sell directly to customers. The language in this bill allows pharmacies to circumvent an unnecessary barrier to this life-saving medication.

A third provision of **SB501**, originally sponsored by Rep. Cora Faith Walker, allows participants in treatment courts, veterans courts, and family courts to engage in medication assisted treatment.

Current law allows courts to prohibit the use of medication as a term of compliance, even though medication assisted treatment has been shown to have far higher rates of maintained recovery.

And finally, **SB501** includes language that allows the Missouri Board of Pharmacy to provide funds to assist with drug take back programs.

This is a tremendous tool in reducing the number of opioids available for diversion and misuse. Drug take back programs are recognized as effective, but funding hurdles prevent many pharmacies and other entities from participating.

These two bills represent a fundamental shift in

the way communities understand and address the heroin and opioid epidemic, and we are thankful to the Missouri General Assembly for tackling these issues head on.

We also thank all the advocates who went to Jefferson City or contacted their legislators on these important issues. Please continue your advocacy efforts and encourage Gov. Greitens to sign both of these bills into law. Together, we can save lives. 📼



NCADA volunteers flank the agency's RAM truck in the 2016 PrideFest parade.

PRIDEFEST ST. LOUIS is a lively, colorful celebration of the St. Louis LGBTQIA+ population. But the event isn't just about a parade—it's about fostering an understanding of and equality for the community. So why will NCADA, once again, be driving our (well-branded) truck down Market Street during the Pride parade?

While the general population sees a substance use rate of around 9%, the rate for the LGBTQIA+ population is in the range of 20-30%. Why the disparity? The answer is complex, but we do know that the

WHY NCADA IS "THE PLACE TO TURN"

Substance Use Assessments and Referrals

For many of us, it takes time to recognize that people we love - or even we ourselves – may be misusing alcohol or other drugs. But when that recognition finally hits, it hits hard, usually including fear and uncertainty about what to do next.

Last year, more than 1,500 people in this predicament turned to NCADA. Nearly 1,000 of them utilized our "Ask A Counselor" service, available by telephone or through our website. This confidential helpline provides brief counseling and practical information to help callers handle a specific situation, or decide whether they need to seek professional assistance.

Another 500 people, both adults and adolescents, sought out face-to-face substance use assessments with our counselors, either in our offices on Olive Blvd. or through our satellite locations in Franklin County, St. Louis Public Schools, or in the NCADA mobile counseling office in Jefferson County.

These 90-minute sessions use evidence-based assessment tools and motivational interviewing techniques to determine symptoms of dependence or addiction. If treatment is indicated, we make a determination about the level of care required and encourage the client to follow through. Counselors identify co-occurring disorders (that is, mental health problems that complicate or exacerbate the substance issue) and work to make a warm handoff to the most appropriate provider. When making a referral, counselors are able to consider a client's family history, geographic and financial constraints, and past treatment experiences.

risk of substance use is higher because of factors like discrimination, prejudice, and a culture of inequality. Members of a marginalized group may suffer from minority stress. This can be particularly hard on youth – many of whom are shunned by their families and lack positive support networks.

Some members of the LGBTQIA+ community may hesitate to seek treatment for substance use because of prior negative experiences associated with coming out. They may not feel comfortable being "out" with a counselor or provider, or speaking openly about their life. To address the unique needs of this community, NCADA will be promoting our supportive, caring, and inclusive services at PrideFest 2017.

NCADA will be staffing an informational booth throughout the festival. PrideFest 2017 will be held June 23–25 at Soldiers Memorial Park. If you're interested in volunteering at the booth or joining us in the parade, please contact Sarah Roberts at sroberts@ncada-stl.org or call (314) 962-3456 x372. 🎞

NCADA offers unbiased referrals, unwedded to any specific provider or treatment modality. Thanks to United Way funding, and charitable gifts, we can offer these assessments free-of-charge to adolescents, and for a modest \$25 fee to adults.

If life were simple, that would be "end of story." But the real story is that substance use disorder is a brain disease, and a fierce, unrelenting one. People with this disorder often don't resolve their problems on the first try. And so we are here for them, and for those who love them, without judgment and with enduring hope. We are and always will be "the place to turn." 📼

314-962-3456 or ncada-stl.org/find-help

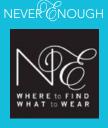
ONE WOMAN'S EXPERIENCE (2016)

Was devastated that my daughter was continuing to use heroin. I called NCADA and made an appointment with your counselor. My daughter fell *in love with her* – *she listened and cared. And she provided a place to turn and* referred her to a place for help to get her life back on track.

finally get the help I needed to take care of me. For the first time, I felt like there was hope. I learned how addiction works, how I was enabling my daughter's behavior, how the heroin epidemic is ravaging our community, and how I could get empowered to fight this terrible disease. God bless NCADA."



A big thank you to everyone who donated to NCADA on Give STLDay, and/or participated in our Never Enough shopping event on May 11th! You have made a difference in the lives of the people we serve. With your support, we remain the place to turn for resources and information on drugs and alcohol, and our region's foremost prevention education agency.



STAFF SPOTLIGHT

Debra Cavitt Those who wish to sing, always find a song

NCADA's Prevention Educators have many tricks up their sleeves when it comes to interacting with students, but you'll find Debra Cavitt quite literally

singing to her own tune. Whether she's asking 1st graders to take their seats with a cheerful jingle, or opening an Ethics training to a room full of adults with a soothing melody, her signature songs capture audiences of any age.

"I wish I could sing," laughs Deb. "I like to catch them with a tune." Growing up, music was in her family. Her great-grandfather played the fiddle, and the radio

was always on to fill the house with music. Now, Deb's daughters play the flute and guitar.

But singing isn't just something Debra does to capture the attention and focus of her classroom—it's part of her educational philosophy. Deb was enjoying her 33rd year as a teacher in the University City school district when she was actually approached by NCADA's Director of Prevention Education Nichole Dawsey. "Back then, I was a Prevention Educator. I was teaching Protecting You, Protecting Me in Ms. Debra's classroom and, for those 8 weeks, she was the highlight of my day," says Nichole. "Her positivity was infectious. And the songs she sang kept her students at rapt attention. I knew she NEEDED to join our team!" Debra joined NCADA in 2012, and has since been an exceptional member of the team in delivering our prevention education programs to elementary schools.

Having spent most of her career working with 1st graders, she has a great deal of experience and a special affection for this age group. These students are on the cusp of discovering their own individuality, and like a mother songbird, Deb gently nudges them forward with lessons like *I Am Special* and *Porcupine and* Teddy Bear Words.

On how her work at NCADA differs from her work in schools, Debra finds it exciting to engage with a variety of young people the students she works with now are from different places and spectrums, instead of one stationary classroom group. Deb explains, "Being at NCADA allows me to continue to do the thing I love, but with focused and specific purpose. NCADA's lessons support and sustain the culture that elementary schools are trying to build."

In an orchestra, every instrument matters. But it is employees like Debra that give NCADA a sweeter harmony, and we're incredibly grateful for her wisdom and passion.

When asked what the future holds for her, Debra replied, "As long as I'm alive and on this path, I want to be in service with love, laughter, and light." To meet Ms. Debra – or to hear her singing in the halls – is to know she's doing exactly that. 📼



St. Louis Coalition on Addictions

UPCOMING PRESENTATIONS

July 12 – Spring Schmidt An In-depth Look at STL County's PDMP

Aug. 9 – David Patterson Does Race Matter in Substance Use Disorder **Treatment Services?**

Sept. 13 – Mary Davis St. Louis County Alternative Courts

Oct. 11 – Sean Marz Trauma and Addiction

Nov. 8 – multiple presenters New Resources and Programs

Dec. 13 – NCADA Overdose Education & Naloxone Distribution in a Clinical Setting

The Coalition on Addictions (COA) meets the second Wednesday of each month from 11:30 – 1:00 at NCADA, 9355 Olive Blvd. in Olivette. No RSVP is required. Lunch is provided free of charge; a CEU for one contact hour is \$5.00. COA is a service of NCADA and the Community Academic Partnership on Addictions (CAPA). CAPA is an affiliate organization of Brown School at Washington University in St. Louis.

Tributes & **Contributions**

February 2017 – April 2017

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Howard

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Eric Mink and

Karen Weidert

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IN-KIND

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