

BILL NUMBER: HB 1174				DATE: 3/30/2021
COMMITTEE: Emerging Issues				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: ANGELA QUICK			PHONE NUME 636-391-8	
BUSINESS/ORGANIZATIO MISSION GATE	N NAME:		TITLE: CASE MA	NAGER
ADDRESS: PO BOX 6644				
CITY: CHESTERFIELD			STATE: MO	ZIP: 63006
EMAIL:		ATTENDANCE:	SUBMIT I 3/30/20	DATE: 021 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: BOBBI JO REED			PHONE NUMB 913-706-2	
BUSINESS/ORGANIZATION HEALING HOUSE	ON NAME:		TITLE: FOUNDER	R/DIRECTOR
ADDRESS: 4505 ST. JOHN AV	/ENUE			
CITY: KANSAS CITY			STATE: MO	ZIP: 64123
EMAIL:		ATTENDANCE:	SUBMIT I 3/30/20	DATE: 021 12:00 AM
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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: DAVID STOECKER	2		PHONE NUME 417-268-7	
BUSINESS/ORGANIZATIO BETTER LIFE IN R COMMUNITY CENT	ECOVERY/SPRINGFIE	LD RECOVERY	EXECUTIVE:	/E DIRECTOR
ADDRESS: 1925 EAST BENNE	T, SUITE J			
CITY: SPRINGFIELD			STATE: MO	ZIP: 65804
EMAIL:		ATTENDANCE:	SUBMIT 0 3/30/20	DATE: 121 12:00 AM
THE INFORMAT	TION ON THIS EOP	M IS DUBLIC DECOR	D LINDED CHA	DTED 610 PSMo



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	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: GREGORY DEAN SMITH		PHONE NUMBI 816-832-75	
REPRESENTING: MISSOURI COALITION OF RECOVERY SU	JPPORT PROVIDERS	TITLE:	
ADDRESS: 1305 SOUTHWEST BOULEVARD, SUITE D)		
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT D. 3/30/202	ATE: 21 12:00 AM
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BILL NUMBER: HB 1174				DAT 3/3	re: 80/2021
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR I	NFORMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: JANE PFEFFERKO	DRN		PHO	ONE NUMBER:	
BUSINESS/ORGANIZATIO	N NAME:		TITI	_E:	
ADDRESS:					
CITY:			STA	ATE:	ZIP:
EMAIL: missionmissouri1j	@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/30/2021 8	:00 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am the Executive Director of Mission Missouri located in Sikeston. I serve in the MCRSP Board, the Missouri Credentialing Board and the. Missouri Mental Health Foundation as well as the board for the Southeast Missouri Recovery Alliance. My family has been in long term recovery for 33 years. Recovery is our life. God opened this pathway in life and we are dedicated to building a safety net if recovery support services for others including families. This bill will encourage the support necessary for providers to continue to build the networks for life change. This ultimately also build the workforce when strong healthy workers are available and ready to work. We support and develop people in recovery to become peers helping others to achieve long term success in all areas of life. HB1174 is a pathway to wellness for the individual, the family and the community.



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		WITNESS NAME		
BUSINESS/ORGA	ANIZATION:			
WITNESS NAME: JESSE R. IBARRA	IV		PHONE NUME 913-633-69	
BUSINESS/ORGANIZATION HEALING HOUSE,			TITLE: CERTIFIEI	D PEER SPECIALIST
ADDRESS: 4505 ST. JOHN AVI	ENUE			
CITY: KANSAS CITY			STATE: MO	ZIP: 64123
EMAIL:		ATTENDANCE:	SUBMIT D 3/30/20	DATE: 21 12:00 AM
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		MATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: LACY ROBISON			PHONE NUM 573-380- 4	
BUSINESS/ORGANIZATION LIFE CONTINUES			TITLE: CERTIFIE	ED PEER SPECIALIST
ADDRESS: 1118 PERSIMMON	I PLACE			
CITY: SIKESTON			STATE: MO	ZIP: 63801
EMAIL: lacy@lifecontinue	srecovery.com	ATTENDANCE: Written	SUBMIT 3/30/2	DATE: 021 3:01 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Recovery support Providers, Housing and recovery support services primarily only receive 1.8% of Department Of mental health budget for Substance Use Disorder ifoe primarily non-for profit and faith by provider whom depend mostly on additional donations to sustain higher quality of care we need to HB 1174 tax incentive in order to encourage donors to donate more to help meet the need as we are currently only meeting 18% (7000) of people needing recovery support services leaving an estimated 37,000 people still in need and that is only in Southeast Missouri.



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	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: MARSHA HAWKINS-HOURD		PHONE NUMBE 314-802-26	
BUSINESS/ORGANIZATION NAME: CHILD AND FAMILY EMPOWERMENT CE	ENTER	TITLE: EXECUTIV	E DIRECTOR
ADDRESS: 800 NORTH TUCKER BOULEVARD			
CITY: ST. LOUIS		STATE: MO	ZIP: 63101
EMAIL:	ATTENDANCE:	SUBMIT DA 3/30/202	ATE: 21 12:00 AM
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	WITNESS NAME			
BUSINESS/ORGANIZATION:				
WITNESS NAME: MICHAEL ROGERS		PHONE NUMBE 417-869-07		
BUSINESS/ORGANIZATION NAME: HIGHER GROUND RECOVERY CE	NTER	TITLE: EXECUTIV	E DIRECTOR	
ADDRESS: 2032 EAST KEARNEY, SUITE 214				
CITY: SPRINGFIELD		STATE: MO	ZIP: 65803	
EMAIL:	ATTENDANCE:	SUBMIT DA 3/30/202	ATE: 21 12:00 AM	
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	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: ROBERT D MILLER		PHONE NUMBE 323-854-85	
BUSINESS/ORGANIZATION NAME: LIFE CONTINUES, LLC		TITLE: VP OPERA	TIONS
ADDRESS: 6311 E. LONE MOUNTAIN RD			
CITY: CAVE CREEK		STATE: AZ	ZIP: 85331
EMAIL: rob@innovativetreatmentsolutions.com	ATTENDANCE: Written	SUBMIT DA 3/30/202	ATE: 21 12:26 PM
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People are hurting, now more than ever. They need recovery support. This bill will make that happen.



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ROBYN PASCALE			PHONE NUM	MBER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT 3/30/2	DATE: 2021 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

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TESTIFYING : ✓IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMATI	ONAL PURPOSES
	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: RONNIE SELLS		PHONE NUMBER: 480-334-1949	
BUSINESS/ORGANIZATION NAME: LIFE CONTINUES RECOVERY, LLC, MISSI	ON MISSOUR	TITLE: CEO	
ADDRESS: 412 W 5TH ST			
CITY: PORTAGEVILLE		STATE: MO	ZIP: 63873
EMAIL: ronnie@innovativetreatmentsolutions.c om	ATTENDANCE: Written	SUBMIT DATE 3/30/2021	

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Recovery Support Services, housing and recovery services, only receive 1.8% of the DMH budget for SUD and mental health services. Primarily non-for-profit and faith based providers who depend on additional donations to sustain a higher quality of care. We need this tax credit to appeal to our donors as an incentive. Thank you for any consideration.



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WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: PHONE NUM RYAN PASCALE			PHONE NUMB	BER:		
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:			·			
CITY:			STATE:	ZIP:		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/30/2021 12:00 AM			
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		WITNESS NAME				
BUSINESS/ORGANIZATION:						
WITNESS NAME: STEPHEN HUNT			PHONE NUME 636-391-8			
BUSINESS/ORGANIZATION NAME: MISSION GATE		TITLE: PROGRAM DIRECTOR				
ADDRESS: PO BOX 6644						
CITY: CHESTERFIELD			STATE: MO	ZIP: 63006		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/30/2021 12:00 AM			
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		WITNESS NAME					
INDIVIDUAL:							
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT				PHONE NUMBER:			
BUSINESS/ORGANIZATION NAME:			TITLI	TITLE:			
ADDRESS:							
CITY:			STAT	ΓE:	ZIP:		
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 3/30/2021 1:04 AM			
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I am Opposed to this Bill. I am tired of all the giveaways for Special-Interest Groups tearing away and destroying our State Budget that is to go to pay for essential and needed State Services.