JOURNAL OF THE HOUSE

Second Regular Session, 103rd General Assembly

TWENTIETH DAY, THURSDAY, FEBRUARY 12, 2026

The House met pursuant to adjournment.

Speaker Patterson in the Chair.

Prayer by Reverend Monsignor Robert A. Kurwicki, Chaplain.

Our sufficiency is from God. (II Corinthians 3:5)

Eternal Lord of our hearts, whose grace makes us sufficient for every task and whose strength holds us steady as we live through troubled moments, speak Your words to us this day and make Your will known that we may now and always walk along the paths of righteousness, justice, and love in the People's House.

Powerfully unite us that we may continue to seek the release of captives of distrust, give light to those who sit in darkness of hatred, bridge the gulf which separates our people, and support every endeavor which creates and maintains understanding and good will in the life of our beloved Missouri on this St. Valentine's weekend.

And the House says, "Amen!"

The Pledge of Allegiance to the flag was recited.

The Journal of the nineteenth day was approved as printed by the following vote:

AYES: 119

Amato	Anderson	Aune	Banderman	Barnes
Billington	Black	Boggs	Boykin	Boyko
Bromley	Brown	Burton	Busick	Butz
Byrnes	Casteel	Caton	Chappell	Christ
Christensen	Clemens	Collins	Davidson	Davis
Diehl	Dolan	Douglas	Durnell	Elliott
Falkner	Farnan	Fogle	Fowler	Fuchs
Gallick	Gragg	Griffith	Hales	Haley
Harbison	Hausman	Hein	Hinman	Hovis
Hruza	Hurlbert	Irwin	Jacobs	Jones 12
Jordan	Justus	Kalberloh	Kelley	Kimble
Knight	Lucas	Mansur	Martin	Mayhew
McGaugh	McGirl	Meirath	Miller	Murphy
Murray	Myers	Nolte	Oehlerking	Overcast
Owen	Parker	Peters	Phelps	Plank
Pollitt	Pouche	Proudie	Reedy	Reuter
Riggs	Riley	Roberts	Rush	Sassmann
Schmidt	Schulte	Seitz	Self	Sharpe 4
Shields	Simmons	Smith 68	Smith 74	Steinhoff
Steinmetz	Steinmeyer	Stinnett	Strickler	Taylor 48

Taylor 84	Terry	Thomas	Thompson	Titus
Van Schoiack	Veit	Violet	Voss	Warwick
Weber	Wellenkamp	West	Williams	Wilson
Wolfin	Young	Zimmermann	Mr. Speaker	

NOES: 000

PRESENT: 003

| Costlow | Dean | Fountain Henderson | | |

ABSENT WITH LEAVE: 036

Allen	Appelbaum	Bosley	Bush	Coleman
Cook	Crossley	Cupps	Deaton	Doll
Ealy	Haden	Hardwick	Hewkin	Ingle
Jamison	Jobe	Johnson	Jones 88	Keathley
Laubinger	Lewis	Loy	Mackey	Matthiesen
Mosley	Perkins	Price	Reed	Sharp 37
Smith 46	Vernetti	Walsh Moore	Whaley	Woods
Wright				

VACANCIES: 005

INTRODUCTION OF HOUSE CONCURRENT RESOLUTIONS

The following House Concurrent Resolutions were read the first time and copies ordered printed:

HCR 45, introduced by Representative Harbison, relating to PILT payments.

HCR 46, introduced by Representative Self, relating to Charlie Kirk day.

HCR 47, introduced by Representative Whaley, relating to the recognition of road crews and utility lineworkers.

INTRODUCTION OF HOUSE JOINT RESOLUTIONS

The following House Joint Resolutions were read the first time and copies ordered printed:

HJR 187, introduced by Representative Overcast, relating to health care professionals.

HJR 188, introduced by Representative Deaton, relating to MO HealthNet.

HJR 189, introduced by Representative Wellenkamp, relating to the creation of a sovereign wealth fund for the state of Missouri.

HJR 190, introduced by Representative Wolfin, relating to the powers of state government.

INTRODUCTION OF HOUSE BILLS

The following House Bills were read the first time and copies ordered printed:

HB 3290, introduced by Representative Plank, relating to public entity contracts.

HB 3291, introduced by Representative Busick, relating to the designation of memorial bridges.

HB 3292, introduced by Representative Costlow, relating to confinement in a motivational boot camp.

HB 3293, introduced by Representative Brown, relating to personal flotation devices, with penalty provisions.

HB 3294, introduced by Representative Mayhew, relating to an income tax subtraction for military income, with a delayed effective date.

HB 3295, introduced by Representative Butz, relating to membership requirements of the clean water commission.

HB 3296, introduced by Representative Simmons, relating to fire protection districts.

HB 3297, introduced by Representative Ealy, relating to affordable housing development, with penalty provisions.

HB 3298, introduced by Representative Overcast, relating to the licensure of physicians.

HB 3299, introduced by Representative Clemens, relating to items issued to members of the general assembly.

HB 3300, introduced by Representative Jobe, relating to licensing for mobile food units.

HB 3301, introduced by Representative Doll, relating to immigration enforcement.

HB 3302, introduced by Representative Rush, relating to the establishment of an animal abuse offender registry.

HB 3303, introduced by Representative Williams, relating to sales and use tax exemptions.

HB 3304, introduced by Representative Justus, relating to the offense of keeping a dangerous dog, with penalty provisions.

SECOND READING OF HOUSE BILLS

The following House Bills were read the second time:

HB 3271, relating to taxation of property.

HB 3272, relating to visitors to county or municipal detention facilities.

HB 3273, relating to professional sports team special license plates.

HB 3274, relating to the provision of state identification cards for at-risk youth.

HB 3275, relating to moneys in school funds, with a delayed effective date.

HB 3276, relating to auto theft prevention.

HB 3277, relating to cities authorized to impose a certain sales tax.

HB 3278, relating to the disclosure of records for the protection of vulnerable adults, with penalty provisions.

HB 3279, relating to the Missouri community service commission.

HB 3280, relating to special license plates for surviving spouses of disabled veterans.

HB 3281, relating to software accountability for education, with penalty provisions.

HB 3282, relating to peer review committees.

HB 3283, relating to public labor organizations.

HB 3284, relating to Crystal Lynn Foundation day.

HB 3285, relating to temporary real estate salesperson licenses.

HB 3286, relating to firearms, with penalty provisions.

HB 3287, relating to the barbecue capital of the state of Missouri.

HB 3288, relating to communication access services.

HB 3289, relating to court operations.

THIRD READING OF HOUSE BILLS

HCS HBs 2033, 1608, 1672 & 1854, relating to gender transition procedures, was taken up by Representative Schmidt.

Representative Reuter raised a point of order that a member was in violation of Rule 84.

The Chair reminded members to keep their comments confined to the question under debate.

Representative Haley assumed the Chair.

Speaker Patterson resumed the Chair.

Representative Riley moved the previous question.

Which motion was adopted by the following vote:

AYES: 102

Allen	Amato	Banderman	Billington	Black
Boggs	Bromley	Brown	Busick	Casteel
Caton	Chappell	Christ	Christensen	Cook
Costlow	Davidson	Davis	Deaton	Diehl
Dolan	Durnell	Elliott	Falkner	Farnan
Fowler	Gallick	Gragg	Griffith	Haden
Haley	Harbison	Hardwick	Hausman	Hewkin
Hinman	Hovis	Hruza	Hurlbert	Irwin
Jones 12	Jones 88	Jordan	Justus	Kalberloh
Keathley	Kelley	Knight	Laubinger	Lewis
Loy	Lucas	Martin	Mayhew	McGaugh
McGirl	Meirath	Miller	Murphy	Myers
Nolte	Oehlerking	Overcast	Owen	Parker
Perkins	Peters	Phelps	Pollitt	Pouche
Reedy	Reuter	Riggs	Riley	Roberts
Sassmann	Schmidt	Schulte	Seitz	Self
Sharpe 4	Shields	Simmons	Steinmeyer	Stinnett
Taylor 48	Thompson	Titus	Van Schoiack	Veit
Vernetti	Violet	Voss	Warwick	Wellenkamp
West	Whaley	Williams	Wilson	Wolfin
Wright	Mr. Speaker			

NOES: 045

Anderson	Appelbaum	Aune	Boykin	Boyko
Burton	Bush	Butz	Clemens	Collins
Crossley	Dean	Doll	Douglas	Ealy
Fogle	Fountain Henderson	Fuchs	Hales	Hein
Ingle	Jacobs	Kimble	Mackey	Mansur
Mosley	Murray	Plank	Proudie	Reed
Rush	Smith 46	Smith 68	Smith 74	Steinhoff
Steinmetz	Strickler	Taylor 84	Terry	Thomas
Walsh Moore	Weber	Woods	Young	Zimmermann

PRESENT: 000

ABSENT WITH LEAVE: 011

Barnes	Bosley	Byrnes	Coleman	Cupps
Jamison	Jobe	Johnson	Matthiesen	Price
Sharp 37				

VACANCIES: 005

On motion of Representative Schmidt, **HCS HBs 2033, 1608, 1672 & 1854** was read the third time and passed by the following vote:

AYES: 102

Allen	Amato	Banderman	Billington	Black
Boggs	Bromley	Brown	Busick	Casteel
Caton	Chappell	Christ	Christensen	Cook
Costlow	Davidson	Davis	Deaton	Diehl
Dolan	Durnell	Elliott	Falkner	Farnan
Fowler	Gallick	Gragg	Griffith	Haden
Haley	Harbison	Hardwick	Hausman	Hewkin
Hinman	Hovis	Hruza	Hurlbert	Irwin
Jones 12	Jones 88	Jordan	Justus	Kalberloh
Keathley	Kelley	Knight	Laubinger	Lewis
Loy	Lucas	Martin	Mayhew	McGaugh
McGirl	Meirath	Miller	Murphy	Myers
Nolte	Oehlerking	Overcast	Owen	Parker
Perkins	Peters	Phelps	Pollitt	Pouche
Reedy	Reuter	Riggs	Riley	Roberts
Sassmann	Schmidt	Schulte	Seitz	Self
Sharpe 4	Shields	Simmons	Steinmeyer	Stinnett
Taylor 48	Thompson	Titus	Van Schoiack	Veit
Vernetti	Violet	Voss	Warwick	Wellenkamp
West	Whaley	Williams	Wilson	Wolfin
Wright	Mr. Speaker			

NOES: 040

Anderson	Appelbaum	Aune	Boyko	Burton
Bush	Butz	Clemens	Collins	Crossley
Dean	Doll	Douglas	Ealy	Fogle
Fuchs	Hales	Hein	Ingle	Jacobs
Kimble	Mackey	Mansur	Murray	Plank
Proudie	Reed	Smith 46	Smith 74	Steinhoff
Steinmetz	Strickler	Taylor 84	Terry	Thomas
Walsh Moore	Weber	Woods	Young	Zimmermann

PRESENT: 002

Boykin	Mosley

ABSENT WITH LEAVE: 014

Barnes	Bosley	Byrnes	Coleman	Cupps
Fountain Henderson	Jamison	Jobe	Johnson	Matthiesen
Price	Rush	Sharp 37	Smith 68	

VACANCIES: 005

Speaker Patterson declared the bill passed.

HB 1847, relating to the dental professions, was taken up by Representative Hewkin.

Representative Riley moved the previous question.

Which motion was adopted by the following vote:

AYES: 092

Banderman	Billington	Black	Boggs	Bromley
Busick	Casteel	Caton	Christ	Collins
Cook	Costlow	Davidson	Deaton	Diehl
Dolan	Falkner	Farnan	Fowler	Gallick
Gragg	Griffith	Haden	Haley	Harbison
Hardwick	Hausman	Hewkin	Hinman	Hovis
Hruza	Hurlbert	Irwin	Jones 12	Jones 88
Justus	Kalberloh	Keathley	Kelley	Knight
Laubinger	Lewis	Loy	Lucas	Martin
Mayhew	McGaugh	McGirl	Meirath	Miller
Murphy	Myers	Nolte	Oehlerking	Overcast
Owen	Parker	Perkins	Peters	Phelps
Proudie	Reedy	Reuter	Riggs	Riley
Roberts	Sassmann	Schmidt	Schulte	Seitz
Self	Sharpe 4	Shields	Simmons	Steinmeyer
Stinnett	Taylor 48	Thompson	Titus	Van Schoiack
Veit	Vernetti	Violet	Voss	Warwick
Wellenkamp	West	Whaley	Williams	Wilson
Wright	Mr. Speaker			

NOES: 048

Anderson	Appelbaum	Aune	Bosley	Boykin
Boyko	Burton	Bush	Butz	Christensen
Clemens	Crossley	Davis	Dean	Doll
Douglas	Elliott	Fountain Henderson	Fuchs	Hales
Hein	Ingle	Jacobs	Jamison	Jobe
Jordan	Kimble	Mackey	Mosley	Murray
Plank	Reed	Rush	Smith 46	Smith 68
Smith 74	Steinhoff	Steinmetz	Strickler	Taylor 84
Terry	Thomas	Walsh Moore	Weber	Wolfin
Woods	Young	Zimmermann		

PRESENT: 001

Mansur

ABSENT WITH LEAVE: 017

Allen	Amato	Barnes	Brown	Byrnes
Chappell	Coleman	Cupps	Durnell	Ealy
Fogle	Johnson	Matthiesen	Pollitt	Pouche
Price	Sharp 37			

VACANCIES: 005

On motion of Representative Hewkin, **HB 1847** was read the third time and passed by the following vote:

AYES: 138

Allen	Amato	Anderson	Appelbaum	Aune
Banderman	Billington	Black	Boggs	Bosley
Boykin	Boyko	Bromley	Brown	Burton
Bush	Busick	Butz	Casteel	Caton

Chappell	Christ	Clemens	Collins	Cook
Costlow	Crossley	Davidson	Davis	Dean
Deaton	Diehl	Dolan	Doll	Douglas
Ealy	Falkner	Farnan	Fogle	Fountain Henderson
Fowler	Fuchs	Gallick	Gragg	Griffith
Haden	Hales	Haley	Harbison	Hausman
Hein	Hewkin	Hinman	Hovis	Hruza
Hurlbert	Ingle	Irwin	Jacobs	Jamison
Jobe	Jones 12	Justus	Kalberloh	Keathley
Kelley	Kimble	Knight	Laubinger	Lewis
Loy	Lucas	Mackey	Mansur	Martin
Mayhew	McGaugh	McGirl	Meirath	Miller
Mosley	Murphy	Murray	Myers	Nolte
Oehlerking	Overcast	Owen	Perkins	Peters
Phelps	Plank	Pouche	Proudie	Reed
Reedy	Reuter	Riggs	Riley	Roberts
Rush	Sassmann	Schmidt	Schulte	Seitz
Self	Sharpe 4	Shields	Smith 46	Smith 68
Smith 74	Steinhoff	Steinmetz	Steinmeyer	Stinnett
Strickler	Taylor 48	Taylor 84	Terry	Thomas
Thompson	Van Schoiack	Veit	Vernetti	Violet
Voss	Walsh Moore	Warwick	Weber	Wellenkamp
West	Williams	Wilson	Woods	Wright
Young	Zimmermann	Mr. Speaker		

NOES: 010

Christensen	Durnell	Elliott	Hardwick	Jones 88
Jordan	Simmons	Titus	Whaley	Wolfin

PRESENT: 000

ABSENT WITH LEAVE: 010

Barnes	Byrnes	Coleman	Cupps	Johnson
Matthiesen	Parker	Pollitt	Price	Sharp 37

VACANCIES: 005

Speaker Patterson declared the bill passed.

HCS HB 1866, relating to peace officer license requirements, was taken up by Representative Roberts.

On motion of Representative Roberts, **HCS HB 1866** was read the third time and passed by the following vote:

AYES: 101

Allen	Amato	Banderman	Billington	Black
Boggs	Bromley	Brown	Bush	Busick
Byrnes	Casteel	Caton	Chappell	Christ
Christensen	Cook	Costlow	Davidson	Davis
Deaton	Diehl	Dolan	Durnell	Elliott
Falkner	Farnan	Fowler	Gallick	Gragg
Griffith	Haden	Haley	Harbison	Hardwick

Hausman	Hein	Hewkin	Hinman	Hovis
Hruza	Hurlbert	Irwin	Jones 12	Jones 88
Jordan	Justus	Kalberloh	Keathley	Kelley
Knight	Lewis	Loy	Lucas	Martin
Mayhew	McGaugh	Meirath	Miller	Myers
Nolte	Oehlerking	Overcast	Owen	Parker
Perkins	Peters	Phelps	Pouche	Reedy
Reuter	Riggs	Riley	Roberts	Sassmann
Schmidt	Schulte	Seitz	Self	Sharpe 4
Shields	Simmons	Steinmeyer	Stinnett	Strickler
Taylor 48	Thompson	Titus	Van Schoiack	Veit
Vernetti	Violet	Voss	Warwick	Wellenkamp
West	Whaley	Williams	Wilson	Wolfin
Mr. Speaker				

NOES: 036

Anderson	Appelbaum	Aune	Bosley	Butz
Collins	Crossley	Dean	Doll	Douglas
Ealy	Fogle	Fountain Henderson	Fuchs	Hales
Ingle	Kimble	Mackey	Mansur	Murray
Price	Proudie	Reed	Rush	Sharp 37
Smith 68	Smith 74	Steinhoff	Steinmetz	Taylor 84
Terry	Walsh Moore	Weber	Woods	Young
Zimmermann				

PRESENT: 009

Boykin	Boyko	Clemens	Jacobs	Jamison
Jobe	Mosley	Murphy	Plank	

ABSENT WITH LEAVE: 012

Barnes	Burton	Coleman	Cupps	Johnson
Laubinger	Matthiesen	McGirl	Pollitt	Smith 46
Thomas	Wright			

VACANCIES: 005

Speaker Patterson declared the bill passed.

HCS HBs 1908 & 2337, relating to a judgment of dissolution of marriage or legal separation, was taken up by Representative Williams.

On motion of Representative Williams, **HCS HBs 1908 & 2337** was read the third time and passed by the following vote:

AYES: 147

Allen	Amato	Anderson	Appelbaum	Aune
Banderman	Billington	Black	Boggs	Bosley
Boykin	Boyko	Bromley	Brown	Burton
Bush	Busick	Butz	Byrnes	Casteel
Caton	Chappell	Christ	Christensen	Clemens
Collins	Cook	Costlow	Crossley	Davidson

Davis	Dean	Deaton	Diehl	Dolan
Doll	Douglas	Durnell	Ealy	Elliott
Falkner	Farnan	Fogle	Fountain Henderson	Fowler
Fuchs	Gallick	Gragg	Griffith	Haden
Hales	Haley	Harbison	Hardwick	Hausman
Hein	Hinman	Hovis	Hruza	Hurlbert
Ingle	Irwin	Jacobs	Jamison	Jobe
Jones 12	Jones 88	Jordan	Justus	Kalberloh
Keathley	Kelley	Kimble	Knight	Lewis
Loy	Lucas	Mackey	Mansur	Martin
Mayhew	McGaugh	Meirath	Miller	Mosley
Murphy	Murray	Myers	Nolte	Overcast
Owen	Parker	Perkins	Peters	Phelps
Plank	Pouche	Price	Proudie	Reed
Reedy	Reuter	Riggs	Riley	Roberts
Rush	Sassmann	Schmidt	Schulte	Seitz
Self	Sharp 37	Sharpe 4	Shields	Simmons
Smith 46	Smith 68	Smith 74	Steinhoff	Steinmetz
Steinmeyer	Stinnett	Strickler	Taylor 48	Taylor 84
Terry	Thomas	Thompson	Titus	Van Schoiack
Veit	Vernetti	Violet	Voss	Walsh Moore
Warwick	Weber	Wellenkamp	West	Whaley
Williams	Wilson	Wolfin	Woods	Young
Zimmermann	Mr. Speaker			

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 011

Barnes	Coleman	Cupps	Hewkin	Johnson
Laubinger	Matthiesen	McGirl	Oehlerking	Pollitt
Wright				

VACANCIES: 005

Speaker Patterson declared the bill passed.

HB 1961, relating to dietitians, was taken up by Representative Peters.

On motion of Representative Peters, **HB 1961** was read the third time and passed by the following vote:

AYES: 137

Amato	Anderson	Appelbaum	Aune	Banderman
Billington	Black	Boggs	Bosley	Boykin
Boyko	Bromley	Brown	Burton	Bush
Busick	Butz	Byrnes	Casteel	Caton
Chappell	Christ	Clemens	Collins	Cook
Costlow	Crossley	Davidson	Davis	Dean
Deaton	Diehl	Dolan	Doll	Douglas
Ealy	Falkner	Farnan	Fogle	Fountain Henderson
Fowler	Fuchs	Gallick	Gragg	Griffith
Hales	Haley	Harbison	Hardwick	Hausman

Hein	Hinman	Hovis	Hruza	Hurlbert
Ingle	Irwin	Jacobs	Jamison	Jobe
Jones 12	Jones 88	Justus	Kalberloh	Keathley
Kelley	Kimble	Knight	Lewis	Loy
Lucas	Mackey	Mansur	Martin	Mayhew
McGaugh	Meirath	Miller	Mosley	Murphy
Murray	Myers	Nolte	Oehlerking	Owen
Parker	Perkins	Peters	Phelps	Plank
Pouche	Price	Proudie	Reed	Reedy
Reuter	Riggs	Riley	Roberts	Rush
Sassmann	Schmidt	Schulte	Seitz	Self
Sharp 37	Sharpe 4	Shields	Smith 46	Smith 68
Smith 74	Steinhoff	Steinmetz	Steinmeyer	Stinnett
Strickler	Taylor 48	Taylor 84	Terry	Thomas
Thompson	Van Schoiack	Veit	Vernetti	Violet
Voss	Walsh Moore	Warwick	Weber	Wellenkamp
West	Williams	Wilson	Woods	Young
Zimmermann	Mr. Speaker			

NOES: 008

Christensen	Durnell	Elliott	Jordan	Simmons
Titus	Whaley	Wolfin		

PRESENT: 000

ABSENT WITH LEAVE: 013

Allen	Barnes	Coleman	Cupps	Haden
Hewkin	Johnson	Laubinger	Matthiesen	McGirl
Overcast	Pollitt	Wright		

VACANCIES: 005

Speaker Patterson declared the bill passed.

HB 2180, relating to mail sent by state departments, was taken up by Representative Griffith.

On motion of Representative Griffith, **HB 2180** was read the third time and passed by the following vote:

AYES: 146

Amato	Anderson	Appelbaum	Aune	Banderman
Billington	Black	Boggs	Bosley	Boykin
Boyko	Bromley	Brown	Burton	Bush
Busick	Butz	Byrnes	Casteel	Caton
Chappell	Christ	Christensen	Clemens	Collins
Cook	Costlow	Crossley	Davidson	Davis
Dean	Deaton	Diehl	Dolan	Doll
Douglas	Durnell	Ealy	Elliott	Falkner
Farnan	Fogle	Fountain Henderson	Fowler	Fuchs
Gallick	Gragg	Griffith	Haden	Hales
Haley	Harbison	Hardwick	Hausman	Hein

Hinman	Hovis	Hruza	Hurlbert	Ingle
Irwin	Jacobs	Jamison	Jobe	Jones 12
Jones 88	Jordan	Justus	Kalberloh	Keathley
Kelley	Kimble	Knight	Lewis	Loy
Mackey	Mansur	Martin	Mayhew	McGaugh
Meirath	Miller	Mosley	Murphy	Murray
Myers	Nolte	Oehlerking	Overcast	Owen
Parker	Perkins	Peters	Phelps	Plank
Pouche	Price	Proudie	Reed	Reedy
Reuter	Riggs	Riley	Roberts	Rush
Sassmann	Schmidt	Schulte	Seitz	Self
Sharp 37	Sharpe 4	Shields	Simmons	Smith 46
Smith 68	Smith 74	Steinhoff	Steinmetz	Steinmeyer
Stinnett	Strickler	Taylor 48	Taylor 84	Terry
Thomas	Thompson	Titus	Van Schoiack	Veit
Vernetti	Violet	Voss	Walsh Moore	Warwick
Weber	Wellenkamp	West	Whaley	Williams
Wilson	Wolfin	Woods	Young	Zimmermann
Mr. Speaker				

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 012

Allen	Barnes	Coleman	Cupps	Hewkin
Johnson	Laubinger	Lucas	Matthiesen	McGirl
Pollitt	Wright			

VACANCIES: 005

Speaker Patterson declared the bill passed.

HB 2591, relating to licensure requirements for speech-language pathologists, was taken up by Representative Stinnett.

On motion of Representative Stinnett, **HB 2591** was read the third time and passed by the following vote:

AYES: 144

Amato	Anderson	Aune	Banderman	Billington
Black	Boggs	Bosley	Boykin	Boyko
Bromley	Brown	Burton	Bush	Busick
Butz	Byrnes	Casteel	Caton	Chappell
Christ	Christensen	Clemens	Collins	Cook
Costlow	Crossley	Davidson	Davis	Dean
Deaton	Diehl	Dolan	Doll	Douglas
Durnell	Ealy	Elliott	Falkner	Farnan
Fogle	Fountain Henderson	Fowler	Fuchs	Gallick
Gragg	Griffith	Haden	Hales	Haley
Harbison	Hardwick	Hausman	Hein	Hewkin
Hinman	Hovis	Hruza	Hurlbert	Ingle
Irwin	Jacobs	Jamison	Jobe	Jones 12
Jones 88	Jordan	Justus	Kalberloh	Keathley

Kelley	Kimble	Knight	Loy	Mackey
Mansur	Martin	Mayhew	McGaugh	Meirath
Miller	Murphy	Murray	Myers	Nolte
Oehlerking	Overcast	Owen	Parker	Perkins
Peters	Phelps	Plank	Pouche	Price
Proudie	Reed	Reedy	Reuter	Riggs
Riley	Roberts	Rush	Sassmann	Schmidt
Schulte	Seitz	Self	Sharp 37	Sharpe 4
Shields	Simmons	Smith 46	Smith 68	Smith 74
Steinhoff	Steinmetz	Steinmeyer	Stinnett	Strickler
Taylor 48	Taylor 84	Terry	Thomas	Thompson
Titus	Van Schoiack	Veit	Vernetti	Violet
Voss	Walsh Moore	Warwick	Weber	Wellenkamp
West	Whaley	Williams	Wilson	Wolfin
Woods	Young	Zimmermann	Mr. Speaker	

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 014

Allen	Appelbaum	Barnes	Coleman	Cupps
Johnson	Laubinger	Lewis	Lucas	Matthiesen
McGirl	Mosley	Pollitt	Wright	

VACANCIES: 005

Speaker Patterson declared the bill passed.

REFERRAL OF HOUSE JOINT RESOLUTIONS

The following House Joint Resolutions were referred to the Committee indicated:

HCS HJR 154 - Fiscal Review
HJR 130 - Judiciary
HJR 176 - General Laws

REFERRAL OF HOUSE BILLS

The following House Bills were referred to the Committee indicated:

HB 2061 - Fiscal Review
HCS HBs 2780 & 2668 - Fiscal Review
HB 1610 - Commerce
HB 1615 - Insurance
HB 1626 - Utilities
HB 1643 - Emerging Issues
HB 1647 - Insurance
HB 1716 - Economic Development
HB 1734 - Conservation and Natural Resources

HB 1741 - Transportation
HB 1770 - Children and Families
HB 1803 - Government Efficiency
HB 1813 - Professional Registration and Licensing
HB 1845 - Commerce
HB 1894 - Insurance
HB 1991 - General Laws
HB 2071 - Insurance
HB 2122 - Utilities
HB 2170 - Children and Families
HB 2182 - Commerce
HB 2202 - Conservation and Natural Resources
HB 2232 - Government Efficiency
HB 2241 - Professional Registration and Licensing
HB 2269 - Crime and Public Safety
HB 2300 - Professional Registration and Licensing
HB 2323 - Crime and Public Safety
HB 2353 - Professional Registration and Licensing
HB 2380 - Elections
HB 2474 - Economic Development
HB 2510 - Higher Education and Workforce Development
HB 2530 - Crime and Public Safety
HB 2606 - Health and Mental Health
HB 2643 - Emerging Issues
HB 2649 - Professional Registration and Licensing
HB 2714 - Commerce
HB 2762 - Utilities
HB 2807 - Utilities
HB 2817 - Emerging Issues
HB 2855 - Emerging Issues
HB 2886 - Economic Development
HB 2902 - Insurance
HB 2913 - Elementary and Secondary Education
HB 3006 - Special Committee on Intergovernmental Affairs
HB 3088 - General Laws
HB 3103 - Children and Families
HB 3105 - Crime and Public Safety
HB 3142 - Emerging Issues
HB 3150 - Government Efficiency
HB 3170 - Special Committee on Rural Issues
HB 3205 - Legislative Review
HB 3208 - Pensions
HB 3228 - Elementary and Secondary Education
HB 3231 - Commerce
HB 3239 - Elementary and Secondary Education

HB 3262 - Economic Development
HB 3263 - Elections
HB 3279 - Special Committee on Intergovernmental Affairs

RE-REFERRAL OF HOUSE BILLS

The following House Bill was re-referred to the Committee indicated:

HB 1664 - Commerce

COMMITTEE REPORTS

Committee on Commerce, Chairman Casteel reporting:

Mr. Speaker: Your Committee on Commerce, to which was referred **HB 1791**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (8): Casteel, Gragg, Kimble, Mansur, Miller, Peters, Seitz and Wilson

Noes (0)

Absent (2): Butz and Mayhew

Mr. Speaker: Your Committee on Commerce, to which was referred **HB 2465**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (8): Casteel, Gragg, Kimble, Mansur, Miller, Peters, Seitz and Wilson

Noes (0)

Absent (2): Butz and Mayhew

Mr. Speaker: Your Committee on Commerce, to which was referred **HB 2717**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (7): Casteel, Gragg, Kimble, Miller, Peters, Seitz and Wilson

Noes (0)

Absent (3): Butz, Mansur and Mayhew

Committee on Economic Development, Chairman Gallick reporting:

Mr. Speaker: Your Committee on Economic Development, to which was referred **HB 2508**, begs leave to report it has examined the same and recommends that it **Do Pass - Consent with House Committee Substitute**, and pursuant to Rule 24(5) be referred to the Committee on Consent and Procedure by the following vote:

Ayes (12): Brown, Casteel, Fountain Henderson, Hruza, Jacobs, Johnson, Jones (12), Rush, Thompson, Titus, Vernetti and Wilson

Noes (0)

Absent (5): Amato, Ealy, Gallick, Martin and Riggs

Mr. Speaker: Your Committee on Economic Development, to which was referred **HB 2517**, begs leave to report it has examined the same and recommends that it **Do Pass - Consent with House Committee Substitute**, and pursuant to Rule 24(5) be referred to the Committee on Consent and Procedure by the following vote:

Ayes (12): Brown, Casteel, Fountain Henderson, Hruza, Jacobs, Johnson, Jones (12), Rush, Thompson, Titus, Vernetti and Wilson

Noes (0)

Absent (5): Amato, Ealy, Gallick, Martin and Riggs

Committee on Elementary and Secondary Education, Chairman Lewis reporting:

Mr. Speaker: Your Committee on Elementary and Secondary Education, to which was referred **HB 2120** and **HB 1698**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (19): Banderman, Boykin, Boyko, Byrnes, Gragg, Hewkin, Hurlbert, Jacobs, Kelley, Laubinger, Lewis, Mackey, Martin, Meirath, Pollitt, Schmidt, Smith (68), Steinhoff and Steinmetz

Noes (0)

Absent (3): Loy, Overcast and Williams

Mr. Speaker: Your Committee on Elementary and Secondary Education, to which was referred **HB 2872**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (20): Banderman, Boykin, Byrnes, Gragg, Hewkin, Hurlbert, Jacobs, Kelley, Laubinger, Lewis, Loy, Mackey, Martin, Meirath, Overcast, Pollitt, Schmidt, Smith (68), Steinhoff and Williams

Noes (0)

Present (2): Boyko and Steinmetz

Absent (0)

Committee on Financial Institutions, Chairman Owen reporting:

Mr. Speaker: Your Committee on Financial Institutions, to which was referred **HB 2116**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (11): Billington, Casteel, Hewkin, Hinman, Murray, Oehlerking, Owen, Phelps, Sassmann, Thompson and Voss

Noes (3): Clemens, Hales and Hein

Present (1): McGirl

Absent (0)

Committee on General Laws, Chairman Keathley reporting:

Mr. Speaker: Your Committee on General Laws, to which was referred **HB 2748**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (6): Costlow, Gragg, Ingle, Keathley, Mackey and Williams

Noes (4): Reuter, Smith (46), Veit and Zimmermann

Present (1): Simmons

Absent (3): Justus, Matthiesen and Parker

Committee on Health and Mental Health, Chairman Stinnett reporting:

Mr. Speaker: Your Committee on Health and Mental Health, to which was referred **HB 1941**, **HB 2279** and **HB 1681**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (15): Bosley, Caton, Cook, Doll, Griffith, Haden, Harbison, Hruza, Kelley, Laubinger, Mansur, Peters, Schmidt, Stinnett and Whaley

Noes (2): Boykin and Bush

Absent (1): Dolan

Mr. Speaker: Your Committee on Health and Mental Health, to which was referred **HB 2365**, **HB 2490** and **HB 2249**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (18): Bosley, Boykin, Bush, Caton, Cook, Dolan, Doll, Griffith, Haden, Harbison, Hruza, Kelley, Laubinger, Mansur, Peters, Schmidt, Stinnett and Whaley

Noes (0)

Absent (0)

Committee on Local Government, Chairman Hinman reporting:

Mr. Speaker: Your Committee on Local Government, to which was referred **HB 1867**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (15): Amato, Barnes, Diehl, Falkner, Hales, Hinman, Jamison, McGaugh, Reedy, Smith (74), Steinmeyer, Violet, Voss, Wellenkamp and West

Noes (1): Wolfin

Absent (1): Walsh Moore

Mr. Speaker: Your Committee on Local Government, to which was referred **HB 2394**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (10): Diehl, Falkner, Hinman, McGaugh, Reedy, Steinmeyer, Violet, Voss, West and Wolfin

Noes (7): Amato, Barnes, Hales, Jamison, Smith (74), Walsh Moore and Wellenkamp

Absent (0)

Mr. Speaker: Your Committee on Local Government, to which was referred **HB 2600**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (17): Amato, Barnes, Diehl, Falkner, Hales, Hinman, Jamison, McGaugh, Reedy, Smith (74), Steinmeyer, Violet, Voss, Walsh Moore, Wellenkamp, West and Wolfin

Noes (0)

Absent (0)

Special Committee on Rural Issues, Chairman Van Schoiack reporting:

Mr. Speaker: Your Special Committee on Rural Issues, to which was referred **HB 3076**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute** by the following vote:

Ayes (11): Busick, Christensen, Farnan, Haden, Kalberloh, McGaugh, Miller, Nolte, Reedy, Rush and Van Schoiack

Noes (1): Burton

Present (2): Doll and Plank

Absent (0)

Special Committee on Tourism, Chairman Seitz reporting:

Mr. Speaker: Your Special Committee on Tourism, to which was referred **HB 1756**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (9): Allen, Cook, Durnell, Fountain Henderson, Seitz, Vernetti, Weber, Wilson and Zimmermann

Noes (0)

Absent (4): Hardwick, Reed, Self and Whaley

Mr. Speaker: Your Special Committee on Tourism, to which was referred **HB 1828**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (12): Allen, Cook, Durnell, Fountain Henderson, Reed, Seitz, Self, Vernetti, Weber, Whaley, Wilson and Zimmermann

Noes (0)

Absent (1): Hardwick

Committee on Rules - Administrative, Chairman Shields reporting:

Mr. Speaker: Your Committee on Rules - Administrative, to which was referred **HCS HB 1797**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Christ, Griffith, Mackey, Oehlerking, Phelps, Proudie, Shields, Smith (46), Stinnett and Taylor (48)

Noes (0)

Absent (1): Perkins

Mr. Speaker: Your Committee on Rules - Administrative, to which was referred **HB 2146**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (9): Griffith, Mackey, Oehlerking, Phelps, Proudie, Shields, Smith (46), Stinnett and Taylor (48)

Noes (0)

Absent (2): Christ and Perkins

Mr. Speaker: Your Committee on Rules - Administrative, to which was referred **HCS HBs 2637 & 3155**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (7): Christ, Griffith, Oehlerking, Phelps, Shields, Stinnett and Taylor (48)

Noes (3): Mackey, Proudie and Smith (46)

Absent (1): Perkins

REFERRAL OF HOUSE JOINT RESOLUTIONS - RULES

The following House Joint Resolution was referred to the Committee indicated:

HCS HJR 169   -   Rules - Legislative

REFERRAL OF HOUSE BILLS - RULES

The following House Bills were referred to the Committee indicated:

HB 1752   -   Rules - Legislative
HCS HB 1818   -   Rules - Legislative
HCS HB 1939   -   Rules - Administrative
HCS HB 2103   -   Rules - Administrative
HCS HB 2108   -   Rules - Administrative
HCS HBs 2115 & 1876   -   Rules - Administrative
HB 2162   -   Rules - Administrative

HCS HBs 2404 & 2172 - Rules - Legislative
HCS HB 2748 - Rules - Legislative
HCS HB 2776 - Rules - Administrative
HCS HB 2819 - Rules - Administrative
HB 2928 - Rules - Administrative

MESSAGES FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SS SCS SB 890** entitled:

An act to repeal sections 23.295, 160.575, 173.240, 178.550, 178.585, 186.019, 192.131, 192.667, 192.700, 192.703, 192.707, 192.710, 192.712, 192.714, 192.716, 192.718, 192.720, 192.723, 192.725, 196.1103, 196.1106, 196.1112, 196.1118, 196.1121, 196.1124, 196.1127, 197.165, 208.530, 208.533, 208.535, 208.850, 208.853, 208.856, 208.859, 208.862, 208.865, 208.868, 208.871, 209.285, 209.287, 209.292, 209.299, 209.305, 209.307, 209.309, 209.317, 209.318, 209.321, 209.322, 210.102, 261.235, 288.040, 620.010, 620.484, 620.490, 620.511, 620.512, 620.513, 643.173, and 650.125, RSMo, and section 167.910 as enacted by house bill no. 1606, ninety-ninth general assembly, second regular session, section 167.910 as enacted by house bill no. 1415, ninety-ninth general assembly, second regular session, section 196.1109 as enacted by senate bill no. 7, ninety-sixth general assembly, first extraordinary session, section 196.1109 as enacted by house bill no. 688, ninety-second general assembly, first regular session, section 196.1115 as enacted by senate bill no. 7, ninety-sixth general assembly, first extraordinary session, and section 196.1115 as enacted by house bill no. 688, ninety-second general assembly, first regular session, and to enact in lieu thereof thirty-eight new sections relating to obsolete administrative entities, with penalty provisions.

In which the concurrence of the House is respectfully requested.

Read the first time.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SS SB 914** entitled:

An act to repeal sections 701.040 and 701.046, RSMo, and to enact in lieu thereof two new sections relating to sewage regulation.

In which the concurrence of the House is respectfully requested.

Read the first time.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 994** entitled:

An act to repeal sections 143.121, 143.511, 143.621, and 143.971, RSMo, and to enact in lieu thereof five new sections relating to the filing of income tax returns.

In which the concurrence of the House is respectfully requested.

Read the first time.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 1020** entitled:

An act to repeal section 136.055, RSMo, and to enact in lieu thereof one new section relating to department of revenue fee offices.

In which the concurrence of the House is respectfully requested.

Read the first time.

REPORT OF THE TASK FORCE ON
SUBSTANCE ABUSE PREVENTION AND TREATMENT

February 4, 2026

Jonathan Patterson, Speaker
House of Representatives
State Capitol Building
Jefferson City, MO 65101

Cindy O'Laughlin, President Pro Tempore
Missouri Senate
State Capitol Building
Jefferson City, MO 65101

Dear Mister Speaker and Madam President Pro Tempore:

The Task Force on Substance Abuse Prevention and Treatment authorized in Section 21.790 of the Revised Statutes of Missouri, has met and held hearings and taken testimony. The attached Task Force report addresses the subjects set forth in Section 21.790.3 and includes recommendations for current and future legislative sessions with regard to funding and legislation. All current Task Force members are listed as following, with signature indicating approval of the attached report. Thank you for your attention to these issues significant to the people of Missouri.

/s/ Chairman Representative John Black
/s/ Representative Kimberly-Ann Collins
/s/ Representative Dave Griffith
/s/ Representative Becky Laubinger
/s/ Representative Melanie Stinnett
/s/ Representative Del Taylor
/s/ Rodney Hummer
/s/ Rachel Winograd

/s/ Vice Chairman Senator Nick Schroer
/s/ Senator Rusty Black
/s/ Senator Karla May
/s/ Senator Angela Mosley
/s/ Senator Joe Nicola
/s/ Senator Brian Williams
/s/ Phillip Ohlms

AUTHORS

Representative John Black, Chair, 129th District
Representative Del Taylor, 84th District
Isabel Warner, PhD, MOST Policy Initiative
Colin Zentmeyer, House Research

MOST Policy Initiative is a 501(c)(3) non-profit, nonpartisan organization working to connect science to policy at the state level in Missouri. Members of MOST Policy Initiative were involved with data collection, figures and table creation, report formatting, and editing. Members of MOST Policy Initiative did not contribute to any interpretations or recommendations made from the data.

FOREWORD

This is the third report of the Missouri statutorily authorized Substance Abuse Prevention and Treatment Task Force.

The goal of this report is to continue to provide an overview of the efforts of the state of Missouri to address the tragedy of substance misuse, both from a financial and programmatic perspective, and to summarize our findings and recommendations. The basic format of the first report has been followed with updated data.

Previous testimony identified transportation and housing as the most significant obstacles to effective prevention and treatment of substance use disorder (SUD), and the Task Force has emphasized those problems this year.

In the five evidentiary hearings this summer and fall, the task force heard hours of expert testimony from seven state departments and multiple organizations that implement multiple programs to combat substance misuse. Details of programs were compiled and used to generate charts, tables, and the budget overview. Hearing testimony is summarized and formed the basis for recommended next steps. The appendices contain additional pages of programmatic and budgetary information provided by the state departments, as well as organizations receiving state funding.

As before, this report of the Substance Abuse Prevention and Treatment Task Force has relied heavily on the House of Representatives Research staff, and particularly Colin Zentmeyer, who provided excellent summaries of witness testimony, as well as analysis provided by the Missouri MOST Policy Initiative and would have been impossible without the significant cooperation of the state departments and participation of task force members.

Special thanks to task force member Del Taylor (District 84) who co-drafted this report, actively participated in all hearings, designed this report's templates, and guided MOST Fellow efforts.

MOST Policy Initiative Program Manager Dr. Isabel Warner collected and organized department data into a useful format, created and described tables and figures in text, and compiled handouts and program information sheets.

John Darnall, Representative Black's Legislator Assistant, coordinated efforts between the task force and state departments, testifying witnesses, and other participants, compiled handouts, and assisted in the planning of the report.

The participating state departments have been offered the opportunity for review prior to issuing the final report, and most provided helpful corrections.

This report is provided for the benefit of the people of Missouri, with the direct intended audience of the Office of the Governor and the General Assembly, to support the best use of limited state resources in combatting this life destroying plague.

John Black, Task Force Chair, 103rd General Assembly, State of Missouri.

TASK FORCE MEMBERS

- Senate Members
  - Rusty Black, Senate District 12
  - Karla May, Senate District 4
  - Angela Mosley, Senate District 13
  - Joe Nicola, Senate District 11
  - Nick Schroer, Vice Chair, Senate District 2
  - Brian Williams, Senate District 14
- House of Representatives Members
  - John Black, Chairman, House District 129
  - Kimberly-Ann Collins, House District 77
  - Dave Griffith, House District 60
  - Becky Laubinger, House District 117
  - Melanie Stinnett, House District 133
  - Del Taylor, House District 84

- Governor Appointees
    - Rodney Hummer, Vice President of Strategy, Missouri Primary Care Association
    - Philip Ohlms, Associate Judge, 11th Judicial Circuit Court of Missouri
    - Dr. Rachel Winograd, Associate Professor, University of Missouri – St. Louis

AUTHORIZING STATUTE

Title III LEGISLATIVE BRANCH
Chapter 21   Effective – 28 Aug 2019

21.790. Task force established, members — duties — report. — 1. There is hereby established the "Task Force on Substance Abuse Prevention and Treatment". The task force shall be composed of six members from the house of representatives, six members from the senate, and four members appointed by the governor. The senate members of the task force shall be appointed by the president pro tempore of the senate and the house members by the speaker of the house of representatives. There shall be at least two members from the minority party of the senate and at least two members from the minority party of the house of representatives. The members appointed by the governor shall include one member from the health care industry, one member who is a first responder or law enforcement officer, one member who is a member of the judiciary or a prosecuting attorney, and one member representing a substance abuse prevention advocacy group.

2. The task force shall select a chairperson and a vice-chairperson, one of whom shall be a member of the senate and one a member of the house of representatives. A majority of the members shall constitute a quorum. The task force shall meet at least once during each legislative session and at all other times as the chairperson may designate.

3. The task force shall:

(1) Conduct hearings on current and estimated future drug and substance use and abuse within the state;

(2) Explore solutions to substance abuse issues; and

(3) Draft or modify legislation as necessary to effectuate the goals of finding and funding education and treatment solutions to curb drug and substance use and abuse.

4. The task force may make reasonable requests for staff assistance from the research and appropriations staffs of the senate and house of representatives and the joint committee on legislative research. In the performance of its duties, the task force may request assistance or information from all branches of government and state departments, agencies, boards, commissions, and offices.

5. The task force shall report annually to the general assembly and the governor. The report shall include recommendations for legislation pertaining to substance abuse prevention and treatment.

(L. 2019 S.B. 514)

EXECUTIVE SUMMARY

The Missouri statutorily authorized Task Force on Substance Abuse Prevention and Treatment offers its third annual comprehensive report. As a result of the statewide Sequential Intercept Model meetings, the state departments identified housing and transportation as the two most significant impediments to effective SUD (substance use disorder) treatment and prevention. (1,2,3) As a result, the five substantive hearings held by the task force this year emphasized those problems. This report continues to track the dedicated and significant efforts of Missouri's departments of Mental Health, Health and Senior Services, Social Services (including MO HealthNet), and others to report progress, expenditures, and other trend information. A key point to recognize is Missouri's commitment to combatting this plague: the FY2026 appropriation was $529 million spread across Missouri's state departments. Consistently programs, budget funding and expert testimony communicate this is a seriously deadly problem, and all branches of Missouri's government are committed to addressing this problem.

The report will again provide recommendations which, due to the emphasis on housing and transportation, will be more extensive and somewhat more general, with the intention that the findings be directed to the departments, executive and legislative branches, will provide information and direction useful in combating this plague.

Before addressing housing and transportation, it is important to restate the setting, as found in previous task force reports:

Though the human costs of substance misuse to individuals and families are incalculable and undefinable in monetary terms, the following statistics help frame the severity of these problems. The Department of Mental Health estimates the annual societal costs of substance misuse to Missouri at $8.5 billion. In addition, the American Cancer Society estimates the use of tobacco's direct health care costs in Missouri at $3.5 billion, including over $690 million in annual Medicaid costs. The total of these two costs exceeds $12 billion annually and does not include $7 billion lost in annual productivity due to smoking (estimated by the American Cancer Society). By comparison, the 2024 fiscal year individual state income tax paid by Missourians totaled $9.8 billion. In other words, the cost to Missourians due to the use of addictive substances exceeds the total amount of individual income taxes paid to the state. (Task Force Report, January 2025.)

"Illicit drug overdose deaths in the United States doubled from 2015 to 2021. The total number of all drug overdose deaths in 2021 was 106,699.[1] By comparison, 58,220 American soldiers were killed in the Vietnam War.[2] Overdose is the leading cause of death for adults 18-44 in Missouri, and of the 1,948 deaths from overdose in 2023" (2023 Task Force Report). Since 2023, overdose deaths in Missouri have decreased, at least in part due to the significantly expanded use of naloxone by first responders, as discussed further in this report. Other reasons undoubtedly include the focused efforts of the departments and the rollout of the 988 Suicide & Crisis Lifeline, but quantification is difficult.

In addressing housing and transportation in relation to the effective prevention treatment of SUD, the testimony offered from persons experiencing, understanding firsthand the magnitude of the issues best describes the need for solutions:

JAMES H: James has been in recovery for seven years, spending six of those years in the field of substance misuse prevention and treatment, now holding two bachelor's degrees and multiple credentials, at the age of 40. James' story is that "a single train ticket changed my life after I was released from incarceration".

During his active addiction, James stated it was easier to get a ride to the drug dealer than it was to get a ride to treatment; "transportation barriers don't just delay recovery, they can destroy hope." He finally was able to get help when he got a train ticket to Missouri and had support who was willing to drive him to treatment and pick him up everyday.

Now, as a Lead Peer Support Specialist and a person in long-term recovery, James sees his clients struggle with transportation to drug court requirements, HiSet employment classes, to get birth certificates and Social Security cards so they are able to get employment. James concludes that "recovery is possible, but it must be accessible and transportation is a barrier.

LINDSEY F: Lindsey's story starts with her using meth. She finally left her abusive husband then fell into another relationship and again resumed using meth. At age 32 she entered recovery. She said the lack of transportation made it nearly impossible to keep a job or go to recovery meetings. She again relapsed. She testified that she sees the same pattern among her clients. They want recovery but "they are blocked at every turn by the same barrier that nearly destroyed me: transportation." They miss appointments, job interviews, and meetings. When desperate for a ride, the only people available are the old friends who are still using. "Transportation is not just about getting from one place to another. It is about freedom, independence, and survival."

"Transportation is not just a convenience. It is a lifeline." Without reliable transportation people in recovery cannot get treatment, cannot work, cannot rebuild their lives.

"Lack of transportation keeps people trapped in a vicious cycle".

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[1] National Institutes of Health. (2023). Drug Overdose Death Rates. https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates.
[2] National Archives. (n.d.). *Vietnam War U.S. Military Fatal Casualty Statistics*. https://www.archives.gov/research/military/vietnam-war/casualty-statistics#:~:text=April%2029%2C%202008.-,The%20Vietnam%20Conflict%20Extract%20Data%20File%20of%20the%20Defense%20Casualty,and%20Records%20Administration%20in%202008

MALIK S: the availability of transportation is critical when there is a "moment of sobriety". If the person cannot be transported to a place of assistance, the moment will be missed.

This testimony demonstrates that TRANSPORTATION is PREVENTION. Money spent on prevention reduces by multiples the amount required for treatment (Recovery Support Providers program estimates this ratio at 1:7).

The urgency of transportation when the "moment of sobriety" occurs, however fleeting it might be, is apparent. In Missouri there are possibilities for recovery transportation, though they are not nearly as available or efficient as required to meet the need.

As a requirement for participation and federal reimbursement, the Medicaid program includes Non-Emergency Medical Transportation (NEMT) for Medicaid recipients. The current MO HealthNet NEMT provider receives over $50 million per year, on a capitated basis, that is, based solely on the number of Medicaid recipients. The provider issues Medicaid program statistics, which would demonstrate good performance. However, in contrast, all the SUD providers testifying to the task force with significant NEMT experience testified to problems, to the extent of giving up on the system, with the result being the required services are not provided (this includes Medicaid recipients with SUD and related diagnoses). The issues are more severe in rural areas, where there is no public transportation which might serve as an NEMT provider. The NEMT contractor has identified measures to attempt to address the problems.

Housing is even more problematic. It is less available and more expensive for the recovery population, compared to transportation. Just as apparent, however, is the fact as testified:

Housing is a "pipeline" in that if there is no place for people to go, patients get "stuck in nowhere" resulting in going back to the beginning of treatment, often requiring acute care.

Recovery housing was found, in comparison to usual care, to decrease substance use from 65% to 31%, decrease probability of relapse from 47% to 22%, lower incarceration rate from 9% to 3%, and increase employment from 49% to 76%. (2, DHSS)

The Recovery Support Providers (RSP), through DMH, certify and provide funding for recovery housing in Missouri. Through their related organizations Recovery Support Services and Recovery Community Centers, RSPs provide wraparound services including transportation and are dedicated to expanding their network to underserved rural areas. It is a successful and established network. The Missouri Department of Mental Health described RSP as "a big bang for the buck". RSP received additional funding in this year's budget, and managers are confident that money will be spent.

Another solution mentioned in testimony is Peer Respite Crisis Stabilization. Peer Respite Crisis Stabilization (often referred to as Peer Respite Crisis Housing) is a voluntary, short-term housing program that provides community-based, non-clinical crisis support to individuals experiencing substance use disorder (SUD). These programs operate 24/7 within a peer-led, trauma-informed environment that utilizes a social model of recovery.

Key features and impacts of this housing model include:

I. PURPOSE AND FUNCTION
- *Filling the Gap*: The model was piloted to fill a specific gap for individuals who are actively using substances and need immediate stabilization before they can enter traditional recovery housing.
- *A "Reset" Opportunity*: While traditional recovery housing is typically abstinence-based, peer respite allows *active users* to enter the facility, providing them with close monitoring and peer support to "reset" without having to return to "square one".
- *Duration of Stay*: These are intended to be short-term facilities where stays last no more than 30 days, with the average stay ranging from 10 to 14 days.

II. PROGRAM OUTCOMES AND STATISTICS

In Missouri, the Department of Mental Health (DMH) manages these services, which have shown significant effectiveness in stabilizing high-risk populations:

- *Homelessness Reduction*: Peer respite programming has been credited with reducing the proportion of unhoused participants from 45% to just 6%.
- *Clinical Connections*: Approximately 70% of participants (837 individuals in a reporting period) were successfully connected to follow-up services, such as recovery support, medications for opioid use disorder (MOUD), or primary care.
- *Service Scale*: In a recent fiscal year, the program served 1,198 individuals through five centers scattered across the state.
- *Harm Reduction*: These facilities also serve as points for resource distribution, giving away an average of 69 naloxone kits and 28 fentanyl test strips per month.

III. ADMINISTRATIVE OVERSIGHT

The program is funded through initiatives like the Health Reinvestment Fund. Because the model is relatively new to Missouri, some sources suggest that scaling the program is necessary to meet the high demand, particularly in rural areas where individuals often have to choose between waiting for a bed or returning to environments that trigger active use.

Analogy: Peer Respite Crisis Housing acts like a "*cooling-off station*" for a marathon runner who has veered off-course and is overheating. Instead of making them go all the way back to the starting line (square one), the station provides a safe place to stop, hydrate, and get their bearings before they resume the race toward long-term recovery.

The findings and recommendations regarding transportation and housing themselves describe the problems. A detailed statement of those recommendations, and the inherent included findings, has its own section. This Executive Summary will attempt to highlight and explain perhaps the most urgent. These "urgent" recommendations are provided with some reluctance for fear that the many additional and significant recommendations throughout this report, which might be more urgent, will not be equally considered.

The following are the most urgent recommendations of this report:

1. Continue at least the same levels of current SUD funding in all departments, including DMH, DHSS, DSS, Economic Development tax credits, Courts, Transportation, Public Defender and others. This report provides evidence that SUD funding saves lives, money, and heartache, often several times over, as exemplified by funding to Recovery Service Providers.
2. Recognize the effectiveness of the established Recovery Support Providers program in addressing housing and transportation issues. Increase its state funding by at least $3 million, from opioid settlement and/or recreational marijuana tax, with at least half dedicated to rural program and Peer Respite Crisis Housing expansion. Increase funding for respite housing.
3. Address the failures of the Medicaid required Non-Emergency Transportation Services (NEMT), particularly in rural areas, identified by those organizations testifying to significant relationship with the NEMT contractor. Suggestions range from additional oversight of the contract; reimbursement withholdings for poor performance; define key performance metrics; address uncooperative providers; increase communication between MTM, frustrated providers and MO Healthnet; modify payment methodology from current capitated payment structure to fee for service, and/ or performance-based structure. It should be noted that the current NEMT contract will expire in calendar year 2026 and a new contract for services will be necessary.
4. Emphasize prevention in SUD funding: continue evaluation of penalties for drug offenses with serious consequences, including sexual exploitation.
5. Advocate for including housing assistance and transportation services as allowable costs in funding opportunities, including coordination between departments to identify and utilize funding from available sources, such as the State Opioid Grant, Opioid Settlement Funding, Adult Use Marijuana Tax, Housing Trust Fund, Section 5310 FTA Funding and Medicaid Non-Emergency Medical Transportation. Utilize the Transportation funding matrix proposed by the UMSL Addiction Science Team, attached as Table 3, pp. 34-37, recognizing that transportation is prevention.
6. Increase recovery housing using National Alliance for Recovery Residences (NARR) accredited housing, responsive to the needs of different communities across Missouri through the established Recovery Support

Providers program and any other that demonstrates similar effectiveness, though currently no other similar program has been reported to the Task Force, with the possible exception of the federally funded Kaizen transportation network; utilize additional sources of revenue as listed to replicate or continue the Kaizen program, if renewed federal funding cannot be obtained.

7. Increase the recording fee that supports the Missouri Housing Trust Fund from $3.00 to at least $6.00 or by another funding mechanism. This fee was last increased in the 1990s.
8. Continue funding for Federally Qualified Health Center (FQHC) network program, an established program to provide critical same-day treatment, at least at the same level of current funding.
9. Recognize and incorporate local public health agencies into combating SUD and fund accordingly.
10. Pursue the goal to divert persons charged with SUD related criminal activity to programs prior to conviction, that is, in conjunction with the Treatment Court program to avoid incarceration but still with a criminal record. Identify programs around the state such as Lane Change that can be enhanced by state support.
11. Implement an emergency rule to classify concentrated 7 – OH as a schedule 1 substance; reintroduce HB 1595 to establish the Kratom consumer Protection Act, or similar legislation.
12. Evaluate potential overlaps and gaps in services provided by the current 83 state programs.
13. Evaluate the effectiveness and numbers of people served by the current housing and transportation programs.
14. Continue funding for the 988 Suicide & Crisis Lifeline. Flag this program for further research by future taskforces to compile performance metrics.

References cited in this Executive Summary are as follows:
1) Department of Mental Health
2) Department of Health and Senior Services
3) Department of Social Services
4) Mo HealthNet
5) Department of Corrections
6) Missouri Supreme Court/Office of State Courts Administrators
7) Missouri State Public Defender
8) Missouri Coalition of Recovery Support Providers
9) University of Missouri – St. Louis Addiction Science Team

GLOSSARY

The following glossary provides definitions and explanations for the acronyms found within this report:

o *7-OH (7-Hydroxymitragynine):* A potent opioid compound derived from the kratom plant that is significantly more powerful than morphine.
o *AAA (Area Agencies on Aging):* Regional organizations that receive state funding to provide transportation services for seniors.
o *AEG (Adult Expansion Group):* Refers to the population of Missouri residents eligible for Medicaid under the Medicaid expansion criteria.
o *AHAP (Affordable Housing Assistance Program):* A state tax credit program designed to incentivize businesses and individuals to make donations to non-profit organizations that assist in the production of affordable rental housing or homeownership for low-income families in Missouri.
o *AMI (Area Median Income):* A benchmark used to determine eligibility for housing assistance; many programs require participants to be at or below 50–60% of this figure.
o *ASAM (American Society of Addiction Medicine):* Provides the "gold standard" clinical criteria used by state programs to determine the appropriate level of care for SUD treatment.
o *AUD (Alcohol Use Disorder):* A medical condition characterized by an impaired ability to stop or control alcohol use despite adverse consequences.
o *CBHL (Community Behavioral Health Liaison):* Specialists who work with law enforcement and courts to link individuals with behavioral health needs to treatment.
o *CCBHO (Certified Community Behavioral Health Organization):* Entities that provide a comprehensive array of services by integrating behavioral health with physical healthcare.

o   *CDC (Centers for Disease Control and Prevention):* The federal agency that provides grants and data standards for monitoring drug overdoses.
o   *CHIP (Children's Health Insurance Program):* A federal-state partnership providing health coverage to eligible children.
o   *CHW (Community Health Worker):* Frontline staff who help patients navigate health systems and address social drivers of health, such as housing and transportation.
o   *CSTAR (Comprehensive Substance Treatment and Rehabilitation):* A state-designated program offering an array of individualized treatment services approved for Medicaid reimbursement.
o   *DARE (Drug Abuse Resistance Education):* A school-based program focused on preventing youth substance use through educational materials and officer training.
o   *DBH (Division of Behavioral Health):* The division within the Department of Mental Health responsible for managing statewide SUD and mental health services.
o   *DEA (Drug Enforcement Administration):* The federal agency that regulates controlled substances and oversees drug scheduling.
o   *DESE (Missouri of Department of Elementary and Secondary Education):* The state department that coordinates youth prevention programs and recovery high schools.
o   *DHSS (Missouri of Department of Health and Senior Services):* The state agency responsible for public health oversight, including the SUDORS database and wastewater testing.
o   *DIS (Disease Intervention Specialist):* Health professionals who provide partner services and treatment linkage for individuals diagnosed with STDs.
o   *DMH (Missouri of Department of Mental Health):* The state department that prevents and treats mental disorders, developmental disabilities, and substance use.
o   *DOC (Missouri of Department of Corrections):* The state agency that supervises incarcerated individuals and those on probation or parole.
o   *DPS (Missouri of Department of Public Safety):* Oversees state law enforcement and manages federal grants like RSAT for jails and prisons.
o   *DSS (Missouri of Department of Social Services):* The department that manages public assistance programs, including MO HealthNet (Medicaid).
o   *DWI (Driving While Intoxicated):* Often refers to specialized treatment courts designed specifically for repeat impaired driving offenders.
o   *EPICC (Engaging Patients in Care Coordination):* A 24/7 program that links hospital patients experiencing overdose or withdrawal directly to recovery services.
o   *FDA (U.S. Food and Drug Administration):* The federal body that approves medications for SUD and monitors the safety of food and supplements.
o   *FQHC (Federally Qualified Health Center):* Community-based clinics that provide integrated primary and behavioral healthcare to underserved populations.
o   *GROW-STL (Grassroots Reinvestment for Optimal Well-being - STL):* A collaborative of five grassroots agencies providing outreach and referral in high-impact St. Louis neighborhoods.
o   *HIDTA (High Intensity Drug Trafficking Area):* A federal program that facilitates coordination between law enforcement agencies to reduce drug trafficking.
o   *HUD (U.S. Department of Housing and Urban Development):* The primary federal funder for permanent housing and homelessness prevention.
o   *ICTS (Improving Community Treatment Services):* A collaborative pay-for-performance model focused on high-intensity addiction services for individuals on probation or parole.
o   *ITP (Institutional Treatment Professional/Provider):* Professionals placed within correctional facilities to provide counseling in locations where full treatment programs are not available.
o   *LIHTC (Low-Income Housing Tax Credit):* A state and federal tax credit program which provides an incentive for the new construction or rehabilitation of affordable rental housing for low to moderate-income individuals and families in Missouri.
o   *LPHA (Local Public Health Agency):* City or county health departments that implement local overdose prevention and harm reduction efforts.
o   *MAT (Medication Assisted Treatment):* The use of FDA-approved medications (like methadone or buprenorphine) in combination with counseling to treat addiction.
o   *MAUD (Medications for Alcohol Use Disorder):* Specific clinical treatments, such as naltrexone or acamprosate, used to manage alcohol addiction.

o *MCHCP (Missouri Consolidated Health Care Plan):* The entity that provides health insurance benefits for state employees.
o *MCO (Managed Care Organization):* Private health plans that contract with the state to manage Medicaid benefits.
o *MCRSP (Missouri Coalition of Recovery Support Providers):* An accrediting body that ensures recovery houses meet quality standards.
o *MEHTAP (Missouri Elderly and Handicapped Transportation Assistance Program):* A state program providing operating assistance for transit services targeting seniors and those with disabilities.
o *MHDC (Missouri Housing Development Commission):* The state's Housing Finance Agency which is responsible for administering federal and state affordable housing, homelessness prevention, and homeownership programs.
o *MHTF (Missouri Housing Trust Fund):* A state program that provides grants for homelessness prevention, rehab or new construction of rental housing, rental assistance, and single-family owner-occupied home repair.
o *MOUD (Medications for Opioid Use Disorder):* Clinical treatments specifically designed to manage opioid addiction and reduce withdrawal symptoms.
o *NARR (National Alliance of Recovery Residences):* An organization that sets Quality Standards for Recovery Housing nationally.
o *NEMT (Non-Emergency Medical Transportation):* A Medicaid benefit that provides rides to and from covered medical appointments.
o *NGO (Notice of Grant Opportunity):* A formal state announcement of available funding for projects like reducing recovery barriers.
o *OASDHI (Old-Age, Survivors, and Disability Insurance):* Refers to bundled federal Social Security and Medicare taxes for state employees.
o *OUD (Opioid Use Disorder):* The clinical diagnosis for individuals with a problematic pattern of opioid use.
o *PDMP (Prescription Drug Monitoring Program):* A database used to oversee the dispensation of controlled substances to assist in medical decision-making.
o *PRC (Prevention Resource Center):* Regional offices that provide expert technical assistance to community coalitions focused on substance use.
o *PSH (Permanent Supportive Housing):* Long-term housing that includes intensive, voluntary supportive services for individuals with chronic health issues.
o *RCC (Recovery Community Center):* Community-based, peer-run organizations offering non-clinical support and social activities for those in recovery.
o *ROSC (Recovery-Oriented Systems of Care):* A person-centered approach that coordinates clinical and community supports to foster long-term recovery.
o *RSAT (Residential Substance Abuse Treatment):* A federal grant program that supports SUD treatment for individuals during incarceration and aftercare post-release.
o *RSS (Recovery Support Services):* Non-clinical services (including peer mentoring and housing assistance) that supplement traditional treatment.
o *SATOP (Substance Awareness Traffic Offender Program):* A required education and treatment system for individuals arrested for drug or alcohol-related driving offenses.
o *SDOH / SDoH (Social Determinants/Drivers of Health):* Environmental conditions (housing, transit, etc.) that impact health outcomes; state agencies use "Drivers" to emphasize that these conditions can be changed.
o *SIM (Sequential Intercept Model):* A framework used to map how communities respond to individuals with mental illness or SUD who enter the criminal justice system.
o *SOR (State Opioid Response):* A federal grant that supports a variety of opioid and stimulant-related prevention and treatment services.
o *SUD (Substance Use Disorder):* A clinical condition involving the uncontrolled use of a substance despite its harmful effects.
o *SUDORS (State Unintentional Drug Overdose Reporting System):* A system for tracking and analyzing the circumstances surrounding fatal overdoses.
o *TCCC (Treatment Courts Coordinating Commission):* The body that oversees state funding and standards for treatment court programs.
o *THC (Tetrahydrocannabinol):* The mind-altering chemical found in cannabis products.
o *YBHL (Youth Behavioral Health Liaison):* Specialists who connect youth experiencing mental health crises to appropriate community resources.

SUMMARY OF TESTIMONY

HOUSING

Department of Mental Health (Director Valerie Huhn, Division Director Nora Bock)

The Missouri Department of Mental Health, through the Sequential Intercept Model (SIM) identified transportation and housing resources as priorities to effective treatment of substance use disorder (SUD). The department identified current housing in the state of Missouri for recovery, by region:

> West and Northwest, 52 houses, 762 beds;
> Southwest region 46 houses 674 beds;
> Central Northeast region 52 houses 395 beds;
> Eastern region 68 houses and 939 beds;
> Southeast region 24 houses and 347 beds.

Data was sourced through the Recovery Support Providers (RSP) program and Recovery Support Services (RSS) (a total of more than 3400 beds in 5 regions). (See RSS testimony following). As a result of the shortage of permanent housing, there is a significant unmet need and wait list for temporary housing, including what is referred to as Peer Respite Crisis Housing, described in more detail, demonstrated positive results from the availability of such temporary housing.

The following sources of state and federal funding for housing (not necessarily recovery housing) were provided:

Continuum of Care distributed through eight Missouri providers through a competitive application, for people experiencing homelessness per the HUD definition, including 27 permanent housing grants with over 3000 people housed and 97% of people exiting with positive destinations, in 96 counties. The persons served included over 1600 with mental health disorders in approximately 700 with SUD: $57,565,151.

Housing Trust Fund through the Missouri Housing Development Commission, $3,153,844.
Emergency Solution grants, through the Missouri Housing Development Commission, $2,850,600.
Show Me Recovery Housing Program from the Department of Economic Development and agreement with DMH to contract with Recovery Service Providers $1,074,762 and $2,507,707 in HUD funding.

The department noted that the Missouri Housing Trust Fund is funded from a three-dollar recording fee, which has been the same since the 1990s.

Section 8 Housing Choice Voucher program through Housing and Urban Development 230 public housing authorities: $312,758,612, the amount actually spent on assisted housing is a small and difficult-to-identify component.

DMH, in conjunction with the University of Missouri at St. Louis Addiction Science Team, reported findings from the Missouri Care Respite Crisis Stabilization Initiative, a program for voluntary short-term overnight housing for persons with SUD, a program intended to bridge the gap between crisis and long-term recovery. Stays are up to 30 days; the program is peer led with shared responsibility of household tasks and decision-making.

Program outcomes in year one served 1401 people, 47 days being the most common length of stay, 35.7% of the residents were previously unhoused, 65% of participants were connected to at least one service, such as primary care or medication. 69% exited to a recovery house or secure permanent housing, with the majority to Recovery Support Providers accredited recovery housing. The department found the program to rapidly increase housing security and positive outcomes.

Peer services for behavioral health are provided in a variety of settings in the DMH system:

> Treatment settings - in CCBHCs, CSTARs, CPR programs

> Crisis settings – in behavioral health crisis centers (BHCCs), on mobile crisis response teams, and Engaging Patients in Care Coordination (EPICC).

Recovery support settings – RSS and Recovery Community Centers.

"Reimbursable" means DMH or MHD will pay the agency (not the peer) for the services rendered. What peers get paid for providing these services is different. Peer services for behavioral health services are reimbursable under Medicaid if they are billed by a Certified Community Behavioral Health Organization (CCBHO), a Comprehensive Substance Treatment and Rehabilitation Program (CSTAR), or a standalone Community Psychiatric Rehabilitation Service (CPR) program. These are the programs that MO has state plan amendments with Medicaid.

Reimbursable peer services delivered by RSS providers are reimbursable only by DMH (using opioid settlement funds, cannabis tax funds, federal block grant, and the State Opioid Response grant). NO RSS programs/RSP services are reimbursable under Medicaid.

Peer Support in CSTAR by Medicaid has the same FFS reimbursement rate as Recovery Coaching in RSS. They are equivalent services with different names.

Peers' salaries are determined by their employer. They can vary considerably.

Regarding transportation reimbursement:

Transportation as a service is not reimbursed by Medicaid to CCBHs, CSTARs, or CPR programs.

Transportation, as a distinct service, can be billed by RSS providers, but it is through NON-Medicaid fund sources. (RSS providers cannot bill Medicaid)

Department of Health and Senior Services (Director Sarah Willson, Bureau Chief Valerie Howard, Division director Melanie Highland, Chief Medical Officer Heidi Miller MD)

7312 individuals were unhoused in Missouri in 2024. The department also identified the Missouri Recovery Coalition of Recovery Support providers as providing recovery housing and assistance to Missouri recovery housing providers. The department testified that Recovery – oriented Systems of care (ROSC) is a model utilizing social determinants of health to direct wraparound services to support individuals becoming self-sufficient. A Presidential Executive Order of July 25, 2025, recommended "Enhancing use of recovery support services, including peers, recovery coaches, recovery housing and recovering community organizations to help people achieve long-term recovery".

Recovery housing was found, in comparison to usual care, to decrease substance use from 65% to 31%, decrease probability of relapse from 47% to 22%, lower incarceration rate from 9% to 3%, and increase employment from 49% to 76%.

RECOMMENDATION: The department's number one recommendation following those of the federal Substance Abuse and Mental Health Services administration, was to increase recovery housing using National Alliance for Recovery Residences (NARR) accredited housing, responsive to the needs of different communities across Missouri. (NOTE: The established RSP network utilizes the NARR guidelines.)

DHSS recommendations also identified the need to increase funding for wraparound services, specifically including transportation, peer mentoring, recovery housing and care coordination.

The department testified regarding its community listening sessions to identify needs for housing, with the following suggestions including:

- More access to recovery housing;
- More transitional housing programs;
- More housing programs utilizing a "housing first" model;
- Housing assistance for people in recovery navigating criminal records;

- Increase funding and grant opportunities for housing programs; and
- Incentives such as housing's stipends to landlords to provide housing to those who have completed recovery programs.

The department identified the importance of Local Public Health Agencies to recognize the unique barriers each community faces addressing housing, transportation and other social drivers of health, stating the local health departments were uniquely positioned to support and empower local communities including through the Building Communities for Better Health and Overdose Data to Action (OD2A) programs.

In evaluating responses from the recreational marijuana funded SUD grant program, the department has determined the following:

Recommendations/requests include considering the following:

- Fair chance policies/legislation, addressing concerns such as the requirement of people with criminal records being excluded from housing support in section 8.
- Housing first programs were as in other states, housing can precede treatment, for example, failure of abstinence is not immediately disqualifying.
- Establishing respite programs, such as upon discharge from the hospital. An example is Pilot StL Recovery in St. Louis with four daybeds operating in any time reducing cost for Medicaid.
- Explore using a prison ID as a state ID for purposes of Social Security benefits, driver's license, birth certificates, Medicaid eligibility and similar essential programs.

Missouri Coalition of Recovery Support Providers (RSP) (Brendan Steenburgen and Rev. Charles Stevenson, Nathan Nolan with Street MedStL, Sandra Mayen with Williams and Associates and Black Harm Reduction Coalition, Hanna Oberg with Family Healthcare Ctr., St. Louis and Patrick Benson with Criminal Justice Ministries St. Louis)

RSP Executive Director Steenburgen reminded the Task Force of the $8.5 billion social cost to Missouri of SUD, as reported by the Department of Mental Health, and that one dollar spent is been found to result in seven dollars saved.(1) Recovery Support Providers and their affiliate Recovery Support Services, have more than 3400 active recovery beds in the state of Missouri, in five districts, certified under NARR (National Alliance of Recovery Residences) guidelines, the largest recovery support housing provider in Missouri. RSP receives funding from federal grants, opioid settlement funds, and some general revenue, and new in fiscal year 2026, cannabis tax. Demand outpaces supply, especially in rural Missouri.

Data from the opioid response program indicate after 12 months of recovery support, 84% of people remain abstinent, 97% remain in stable living, 73% are employed or in school, and 98% have no new arrests.

One dollar spent saves seven dollars in avoided costs.

RSP through its Recovery Community Centers (RCC), 12 in the state, provides Recovery Support Services (RSS). Missouri has 12, Massachusetts 39, Georgia 25. RCCs served 24,000 people in the last year.

Respite Housing is a new form of recovery housing in Missouri, with five centers operated by RSP, with the sixth opening in FY 2026. Over 1400 people were served in the five centers. The centers are intended to be short-term stay facilities, no more than 30 days, an average of 10 to 14. Traditional centers are abstinence-based, which removes people from recovery. Respite Housing continues to provide care, resulting in people not having to return to "square one".

RSPs are identified by the Department of Mental Health as "a big bang for the buck".

RSPs make the following request/recommendations:

- Continued funding at the same or increased level;

- Address obstacles at the county and municipal levels, such as Not in My Backyard, usually overcome when housing is provided a chance;
- Investment in peer workforce, including liaisons with Community Health Centers.

RSPs have contracts with the Department of Mental Health, provide recovery support services such as care coordination, spiritual and group counseling, life skills training, recovery housing and transportation assistance. DMH certified services provide care coordination, peer recovery drop-in centers, managed by a certified Recovery Support Specialist or Peer, that is accessible on foot or through public transportation, or provided alternative transportation, voluntary and free of charge, coordinating with social support service agencies in the community; recovery coaching by certified recovery support specialist or peers; wellness coaching; employment coaching including placement skills and spiritual counseling to be provided by qualified clergy with additional certified credentials.

Transportation services are required to be to and from certified substance use treatment programs, support programs, Dr. appointments, probation and parole in court and other criminal justice agencies, and employment seeking activities with the vehicle licensed and insured; recovery housing, and short-term respite housing, for persons participating in department certified programs, peer run, supervised 24 hours a day. Transportation as required by the Medicaid program is not provided on a consistent level, especially in rural areas.

Recovery housing properties require certified housing inspection and proof of meeting all local government occupancy requirements, such as NARR standards program certification must meet NARR and Recovery Support Services certification and follow core rules for psychiatric and substance use disorder treatment programs. Qualified staff and volunteers pass background screening with training on ethics, professional boundaries documented in the personnel file.

Recipients of service transitioning to staff must be in recovery for at least 12 months, having not used illegal drugs, alcohol, and successfully managing mental illness. Supervision of staff and volunteers requires additional certifications. Persons receiving treatment at a current mental or co-occurring substance misuse disorder meet requirements, in recovery or reentering the community or from a correctional facility that has a program. Each person must have an individualized recovery plan with progress toward specified goals.

Funding for RSS housing is through DMH funding, as opposed to pass through State Opioid Grant or other grant funding. Participation of RSS housing funding in those funding programs would support housing in the areas they serve. Similarly, RSS personnel credentialed to the same level as other providers do not receive Medicaid reimbursement. Consideration of funding for like-credentialed personnel would further support RSS services.

Street MedStL treated 90 to 110 unique people per week, in housing unstable circumstances.

Housing is identified as a "pipeline" in that if there is no place for people to go, patients get "stuck in nowhere" resulting in going back to the beginning of treatment, often requiring acute care.

Williams Associates concurred with these recommendations, and emphasized coordinated planning between corrections, housing, behavioral health and social services.

Family Health Care St. Louis testified in 2022 there were 14,000 people awaiting section 8 housing, also recommending housing first policies with short-term wraparound services, additional community health workers and wraparound services.

Criminal Justice Ministries also emphasized the need for both short and long-term housing, expanding EPPIC, streamlined documentation access, allowing a prison ID to serve as a state ID, fair housing and section 1115 Medicaid waiver.

Missouri Housing Development Commission (MHDC) (Deputy Executive Director and Director of Operations Jennifer Schmidt and Deputy Director of Operations, Jenni Miller)

MHDC is Missouri's state Housing Finance Agency. MHDC administers funding for federal and state affordable housing programs, including the federal and state Low-Income Housing Tax Credit (LIHTC), the state Affordable Housing Assistance Program (AHAP), the Missouri Housing Trust Fund (MHTF), Missouri Housing Trust Fund-Disaster Relief, and the federal Emergency Solutions Grant Program. Funding is awarded to housing related organizations (for-profit or nonprofit) and/or developers. MHDC does not award funds directly to individuals.

The Affordable Housing Assistance Program, Missouri Housing Trust Fund, Missouri Housing Trust Fund-Disaster Relief, and Emergency Solutions Grant Program provide homelessness prevention. Low-Income Housing Tax Credits, HOME, and National Housing Trust Fund provide financing for the development of long-term and stable affordable housing.

The most applicable source of funding for recovery housing, the Missouri Housing Trust Fund, provided $3.2 million in grants to the last fiscal year, and is funded by a three-dollar recording fee, which has not changed since the program was created in 1994.

Central Ozarks Medical Center (DawnElyn Schneider)

COMC is a Federally Qualified Health Center located in mid-Missouri and is part of the FQHC SUD Network Funding. That funding through five participating FQHC programs saw 2494 patients in Quarter 4, 2024, with the Health Centers seeing over 34,000 SUD patients across Missouri representing over 241,000 SUD visits.

As part of the Network Funding, COMC was able to support 31 months of housing assistance in the form of rent paid rent paid for individuals in active recovery

TRANSPORTATION

Recovery Support Services, MOCRSP (Brendan Steenburgen, Nicole Larkin (Community Lighthouse))

"Transportation is a critical recovery support service." Particularly in rural areas, without transportation people drop out of care. Transportation is essential to get people where they need to be in crucial stages of recovery, treatment programs, healthcare appointments, criminal justice related activities, and employment. In urban areas, public transit is available, but routes are diminishing. Coming out of recovery, people take entry-level or off shift jobs where transportation is often not running. Uber and Lyft are available, but RSPs are not reimbursed.

In the past, DMH offered grants for 15 passenger vans, but operating reimbursement is often limited to mileage and not adequate to sustain the operation. Reimbursement is available for Certified Community Health Workers from DMH providing services while driving, but confidentiality and safety issues prohibit reimbursement for Van transportation. There is a shortage of Community Health Workers. Van expenses usually exceed reimbursement.

Community Lighthouse attempted van transportation, but expenses exceeded reimbursement. Reliable transportation is not available in rural areas, including for Medicaid recipients. Telehealth services can help, but communication infrastructure is a problem.

Central Ozarks Medical Center (COMC) (DawnElyn Schneider)

COMC is a Federally Qualified Health Center (FQHC) in Mid-Missouri. COMC has addressed transportation issues by co-locating services at the courthouse, supported by a $180,000 grant from HRSA. EPICC supports the program by funding peer support coaches and one care coordinator. The re- entry navigator works with individuals 90 days prior to release. The EPICC representative coordinates care with hospitals and clinics.

PROBLEM: peer services are not reimbursable from DMH. Sometimes counties provide support with opioid settlement dollars but are limited.

Four Rivers Community Health Center (Stuart Gipson)

Four Rivers is an FQHC in rural Missouri that offered services to approximately 23,000 patients in 2024, with the model of integrating SUD treatment into primary care. Four Rivers described Medicaid NEMT transportation as "a

lot of challenges". Problems included different processes for different payers. Transportation is so problematic people from two or three counties away seek transportation for treatment. To attempt to address the failures of Medicaid transportation, two minivans have been purchased with federal dollars, but reimbursement is exceeded by expenses. Reimbursement for Community Health Workers as drivers is problematic. Routes have been limited due to lack of funding. The Health Center is required to attempt prioritize the neediest.

Center for Life Solutions, Hazelwood (Joe Foege)

Significant problems with transportation, including the Medicaid MTM, describing MTM services as "very complicated" including one incident of MTM cutting off services when it learned one person on a route was seeking transportation to a methadone clinic, which is required daily, and the whole route was cut off. Coordinating Medicaid providers with MTM is a challenge, due to coordination issues. In St. Louis, public transit is possible, but not in St. Charles County. SOR grant dollars can provide reimbursement, which Medicaid will not provide.

Burrell Behavioral Health, Columbia (Justin Meals)

"Lack of transportation keeps people trapped in a vicious cycle". Quality and lack of reliability of NEMT including trip denials, delays, confusion, breakdown of logistics and coordination, no reimbursement if there are no shows, lengthy requirements for advance notice.

University of Missouri - St. Louis Addiction Science Team (Dr. Rachel Winograd)

Transportation involves (1) bringing people to services and (2) bringing services to people. Data shows that in one month people without transportation leave services. Transportation is treatment.

Transportation: Who is in charge? Department of Social Services, Medicaid? Department of Transportation? Department of Mental Health?

The Department of Transportation has funding through section 5310 through the capital Transit Administration but is it unclear whether that is governed at state or local level. Funding is theoretically available for pilot and local programs including paying for a vehicle, vouchers, driver salaries and coordination.

There is unanimity about Medicaid NEMT not working like it should, a lack of objective data metrics like no shows, complaints, late arrivals and enforcement of rules and regulations need to be tracked. Eligibility needs to be clear and consistent, such as what services can be billed. The inability to make same-day changes is "immense" as these programs operate in crisis mode.

Providers providing their own transportation does not seem to be working. Reimbursement for employees acting as drivers does not seem to be provided.

Bringing services to people, including telemedicine, need for follow-up, since reimbursement is the same for telemedicine and in person. Mobile Medication Units are currently pilot programs, which are modified recreational vehicles that travel to dispense medication and provide counseling for each one evaluation. A problem is DEA license for medication, including methadone. Methadone is only available at federally designated Opioid Treatment Programs, 13 in Missouri. It is possible that methadone could be distributed with an OTP partner at another location. According to the DEA, as of June 2025 Medical Medication Units operate in 18 states. In one program, patients using mobile medication methadone treatment retained treatment for more than 15 months, as compared to four and six months for the programs. Medication Units could be particularly effective in rural areas. Federal grants such as State Opioid Response (SOR) grants, and opioid settlement funds, as well as Medicaid funding are available, but Medicaid reimbursement is usually not high enough to cover the cost. Startup costs are high, usually requiring grant funding for vehicles. Reimbursement for peer support workers or community health workers needs to be clarified.

Making services more accessible to reduce transportation, such as reentry programs and jails, another service for which locations should also be expanded.

The UMSL program has provided resources, attached as *Table 1* and *Table 2*. *Table 3* is a very helpful matrix setting forth apparent reimbursement for transportation services. It is highly recommended that this matrix be evaluated and compared to address the complicated and confusing issue of SUD transportation reimbursement. Increased evaluation of Mobile Medication Units, particularly in rural areas, co– located at treatment locations is recommended.

Table 1. Studies showing positive impacts of transportation on retention.

Study / Source	Key Insight /Intervention	Impact on Treatment Retention	Notes
DATOS Study (1990s) PubMed	Provider-arranged transportation (car/van/contracted rides)	Improved retention at 90–365 days	Vouchers/passive supports did not improve retention
Rides to Recovery (TN) CCAM-TAC	904 rides to 204 participants; only 93 relapsed	Strong correlation with sustained recovery	Peer support integrated with rides
MTAC ROI Report	NEMT riders attended 16.4 sessions/month vs. 4.3 without	Suggests higher engagement and likely retention	Financial ROI: ~$210/month per person
Michigan Ride Program Michigan.gov	4,100+ rides funded via opioid settlement	Supports consistent service attendance	Uses multimodal supports (rideshare, gas cards)
WV SOR Transit Program CCAM-TAC	Coordinated rural SUD transportation	Strong access = better opportunity for retention	State-funded through SOR grant
CMS Medicaid NEMT Reports Mathematica	SUD patients use NEMT heavily	NEMT is crucial for ongoing care access, indirectly supporting retention	National-level data
Telehealth Buprenorphine Study (KY/OH Medicaid) NIDA	Telehealth initiation vs. in-person	KY: 48% vs. 44%; OH: 32% vs. 28% retention at 90 days	Telehealth improves retention, bypass transport barrier
Telehealth (Peer) Buprenorphine Study (Missouri EPICC)	Telehealth (assisted by Peers) "rapid" medication access vs. in-person appointment	Telehealth participants = more likely to go to treatment, retained at 1 & 3 months	Feasible and effective to start buprenorphine via tablets/telehealth in street outreach
CT Transit Infrastructure Study PMC	Clinics near transit lines = lower costs, better access	Improved retention via more consistent service access	Transit accessibility benefits providers and patients

Table 2. Studies showing negative impacts of transportation barriers on retention.

Study / Source	Key Insight/Barrier	Impact on Treatment Retention	Notes
WV MAT Survey PMC	NEMT unreliability (no-shows, delays)	Cited as key reason for early drop-out (before 90 days)	Especially problematic in rural settings
Rural Opioid Initiative (multi-site) ScienceDirect	Rural residents faced long travel distances and no transit	Transport limitations strongly tied to treatment avoidance or drop-out	Impact amplified for those needing treatment medications
Ohio Randomized Trial – Text Reminders Transport Springer	Control group received only one message about free rides	Ride sharing text reminders had no effect on retention; Treatment meds associated with higher retention	Highlights risk of passive supports vs. active outreach

Table 3. Transportation resources and information collected by UMSL-MIMH

	**NOTE: All information contained within was gathered by the UMSL-MIMH Addiction Science team and is undoubtedly incomplete. There are likely initiatives, grants, and coverage options for transportation that exist in MO and are not captured here. Future versions will aim to incorporate new information as it is uncovered.		
	Eligible Transportation Expenses	Patient Eligibility	Transportation Restrictions	Practical Notes and Challenges
MO HealthNet Non-Emergency Medical Transport (requested by patient)	MO Health Net-covered patient requests transportation via website or phone to get to and from medical appointments that do not require emergency care. Patients may receive public transit passes/bus tokens, gas reimbursement, paid taxi or Uber/Lyft rides, or transportation by vans https://mydss.mo.gov/ mhd/transportation *Who provides the services for van transportation, listed as one of the options?* MTM is the vendor for MO HealthNet	- Must be a patient covered by MO Health Net - Visit must be medically necessary (behavioral health visits, counseling, medication, etc.) *How is patient eligibility assessed and operationalized? I.e., how do patients "prove" they are requesting NEMT for eligible services?*	MTM Health cannot arrange rides for patients to go to: - The pharmacy (unless you have a scheduled vaccination appointment) - Certain Durable Medical Equipment services - Some Comprehensive Substance Treatment Abuse and Rehabilitation services - *which CSTAR services are ineligible?* - Developmental Disability Waiver services - Some Community Psychiatric Rehabilitation services	- Cumbersome for patients and providers to coordinate with the 3rd party transportation (MTM) - Some orgs do not promote this form of coverage to their patients/work with them to use it because of the high needs of their patient population and the NEMT barriers (long wait times, inconsistent scheduling practices, not trauma-informed, etc.) - Vendor reports certain trips are allowable on the website but even those trips are rejected or canceled

	and makes the determination of what service is provided based on patient request - https://www.mtm-inc.net/missouri/ Which sub-vendors does MTM contract with for NEMT - OATS, UberHealth, etc ? And how much oversight/accountability does MTM provide?		- Adult day care services - Services provided in patient's home	(e.g., routes to/from methadone clinics) - *is this due to stigma or true ineligibility?* *- In what instance does MTM coordinate/provide the ride vs. directly reimburse the patient for their gas mileage?*
MOHealthNet Reimbursement (requested by provider)	Billable services include bus passes and volunteer vehicle mileage reimbursement. - Billable code for providers to cover bus passes - T2004 - Billable code for non-emergency transportation: Volunteer vehicle mileage - A0080 *(hardly ever used)* *do these exist for non-DMH providers?*	Must be a patient covered by MO Health Net	- Reimbursement for transportation by a staff member can only be for clinical services ("therapy while they are driving"), based on staff credentials (peer support, LPC, MSW, etc.) and whether the patient was actually picked up and taken to an appointment. If staff drive out and the patient is a no-show, MO HealthNet will NOT reimburse the travel time to and from patient's location.	- Provider organizations may reimburse an individual worker who goes to pick up someone in their personal vehicle, but the only reimbursement the organization gets is for the face-to-face time spent between the staff (driver) and patient (Billing rate is different for whoever drives based on credential) - All of the mileage reimbursement and/or resultant no-show is considered to be the cost of doing business and is not reimbursed. Thus, from their perspectives, transportation is "not billable" even though they do provide it when they can, and the organization will reimburse the staff for those efforts via their operating budgets. - Providers report the reimbursement for bus passes is not sufficient to make up for the administrative time it takes to submit

				reimbursement
State Opioid Response (SOR)	Billable service for organizations providing transportation service to a SOR SUD treatment patient. Billable services include bus passes and volunteer vehicle mileage reimbursement. - Billable code for providers to cover bus passes - T2004 - Billable code for non-emergency transportation: Volunteer vehicle mileage - A0080 (hardly ever used) *do these exist for non-DMH providers?* - Additionally, UMSL-MIMH uses SOR programming funds to buy bus passes and ride vouchers and distribute them to SUD service providers	Must be a patient covered by SOR	- Reimbursement for transportation by a staff member can only be for clinical services ("therapy while they are driving"), based on staff credentials (peer support, LPC, MSW, etc.) and whether the patient was actually picked up and taken to an appointment. If staff drive out and the patient is a no-show, DMH will NOT reimburse the travel time to and from patient's location.	- Providers report the reimbursement for bus passes is not sufficient to make up for the administrative time it takes to submit reimbursement
General Adult CSTAR (DMH)	Billable service for organizations providing transportation service to an uninsured patient. Billable services include bus passes and volunteer vehicle mileage reimbursement. - Billable code for providers to cover bus passes - T2004 - Billable code for	Must be an uninsured patient	- Reimbursement for transportation by a staff member can only be for clinical services ("therapy while they are driving"), based on staff credentials (peer support, LPC, MSW, etc.) and whether the patient was actually picked up and taken to an appointment. If staff drive out and the	- Providers report the reimbursement for bus passes not sufficient to make up for the administrative time it takes to submit reimbursement

	non-emergency transportation: Volunteer vehicle mileage - A0080 (hardly ever used) *Do these exist for non-DMH providers?*		patient is a no-show, DMH will NOT reimburse the travel time to and from patient's location.	
Opioid Settlement (DMH)	- No option for service providers to bill for reimbursement because funds are not used for clinical treatment (to our knowledge) - UMSL MIMH uses programming funds to buy bus passes and ride vouchers and distribute them to SUD service providers *Are there other state or local initiatives providing bus passes or ride vouches that we don't know of?*	No restrictions	NA	Not enough funding to pay for bus passes/ride vouchers to give to provider orgs statewide
Cannabis Tax Fund	- Not currently applied to transportation but could be, such as additional programming funds to buy bus passes and ride vouchers and distribute them to service providers. *Are there state or local initiatives providing bus passes or ride vouches that we don't know of?*	NA	NA	Not yet applied to SUD transportation to our knowledge

Missouri Department of Transportation (Christy Evers)

The state of Missouri identified state and federal programs available for various levels of funding. A copy of the MODOT – Transit Overview description is attached in the appendix, pp. 289-290.

The Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP) provides operating assistance to agencies providing transportation services for seniors and individuals with disabilities. Additionally,

federal FTA Section 5310 Enhanced Senior and Disability Transportation provides grants for agencies serving mobility needs of seniors and individuals with disabilities, administered by MODOT, including cost of vehicles. Fiscal year 2024 FTA funding is approximately $5.5 million.

FTA Section 5311 grants for nonurban transportation including OATS Transit, Inc. and intercity bus carriers for populations less than 50,000 received in excess of $25 million in federal fiscal year 2024

Department of Mental Health

SUD providers may bill transportation under the Federal to State Opioid Response grant or Missouri Department of Corrections ICTS (Improving Community Treatment Services), $430,000 in fiscal year 2025. SUD providers may bill for service delivered during travel, which, however, providers consider impractical due to confidentiality and safety reasons.

Telehealth in 2025 connected over 12,000 SUD customers, covered by Medicaid, but communication equipment and technology are problematic. In school behavioral health systems are growing, to 10,700 individuals in fiscal year 2025.

Mobile health treatment units, of which there are nine in the state, with two ETMS now operating at Independence in Blue Springs Police Department and first responders are now in place.

Mobile crisis response, an element of crisis continuum, providing ambulance care to crisis centers is available under Medicaid, at the cost of $5 million general revenue.

Voucher systems for Recovery Support Services are viable in urban areas, but not rural due to lack of public transportation. Purchases of vehicles have been available under ARPA or other grant funding, but most providers testified that revenue is not adequate to sustain the service.

Transportation is allowable under the State Opioid Response Grant and the Department of Corrections Improving Community Treatment Services program as well as the opioid settlement, under sections 1 -1 and 7, wraparound services and transportation to treatment or recovery programs for persons with OUD.

Department of Health and Senior Services

Pilot or limited availability programs that have typically been grant funded that have demonstrated transportation success include Kaizen Transportation Services; New Growth Transit; Health Tran; and TORCH project. Another is the Washington County Mobile Integrated Healthcare Network partnering and ambulance district with a federally qualified health center and 13 Central Missouri counties

The Overdose Data 2 Action grant from the Centers for Disease Control supports the Kaizen project. Current funding is $350,000 in the St. Louis area operation. From September 2024 to July 2025, 10,000 rides for substance misuse services were provided for treatment, 48% for SUD treatment, 16% for recovery services, and 23% for behavioral health. Rides have been reduced due to lack of budget. Again, sources for shortfalls and grant expiration need to be found, perhaps opioid settlement or recreational marijuana tax.

New Growth Transit is a volunteer network of drivers operating in central Missouri. The program operates on reimbursement to "volunteer" drivers who utilize their own vehicles for federal mileage reimbursement rate. Local support is required to initiate and sometimes maintain the service. New Growth Transit at a significant cost has become an MTM contractor, with the hope that Medicaid funding will sustain the service. Testimony is similar to that of other providers regarding problems in becoming a MTM provider came from more than one source, and merits review.

DHSS provided personal testimonies:

JAMES H: James has been in recovery for seven years, spending six of those years in the field of substance misuse prevention and treatment, now holding two bachelor's degrees and multiple credentials, at the age of 40. James' story is that "a single train ticket changed my life after I was released from incarceration".

During his active addiction, James stated it was easier to get a ride to the drug dealer than it was to get a ride to treatment; "transportation barriers don't just delay recovery, they can destroy hope." He finally was able to get help when he got a train ticket to Missouri and had support who was willing to drive him to treatment and pick him up everyday.

Now, as a Lead Peer Support Specialist and a person in long-term recovery, James sees his clients struggle with transportation to drug court requirements, HiSet employment classes, to get birth certificates and Social Security cards so they are able to get employment. James concludes that "recovery is possible, but it must be accessible and Transportation is a barrier.

LINDSEY F: Lindsey's story starts with using meth. She finally left her abusive husband then fell into another relationship again using meth. At age 32 she entered recovery. She said lack of transportation made it nearly impossible to keep a job or go to recovery meetings. She again relapsed. She testified that she sees the same pattern in her clients. They want recovery but "they are blocked at every turn by the same barrier that nearly destroyed me: transportation." They miss appointments, job interviews, meetings. When desperate for a ride the only people available are old friends who are still using. "Transportation is not just about getting from one place to another. It is about freedom, independence, and survival.

"Transportation is not just a convenience. It is a lifeline." Without reliable transportation people in recovery cannot get treatment, cannot work, cannot rebuild their lives.

Ozarks Community Health Center (OCHC) (Scott Crouch, CEO)

OCHC is a Federally Qualified Health Center located in rural Missouri. It started transportation services under a Covid grant in June 2022 and began the process to become a MTM provider in March 2023, not concluded until June 2024, with help from a state Senator. 12% of the Health Center's Medicaid patients identified a lack of transportation as indeed. The grant continued from 2025 to February, and still in that year the program lost over $73,000. In June 2025, the program was changed to transport only to OCH facilities, but rides to specialists were terminated due to financial constraints. Since June 1, 2025, the program has lost over $15,000. The program was suspended for a period due to an issue with MTM over insurance requirements not previously raised. The CEO testified:

It is easy to see why very few entities perform transportation services, especially in rural communities. The CEO testified the health center has the desire to make this work "but we have not found a way to perform the services without it being a significant loss" and as a result the services are at risk of being terminated completely.

Department of Social Services (Jessica Bax, Director and Todd Richardson, MO HealthNet Director)

Non-Emergency Medical Transportation, provided by the contractor MTM Health, is required under the Medicaid regulations and the MTM contract to be available 24 hours a day, seven days a week, when medically necessary to MO HealthNet recipients. Managed care plans have their own contracts and sometimes provide enhanced services. Services include fleet drivers, para-lift vans, ambulances, multi-passenger vans and rideshare and taxi service, along with public transit, bus tokens and gas mileage reimbursement for people who transport Medicaid recipients. Requirements are that calls should be answered in under 60 seconds on average, less than 5% of calls abandoned, picking up never be late, will call unscheduled pickup not more than 60 minutes, and hospital discharges wait no longer than three hours. Funding is provided on a per enrollee basis, with no per ride or similar financial incentive. MTM representatives testified that funding from Medicaid exceeded $50 million per year.

Despite the requirements, several organizations testified to failures regarding MTM transportation, to the degree that some providers had decided to no longer attempt to use the service.

MTM Health, Inc. (Dana Wilkerson and Colleen Giebe)

MTM operates in all 50 states, including 1.9 million trips in Missouri in 2024. In Missouri there were 19,000 trips for SUD in 12 months, in 80 different counties (meaning that in 34 counties there was no SUD transportation.) MTM representatives testified that there were 30,000 NEMT users, 178 contracted providers, with an estimated

Return on Investment of more than $480 million. They offered statistics of a .15% provider no-show rate and 99.84 % complaint-free trips, which contrasted with testimony from entities attempting to use the service. Testimony was there were over 80,000 completed trips in July 25, for fee-for-service Medicaid (not including managed-care which was perhaps is approximately a similar number.

MTM acknowledged problems, particularly in the rural areas. The lack of contracted providers is an issue, (however, it is the obligation of MTM under the state contract to provide transportation providers). MTM described programs being implemented to address the concerns to include review of problems with contracting; terminating providers that left recipients stranded or other failures; development of a modified trip assignment system that rewards or penalizes providers for performance; disqualifying providers for accepting and then dropping assignments; and consideration for funding enhancements to attract providers in difficult to serve areas.

Office of State Courts Administrator (Richard Morrissey and Katie Doman)

An appropriation of $10.5 million to the state treatment court program, approximately $400,000 was spent including local funding for housing and transportation, including opioid settlement funds. Language has been added to confirm that funding can be used for transportation as well as medically assisted treatment and programs such as assisting with housing. The Treatment Court Coordinating Commission oversees funding and meets to approve funding from proposals from the treatment courts. Recent legislation authorized mental health courts to receive funding, specifically including co-occurring mental health and substance use disorders. In 2024, over 6000 individuals participated in treatment court programs in 99 counties.

Department of Corrections (Lori Lewis–Kennedy and Taylor Hagenhoff)

Approximately 76% of people in the DOC are estimated to have a co—occurring substance use disorder. DOC is implementing evidence – based practices to improve programs and services in the facilities and the community and has adopted a treatment model that includes community-based aftercare services for offenders receiving institutional based treatment of programming. Institutional programs range from short-term 120-day treatment to one year plus programs for offenders assessed with SUD.

The Department has implemented Improving Community Treatment Services (ICTS) as a collaborative program between Department of Corrections and Department of Mental Health to lower system cost, decrease crime and create a safer state. The approach focuses on the highest intensity addiction services on the highest risk/need people on probation and parole and includes a pay-for-performance model. The program is currently implemented in 15 counties. Treatment provider performance is related to positive impact on five outcome areas: retention treatment; housing stability; employment stability, no substance use; and no revocations. Services include housing assistance, mental health treatment services, employment services and transportation assistance. Eligibility is for people on probation or parole in a participating county with at least nine months remaining on supervision, with a moderate or severe SUD cooccurring disorder, funding $6 million general revenue, and an additional $1,800,000 general revenue for the Reducing Recidivism program in six counties. Similar services are provided under the reducing recidivism program for eligibility for moderate to high-risk individuals needing housing or employment assistance to successfully complete their program. Another program is Reducing Recidivism in St. Louis, provides similar services including housing and transportation with $1.9 million of federal funding. The department describes the programs as "very longitudinal" and is studying these recently implemented programs to evaluate value and effectiveness

Lane Change, Inc. (Lauren Mitchell and Robert Headley)

Lane Change is a program that opened in 2019 to provide support for those living with SUD, aiding in housing, transportation, counseling and connecting with service providers. As a faith-based program, it receives support from churches and other community providers with virtually no state support except for the Neighborhood Assistance tax credit program, currently exploring the possibility of becoming a DMH supported Recovery Support Services provider, particularly regarding a newly initiated recovery housing project. It employs four certified peer specialists and describes its goal to break barriers for clients that come in for help with their housing needs, transport needs,

connect with providers for recovery; and offers faith-based programs with churches and AA meetings; a lot of case management and follow-up, building a positive relationship with clients. It includes a program in the Laclede County jail and receives referrals from Laclede County treatment court.

Transportation is described as "always an issue". The program does not use MTM. The program is forced to rely on itself and its peer specialists or director to transport clients without reimbursement. Public transit systems are described as, quote, "impossible to rely on". Local Taxicab Company will sell discounted vouchers.

A board member with a tragic family experience has a goal to intervene with people in the judicial system to implement probation conditions to allow offenders to receive treatment to avoid felony conviction, by furloughing the offenders to the program for 18 to 24 months.

(Lane Change is a remarkable example of a community-based and supported program with little or no reliance on state funding. It is also an example of the lack of information regarding or communication with State Departments and programs that could enhance and supplement its mission).

Wellston Loop Drop-In Center (Kim Jayne, Malik Sims)

Wellston Loop operates in what used to be a thriving business district, now depleted to abandoned buildings and vacant lots. The program houses 25 people every night for 40 nights with an anticipated bid count of 175. The Street Meds program helps people with wound care. In 2022, GROW STL, a collaboration of five city agencies partially funded with the Behavioral Health Network through the Department of Mental health and Kaizen Ride service, was implemented. The ride service scheduled 4017 rides in only part of 2025. People were transported to families, Salvation Army, sobering center, hospitals and shelters.

Malik Sims testified that the availability of transportation is critical when there is a "moment of sobriety". If the person cannot be transported to a place of assistance the moment will be missed. Previously, there were two volunteers transporting people in their own vehicles. Kaizen transportation provides that opportunity, having transported over 4000 people in just two quarters. The ride service is beginning to incur limited availability due to expiration of grant funding.

ADDITIONAL TESTIMONY ON RELATED AND URGENT SUBJECTS

Moms Against Fentanyl (Storm and Lance Dillenschneider)

From their own personal tragedy, the Dillenschneiders press the need for funding for prevention testifying that seven out of 10 counterfeit pills have lethal doses of fentanyl targeted to 11 to 14-year-olds. They recommend dealers facing mandatory sentencing of 20 years; distribution resulting in death mandatory charge of second-degree murder, 20 years for sexual exploitation of a minor, more severe for exportation resulting in death; mandatory education schools with the drug curriculum and the dangers of counterfeit pills. The testified that in Jackson County fentanyl is the number one killer with overdose deaths increasing 700% in five years.

Cheri Goldsmith and Danielle Greenlee

These witnesses testified from personal tragedy to the dangers of 7 – OH (7-Hydroxymitragynine), associated with Kratom, a plant used as stimulant and its opioidlike effects. Enhanced Kratom products containing up to 500% more than natural levels are sold currently without regulation, with misleading marketing practices disguised as candy and ice cream making them accessible even to children. The FDA has formally recommended the DEA classify 7 – OH as a schedule 1 controlled substance. 7 – OH is legal in Missouri, with only St. Louis enforcing a 2% alkaloid concentration limit. In Florida, the Atty. Gen. has filed an emergency rule as a Schedule 1 controlled substance making it illegal to sell, process or distribute any concentrated form. The concern is that without restriction 7 – 08 can become the next opioid epidemic, cited by the FDA is 13 times more potent than morphine. The witnesses testified that a $55 pack of the enhanced alkaloid, with the recommended serving of a quarter tab is actually sold as a six pack three times a day to addicts, without regulation.

REPORT DETAILS

DEATHS BY SUBSTANCE

Each year thousands of Missourians die due to substance misuse. Though Missouri has experienced a decrease in deaths attributed to cocaine, methamphetamine, opioids, and alcohol since 2022, smoking-attributable deaths have remained consistent, at more than 9,900 each year. *(Figure 1, Table 4).*

Tobacco-Related deaths are derived from a checkbox on the death certificate. It asks the attending physician to determine if 'tobacco use contributed to the death'. Options are 'Yes', 'Probably', 'No' and 'Unknown'. The sum of the 'Probably' and 'Yes' is included in the count for tobacco-related deaths.

Alcohol induced is a broad definition that includes: alcohol induced pseudo-Cushing's syndrome; mental and behavioral disorders due to use of alcohol; degeneration of nervous system due to alcohol; alcoholic polyneuropathy; alcoholic myopathy; alcoholic cardiomyopathy; alcoholic gastritis; alcoholic liver disease; alcohol induced pancreatitis (chronic and acute); fetal induced alcohol syndrome (dysmorphic); excess alcohol blood levels; accidental poisoning by and exposure to alcohol (intentional, accidental, or undetermined intent); and fetal alcohol syndrome.

Opioid involved deaths have significantly declined over the past two years from 1578 in 2022, to 1427 in 2023 to 910 in 2024. This represents the lowest total number of opioid related deaths in Missouri since 2016. Despite the overall decline in opioid involved deaths, fentanyl continues to be a significant problem and was involved in 90% of all 2024 opioid overdose deaths.

Methamphetamine involved deaths also have significantly declined over the past two years from 724 in 2022, to 710 in 2023 to 556 in 2024. Methamphetamine is a primary driver of drug-induced mortality, frequently categorized within the broader data for "stimulant-involved" deaths. According to 2023 data, methamphetamine was listed as a cause of death in 39.9% of unintentional drug overdoses and was detected in 53.1% of all toxicology reports at the time of death.

Cocaine involved deaths have also significantly declined over the past two years from 320 in 2022, to 314 in 2023 to 268 in 2024. Cocaine was listed as the direct cause of death in 19.1% of all unintentional drug overdoses in Missouri and cocaine was detected in 33.3% of all toxicology reports at the time of death, even if it was not determined to be the primary cause of the overdose.

Source data and information from the Missouri Department of Health and Senior Services SUDORS report.
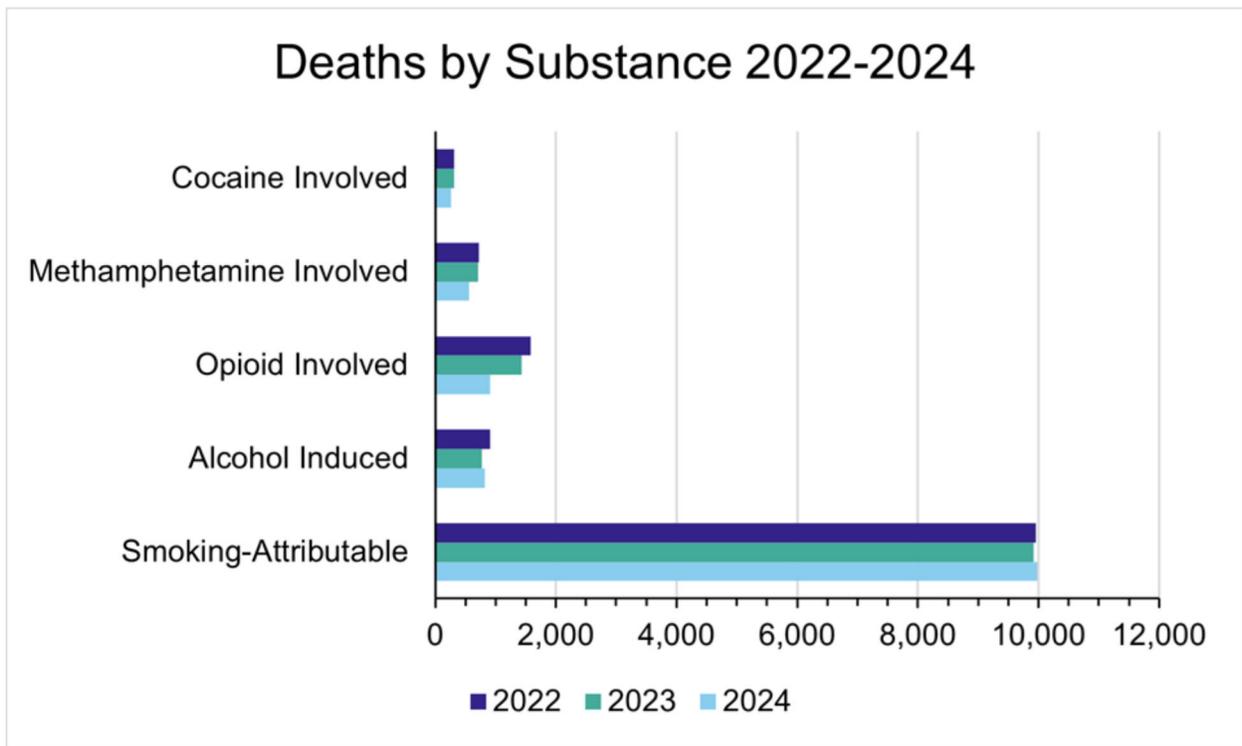
Figure 1. Number of substance related deaths by substance 2022-2024.

Number of deaths attributable to specific substances in 2022 (dark blue), 2023 (green), and 2024 (light blue). Data provided by the Department of Health and Senior Services (DHSS) in 2025. Deaths by substance are not mutually exclusive; a death record may have more than one drug listed and would count in multiple categories.

Table 4. Number of substance related deaths by substance (2022 - 2024).

Number of deaths attributable to specific substances in 2022, 2023, and 2024. Data provided by the Department of Health and Senior Services (DHSS) in 2025. Deaths by substance are not mutually exclusive; a death record may have more than one drug listed and would count in multiple categories.

Cause	Deaths (2022)	Deaths (2023)	Deaths (2024)
Smoking-Attributable	10,306	9923	9981
Alcohol Induced	910	777	821
Opioid Involved	1577	1427	910
Methamphetamine Involved	724	710	556
Cocaine Involved	320	314	268

FUNDING BY SUBSTANCE

To assess and prevent these deaths and related substance use disorders (SUDs), the state of Missouri has appropriated funds to programs aimed at treatment, recovery, and prevention of SUDs. The state also provides funding to cover the administrative costs of running and supporting these programs. SUD programs may focus on one, several, or all substances related to SUDs. The majority of Missouri's SUD program funding is directed toward programs that focus on all addictive substances and disorders, rather than programs that target a specific substance.

Following is some background on the targeted substances identified by state departments:

- *Alcohol*: A substance associated with Alcohol Use Disorder (AUD), which is treated through clinical interventions such as detoxification and psychological counseling. Specific medications used to manage this disorder include Acamprosate, Disulfiram, and Naltrexone. The Missouri DMH manages the Substance Awareness Traffic Offender Program (SATOP), a system of education and treatment for individuals arrested for alcohol-related driving offenses.
- *Opioids*: A class of highly addictive drugs that includes fentanyl, heroin, and prescription pain medications. These substances bind to receptors in the brain, and at high doses they can cause respiratory depression and fatal overdose. The category also encompasses emerging threats like 7-hydroxymitragynine (7-OH), a potent opioid compound derived from the kratom plant.
- *Nicotine:* A substance found in tobacco products and electronic cigarettes that is targeted by state prevention and cessation services. Treatment typically involves counseling and Nicotine Replacement Therapies (NRT) or medications like Varenicline and Bupropion to assist individuals in quitting.
- *Tobacco:* Specifically addressed as "commercial tobacco use," this category includes cigarettes and electronic cigarettes. Any product containing, made, or derived from tobacco or nicotine, whether natural or synthetic, that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part, or accessory of a tobacco product. State efforts focus on preventing youth initiation and providing educational materials to retailers to prevent sales to minors. Other programs focus on eliminating exposure to secondhand smoke through smoke-free housing and park policies.
- *Stimulants:* A class of drugs that includes methamphetamine and cocaine, which were involved in 54% of all Missouri overdose deaths in 2024. Unlike opioids, which often cause acute overdoses, stimulant-involved deaths are more frequently associated with chronic health conditions, requiring different prevention and treatment strategies
- *Cannabis:* A substance containing approximately 500 chemicals, including cannabidiol (CBD) and the mind-altering compound tetrahydrocannabinol (THC). Use is linked to Cannabis Use Disorder, impaired driving, and serious mental health issues such as depression, social anxiety, and psychosis or schizophrenia. The state monitors "copycat" products containing synthetic derivatives like Delta-8 THC.
- *Gambling:* Referred to as compulsive gambling or gambling disorder, this is a condition characterized by a loss of control over gambling activities. The state provides individualized treatment, including individual and group counseling and family therapy, to reduce the negative impacts on individuals and their families. Though gambling disorder is not substance based, treatment modes are very similar to SUD treatment, and it is common that an individual with gambling disorder may also need concurrent treatment for SUD.
- *Sexually Transmitted Diseases:* Referred to as STDs or STIs, these are addressed through prevention, testing, and linkage to care, with a specific focus on HIV, syphilis, and viral hepatitis (Hepatitis C/HCV). Programs include the use of Disease Intervention Specialists (DIS) to provide partner services and ensure successful treatment for those diagnosed. Though sexually transmitted diseases are not substance based, a substance use disorder could be a vector for STDs (needle sharing, prostitution, etc.). Treatment for SUD may also include education and treatment for STDs.
- *All:* A comprehensive category used to indicate programs that address all substance use and/or misuse. This includes broad initiatives such as Prevention Resource Centers (PRCs), community coalitions, and certain Treatment Court agreements that provide wraparound services for a wide variety of substance use and co-occurring mental health disorders.
- *Unspecified:* This term refers to medical or emergency department records where a specific drug is not identified. Roughly 45% of medical programs use codes for "unspecified drugs," unspecified antidepressants, or unspecified antipsychotics when detailed toxicological data is unavailable.
- *Administration:* Not a substance, this category covers operational and oversight functions necessary to manage programs and personnel. It includes payment of salaries, expenses, equipment, and 3rd party vendors.

Source data provided by the departments identified programs to address these categories along with 3 combinations like cannabis, opioids and stimulants. Hence some programs may address one substance or may address multiple substances *(Figure 2, Table 5)*.
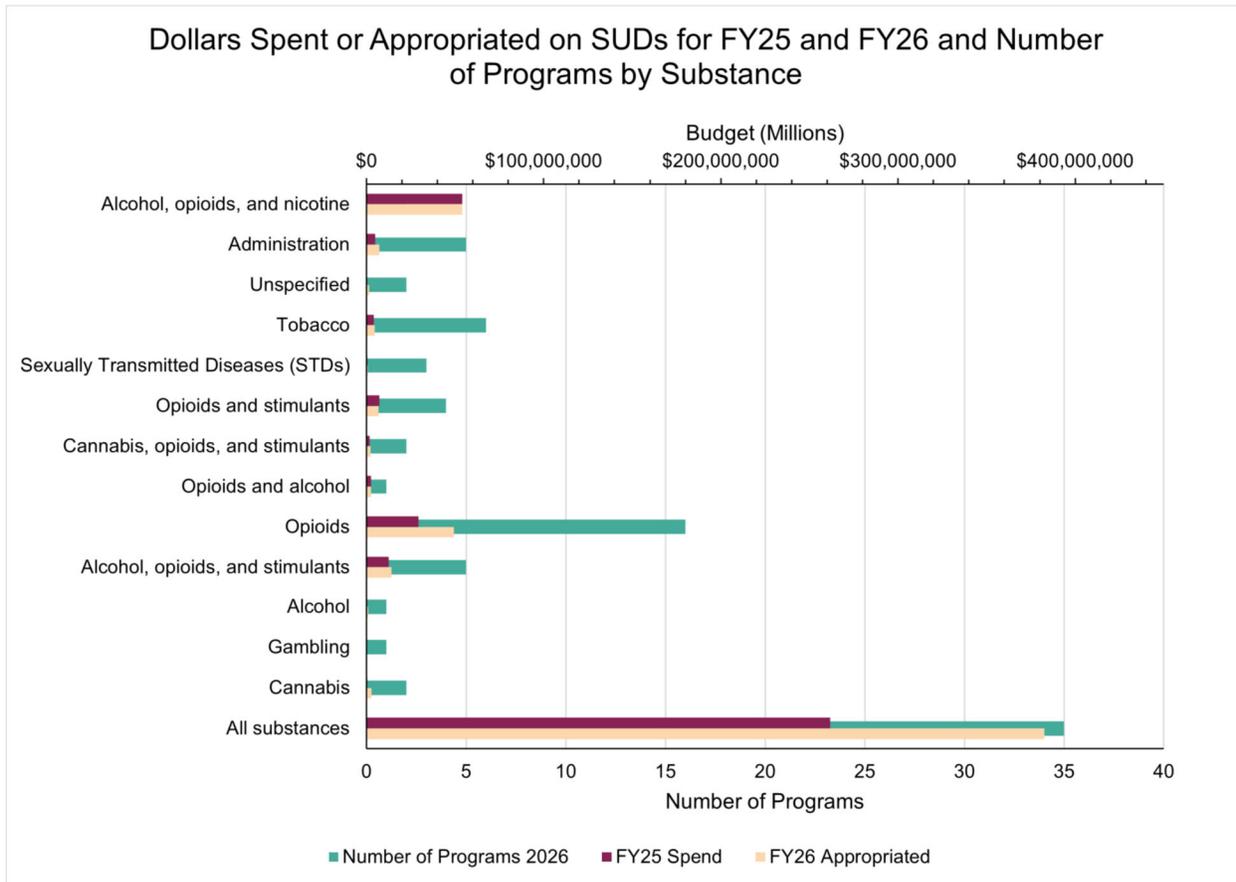
Figure 2. Dollars spent or appropriated on SUDs for FY25 and FY26, and number of programs by substance.

The amount spent in FY25 and the amount appropriated in FY26 to programs dedicated to specific substances (listed). Number of programs dedicated to each substance are shown in green. All substances does not refer to a total, but to programs that focus on all substances or on broader aspects of addiction.

Table 5. Number of programs and amount spent and appropriated per substance (2025-2026).

In addition, the difference between the spending in FY 2025 and the amount appropriated in 2026 is listed in the Additional Amount Appropriated column. All substances does not refer to a total of all programs, but to programs that focus on all substances or on broader aspects of addiction.

Substance	Number of Programs in 2026	FY26 Appropriated	FY25 Spend	Additional Amount Appropriated
All substances	35	$382,510,330	$261,811,520	$120,698,810
Cannabis	2	$2,850,000	$360,000	$2,490,000
Gambling	1	$153,606	$14,237	$139,369
Alcohol	1	$1,000,000	$310,412	$689,588
Alcohol, opioids, and stimulants	5	$14,229,971	$12,645,713	$1,584,258
Opioids	16	$49,308,192	$29,475,169	$19,833,023

Opioids and alcohol	1	$2,564,144	$2,487,220	$76,924
Cannabis, opioids, and stimulants	2	$2,254,157	$1,881,604	$372,553
Opioids and stimulants	4	$6,726,275	$7,397,022	-$670,747
Sexually Transmitted Diseases (STDs)	3	$611,915	$380,948	$230,967
Tobacco	6	$4,732,149	$4,137,815	$594,334
Unspecified	2	$1,500,000	$191,798	$1,308,202
Administration	5	$7,219,374	$5,023,048	$2,196,326
Alcohol, opioids, and nicotine	2	$54,081,908	$54,081,908	$0
Total	83	$529,742,021	$380,198,414	$149,543,607

It should be noted that the increased appropriation in FY 26 is to a significant degree due to non-general revenue funding made newly available from the national opioid settlement and Adult Use marijuana tax, both limited by either the Constitution or the terms of the settlement agreement to the uses applied. In addition, this report considers additional programming and associated appropriations from DPS, DOT, and MHDC that were not included in previous reports.

Of 83 state programs, no program addressed only stimulants. Departments identified 4 programs that address opioids and stimulants and 5 programs that address alcohol, opioids and stimulants. Further time should be invested to evaluate the similarities and differences between these 9 programs plus the 16 opioid only, 1 opioid, alcohol and 2 alcohol, opioid and nicotine programs. In total these 28 out of 83 programs represent 14% of the total $529 million appropriation and 14% of actual expenditures.

$529 million in appropriations divided by 83 programs provides a benchmark statistic of $6.3 million per program. This calls attention to the two alcohol, opioid and nicotine programs. Upon closer inspection we see these are both "Medication Assisted Treatment – Drugs" programs that served 74,000 Missourians. This example is shared to caution readers against comparing program statistics without diving into other details like the number of Missourian's served. Future analysis should investigate other benchmark statistics for program comparisons ($/people served, $/program age, etc.) while recognizing that output measurements may differ significantly across programs, making comparisons difficult.

Additionally, prevention programs have inherently different outcome measurements and often longer time frames for effects to be recognizable. For example, it is difficult to measure the number of juveniles who choose not to start smoking nicotine or marijuana because of a specific prevention program. Instead that outcome may be more apparent over time through generational use and death trends, crime and arrest records, or other metrics.

Over the past three years, appropriation funding has increased towards programs that focus on all substances (*Supplementary Figure 1* (appendix p. 199), *Supplementary Table 1* (appendix p. 200)). Alcohol is consistently the substance with the lowest funding for programs that only target its SUD *(Supplementary Table 1)*. However, three other categories of programs provide support for alcohol SUDs in conjunction with other substances (opioids, stimulants, nicotine). In general, the state's funding for SUDs appears to be shifting from a substance-focus to a disease-focus, which recognizes that SUDs can be polysubstance and often require similar resources and programming regardless of the substance.

Spending for these programs typically follows appropriation trends (*Supplementary Figure 2* (appendix p. 201), *Supplementary Table 2* (appendix p. 202)). In 2023, spending was concentrated on all substances and programs with unspecified substance targets, similar to appropriations in FY24. By FY25, spending has shifted to programs that focus on all substances, and appropriations for FY25 and FY26 reflect that trend as well.

The number of programs focused on specific SUDs followed these trends. Programs shifted from unspecified targets towards a focus on all substances and SUDs *(Figure 3, Table 6)*. The total number of programs focused on SUDs has increased from 60 in 2024 to 83 in 2026 *(Figure 4, Table 7)*. This is in part because additional departments (Department of Public Safety, Department of Transportation, and the Missouri Housing Development Commission) have been included in 2026, representing an additional 12 programs. Without these departments, there would be 71 SUD programs, a decrease from the 80 programs in 2025, but an increase from the 60 programs in 2024.
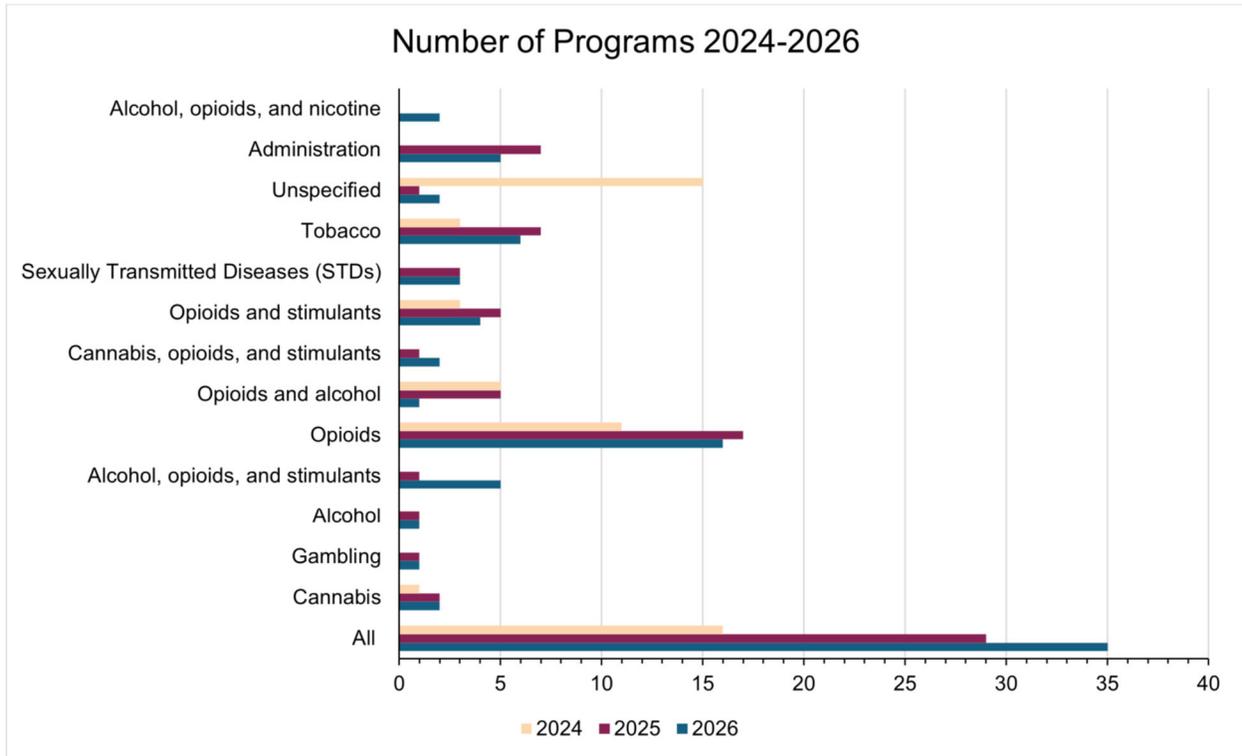
Figure 3. Number of programs focusing on substances over time (2024 - 2026).

The change in number of programs addressing specific substances from 2024 to 2026.

Table 6. Focus of SUD programs by substance (2024 - 2026).

The number of programs focused on substances and SUDs from 2024 to 2026. Some program categories did not exist in 2024 and are represented by **. Some programs had focuses that are not represented in this table's categorization. For this reason, the total number of programs in 2024 is higher than the number represented in the table (*).

Substance	Number of Programs 2024	Number of Programs 2025	Number of Programs 2026
All substance	16	29	35
Cannabis	1	2	2
Gambling	0	1	1
Alcohol	0	1	1
Alcohol, opioids, and stimulants	**	1	5
Opioids	11	17	16
Opioids and alcohol	5	5	1
Cannabis, opioids, and stimulants	**	1	2

Opioids and stimulants	3	5	4
Sexually Transmitted Diseases (STDs)	**	3	3
Tobacco	3	7	6
Unspecified	15	1	2
Administration	**	7	5
Alcohol, opioids, and nicotine	**	0	2
Total	54	80	83

PROGRAMS

For 2024 and 2025, the majority of programs focused on SUDs were housed in the Department of Mental Health (DMH*) (Figure 4, Table 7).* The Department of Health and Senior Services (DHSS) has seen a steady increase in the number of programs focusing on SUDs, while DMH has reduced the number of programs it administers focused on SUDs. In 2026, DHSS will administer more SUD focused programming than DMH *(Figure 5)*.

There were no new SUD programs created for FY2026. Previous iterations of this report have not considered programs administered by the Department of Transportation, Department of Public Safety, or the Missouri Housing Development Commission. These have been included in this report and represent newly identified programs.
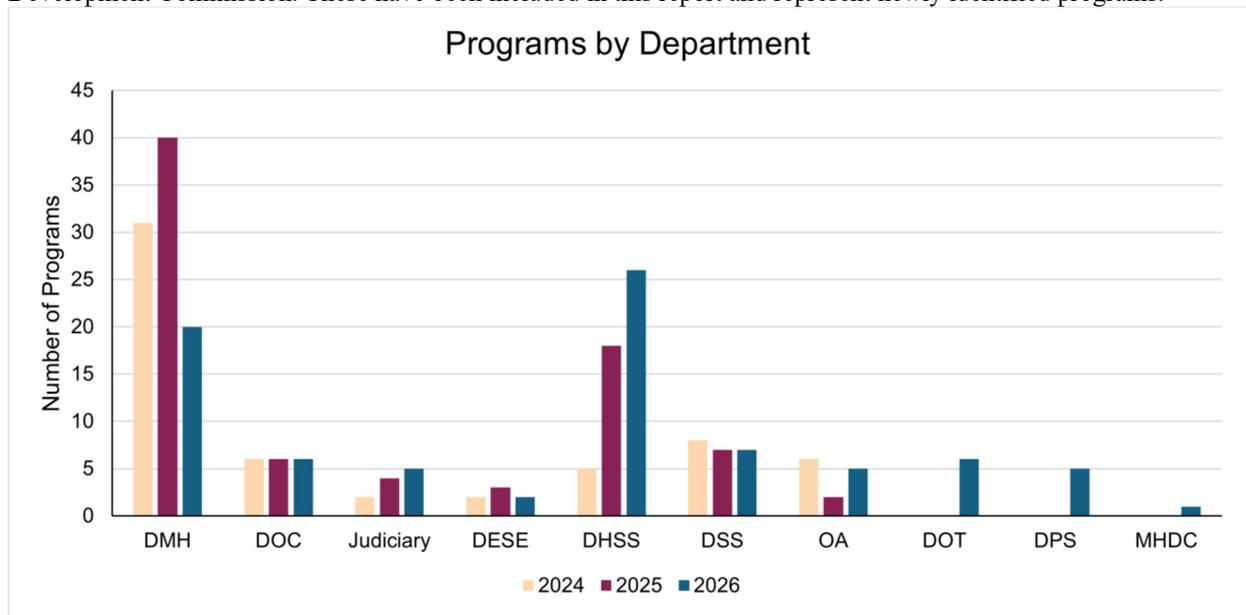
Figure 4. Number of SUD programs in each department.

The number of SUD related programs in the Department of Mental Health (DMH), Department of Corrections (DOC), Office of the Courts Administration (Judiciary), Department of Elementary and Secondary Education (DESE), Department of Health and Senior Services (DHSS), Department of Social Services (DSS), Office of Administration (OA), Department of Transportation (DOT), Department of Public Safety (DPS), and Missouri Housing Development Commission (MHDC). Data for DOT, DPS, and MHDC were not collected before 2026.

Table 7. Number of SUD programs by department.

The number of SUD focused programs in each state level department in Missouri. Data for DOT, DPS, and MHDC were not collected before 2026 (*).

Number of Programs	2024	2025	2026
Department of Mental Health (DMH)	31	40	20
Department of Corrections (DOC)	6	6	6
Office of the State Courts Administrator (Judiciary)	2	4	5
Department of Elementary and Secondary Education (DESE)	2	3	2
Department of Health and Senior Services (DHSS)	5	18	26
Department of Social Services (DSS)	8	7	7
Office of Administration (OA)	6	2	5
Department of Transportation (DOT)	*	*	6
Department of Public Safety (DPS)	*	*	5
Missouri Housing Development Commission (MHDC)	*	*	1
Total	60	80	83
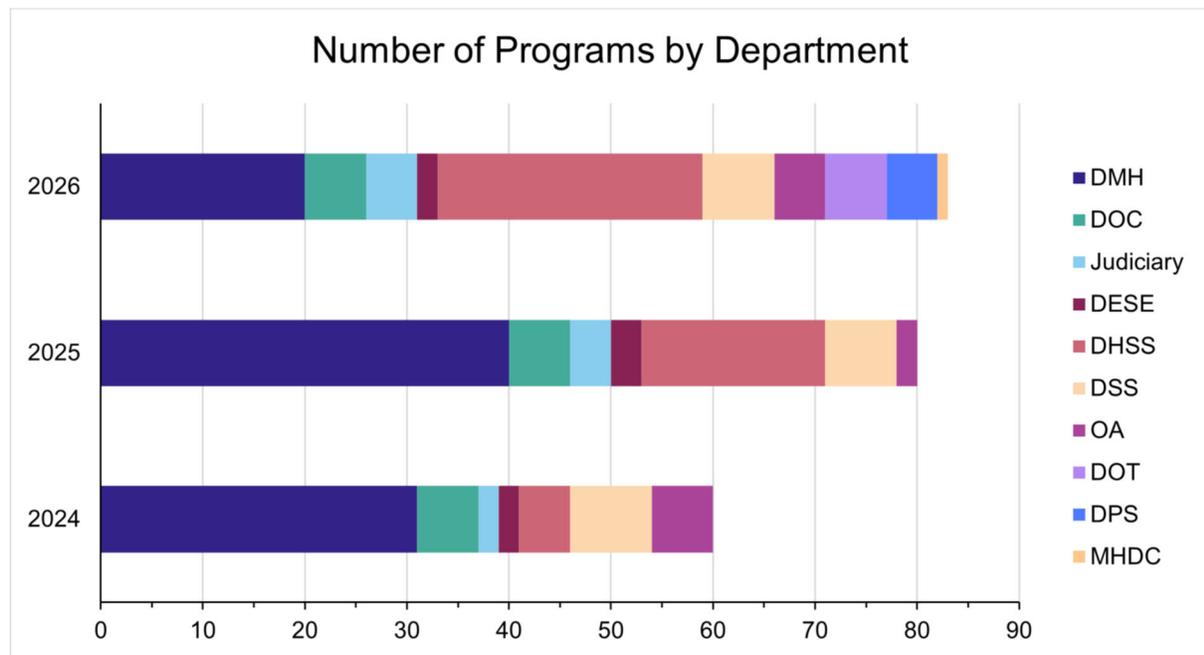
Figure 5. Number of SUD focused programs administered by each department (2024-2026).

The number of SUD programs administered by departments represented as a portion of the total number of programs focused on SUDs (60 in 2024, 80 in 2025, and 83 in 2026). Three departments, DOT, DPS, and MHDC, were not included in previous reporting of SUD focused programs and are not represented in 2024 and 2025 counts.

PROGRAM FOCUS

Programs are categorized into 7 focus areas:

Prevention programs focus on reducing the initiation of substance use and preventing overdose deaths through education, resource distribution, and community engagement

Surveillance involves the systematic collection and analysis of data to monitor drug trends and inform public health responses. Two examples discussed in hearings are:
- State Unintentional Drug Overdose Reporting System (SUDORS): Detailed tracking of fatal overdoses, including toxicological data and the specific circumstances leading up to the event.
- Wastewater-Based Epidemiology (WBE): Monitoring population-level drug trends by testing sewage for chemical biomarkers of substances like fentanyl

Treatment refers to clinical interventions designed to manage substance use disorders (SUD) and reduce their negative impacts. This includes:
- Medication-Assisted Treatment (MAT): The use of FDA-approved medications (such as methadone, buprenorphine, or naltrexone) in combination with counseling and behavioral therapies.
- Comprehensive Substance Treatment and Rehabilitation (CSTAR): A state-designated array of individualized services, often utilizing American Society of Addiction Medicine (ASAM) criteria.
- Clinical Services: Hospital-based detoxification, diagnostic assessments, and individual, group, or family therapy provided by licensed professionals

Recovery programs provide non-clinical support services that facilitate long-term wellness and self-sufficiency. These are often person-centered and delivered through Recovery Community Centers (RCCs), which are peer-run organizations offering sober activities and resource connection. Recovery Support Services (RSS) include wraparound assistance such as care coordination, recovery coaching, peer-to-peer mentoring, and spiritual counseling

Administration covers the operational and oversight functions necessary to manage state programs and personnel. This includes the payment of salaries, expenses, and equipment for administrative staff within divisions like the Department of Mental Health and the Office of Administration

Housing initiatives focus on providing stable living environments to reduce homelessness and support individuals in recovery. Examples include:
- Homelessness Prevention: Emergency assistance and rental assistance to households at risk of losing their homes.
- Recovery Housing: Substance-free environments that provide safe, healthy spaces for individuals transitioning out of addiction.
- Permanent Housing: Long-term options including Permanent Supportive Housing (PSH), which combines housing with intensive voluntary services, and Rapid Rehousing (RRH)

Transportation programs address physical access to care by providing or funding rides to treatment, recovery meetings, and other essential services.
- Non-Emergency Medical Transportation (NEMT): A Medicaid benefit for medically necessary trips using the most appropriate mode, such as taxis, public transit, or specialized vans.
- Public Transit Assistance: State and federal grants administered by MODOT to support rural and urban public transit agencies and specialized services for seniors or individuals with disabilities.
- Mobile Units: Bringing services directly to the community via Mobile Medication Units or mobile crisis response vehicles to bypass transportation barriers entirely

In FY 2026, as with FY25 and FY24, the largest amount of money was both spent by and appropriated to programs that only focused on treatment ($208 million) (*Supplementary Figure 3* (appendix pp. 203-204), *Supplementary Table 3* (appendix pp. 203-204)). However, the largest number of programs (22) were dedicated to prevention only,

followed by treatment only (19). Transportation focus programs received the second highest level of funding ($81.4 million), while programs focused on prevention, treatment, and recovery received the third highest ($74 million). Finally, prevention only programs received the fourth highest level of funding of all programming types ($56.2 million). Of note, programs focused solely on recovery were appropriated $1.06 million less in FY26 than was spent on recovery only programming in FY25 *(Supplementary Table 3)*.

To identify the broad focus of SUD programming, data was aggregated across the seven main categories. Programs were double counted if they had multiple focus areas. Prevention and treatment focuses were the majority across SUD programs, in both FY2026 and FY2025, with between 40 and 45 programs having some focus on either program area *(Figure 6, Table 8)*. In FY2026, more programs have at least some focus on recovery than in previous years.
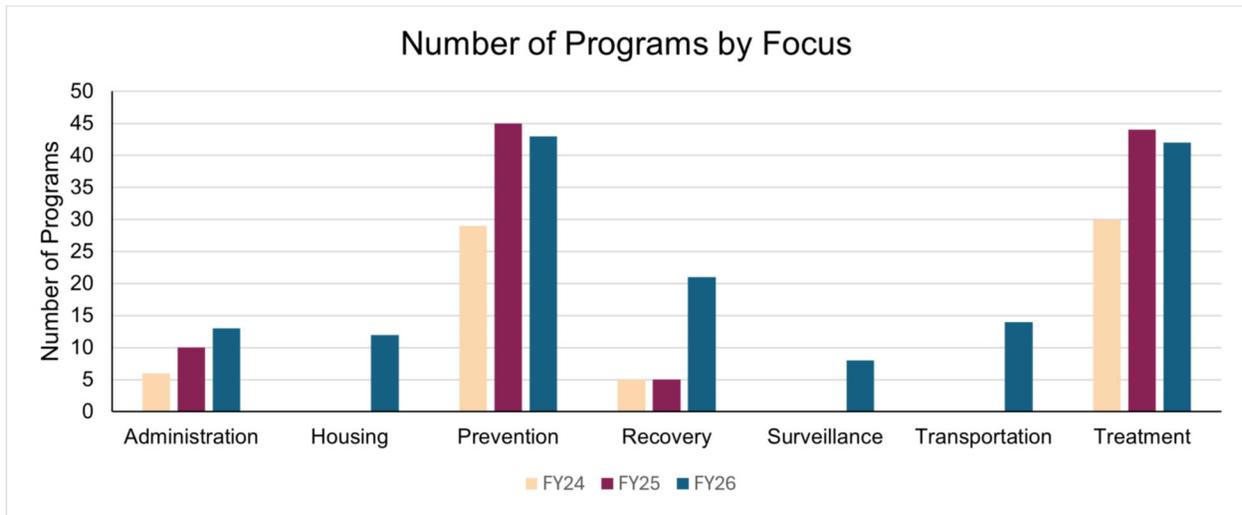
Figure 6. Number of programs by focus (2024 - 2026).

The number of programs focused on areas of SUD management from FY2024 to FY2026. Housing, surveillance, and transportation data were not captured before FY2026. Data were aggregated, and programs were counted in multiple categories if they had multiple focus areas. The total number of programs on this chart does not reflect the total number of SUD programs as a result of this double-counting.

Table 8. Number of Programs by Focus (2024-2026)

The number of programs focused on areas of SUD management from FY2024 to FY2026. Housing, surveillance, and transportation data were not collected before FY2026 (*). Data were aggregated, and programs were counted in multiple categories if they had multiple focus areas. The total number of programs in this table does not reflect the total number of SUD programs as a result of this double-counting.

Program Type	Number of Programs FY24	Number of Programs FY25	Number of Programs FY26
Administration	6	10	13
Housing	*	*	12
Prevention	29	45	43
Recovery	5	5	21
Surveillance	*	*	8
Transportation	*	*	14
Treatment	30	44	42

Note ***: The overlap of program/focus area funding within and between departments makes classification very difficult. Additionally, some funding identified by the departments, for example the Department of Transportation, provides virtually no detail or breakdown for SUD related expenditures although some does exist. Similarly, Medicaid NEMT transportation includes funding for SUD, but without accurate accounting as opposed to the Medicaid population generally, and the same issue exists to a similar degree with Missouri Housing Development Commission. Funding information, therefore, provided for Housing and Transportation should be taken with the understanding that information is likely too general.

The broad spending trends track the trends for number of programs focused on specific themes for SUDs *(Figure 7, Table 9)*. Programs with some or all of their focus on prevention or treatment receive the majority of funding and spend the most per program. Although it may appear that programs with a recovery focus have seen an increase in funding in FY2026, this is likely due to the inclusion of programs that also focus on new areas such as housing, transportation, and surveillance, as per program spending has not meaningfully increased for recovery programming *(Figure 6, Figure 7, Supplementary Table 3)*.

Though there are only 7 program focus areas, source data from the departments identified 19 program focus combinations. The above charts and table accurately reflect the source data, however, this is difficult to interpret. By counting the occurrences of each of the program focus area we can illustrate the number of programs by type, appropriation and spend in the following charts and tables.
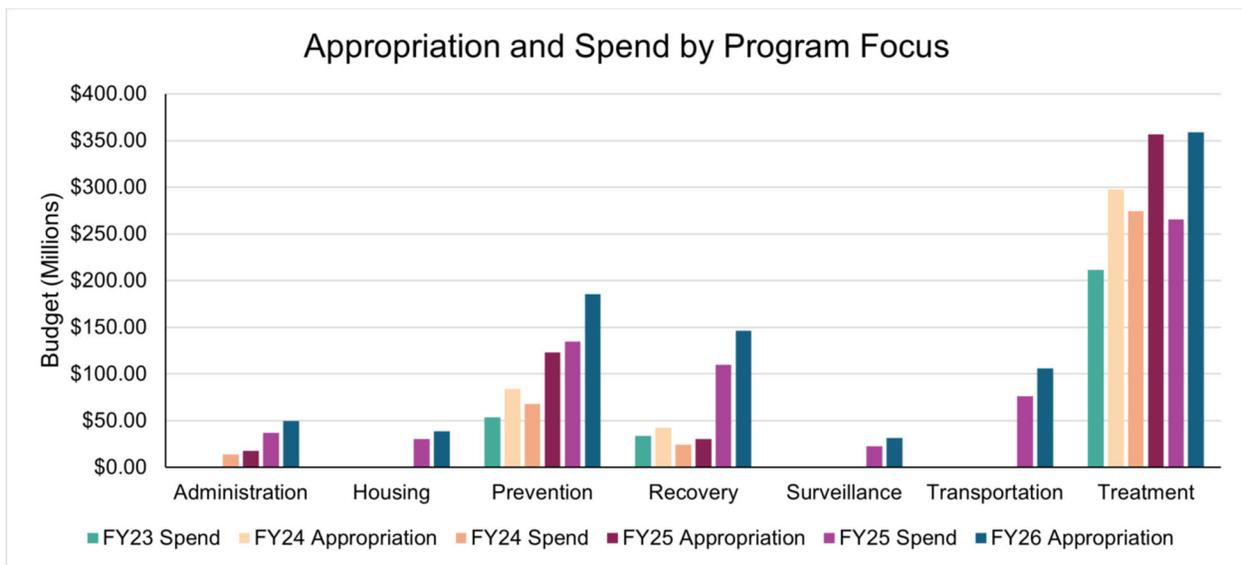
Figure 7. Appropriation and spending by program focus (FY23 - FY26)

The amount of money spent or appropriated for specific focus areas of programs for SUD management. Housing, surveillance, and transportation data were not collected before FY2026, when FY2025 spending was also collected. Data were aggregated, and programs and their budgets were double counted if they had multiple focus areas. The total dollars in this figure does not represent the actual number of dollars spent on SUD programs and is a relative reflection of dollars spent on program focuses.

Note ***: Housing and transportation have been added to this report for the first time this year. The usage of that money toward SUD is not broken out, so it is likely that housing and transportation funding here is overstated. Additionally, Medicaid non-emergency transportation totals did not delineate substance-use-specific rides.

Table 9. Appropriation and spending by program focus (FY23 - FY26)

The amount of money spent or appropriated for a specific focus area for SUD programming. Housing, surveillance, and transportation data were not collected before FY2026, when FY2025 spending data were collected. Data were

aggregated, and programs and their budgets were double counted if they had multiple focus areas. The total dollars in this table does not represent the actual number of dollars spent on SUD programs and is instead a relative reflection of the dollars spent on program focuses.

See the notes on Page 62 and 63 regarding transportation and housing statistics.

Program Type	FY26 Appropriation	FY25 Spend	FY25 Appropriation	FY24 Spend	FY24 Appropriation	FY23 Spend
Administration	$49,650,294	$37,181,510	$17,950,194	$13,714,914	$246,969	$127,676
Housing	$38,751,723	$30,593,960	$0	$0	$0	$0
Prevention	$185,760,509	$134,557,775	$123,271,747	$68,089,132	$83,825,371	$53,564,118
Recovery	$146,257,816	$110,048,854	$30,275,064	$24,640,698	$42,400,915	$33,713,768
Surveillance	$31,465,315	$22,600,210	$0	$0	$0	$0
Transportation	$105,940,970	$76,047,037	$0	$0	$0	$0
Treatment	$358,814,105	$265,832,640	$356,816,311	$274,198,901	$297,770,194	$211,387,567

Table 10. FY26 appropriation by program focus and department housing.

Amount appropriated for programs with specific focuses for SUD management, organized by the department in which they are housed.

See the notes on Pages 62 and 63 regarding transportation and housing statistics.

Program Focus by Department	DMH	DOC	Judiciary	DESE	DHSS	DSS	OA	DOT	DPS	MHDC
Administration	$6,967,268	$0	$402,934	$0	$0	$0	$252,106	$0	$0	$0
Administration, Housing, Prevention, Recovery, Transportation, Treatment	$0	$12,200,001	$0	$0	$0	$0	$0	$0	$0	$0
Administration, Housing, Recovery, Surveillance, Transportation, Treatment	$0	$0	$10,580,094	$0	$0	$0	$0	$0	$0	$0
Administration, Housing, Recovery, Surveillance, Transportation, Treatment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Administration, Prevention, Recovery, Surveillance, Treatment	$0	$11,347,891	$0	$0	$0	$0	$0	$0	$0	$0
Administration, Prevention, Recovery, Surveillance, Treatment	$0	$7,900,000	$0	$0	$0	$0	$0	$0	$0	$0
Administration, Prevention, Recovery, Treatment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Housing	$821,628	$0	$0	$0	$0	$0	$0	$0	$0	$6,500,000
Housing, Prevention, Recovery, Surveillance, Transportation, Treatment	$0	$0	$750,000	$0	$0	$0	$0	$0	$0	$0
Housing, Prevention, Recovery, Treatment	$6,900,000	$0	$0	$0	$0	$0	$0	$0	$0	$0

Program Focus by Department	DMH	DOC	Judiciary	DESE	DHSS	DSS	OA	DOT	DPS	MHDC
Housing, Recovery, Surveillance, Transportation, Treatment	$0	$0	$1,000,000	$0	$0	$0	$0	$0	$0	$0
Prevention	$34,909,844	$0	$0	$350,000	$19,522,614	$0	$1,466,827	$0	$0	$0
Prevention, Recovery, Treatment	$0	$0	$0	$0	$16,174,679	$58,433,878	$0	$0	$0	$0
Prevention, Surveillance	$0	$787,330	$0	$0	$0	$0	$0	$0	$0	$0
Prevention, Surveillance, Treatment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Prevention, Treatment	$0	$0	$0	$0	$9,317,445	$5,700,000	$0	$0	$0	$0
Recovery	$10,386,490	$0	$0	$0	$150,000	$0	$0	$0	$0	$0
Recovery, Treatment	$10,434,783	$0	$0	$0	$0	$0	$0	$0	$0	$0
Surveillance	$0	$0	$0	$0	$0	$0	$0	$0	$7,000,000	$0
Transportation	$0	$0	$0	$0	$0	$0	$0	$81,410,875	$0	$0
Treatment	$197,561,537	$0	$0	$500,000	$5,529,412	$1,542,862	$0	$0	$742,000	$0

Table 11. FY25 spending by program focus across departments.

Dollars spent by departments across programmatic focus areas for FY2025.

See the notes on Page 62 and 63 regarding transportation and housing statistics.

Program Focus by Department	DMH	DOC	Judiciary	DESE	DHSS	DSS	OA	DOT	DPS	MHDC
Administration	$4,914,171	$0	$343,449	$0	$0	$0	$108,876	$0	$0	$0
Administration, Housing, Prevention, Recovery, Transportation, Treatment	$0	$8,963,169	$0	$0	$0	$0	$0	$0	$0	$0
Administration, Housing, Recovery, Surveillance, Transportation, Treatment	$0	$0	$9,598,810	$0	$0	$0	$0	$0	$0	$0
Administration, Prevention, Recovery, Surveillance, Treatment	$0	$10,878,622	$0	$0	$0	$0	$0	$0	$0	$0
Administration, Prevention, Recovery, Treatment	$0	$2,374,413	$0	$0	$0	$0	$0	$0	$0	$0
Housing	$1,321,628	$0	$0	$0	$0	$0	$0	$0	$0	$2,663,327
Housing, Prevention, Recovery, Surveillance, Transportation, Treatment	$0	$0	$499,999	$0	$0	$0	$0	$0	$0	$0
Housing, Prevention, Recovery, Treatment	$6,900,000	$0	$0	$0	$0	$0	$0	$0	$0	$0
Housing, Recovery, Surveillance, Transportation, Treatment	$0	$0	$647,026	$0	$0	$0	$0	$0	$0	$0
Prevention	$25,438,635	$0	$0	$350,000	$7,558,718	$0	$1,122,018	$0	$1,741,220	$0
Prevention, Recovery, Treatment	$0	$0	$0	$0	$119,207	$58,433,878	$0	$0	$0	$0
Prevention, Surveillance	$0	$759,587	$0	$0	$0	$0	$0	$0	$0	$0
Prevention, Surveillance, Treatment	$0	$0	$0	$0	$108,083	$0	$0	$0	$0	$0
Prevention, Treatment	$0	$0	$0	$0	$3,673,864	$5,636,362	$0	$0	$0	$0
Recovery	$9,981,855	$0	$0	$0	$1,616,175	$0	$0	$0	$0	$0
Recovery, Treatment	$35,700	$0	$0	$0	$0	$0	$0	$0	$0	$0
Surveillance	$0	$0	$0	$0	$0	$0	$0	$0	$108,083	$0
Transportation	$0	$0	$0	$0	$0	$0	$0	$56,338,032	$0	$0
Treatment	$149,834,637	$0	$0	$485,000	$3,582,465	$1,542,862	$0	$0	$345,234	$0

BUDGET OVERVIEW

To the extent possible, numbers and values within this report reflect accurate budget summaries and expenditures based on data provided by the departments. Note the Department of Social Services (DSS) oversees programs that provide funding for medication, including medication assisted treatment, which cannot be disaggregated from total program numbers. In these cases, the department approved usage of FY25 spending numbers to approximate the FY26 appropriation that will be devoted to SUDs.

Fiscal Year 2026 (FY26) appropriations for substance use disorders (SUDs) were calculated to be approximately $529 million *(Figure 8)*. This is an increase from the $416 million appropriated in FY2025 and $350 million appropriated in FY2024. However, FY26 includes transportation and housing programs that pertain to SUD management, and three departments that were not included in previous calculations. Without these new departments, the FY26 appropriation is approximately $434 million, a roughly $18 million increase from FY25 appropriation amounts.

This $18 million increase to existing programs from FY25 to FY26 is smaller than the $65 million increase in appropriations from FY24 to FY25. However, no new programs were introduced in FY26, while 25 new programs received funding in FY25.

As stated, increases in funding are to a large degree due to non—general revenue funding from opioid settlement and adult use marijuana tax. Additionally, and as before, DSS funding as reported is limited to the MO HealthNet (Medicaid) pharmacy. This is a very large complement of SUD funding, but is passed through and reported by distributing departments, primarily DMH and DHSS. Similarly, Adult Use Marijuana funding is located in DHSS, but utilized for DMH programs. This latter funding should be accurate as totaled between DHSS and's DMH, but the Medicaid pass through is not tracked. NOTE: this task force uses detailed budget, fund, appropriation and $ values to ensure programs and appropriations are not double counted. In addition, this report includes three additional departments (DPS, DOT, and MHDC) whose budgets were not included in previous years' data collection and reporting, and who make up a not insignificant portion of SUD spending.

Each year, more dollars are appropriated to departments than they ultimately spend on SUD programming (*Figure 9, Table 12*). In FY25, departments were appropriated an additional $107 million more than was spent in FY24. Similarly, excluding departments only counted in FY26 (DPS, DOT, MHDC), SUD programming was appropriated approximately $115 million more than was spent in FY25. Appropriations could be unspent due to several reasons including: spending authority for federal grants not yet received, or a new appropriation to "start-up" a new program.

Appropriation and Spending Over Time
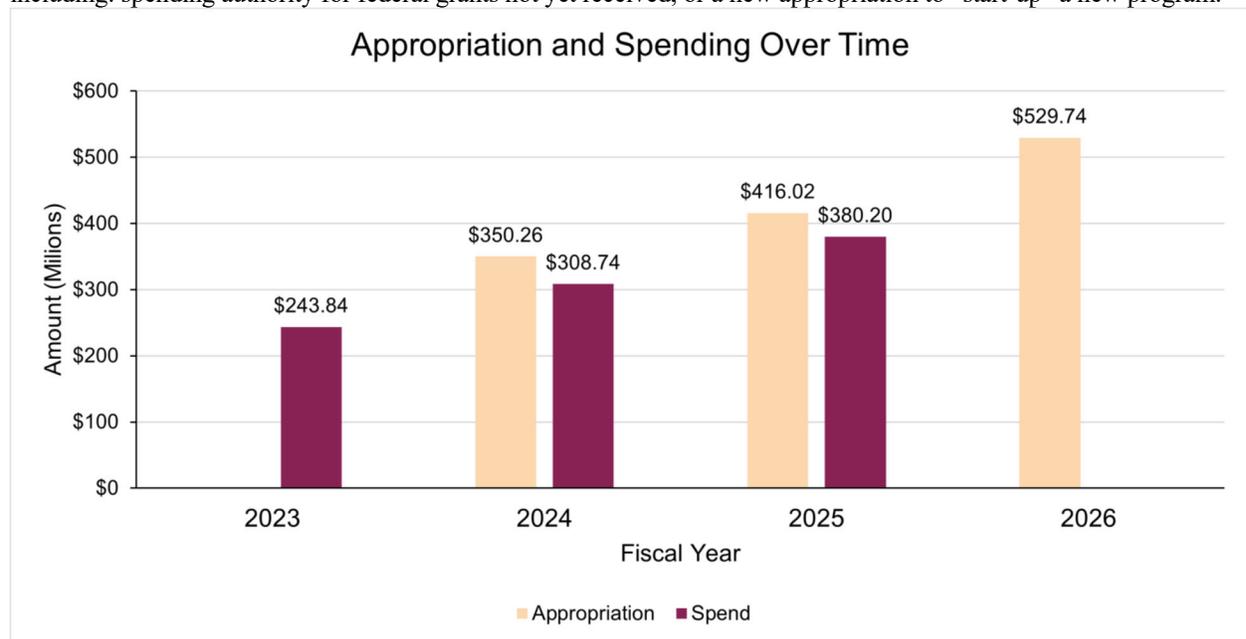
Figure 8. Appropriation and spending for SUD programs (FY23 - FY26)

Total spending on SUD programming (red) and appropriation (yellow) from FY23 to FY26. Of note, FY26 appropriations include three new departments not included in data from previous years (DPS, DOT, and MHDC).
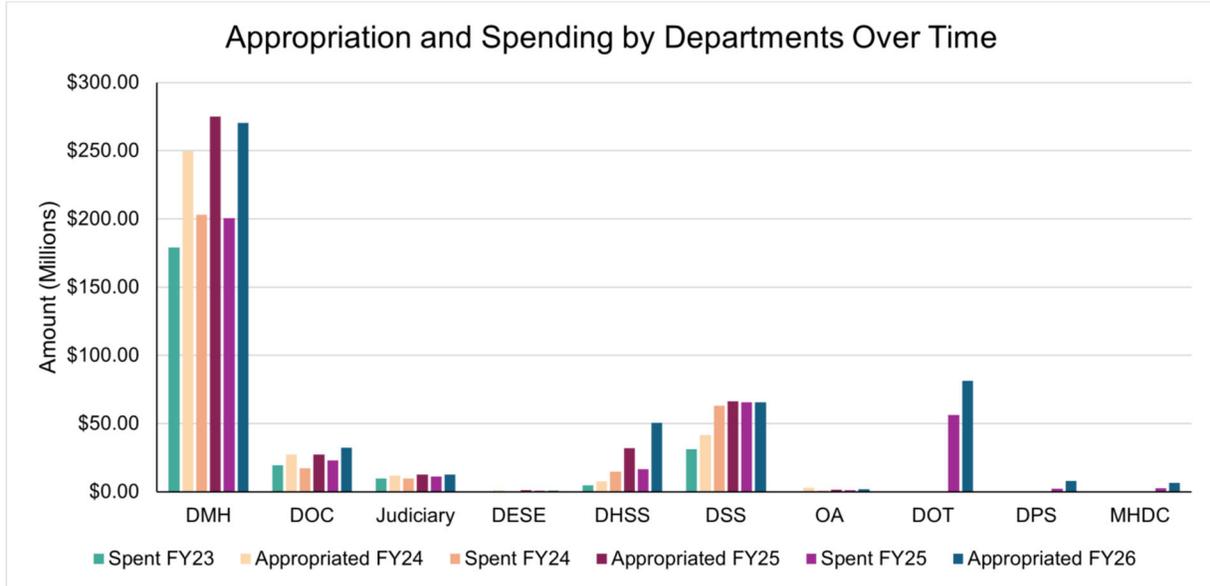
Figure 9. Appropriation and spending by departments (FY23 - FY26)

The totals spent and appropriated by departments from FY23 to FY26. Data for DOT, DPS, and MHDC were not collected before FY26 and only include FY26 appropriations and FY25 spending.

Table 12. Appropriation and spending by department (FY23 - FY26)

The totals spent and appropriated by departments from FY23 to FY26. *Data for DOT, DPS, and MHDC were not collected before FY26 and only include FY26 appropriations and FY25 spending.

Department	Spent FY23	Appropriated FY24	Spent FY24	Appropriated FY25	Spent FY25	Appropriated FY26
DMH	$179,009,533.00	$249,613,637.16	$203,041,180.00	$274,992,686.00	$200,599,935.54	$270,181,073.00
DOC	$19,196,028.90	$27,068,643.00	$17,354,220.18	$27,108,112.00	$22,975,790.53	$32,235,222.00
Judiciary	$9,642,143.00	$11,953,607.00	$9,579,943.05	$12,715,570.00	$11,089,284.43	$12,733,028.00
DESE	$9,999.00	$1,210,600.00	$604.00	$1,105,600.00	$835,000.00	$850,000.00
DHSS	$4,565,148.34	$7,557,418.00	$14,719,926.33	$32,035,474.00	$16,658,511.80	$50,694,150.06
DSS	$31,181,372.66	$41,485,714.66	$63,139,789.00	$66,442,595.00	$65,613,102.21	$65,676,740.21
OA	$233,609.00	$2,832,523.00	$907,935.63	$1,617,846.00	$1,230,893.84	$1,718,933.00
DOT	*	*	*	*	$56,338,032.00	$81,410,875.00
DPS	*	*	*	*	$2,194,537.00	$7,742,000.00
MHDC	*	*	*	*	$2,663,327.00	$6,500,000.00
Total	$243,837,833.90	$341,722,142.82	$308,743,598.19	$416,017,883.00	$380,198,414.35	$529,742,021.27

The Department of Mental Health receives the majority of SUD funding each year and spends the most money on SUD programming, although the proportion has decreased with the addition of DOT, DPS, and MHDC to SUD program data *(Figure 10, Table 13)*. DMH received 73% of total SUD funding in FY24, but only 51% in FY26. This is due to increases in other department budgets, along with the addition of the three departments: DOT, DPS, and MHDC.

Until FY26, DMH housed the highest number of programs focusing on SUDs, which corresponded with its budget being higher than other departments *(Figure 11, Table 14)*. However, in FY26, DHSS has the greatest number of programs dedicated to SUDs. DHSS budget has increased, although it only makes up 9% of total SUD funding compared to DMH (51%) *(Figure 12, Table 15)*. This can occur for many reasons, including programs that do not require as much funding to be effective, or grants to other departments. For example, DHSS grants DMH funding for several youth focused prevention services. Because DHSS administers the budget, this program is counted as DHSS administered, even though DMH will be responsible for the ultimate program design and output. Programs like naloxone, that purchase and distribute medicine, can often operate with lower budgets than programs which require specialized personnel or equipment, such as recovery centers or behavioral health intervention services.

While DMH budget is higher than other departments, it saw a decrease in appropriations from FY25 to FY26 *(Table 16)*. This correlates with a lower number of programs than in previous years. DESE and DHSS have also had reduced budgets in FY26 compared to their FY25 appropriation. However, all budgets have increased from what was spent in FY25. This may be the result of sufficient funding to carry out programming and/or indicate meticulous stewardship of funds by departments.
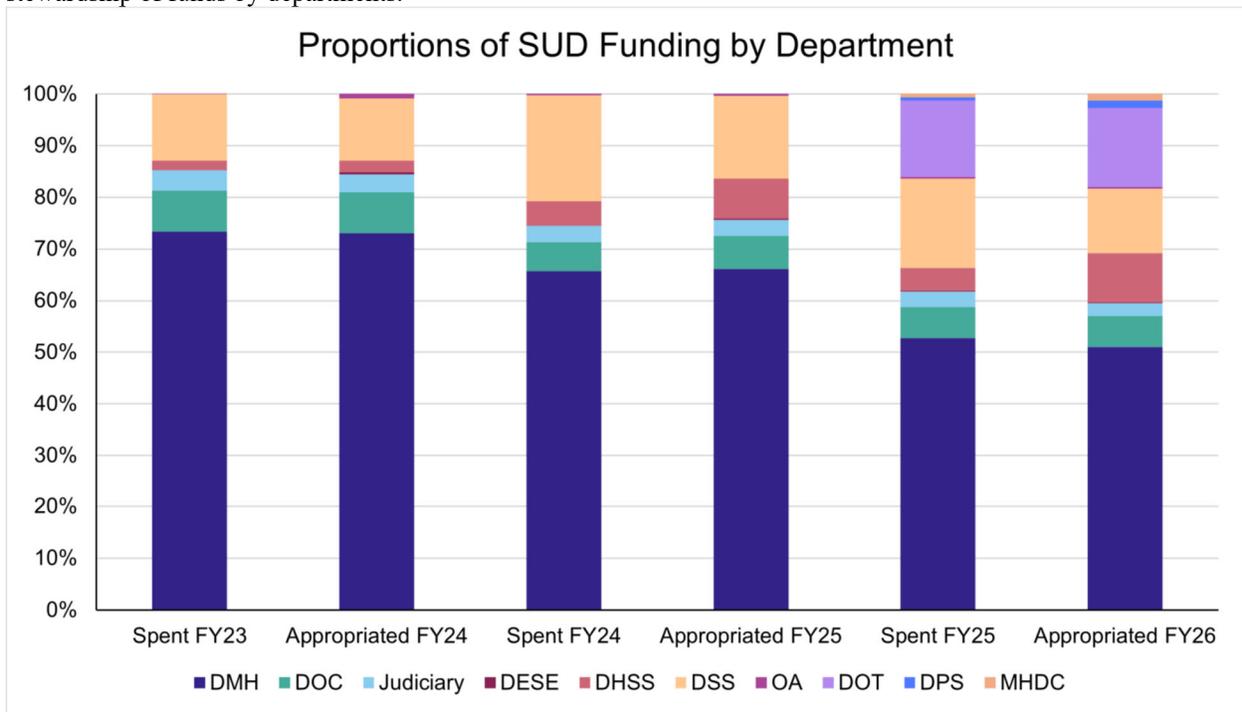
Figure 10. Proportions of funding for departments based on total SUD funding (FY23 - FY26)

The proportion of total SUD budget dedicated to each department for FY23 to FY26. Data for DOT, DPS, and MHDC are not available before FY25 spending.

Table 13. Department funding as a percentage of total SUD funding each year (FY23 - FY26)

Percentage of total SUD funding in each year appropriated or spent by each department. *Data for DOT, DPS, and MHDC were not collected before FY25 spend, and are left blank.

Department	Spent FY23	Appropriated FY24	Spent FY24	Appropriated FY25	Spent FY25	Appropriated FY26
DMH	73.4%	73.0%	65.8%	66.1%	52.8%	51.0%
DOC	7.9%	7.9%	5.6%	6.5%	6.0%	6.1%
Judiciary	4.0%	3.5%	3.1%	3.1%	2.9%	2.4%

DESE	0.0%	0.4%	0.0%	0.3%	0.2%	0.2%
DHSS	1.9%	2.2%	4.8%	7.7%	4.4%	9.6%
DSS	12.8%	12.1%	20.5%	16.0%	17.3%	12.4%
OA	0.1%	0.8%	0.3%	0.4%	0.3%	0.3%
DOT	*	*	*	*	14.8%	15.4%
DPS	*	*	*	*	0.6%	1.5%
MHDC	*	*	*	*	0.7%	1.2%
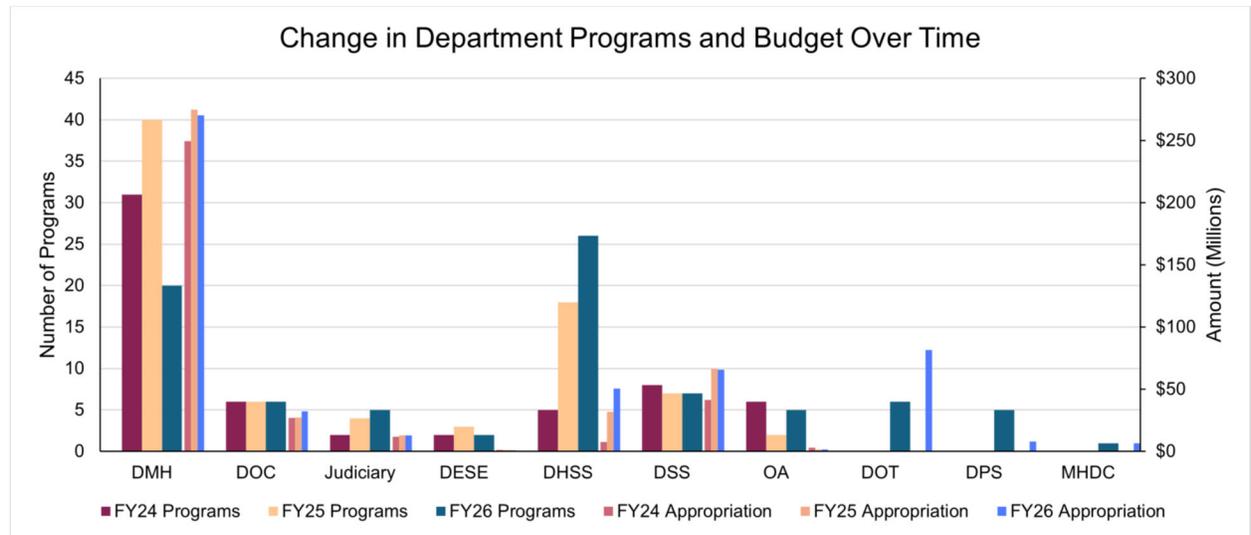
Figure 11. Change in number of department programs and budgets FY24 - FY26

The change in number of programs (left axis, larger bars) and appropriation amounts (right axis, smaller bars) for each department from FY24 to FY26. *DOT, DPS, and MHDC data are not available before FY26.

Table 14. Number of department programs and appropriations FY24 - FY26.

The change in number of programs and appropriation amounts for each department from FY24 to FY26. DOT, DPS, and MHDC data are not available before FY26.

Department	FY26 Programs	FY25 Programs	FY24 Programs	FY26 Appropriation	FY25 Appropriation	FY24 Appropriation
DMH	20	40	31	$270,181,073	$274,992,686	$249,613,637
DOC	6	6	6	$32,235,222	$27,108,112	$27,068,643
Judiciary	5	4	2	$12,733,028	$12,715,570	$11,953,607
DESE	2	3	2	$850,000	$1,105,600	$1,210,600
DHSS	26	18	5	$50,694,150	$32,035,474	$7,557,418
DSS	7	7	8	$65,676,740	$66,442,595	$41,485,715
OA	5	2	6	$1,718,933	$1,617,846	$2,832,523
DOT	6	*	*	$81,410,875	*	*
DPS	5	*	*	$7,742,000	*	*
MHDC	1	*	*	$6,500,000	*	*
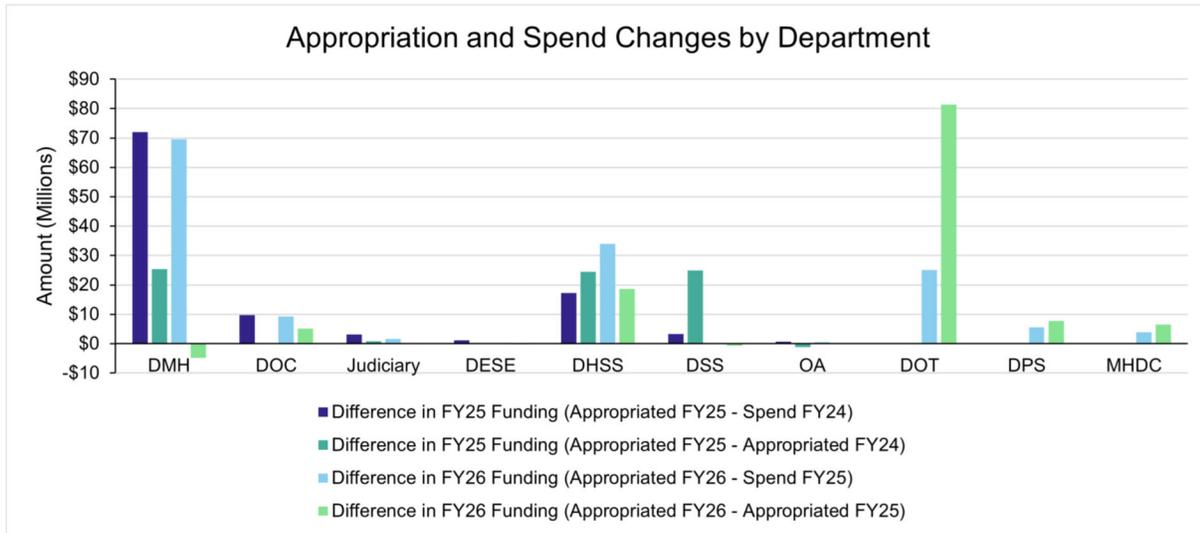
Figure 12. Appropriation and spend changes by department FY24 - FY26.

Net changes in spending and appropriations between different fiscal years (noted in legend) from FY24 spending through FY26 appropriations. DOT, DPS, and MHDC data were not available for FY24 spending and FY25 appropriations and are not shown.

Table 15. Funding changes by department FY24 - FY26.

Changes in department appropriations and spending from FY24 to FY26. Numbers marked in red represent reductions for subsequent years. *DOT, DPS, and MHDC data were not collected for FY24 spending and FY25 appropriations, and are not represented.

Department	Difference in FY25 Funding (Appropriated FY25 - Spend FY24)	Difference in FY25 Funding (Appropriated FY25 - Appropriated FY24)	Difference in FY26 Funding (Appropriated FY26 - Spend FY25)	Difference in FY26 Funding (Appropriated FY26 - Appropriated FY25)
DMH	$71,951,506	$25,379,049	$69,581,137	-$4,811,613
DOC	$9,753,892	$39,469	$9,259,431	$5,127,110
Judiciary	$3,135,627	$761,963	$1,643,744	$17,458
DESE	$1,104,996	-$105,000	$15,000	-$255,600
DHSS	$17,315,548	$24,478,056	$34,035,638	$18,658,676
DSS	$3,302,806	$24,956,880	$63,638	-$765,855
OA	$709,910	-$1,214,677	$488,039	$101,087
DOT	*	*	$25,072,843	$81,410,875
DPS	*	*	$5,547,463	$7,742,000
MHDC	*	*	$3,836,673	$6,500,000
Total	$107,274,285	$74,295,740	$149,543,607	$113,724,138

Table 16. Additional money appropriated to each department in FY26 and the percentage of additional appropriation

The additional monies that were appropriated in FY26 compared to what was appropriated and spent in FY25, along with the portion of the additional monies dedicated to each department. Some departments received less funding in FY26 than FY25, and negative numbers are written in red.

Department	Difference in FY26 Funding (Appropriated FY26 - Spend FY25)	Percentage of Total FY26 Additional SUD Funding	Difference in FY26 Funding (Appropriated FY26 - Appropriated FY25)	Percentage of Total FY26 Additional SUD Funding
DMH	$69,581,137	46.53%	-$4,811,613	-4.23%
DOC	$9,259,431	6.19%	$5,127,110	4.51%
Judiciary	$1,643,744	1.10%	$17,458	0.02%
DESE	$15,000	0.01%	-$255,600	-0.22%
DHSS	$34,035,638	22.76%	$18,658,676	16.41%
DSS	$63,638	0.04%	-$765,855	-0.67%
OA	$488,039	0.33%	$101,087	0.09%
DOT	$25,072,843	16.77%	$81,410,875	71.59%
DPS	$5,547,463	3.71%	$7,742,000	6.81%
MHDC	$3,836,673	2.57%	$6,500,000	5.72%

RECOMMENDATIONS

URGENT RECOMMENDATIONS

The following is a comprehensive list of recommendations and suggestions gathered during public testimony. Urgent recommendations are selected and highlighted within the Executive Summary.

1. Continue at least the same levels of current SUD funding in all departments, including DMH, DHSS, DSS, Economic Development tax credits, Courts, Transportation, Public Defender, and others. This report provides evidence that SUD funding saves lives, money, and heartache, often several times over, as exemplified by funding to Recovery Service Providers.
2. Recognize the effectiveness of the established Recovery Support Providers program in addressing housing and transportation issues. Increase its state funding by at least $3 million, from opioid settlement and/or recreational marijuana tax, with at least half dedicated to rural program and Peer Respite Crisis Housing expansion. Increase funding for respite housing.
3. Address the failures of the Medicaid required Non-Emergency Transportation Services (NEMT), particularly in rural areas, identified by those organizations testifying to significant relationship with the NEMT contractor. Suggestions range from additional oversight of the contract; reimbursement withholdings for poor performance; define key performance metrics; address uncooperative providers; increase communication between MTM, frustrated providers and MO Healthnet; modify payment methodology from current capitated payment structure to fee for service, and/ or performance-based structure. It should be noted that the current NEMT contract will expire in calendar year 2026 and a new contract for services will be necessary.
4. Emphasize prevention in SUD funding: continue evaluation of penalties for drug offenses with serious consequences, including sexual exploitation.
5. Advocate for including housing assistance and transportation services as allowable costs in funding opportunities, including coordination between departments to identify and utilize funding from available sources, such as the State Opioid Grant, Opioid Settlement Funding, Adult Use Marijuana Tax, Housing Trust Fund, Section 5310 FTA Funding and Medicaid Non-Emergency Medical Transportation. Utilize the Transportation funding matrix proposed by the UMSL Addiction Science Team, attached as Table 3, pp. 34-37, recognizing that transportation is prevention.

6. Increase recovery housing using National Alliance for Recovery Residences (NARR) accredited housing, responsive to the needs of different communities across Missouri through the established Recovery Support Providers program and any other that demonstrates similar effectiveness, though currently no other similar program has been reported to the Task Force, with the possible exception of the federally funded Kaizen transportation network; utilize additional sources of revenue as listed to replicate or continue the Kaizen program, if renewed federal funding cannot be obtained.

7. Increase the recording fee that supports the Missouri Housing Trust Fund from $3.00 to at least $6.00 or by another funding mechanism. This fee was last increased in the 1990s.

8. Continue funding for Federally Qualified Health Center (FQHC) network program, an established program to provide critical same-day treatment, at least at the same level of current funding.

9. Recognize and incorporate local public health agencies into combating SUD, and fund accordingly.

10. Pursue the goal to divert persons charged with SUD-related criminal activity to programs prior to conviction, that is, in conjunction with the Treatment Court program to avoid incarceration but still with a criminal record. Identify programs around the state, such as Lane Change, that can be enhanced by state support.

11. Implement an emergency rule to classify concentrated 7-OH as a Schedule I substance; reintroduce HB 1595 to establish the Kratom Consumer Protection Act, or similar legislation.

12. Evaluate potential overlaps and gaps in services provided by the current state programs.

13. Evaluate the effectiveness and numbers of people service by the current housing and transportation programs.

14. Continue funding for the 988 Suicide & Crisis Lifeline. Flag this program for further research by future task forces to compile performance metrics.

HOUSING

15. RECOMMENDATION: A systemic problem is the availability of funding for services, but a lack of coordination between departments and effective communication to potential providers and recipients of availability. A coordinated effort between departments, including DMH, DHSS, MoDOT, and DOC needs to be implemented. The coordination should include identification of what services can be provided under what funding sources and reducing complications and confusion regarding application and eligibility.

16. RECOMMENDATION: increase the recording fee that supports the Missouri Housing Trust Fund; continue with the Departments of Economic Development and Mental Health recovery housing program funding at the same or increased level.

17. RECOMMENDATION: increase use of respite crisis housing; continue support for RSS accredited recovery housing.

ADDITIONAL RECOMMENDATIONS FROM DEPARTMENT AND WITNESS TESTIMONY

DMH:

18. RECOMMENDATION: increase the recording fee; at least continue the Departments of Economic Development and Mental Health recovery housing program funding at the same or increased level to provide leading to the Recovery Service Providers.

19. RECOMMENDATION: increase use of respite crisis housing; continue support for RSS accredited recovery housing.

DHSS:

20. Increase recovery housing using National Alliance for Recovery Residences (NARR) accredited housing, responsive to the needs of different communities across Missouri

21. The recommendations also identified the need to increase funding for wraparound services, specifically including transportation, peer monitoring, recovery housing and care coordination.

22. The department testified regarding its community listening sessions to identify needs for housing, with the following suggestions including:

23. More access to recovery housing;

24. More transitional housing programs;

25. More housing programs utilizing a "housing first" model;

26. Housing assistance for people in recovery navigating criminal records
27. Increase funding and grant opportunities for housing programs
28. Incentives such as housing's stipends to landlords to provide housing to those who have completed recovery programs
29. RECOMMENDATION: recognize and incorporate local public health agencies in combating SUD.
30. RECOMMENDATION: advocate for including housing assistance and transportation services as an allowable cost in funding opportunities at all levels; improve and expand existing transportation infrastructure to support services for substance use related activities, including increased implementation of integrated service models to decrease the transportation burden; expand telehealth access for substance use disorder treatment to reduce transportation needs.

MHDC:
31. RECOMMENDATION: increase the three-dollar recording fee that supports the Missouri Housing Trust Fund.

MOCRSP:
32. RECOMMENDATION: easier reimbursement for Uber and Lyft; bus vouchers; telehealth services, but phones are required. Medicaid is required to provide Non-Emergency Transportation Services (NEMT), but there are many problems with lack of availability and coordination through the Medicaid contractors, MTM. Address Medicaid transportation issues.
33. RECOMMENDATION: address problems with lack of reimbursement that preclude providers offering their own van transportation, even if vans are provided; for example, address lack of driver reimbursement, whether certified or counselors are required, and whether or not high school diploma is required for driver reimbursement.

CENTRAL OZARKS MEDICAL CENTER:
34. RECOMMENDATION: obtain funding to provide co-located services, such as at a county courthouse; address obstacles to providing reimbursement for people providing transportation.

CENTER FOR LIFE SOLUTIONS HAZELWOOD:
35. RECOMMENDATION: coordinate between Medicaid transportation, SOR grant and opioid settlement dollars to provide reimbursement that other programs will not provide.

OFFICE OF STATE COURTS ADMINISTRATOR (OSCA):
36. Recommendation: sustained information to the treatment courts regarding availability of funding for wraparound services including housing and transportation and the newly authorized Mental Health Courts .

DOC:
37. RECOMMENDATION: continue the DOC evidence-based practices, with increased emphasis on coordinating with other departments and community organizations to implement the housing and transportation elements, such as the ICTS program as well as employment and treatment.

LANE CHANGE, INC.:
38. RECOMMENDATION: pursue the goal to divert persons charged with SUD related criminal activity to programs prior to conviction, that is, as an alternative to the usual Treatment Court program to avoid incarceration but still with a criminal record. Identify programs around the state such as Lane Change that can be enhanced by state support.

MOMS AGAINST FENTANYL:
39. RECOMMENDATION: Emphasize prevention in SUD funding: continue evaluation of penalties for drug offenses with serious consequences, including sexual exploitation.

CHERI GOLDSMITH AND DANIELLE GREENLEE:
40. RECOMMENDATION: an emergency rule to classify concentrated 7 – OH as a schedule 1 substance; reintroduce HB 1595 to establish the Kratom consumer Protection Act; include 7 – OH in the list of controlled substances routinely screened.

Burrell Behavioral Health:
   41. RECOMMENDATION: increased oversight of Medicaid NEMT providers, real performance reporting, such as on-time arrivals, no shows and resolution of complaints, as well as clarity of rider eligibility and expectations.

DEPARTMENTS AND PROGRAMS

DEPARTMENT OF MENTAL HEALTH (DMH) & DIVISION OF BEHAVIORAL HEALTH (DBH)

Department of Mental Health (DMH)

The mission of the Department of Mental Health is to provide for (1) the prevention of mental disorders, developmental disabilities, substance misuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance use, and compulsive gambling. The department is composed of three divisions: the Division of Behavioral Health, the Division of Developmental Disabilities, and the Division of Administrative Services, as well as five adult forensic hospitals; one children's psychiatric hospital; and seven support offices. More information about the Department of Mental Health can be found at their website https://dmh.mo.gov/

SAPT Hearing,	09/02/2025
Presenters –	Valerie Huhn, Department Director, and Nora Bock, Director of the Division of Behavioral Health
Hearing Highlights:	Ms. Huhn and Ms. Bock pointed to decreases in overdose deaths and the work of GROW-STL, the funding for which is completely supported by state opioid settlement funding. They presented barriers to accessing transportation and housing, and options to address those barriers.

FUNDING TOTALS

House Bill   HB10

Program Name	FY26 Appropriation	FY25 Spent
Prevention Services	$21,809,844	$12,949,197
Opioid Settlement Response I	$6,900,000	$6,900,000
Opioid Settlement Response II	$5,100,000	$5,046,877
Naloxone	$8,000,000	$7,442,561
Addiction Fellowship	$1,304,370	$1,042,077
Comprehensive Substance Treatment and Rehabilitation (CSTAR)	$116,087,754	$92,128,829
Housing Liaisons	$500,000	$1,000,000
GROW	$1,113,000	$1,113,000
CCBHO providers - CSTAR services	$66,443,433	$47,279,025
Rental Assistance Program (RAP)	$321,628	$321,628
Recovery Support Services	$9,086,490	$8,704,414
Recovery High Schools	$10,434,783	$35,700
Recovery Community Centers	$1,200,000	$1,200,000
Peer to Peer	$100,000	$77,441
Engaging Patients in Care Coordination (EPICC)	$4,099,400	$4,073,187

DOC Reduce Recidivism MAT (RR-MAT)	$2,564,144	$2,487,220
FQHC Initiatives	$1,000,000	$1,000,000
Compulsive Gambling	$153,606	$14,237
Substance Awareness Traffic Offender Program (SATOP)	$6,995,353	$2,870,372

Administrative Costs

Program Name	FY26 Appropriation	FY25 Spent
SUD Administration Salaries	$4,525,920	$3,923,403
SUD Expense and Equipment	$2,441,348	$990,768
Subtotal	$6,967,268	$4,914,171
Total Costs	$270,181,073	$200,599,936

PREVENTION SERVICES

Department, Agency	DMH, DBH
Date started	FY 1994

Program description

Ten Prevention Resource Centers (PRC) serve as the regional prevention experts for the state. Each PRC facilitates the development of community coalitions that can make changes in substance use patterns in their individual communities. DMH has more than 150 registered coalitions. PRCs employ and provide technical assistance to coalitions that includes six prevention strategies: 1) information dissemination to increase awareness and knowledge of the effects of alcohol and other drug use on individuals, families and communities; 2) education to build skills through structured learning; 3) alternative activities that exclude alcohol and other drugs; 4) problem identification and referral to evidence-based programming for individuals who have used illicit drugs or are overusing alcohol; 5) community based process to strengthen a community's ability to address their own challenges; and 6) environmental activities that establish or change standards, codes, and or/attitudes to influence the general population's use of alcohol and other drugs.
Several community providers throughout the state deliver direct evidence-based programs and practices to high-risk youth through mentoring programs and structured curricula.
Prevention evaluation supports all prevention services through the provision of data for assessing prevention needs and program effectiveness. Prevention messaging is disseminated through social media, audio platforms, billboards and newspaper inserts.
DMH provides tobacco retailers across the state with the signage required by state law that indicates the age required to purchase tobacco products. The PRCs conduct one visit a year to each tobacco retailer across the state and provide them with signage and educational materials to help avoid sales to minors.

Program type	Prevention
Substance targeted	All

FUNDING

	House Bill		HB 10.105, 10.106	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	4649	$1,072,959	$1,040,770
Health Initiatives Fund	0275	3145	$82,148	$82,148
DMH Federal Fund	0148	2154	$17,854,737	$10,769,359

General Revenue	0101	3664	$300,000	$291,000
Opioid Addiction Treatment and Recovery Fund	0705	6935	$1,000,000	$765,920
Compulsive Gaming Prevention Fund	0245	0538	$1,500,000	$0

SERVICES	
Service area	Statewide
Location of services	Prevention Resource Centers, Community Coalitions, SUD providers
Eligibility	Anyone
Dept, Agency criteria to qualify	N/A
Criteria for participant	Population of Focus: any age
Capacity	N/A
Numbers served	265,778
Other data	N/A

OPIOID SETTLEMENT RESPONSE I

Department, Agency	DMH, DBH
Date started	July 2022

Program description

Funding is used to support a variety of opioid related services, such as, supporting community program grants, Family Recovery Programs, EMS Project and Primary Care and Substance Use Disorder (SUD) integration services.

Program type	Prevention, Treatment, Recovery
Substance targeted	Opioids

FUNDING				
House Bill			HB10.105	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	9646	$6,900,000	$6,900,000

SERVICES	
Service area	EMS - EMS providing buprenorphine inductions-Central Jackson County Fire Protection, Raytown Fire Department, Mehlville Fire Protection District, MU Health Care EMS, Joachim - Plattin EMS, Christian Hospital EMS, Rock Township Ambulance District; 97 EMS/Fire Districts receiving naloxone
	SUD/FQHC - Barry, Barton, Benton, Boone, Camden, Dade, Henry, Jackson, Jasper, Laclede, Lafayette, Lawrence, McDonald, Morgan, Newton, Pettis, Saline, St. Louis, St. Francis, Vernon, Washington

	Prevention - Adair, Andrew, Atchison, Buchanan, Caldwell, Clark, Clinton, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Iron, Knox, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Mississippi, New Madrid, Nodaway, Osage, Pemiscot, Phelps, Putnam, Saint Francois, Schuyler, Scotland, Shelby, Sullivan, Washington, Worth Recovery – Jackson, Stone, St. Louis City, Taney, Boone, Johnson, and Pettis
Location of services	Hospitals; treatment and recovery providers; fire and ambulance districts, and primary health centers.
Eligibility	No eligibility requirements for outreach Prevention: Missouri Resident
Dept, Agency criteria to qualify	Serves individuals with Opioid Use Disorder Prevention or Recovery: Substance Use Prevention Resource Center agency or registered Community Coalition EMS: First Responder agency
Criteria for participant	Opioid Use Disorder or Individuals experiencing overdose symptoms and in need of OD response
Capacity	N/A
Numbers served	Prevention: 13,099 EMS: 654 overdose reversals by first responders SAC Prevention and Recovery Grants – 5,053 SUD FQHC partnership – 4,661
Other data	

OPIOID SETTLEMENT RESPONSE II

Department, Agency	DMH, DBH
Date started	July 2022

Program description

Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications, when given in time. Naloxone is easy to use and small to carry. Funding is used to purchase naloxone, provide training, and distribute to many different groups and organizations not covered by other naloxone funding.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill			HB10.115	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	9647	$5,100,000	$5,046,877

SERVICES	
Service area	Statewide
Location of services	Harm Reduction Organizations, Mail-based, Community Outreach Organizations, etc.
Eligibility	Priority Population: Missouri resident using drugs and those who are likely to come into contact with individuals using drugs
Dept, Agency criteria to qualify	N/A
Criteria for participant	Missouri resident; at risk for overdose
Capacity	N/A
Numbers served	164,866 naloxone kits distributed
Other data	3,925 individuals trained on Overdose Education and Naloxone Distribution; 94 individuals trained on fentanyl test strip use; 4,791 street outreach encounters

NALOXONE

Department, Agency	DBH, DMH
Date started	July 2024

Program description

Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications, when given in time. Naloxone is easy to use and small to carry. Funding is used to purchase naloxone, provide training, and distribute naloxone to law enforcement agencies and other first responders.

Program type	Prevention
Substance targeted	Opioid

FUNDING

House Bill			HB10.115	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6192	$8,000,000	$7,442,561

SERVICES	
Service area	Statewide
Location of services	Law enforcement, other first responders
Eligibility	Priority Populations: Law enforcement, EMS, Fire Rescue, and other frontline first responders, such as hospital staff, likely to observe an overdose
Dept, Agency criteria to qualify	N/A
Criteria for participant	Missouri resident; at risk for overdose and first responder response
Capacity	N/A
Numbers served	256,189 naloxone kits distributed
Other data	Unknown

ADDICTION FELLOWSHIPS

Department, Agency	DMH, DBH
Date started	July 2024

Program description

SUD fellowships have been developed to support medical providers in obtaining more education in the field of addiction and to work collaboratively in their practices with Addiction Medicine physicians as they would with other specialties, such as cardiology and endocrinology. This funding will support these fellowships which will create a pathway into and increase the competency of the SUD workforce.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill	HB 10.111

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	7459	$1,304,370	$1,042,077

SERVICES

Service area	Jasper, Newton, Barton, McDonald, St. Louis County
Location of services	Hospitals
Eligibility	Certification or board-eligibility in any ACGME-approved specialty (e.g., family medicine, internal medicine, OB/GYN, pediatrics....)
Dept, Agency criteria to qualify	Has addiction fellowship program
Criteria for participant	Certification or board-eligibility in any ACGME-approved specialty (e.g., family medicine, internal medicine, OB/GYN, pediatrics....)
Capacity	5
Numbers served	Unknown
Other data	Unknown

COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION (CSTAR)

Department, Agency	DMH, DBH
Date started	January 1, 1991

Program description

Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs are designed to provide an array of comprehensive, but individualized, treatment services with the aim of reducing the negative impacts of substance use disorders to individuals, family members and society. Services available in CSTAR increase individuals' abilities to successfully manage chronic substance use disorders. CSTAR services transitioned full to the utilization of the American Society of Addiction Medicine (ASAM) criteria in 2024. This continuum of care, based on criteria placement, includes a shift from a fee for service pay structure to team based billing. Individuals may enter treatment at any level in accordance with eligibility criteria. Only substance use disorder treatment programs designated by the department as CSTAR are approved for reimbursement under MO HealthNet. Top priority for admission is given to pregnant women who inject drugs because of the risk to unborn babies and public safety. CSTAR programs serve a large number of Missouri offenders with substance use disorders that are re-entering their communities following incarceration or are under probation supervision. Effective substance use disorder treatment for these individuals reduces criminal recidivism and promotes a productive and safe return to their communities.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill			HB10.115	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	4147	$2,447,257	$8,110,041
Inmate Fund	0540	1047	$3,513,779	$3,513,779
General Revenue	0101	2040	$8,922,886	$4,949,436
Health Initiatives Fund	0275	2044	$2,829,185	$2,761,782
DMH Local Tax Matching Fund	0930	3765	$963,775	$369,504
DMH Federal Fund	0148	4149	$49,083,625	$41,863,344
DMH Federal Fund	0148	6677	$36,083,670	$20,311,712
Title XXI-Children's Health Insurance Program Federal Fund	0159	8453	$2,176,257	$739,147
Health Initiatives Fund	0275	4151	$3,245,791	$3,245,791
Health Initiatives Fund	0275	8945	$21,213	$21,209
Mental Health Interagency Payments Fund	0109	7648	$10,000	$0
Opioid Addiction Treatment & Recovery Fund	0705	5911	$1,978,313	$1,016,406
Opioid Addiction Treatment & Recovery Fund	0705	5912	$4,062,003	$4,976,778
Opioid Addiction Treatment & Recovery Fund	0705	8003	$750,000	$249,900

SERVICES

Service area	Statewide
Location of services	CSTAR providers
Eligibility	Diagnosis of a SUD (not including tobacco use disorder) as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Diagnosis of a SUD (not including tobacco use disorder) as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)

Capacity	Unknown
Numbers served	26,563
Other data	Unknown

HOUSING LIAISONS

Department, Agency	DMH, DBH
Date started	July 1, 2024

Program description

The Housing Liaisons assist Missourians with disabilities experiencing homelessness to find housing and receive behavioral health services. All referrals come from local coordinated entry systems. HLs reduce the use of more costly state services, shifting use to less costly, more appropriate services.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill			HB 10.115	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	8208	$500,000	$1,000,000

SERVICES

Service area	Statewide
Location of services	DBH contracted providers
Eligibility	Homeless
Dept, Agency criteria to qualify	CSTAR
Criteria for participant	Homeless
Capacity	N/A
Numbers served	126 SUD only, but many others served that are co-occurring
Other data	Unknown

GRASSROOTS REINVESTMENT for OPTIMAL WELL-BEING - STL (GROW-STL)

Department, Agency	DMH, DBH
Date started	October 1, 2021

Program description

Grassroots Reinvestment for Optimal Well-being-STL (GROW-STL) is comprised of five grassroots organizations located in North St. Louis City and County. These organizations provide outreach and referral in areas most impacted by the opioid crisis and experiencing the highest incidents of overdose deaths. They also provide linkage to the contracted treatment providers for SUD treatment services as well as to our contracted and funded recovery support providers.

Program type	Treatment
Substance targeted	Opioids

FUNDING

House Bill			HB 10.115	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	0025	$1,113,000	$1,113,000

SERVICES

Service area	Statewide
Location of services	Grassroot Organizations in North St. Louis City and County
Eligibility	Opioid Use
Dept, Agency criteria to qualify	N/A
Criteria for participant	Opioid Use
Capacity	N/A
Numbers served	9,626
Other data	Unknown

CCBHO PROVIDERS - SUD SERVICES

Department, Agency	DMH, DBH
Date started	July 1, 2024

Program description

Certified Community Behavioral Health Organizations integrate behavioral health with physical healthcare, while providing a comprehensive array of services that include crisis intervention, screening, treatment, prevention, and wellness services for individuals with serious mental illnesses and substance use disorders. SUD treatment services shall be provided consistent with the American Society of Addiction Medicine (ASAM) Criteria.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill			HB 10.130	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	7593	$12,519,940	$8,123,680
General Revenue	0101	7595	$22,854,025	$22,019,780
Department of Mental Health Federal Fund	0148	7594	$29,653,011	$15,374,961
Department of Mental Health Federal Fund	0148	7596	$1,100,000	$1,019,380

Title XXI-Children's Health Insurance Program Federal Fund	0159	8787	$316,457	$741,223

SERVICES

Service area	Statewide
Location of services	CCBHO providers
Eligibility	Program Specific
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Program Specific
Capacity	Unknown
Numbers served	18,883
Other data	Unknown

RENTAL ASSISTANCE PROGRAM (RAP)

Department, Agency	DMH, DBH
Date started	July 2013

Program description

The Rental Assistance Program (RAP) provides one-time payments to prevent eviction; restore housing stability; and/or assist households to move into safe and affordable rental housing. Target population are individuals actively receiving support services for a mental illness, a substance use disorder, or a dual diagnosis of the two from a DMH-contracted provider agency.

Program type	Housing
Substance targeted	All

FUNDING

House Bill   HB 10.115

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	4147	$ 321,628	$ 321,628

SERVICES

Service area	Statewide
Location of services	Behavioral health support service agencies
Eligibility	Individuals actively receiving support services for a mental illness, a substance use disorder, or a dual diagnosis of the two from a DMH-contracted provider agency
Dept, Agency criteria to qualify	
Criteria for participant	In a housing crisis
Capacity	Limited by funding
Numbers served	92
Other data	Unknown

RECOVERY SUPPORT SERVICES (RSS)

Department, Agency	DMH, DBH
Date started	July 2018

Program description

Recovery Support Services (RSS) can supplement clinical substance use disorder treatment programs and expand access to an array of supportive services that include employment assistance and emergency housing. Recovery supports are delivered by community and faith-based organizations.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill			HB 10.109 and 10.110	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	6916	$4,402,527	$4,270,451
DMH Federal Fund	0148	0345	$2,598,084	$2,598,084
Opioid Addiction Treatment & Recovery Fund	0705	6914	$1,865,879	$1,835,879
Opioid Addiction Treatment & Recovery Fund	0705	0434	$250,000	$0

SERVICES

Service area	Statewide
Location of services	DBH contracted Recovery Support providers
Eligibility	Individuals with SUD
Dept, Agency criteria to qualify	Contracted RSS Providers
Criteria for participant	Individuals with SUD
Capacity	Limited by funding amount
Numbers served	5,522
Other data	Unknown

RECOVERY HIGH SCHOOLS

Department, Agency	DBH, DMH
Date started	7/1/2024

Program description

Recovery High Schools are secondary schools designed specifically for students in recovery from substance use disorder or co-occurring disorders. The purpose of a recovery high school is to educate and support students in recovery while meeting state requirements for awarding a high school diploma.

Program type	Treatment

Substance targeted	Unknown

FUNDING

House Bill   HB 10.125

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DMH Federal Fund	0148	6642	$6,834,783	$0
Opioid Addiction Treatment & Recovery Fund	0705	6643	$3,600,000	$35,700

SERVICES

Service area	St. Louis City, Boone, Cole, Cape Girardeau, Scott
Location of services	High schools
Eligibility	A public school in one of the metropolitan counties in Missouri who submits a winning proposal in response to the RFP issued by DESE. Eligible counties: Buchanan, Andrew, DeKalb West-Jackson, Cass, Lafayette, Bates, Caldwell, Clinton, Ray, Platte, Clay, Southwest-Greene, Christian, Jasper, Newton, Polk, Webster, Dallas, Central-Cole, Boone, Howard, Cooper, Moniteau, Callaway, Osage, East-Franklin, Lincoln, St. Charles, St. Louis City, St. Louis, Jefferson, Warren, Southeast-Cape, Girardeau, Bollinger
Dept, Agency criteria to qualify	A school district in the eligible counties must submit a proposal that includes a narrative, budget and implementation plan. Proposal then has to be approved for funding.
Criteria for participant	Individuals enrolled in a public school served by the Recovery High School who identifies as needed substance use services, with additional criteria to be determined by the Recovery High School.
Capacity	Unknown
Numbers served	Zero, as program hasn't started yet.
Other data	Unknown

RECOVERY COMMUNITY CENTERS (RCC)

Department, Agency	DBH, DMH
Date started	7/1/2024

Program description

Recovery Community Centers (RCCs) are community-based, peer-run organizations that offer resources and support for individuals with substance use disorders and their families, no matter what phase of use or recovery they may be in. RCCs are not treatment centers but they can connect people to treatment or other community resources, depending on their needs. They offer sober activities, as well as employment-readiness services and access to naloxone.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill			HB 10.109	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment & Recovery Fund	0705	6917	$1,200,000	$1,200,000

SERVICES

Service area	St. Louis City
	Boone County
	Cole County
	Cape Girardeau and Scott Counties
Location of services	DBH contracted partners
Eligibility	Unknown
Dept, Agency criteria to qualify	DBH Contracted Providers
Criteria for participant	Individuals with SUD and their families
Capacity	N/A
Numbers served	Approximately 6,000 annually
Other data	Unknown

PEER TO PEER

Department, Agency	DMH, DBH
Date started	July 2024
Program description	
For substance use recovery support services.	
Program type	Recovery
Substance targeted	Opioid Use Disorder

FUNDING

House Bill			HB 10.108	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	8004	$100,000	$77,441

SERVICES

Service area	Springfield
Location of services	Springfield
Eligibility	Opioid Use Disorder (OUD)

Dept, Agency criteria to qualify	OUD
Criteria for participant	OUD
Capacity	N/A
Numbers served	2,882
Other data	Unknown

ENGAGING PATIENTS IN CARE COORDINATION (EPICC)

Department, Agency	DMH, DBH
Date started	July 2019

Program description

EPICC provides 24/7 referral and linkage services for patients residing in targeted regions who present to a hospital for opioid, stimulant, and/or alcohol use disorder to establish immediate connections to recovery support services, substance use treatment, and medication-assisted treatment (MAT) services.

Program type	Prevention, Treatment
Substance targeted	Opioid, stimulant, alcohol

FUNDING

House Bill			HB 10.115 and 10.123	
Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	4147	$1,399,877	$1,399,877
Opioid Addiction Treatment & Recovery Fund	0705	6936	$500,000	$500,000
DMH Federal Grant Fund	0148	4149	$2,199,523	$2,173,310

SERVICES

Service area	Three regions: Western, Southwest, and Central Counties: Platte, Clay, Ray, Jackson, Greene, Christian, Taney, Stone, Randolph, Audrain, Boone, Callaway, Cole, Cooper, Perry, Bollinger, Cape Girardeau
Location of services	DBH contracted SUD treatment provider covering counties above
Eligibility	SUD treatment provider must have a current CSTAR contract
Dept, Agency criteria to qualify	N/A
Criteria for participant	Anyone experiencing an overdose or substance use crisis (opioids, stimulants, alcohol)
Capacity	Since inception, EPICC staff have responded to over 10,000 referrals.
Numbers served	4,356
Other data	

DOC REDUCE RECIDIVISM MAT (RR-MAT)

Department, Agency	DMH, DBH
Date started	July 2013

Program description

This pre-release program reduces recidivism among offenders with serious substance use disorders, with a primary focus on those with opiate or alcohol dependence, who are returning to the community from the Missouri Department of Corrections (DOC) by offering medication assisted treatment (MAT) interventions and intensive case management and bridging the transition from institution to community treatment provider.

Program type	Treatment
Substance targeted	Opioids, Alcohol

FUNDING

House Bill			HB 10.115	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	8661	$2,564,144	$2,487,220

SERVICES

Service area	Statewide, all DOC facilities
Location of services	DBH contracted SUD treatment provider in DOC facility
Eligibility	Meets diagnostic SUD criteria, screened as appropriate by medical professional
Dept, Agency criteria to qualify	Agency must meet certification requirements
Criteria for participant	Meets diagnostic SUD criteria, screened as appropriate by medical professional
Capacity	(FY 25) 19 sites including all institutions and re-entry
Numbers served	2,225 individuals educated
	363 individuals received pre-release medication assisted treatment
	281 individuals received post-release medication assisted treatment
Other data	Unknown

FQHC INITIATIVES

Department, Agency	DMH, DBH
Date started	July 2022

Program description

Funding supports the collaboration of medication assisted treatment between Federally Qualified Health Centers (FQHC) and local CSTAR/CCBHO providers.

Program type	Prevention
Substance targeted	Opioids

FUNDING				
House Bill			HB 10.145	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment & Recovery Fund	0705	8521	$1,000,000	$1,000,000

SERVICES	
Service area	St. Louis City, Barry, Barton, Jasper, Lawrence, Newton, Jackson, Henry, Boone, Camden, Laclede, Benton, Morgan, Pettis, Saline, St. Francois, Washington
Location of services	DBH contracted SUD integration partners
Eligibility	Individuals with an Opioid Use Disorder (OUD), have a family or loved one with an OUD, have trauma related to the opioid epidemic, or work/interact with individuals with an OUD.
Dept, Agency criteria to qualify	Contracted CSTAR provider with a formal partnership with an FQHC. Provide care coordination, primary care services and substance use treatment.
Criteria for participant	Individuals with an Opioid Use Disorder (OUD), have a family or loved one with an OUD, have trauma related to the opioid epidemic, or work/interact with individuals with an OUD.
Capacity	Unknown
Numbers served	Unknown
Other data	Unknown

COMPULSIVE GAMBLING	
Department, Agency	DMH, DBH
Date started	2000
Program description	

The program provides treatment services designed to help individuals with a gambling disorder and their families reduce the negative impacts associated with problem gambling. Prior to being admitted into a gambling disorder treatment program, an individual must be assessed and meet minimal admission criteria. Treatment services are individualized and based on clinical needs, with service utilization monitored by DBH. Services include individual and group counseling and family therapy. DBH partners with other stakeholders (Lottery, Gaming Association, Gaming Commission) to address problem gambling and raise public awareness of the issue.

Program type	Treatment
Substance targeted	Gambling

FUNDING	
House Bill	HB 10.115

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Compulsive Gamblers Fund	0249	2877	$153,606	$14,237

SERVICES	
Service area	Statewide via telehealth
Location of services	DBH contracted providers
Eligibility	Meet minimum diagnostic screening scores
Dept, Agency criteria to qualify	Certified staff/contracted for service
Criteria for participant	Eligible gambler/Family member
Capacity	Statewide in-house/telehealth
Numbers served	21
Other data	Type of gambling activities, preferred location of gambling, amount of time spent on gambling past 30 days, amount time and money spent on gambling, employment status, current gambling debt, how concerned is the individual on financial status. In past 30-days problems with spouse, children, significant other due to gambling, legal, emotional, medical, mental health background, substance use history and current pattern, support system, and suicide risk.

SUBSTANCE AWARENESS TRAFFIC OFFENDER PROGRAM (SATOP)

Department, Agency	DMH, DBH
Date started	July 1993

Program description

The Substance Awareness Traffic Offender Program (SATOP) is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals arrested for alcohol and other drug-related driving offenses or arrested with possession, zero tolerance, or abuse and lose offense prior to age 21. The goal of the program is to prevent repeat impaired driving offenses and to get those with serious substance use disorders into treatment. Completion of a SATOP is a statutory condition of license reinstatement. The program incorporates a comprehensive assessment to determine program placement into any of the four levels of education and/or treatment interventions.

Program type	Treatment
Substance targeted	All

FUNDING	
House Bill	HB 10.115

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Mental Health Earnings Fund	0288	2878	$6,995,353	$2,870,372

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                                  SERVICES
Service area                              Statewide
Location of services             DBH contracted SATOP providers
Eligibility          Individuals with administrative action for license reinstatement/Court
                                            order
Dept, Agency criteria to qualify          Certified/Contracted
Criteria for participant          DUI/DWI, Abuse and Lose, Zero Tolerance
Capacity                      Statewide 34 agencies with multiple sites
Numbers served                              3,186

Other data          Number screened, number served, number of statewide sites by program,
                     number re-enrolled in SATOP upon initial completion (repeat offense)
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                              ADA ADMINISTRATION

Department, Agency              Dept of Mental Health, Div of Behavioral Health

Date started                              NA

Program description

Salaries, expenses, and equipment for DBH administrative staff.

Funding is used to support staff and EE related to statewide SUD programs and prevention.

Program type                    Prevention, Treatment, Recovery, Admin

Substance targeted                          NA
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FUNDING

House Bill   HB 10.100, 10.107, 10.105, 10.115

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	2149	$1,478,985	$1,341,115
Health Initiatives Fund	0275	1839	$65,684	$58,587
DMH Federal Fund	0148	2151	$948,973	$729,991
General Revenue	0101	2150	$23,336	$22,497
DMH Federal Fund	0148	2152	$1,549,188	$844,806
Opioid Addiction Treatment and Recovery Fund	0705	6895	$79,737	$73,6270
Opioid Addiction Treatment and Recovery Fund	0705	6900	$ 5,000	$0
DMH Federal Fund	0148	7831, 7832	$543,236	$443,306
General Revenue	0101	2649	$122,690	$111,624
DMH Federal Fund	0148	4143, 4144	$452,193	$164,779
General Revenue	0101	4148	$766,593	$711,234
DMH Federal Fund	0148	4150	$275,338	$153,366
Health Initiatives Fund	0275	5002	$279,257	$250,226
DMH Federal Fund	0148	2051	$377,007	$9,013

DEPARTMENT OF CORRECTIONS

DEPARTMENT OF CORRECTIONS (DOC)

The Department of Corrections supervises 19 institutions and those sentenced to probation or parole. The department's goal is to improve lives for safer communities by fostering rehabilitation, treatment and education to ensure that justice-involved Missourians learn from their mistakes and become contributing members of their communities throughout Missouri.

SAPT Hearing	09.03.2025
Presenters	Taylor Higgenhoff, Legislative Liaison, and Lori Lewis-Kennedy, Assistant Director of the Division of Offender Rehabilitative Services.
	TBD

Hearing Highlights: DOC highlighted its evidence-based practices and recommended their continuation, with an increased emphasis on coordination with other state departments and community organizations.

FUNDING TOTALS

Program Costs

House Bill	HB 9	
Program Name	FY26 Appropriation	FY25 Spent
Medication Assisted Treatment	$7,900,000	$2,374,412.51
Institutional Treatment Programs	$11,347,891.00	$10,878,621.99
Toxicology	$787,330.00	$759,586.55
Reentry and Recidivism	$1,800,001.00	$1,800,001.00
Reducing Recidivism	$4,400,000.00	$952,297.76
Improving Community Treatment Services	$6,000,000.00	$5,731,000.00

Administrative Costs

Program Name	FY25 Appropriation	FY24 Spent
Total Costs	$32,215,222.00.00	$22,975,790.44

MEDICATION ASSISTED TREATMENT

Department, Agency	DOC
Date started	March 2023
Program description	

To ensure the availability and use of all medication assisted treatment products approved by the FDA to treat opioid use disorder for incarcerated offenders.

Program type	Treatment
Substance targeted	Opioids

FUNDING

House Bill			HB 9.195	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioids Settlement funds	0705	2254	$7,900,000.00	$2,374,412.51

SERVICES

Service area	Statewide
Location of services	DOC Institutions
Eligibility	Statewide
Dept, Agency criteria to qualify	Statewide
Criteria for participant	
	Offenders must be clinically assessed as having an opioid use disorder.
Capacity	Unknown
Numbers served	Currently, 1,624 offenders are prescribed MAT medications.
Other data	To be determined

INSTITUTIONAL TREATMENT PROGRAMS

Department, Agency	DOC
Date started	7/1/2003

Program description

Institutional treatment programs provide treatment to offenders with substance use related offenses and histories who are mandated to participate in treatment. The department has established a range of evidence-based services that include diagnostic center screenings, clinical assessments, institutional substance use treatment services, and pre-release planning.

Program type	Prevention, Treatment
Substance targeted	Any substance use disorder

FUNDING

House Bill			HB 9.200, 9.020	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	7261	$2,393,612.00	$1,803,278.05
General Revenue	0101	7262	$8,571,126	$8,789,032.68
DOC Federal Fund	0130	8103	$343,153.00	$251,780.82

SERVICES

Service area	Livingston, Callaway, Nodaway, Pike, Webster, Buchanan, Audrain, St. Francois, Cole, Moniteau, Clinton, Randolph, Cooper, Mississippi
Location of services	DOC Institutions[2]
Eligibility	Offenders must be court or board ordered to complete substance misuse

treatment; offenders must also be clinically assessed and referred by the licensed provider.

Dept, Agency criteria to qualify	See above
Criteria for participant	See above
Capacity	DOC currently has 2,443 beds allotted to institutional treatment programs.
Numbers served	In FY25, 7,004 offenders were served in treatment beds.
Other data	

Footnotes
1. Appropriation 7263 is used for certification costs and curriculum purchase. Appropriation 8103 goes to DOC as a sub-grantee from DPS. These funds are used to support contracted treatment services at five DOC correctional centers.
2. This program except those using appropriation 8103 is located in DOC facilities (Livingston - St. Francois). There is also one institutional treatment processional in each county w/ DOC prisons (Cole - Mississippi)

TOXICOLOGY

Department, Agency	DOC
Date started	1/1/2001

Program description

Toxicology funding is used for targeted and random staff and offender drug testing conducted by the department's in-house toxicology lab.

Program type	Prevention, Treatment
Substance targeted	The toxicology lab tests for the following:

42. Amphetamines
43. Barbiturates
44. Benzodiazepines
45. Buprenorphine
46. Cocaine
47. Creatinine
48. Fentanyl
49. Ketamine
50. Methamphetamines
51. Opioids
52. PCP – Phencyclidine
53. Suboxone
54. THC – tetrahydrocannabinol

FUNDING

House Bill | HB 9.205

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	7264	$787,330.00	$759,586.55

SERVICES	
Service area	All Counties
Location of services	Drug testing occurs in all prisons and district offices for the offender population both incarcerated and in the community.
Eligibility	Random and targeted drug testing may be conducted for any offender or client
Dept, Agency criteria to qualify	Any offender or client may be drug tested
Criteria for participant	The criteria for participants is employment with or supervision by the department.
Capacity	Can process a sample for 25 percent of the prison population and 7 percent of the field population
Numbers served	On average, the tox lab processes 4,826 samples from the prisons and 3,557 samples from the field.
Other data	In FY25, 111,167 samples were tested.

REENTRY AND RECIDIVISM

Department, Agency	DOC
Date started	1/1/2009
Program description	

Reentry and recidivism programming is designed to address the needs of individuals under the supervision of Missouri Probation and Parole by providing the tools and services probationers and parolees need to be successful. The goal is to provide access to vital services and programs that have been identified by local agencies, service providers, and Missouri Reentry Process (MRP) teams as aiding in the process of successful reentry. Funds support 26 competitive awards to 19 different organizations across the state.

Program type	Prevention, Treatment
Substance targeted	All Substance Use Disorders

FUNDING				
House Bill			HB 9.015	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	3283	$1,800,001.00	$1,800,001.00

SERVICES	
Service area	Statewide
Location of services	Varies
Eligibility	Any offender under active supervision by the Division of Probation and parole.
Dept, Agency criteria to qualify	
Criteria for participant	Offenders must be referred by their probation and parole officer.
Capacity	No defined capacity exists for this program.
Numbers served	Unknown
Other data	It should be noted this program is not limited to solely substance use services. This program provides other wrap-around services, as well.

REDUCING RECIDIVISM

Department, Agency	Department of Corrections
Date started	7/22/2025
Program description	
These funds are used to enter an outcome-based contracts with a reentry services providers in the St. Louis area.	
Program type	Prevention, Treatment
Substance targeted	Any substance use disorder

FUNDING

House Bill			HB 9.015, 9.020	
Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	7720	$2,500,000.00	$952,297.76
DOC Federal Fund[1]	0130	8103	$1,900,000	$479,870.72

SERVICES

Service area	St. Louis City, St. Louis County, St. Charles County, Jefferson County, Warren County, Franklin County, and/or Lincoln County[2]
Location of services	St. Louis Region
Eligibility	Residing in (or home-planning to) St. Louis City, St. Louis County, Jefferson, Lincoln, Warren, Franklin or St. Charles County.
	Moderate or higher score on the ORAS, the department's validated risk assessment.
	Minimum of 12 months of parole from release date (for parolee participants)
	Medical/ MH score 1-3 on the department's classification of need scale.
	No sex offenses
Dept, Agency criteria to qualify	None
Criteria for participant	See above
Capacity	No defined capacity
Numbers served	427
Other data	

Footnotes
1. The Second Chance Act Pay for Success Initiative grant requires contracting with an intermediary to help establish the outcomes-based contract as well as an independent evaluator to validate the implementation results.
2. Federal funds cover programs in all listed counties except for St. Louis City. St. Louis City is covered by the first appropriation.

IMPROVING COMMUNITY TREATMENT SERVICES

Department, Agency	Department of Corrections
Date started	7/1/2019

Program description

Improving Community Treatment Success Program (ICTS) is a collaborative program that requires the DOC and the DMH to work together to lower system costs, decrease crime, and create a safer and healthier Missouri. ICTS is a coordinated-care approach that focuses the highest intensity substance addiction services on the highest risk/highest need people on probation or parole supervision. The ICTS program is a "pay for performance" model where treatment provider performance geared toward positive impact on desired outcomes is incentivized in five outcome areas: retention in treatment, housing stability, employment stability, no substance use resulting in a sanction, no technical revocations of supervision.

Program type	Prevention, Treatment
Substance targeted	Any Substance Use Disorder

FUNDING

House Bill			HB 9.025	
Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	8278	$6,000,000.00	$5,731,000.00

SERVICES

Service area	Boone, Butler, Camden, Cape Girardeau, Greene, Miller, Pettis, Phelps, Polk, Pulaski, Stone, Taney, Buchanan, St. Francois, Cole,
Location of services	Probation and Parole Districts Office in the above counties (District 6, 1, 25, 20, 22, 27, 10/10R/10N, 20, 29-S, 11, 12, 21-S, 21)
Eligibility	Offenders must be diagnosed as having a substance misuse disorder and have a felony conviction. Additionally, offenders must have at least nine months remaining on supervision.
Dept, Agency criteria to qualify	See above
Criteria for participant	See above
Capacity	No
Numbers served	There are currently 391 clients being served in the program.
Other data	While this program specifically focuses on substance use services, it also provides employment support services.

JUDICIARY

JUDICIARY

Through the Office of State Courts Administrator (OSCA), the Judiciary is responsible for providing administrative, business and technology support services to the courts. The duties and responsibilities assigned to the state courts administrator's office relate to all levels of the state court system. Some of the ways the office assists the courts include case processing; criminal history reporting; debt collection and judgment enforcement; crime victims' rights; treatment court programming; pretrial service programming; the implementation of time

standards for case disposition; and court improvement projects in the areas of child abuse and neglect, juvenile services, and family preservation. The office supports a statewide case management system in all courts, as well as a wide variety of other technical applications and hardware necessary for court operations. The office also provides administrative, fiscal, legal, and human resources support; training for judicial personnel; and statistical analysis.

SAPT Hearing	September 3, 2025
Presenters	Richard Morrisey Katie Doman
Hearing Highlights:	Mr. Morrisey and Ms. Doman emphasized the programs operated by OSCA focusing on wraparound services, including housing and transportation, and described the funding sources and utilization for such programs.

FUNDING TOTALS

Program Costs

House Bill   HB 12

Program Name	FY26 Appropriation	FY25 Spent
Treatment Court Expense and Equipment (5197)	$10,580,094.00	$9,598,810.25
Treatment Court Programs (2693/7273)	$1,000,000.00	$647,026.45
Treatment Court Programs (6543/7271)	$250,000.00	$249,999.00
Treatment Court Programs (7307)	$500,000.000	$250,000.00

Administrative Costs

Program Name	FY26 Appropriation	FY25 Spent
Treatment Courts Personal Services	$402,934.00	$343,448.73
Total Costs	$12,733,028.00	$11,089,284.43

TREATMENT COURTS PERSONAL SERVICES

Department, Agency	Judiciary
Date started	1998
Program description	

Treatment Court Personal Services

Program type	Administration
Substance targeted	All

FUNDING

House Bill   HB 12.380

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Treatment Court Resources Fund (0733)	1733	5902	$402,934.00	$343,448.73

TREATMENT COURT EXPENSE AND EQUIPMENT

Department, Agency	Judiciary
Date started	1998
Program description	

Evidence based court programs that provide an alternative to traditional criminal justice case adjudication for high risk/high need individuals struggling with substance use disorders. These collaborative justice court models take a team-based, less adversarial approach to case processing and combine close judicial oversight and monitoring with intensive supervision and substance misuse treatment services in lieu of incarceration.

Program type	Treatment, Administration, Surveillance, Recovery, Housing, Transportation
Substance targeted	All

FUNDING

House Bill   HB 12.380

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Treatment Court Resources Fund (0733)	1733	5197	$10,580,094.00	$9,598,810.25

TREATMENT COURT MEDICATION ASSISTED TREATMENT

Department, Agency	Judiciary
Date started	2017, 2025
Program description	

Treatment court programs, that provide, but are not limited to, medication assisted treatment, counseling, transportation, and drug testing for Missourians with substance use, mental health, or co-occurring disorders, including, but not limited to, alcohol, opioid, and methamphetamine Active treatment court participants are assessed by treatment providers contracted with the Office of State Courts Administrator (OSCA) and certified by the Missouri Department of Mental Health.

Program type	Treatment, Prevention, Surveillance, Recovery, Housing, Transportation
Substance targeted	All

FUNDING

House Bill			HB12.380 and 10.1020	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Treatment Court Resources Fund (0733)	0733	2693/7273	$1,000,00.00	$647,026.45
Opioid Addiction Treatment and Recovery Fund (0705)	0705	6543/7271	$250,000.00	$249,999.00
Health Reinvestment Fund DHSS (0640)	0640	7307	$500,000.00	$250,000.00

SERVICES

Service area	Treatment court programs are operational statewide, in 45/46 judicial circuits.
Location of services	Eligible individuals have access to a treatment court program in the city of St. Louis and 104 out of 114 counties in the state.
Eligibility	The target population for a treatment court program is an individual charged with a nonviolent felony offense and is high risk/high need as determined by a validated screening tool.
Dept, Agency criteria to qualify	Each local program enters into a Memorandum of Understanding (MOU) with the team members; judge, coordinator, prosecuting attorney, defense attorney, probation officer, treatment providers and law enforcement representative. The MOU outlines each team member's role, the ethical considerations regarding their role and the program goals.
Criteria for participant	Standard criteria for a participant include meeting the local program's eligibility requirements, a substance use disorder diagnosis and the participant agreeing to participate in the program. Criteria for eligibility and admission into the program are developed on objective measures and reviewed annually by the local program.
Capacity	Individual treatment courts establish the local program's capacity based on resources such as funding, judicial staff availability and team member caseloads.
Numbers served	Since the inception of treatment courts in Missouri, there have been a total of 29,383 treatment court program graduates statewide.
Other data	A total of 1,411 babies have been born to female treatment court program participants. 1,273 were born drug free. State graduation rates for 2024: Adult Treatment Court: 65% DWI Treatment Court: 87% Veterans Treatment Court: 74%

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)

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DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)

DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)

The Department of Health and Senior Services is responsible for managing and promoting all public health programs to improve life and wellness for Missourians. It is responsible for maintaining programs to control and prevent disease; regulating and licensing certain facilities; and programs designed to create safeguards and health resources for seniors and the state's vulnerable populations.

SAPT Hearing	July, Sept. 2025
Presenters	Valerie Howard Heidi Miller Sarah Ehrhard Reid
Hearing Highlights	Ms. Howard, Dr. Miller, and Ms. Reid presented on social drivers of health and their relation to substance use disorder, emphasizing that homelessness is a significant risk factor for poor health outcomes. They described a workgroup that held community listening sessions and issued recommendations, as well as existing strategies to combat barriers to accessing housing and transportation for people suffering from SUD.

FUNDING TOTALS

Program Costs

House Bill — HB10

Program Name	FY26 Appropriation	FY25 Spent
Overdose Data to Action	$ 4,109,261	$3,540,492
Fentanyl Test Strips	$216,300	$212,445.78
Naloxone Spray	$800,000	$797,972
Missouri Coordinating Overdose Response Partnerships and Support (MO_CORPS)	$767,778	$311,170
Tobacco Cessation Services	$254,442	$90,716
Tobacco Prevention and Control Program	$1,554,908	$1,349,714
Tobacco Prevention and Cessation	$2,532,987	$2,298,086
Youth Tobacco Use Prevention Services	$300,000	$300,000
Baby and Me Tobacco Free	$99,300	$99,300
Prenatal Quality Collaborative	$ 250,000	$63,551
Comprehensive Care for Women	$4,668,732	$3,142,449
Disease Intervention Specialists	$84,127	$84,127
Rapid Hepatitis C Testing	$288,750	$270,757
Hepatitis C Testing	$239,038	$26,064
Cannabis Prevention and Education Media Campaign	$2,500,000	$10,000
Adult Use-SUD Grant	$16,093,534	$1,152,483
Community and Youth Behavioral Health Liaisons	$1,825,325	$43,750
Peer Respite Services	$2,000,000	$1,262,013
Alcohol Abuse Prevention	$1,000,000	$310,412

Graduate Medical Education (GME) Program	$5,000,000	$0
Wastewater Testing and Surveillance	$0	$108,083
Substance Use Disorder Grants to Department DESE	$350,000	$350,000
Substance Use Disorder Grants to Department of Mental Health - Youth Substance Use Prevention	$300,000	91,602
Substance Use Disorder Grants to Missouri Supreme Court	$500,000	$250,000
Total Cost	$49,484,249	$14,719,926

OVERDOSE DATA TO ACTION

Department, Agency	DHSS
Date started	September 2024

Program description

OD2A-S is a 5-year cooperative agreement that supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and supports using this data to inform prevention and response efforts. OD2A-States focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies.

Program type	Prevention
Substance targeted	Opioids, Stimulants

FUNDING

House Bill			HB10.710, 10.745, 10.800	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25Spent
DHSS Federal Fund		1143 4977	$ 395,025	$230,691
DHSS Federal Fund		1143 4979	$20,690	$37,422
DHSS Federal Fund		1143 4982	$2,338,066	$2,420,698
DHSS Federal Fund	1143	4174	$106,109	$59,133
DHSS Federal Fund	1143	5047	$583,308	$326,028
DHSS Federal Fund	1143	4175	$65,174	$23,701
DHSS Federal Fund	1143	5048	$91,203	$18,787
DHSS Federal Fund	1143	5049	$509,686	$424,034

SERVICES

Service area	Statewide
Location of services	LPHAs, hospitals, universities, community-based organizations, Coroners and Medical Examiner offices, and statewide entities
Eligibility	Prevention: Various state and local entities are eligible to contract with OD2A-S. Counties experiencing disproportionate rates of overdose fatalities and increased vulnerability to opioid overdose were prioritized for LPHA funding.
	Surveillance: Coroners and Medical Examiners are eligible to participate in the SUDORS (State Unintentional and Undetermined Drug Overdose

	Reporting System) program which provides financial incentives to provide toxicology, autopsy and other findings from their drug overdose investigations. Participants also can apply for funding to support enhanced toxicology testing.
Dept, Agency criteria to qualify	Prevention: Contractors must provide overdose prevention services that are in line with the priorities and scope of the OD2A-S cooperative agreement.
	Surveillance: Coroners and Medical Examiners with contracts are required to provide toxicology, autopsy, and other findings from their drug overdose investigations. In order to receive funding for enhanced toxicology testing, offices must provide financial documentation from contracted labs who conducted the testing.
Criteria for participant	Prevention: OD2A-S utilizes data to implement services in communities that have the highest rates of overdose fatalities and/or vulnerability.
	Surveillance: CDC provides minimum testing requirements to qualify for toxicology reimbursement.
Capacity	NA
Numbers served	Prevention: • From September 2024 to May 31, 2025, OD2A-S supported 9,964 rides to substance use treatment and recovery services. • From September 2024 to May 31, 2025, OD2A-S supported 13,840 direct overdose prevention service encounters. s. • At least 713 linkages to MOUD (medication for opioid use disorder), behavioral treatment, and other substance-use related services were supported by OD2A-S from September 1, 2024 to May 31, 2025. Surveillance: • 19 Coroner/Medical Examiner offices will receive record reimbursement in 2025. • 18 Coroner/Medical Examiner offices will receive toxicology reimbursement in 2025.

Other data	Prevention:
	60. *There were* sixteen LPHA contracts Year 2 (09/01/2024 – 08/31/2025) of Missouri's OD2A-S program. They support capacity building/community collaboration, public safety partnerships/interventions, overdose prevention services, and community-based linkages to care.
	61. The distribution of 24,712 doses of naloxone was supported by OD2A-S from September 1, 2024, to May 31, 2025
	62.
	63. OD2A-S supported three (4) local-level overdose prevention focus groups in Potosi, New Madrid, Springfield, and St. Joseph. There were 46 in-person participants and 20 survey responses.
	64. With support from OD2A-S, as of August 2025, the Missouri Institute of Mental Health has provided naloxone to 87 LPHAs across the state.
	Surveillance:
	65. 1,450 Missouri residents died from a drug overdose in 2024. The 25.6% decline from 2023 was the largest decrease in the last decade in Missouri.
Other data Continued	66. The African-American male drug overdose death rate of 75.7 was about 3 times higher than both the white male and African-American female death rates. However, the African-American male death rate did decline by 35.1% over the last year.
	67. Synthetic opioid deaths (mostly fentanyl), increased rapidly (by 53%) from 2018 to 2023 but then decreased 39.6% from 2023 to 2024.
	68. Polysubstance deaths have also been increasing. Deaths involving both stimulants and opioids increased by 54.6% from 2019 to 2024. However, if only looking at 2023 to 2024, there was a 26.9% decrease in polysubstance deaths.
	69. Though data is still provisional, there were over 15,000 drug overdose diagnosed discharges among Missouri residents in 2024 from an Emergency Room or Inpatient setting.
	70. Emergency Medical Services administered naloxone to nearly 4,000 patients over the 2024 time period.
	A drug overdose dashboard on the DHSS website highlighting trends in fatal and non-fatal overdose was viewed over 34,000 times in the last 12 months (as of December 2025).

Footnote
71. OD2A-S programmatic year runs September 1st to August 31st. Year 2 (September 1, 2024 – August 31, 2025) data is as follows: 10,558 rides connected individuals with treatment and recovery services, OD2A-S contracted LPHAs and community based organizations supported 41,836 direct overdose prevention services, the distribution of 69,317 doses of naloxone, and 1,822 linkages to MOUD, behavioral health, and other substance use-related services.

FENTANYL TEST STRIPS	
Department, Agency	DHSS
Date started	FY 2025
Program description	

Funding supports distribution of fentanyl test strips to local public health agencies and other agencies that work with people who use drugs. These agencies will use the FTS in harm reduction efforts.

Program type	Prevention
Substance targeted	Opioids[1]

FUNDING

House Bill			HB10.710	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25Spent
Opioid Addiction Treatment and Recovery Fund		17056121	$216,300	$212,445.78

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	NA
Dept, Agency criteria to qualify	Will be available to all LPHAs and agencies working with PWUD
Criteria for participant	Focused distribution through LPHAs and HIV service organizations.
Capacity	Approximately 200,000 kits were purchased
Numbers served	185,500 fentanyl test strips were distributed to partners.
Other data	NA

Footnote
1. This program specifically targets Fentanyl

NALOXONE SPRAY

Department, Agency	DHSS
Date started	June 2022

Program description

Funding supports focused naloxone distribution through local public health agencies

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill			HB10.710	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	5688	$800,000	$797,972

SERVICES

Service area	Statewide
Location of services	Statewide
Eligibility	Local public health agencies (LPHAs), hospitals and probation and parole.

Dept, Agency criteria to qualify	Missouri has chosen a centralized naloxone distribution site.
Criteria for participant	This funding is utilized for focused distribution through local public health departments.
Capacity	Dependent on program and funding availability
Numbers served	26,443 Naloxone kits were purchased for distribution with this funding for FY25 July 1, 2024 - June 30, 2025, through 63 LPHA partners.
Other data	NA

MISSOURI COORDINATING OVERDOSE RESPONSE PARTNERSHIPS AND SUPPORT (MO_CORPS)

Department, Agency	DHSS
Date started	September 2022
Program description	

Provide Overdose Response Training for first responders on overdose response and stigma toward people who use drugs in 20 targeted counties. This contract also includes distribution of Naloxone.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill			HB10.710	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DHSS Federal Fund	0143	4977	$31,873	$30,440
DHSS Federal fund	0143	4982	$735,905	$280,730

SERVICES

Service area	St. Louis City, St. Louis County, St. Charles, Jefferson, Greene, Jackson, Clay, Pulaski, Laclede, Warren, St. Genevieve, Phelps, Dent, Gasconade, Montgomery, Butler, Texas, St. Francois, Buchanan, Lincoln [1]
Location of services	Local public health agencies (LPHAs) and first responders for overdose response training and distribution of Naloxone.
Eligibility	The entire state of Missouri, with prioritization of 20 high-need counties based on overdose death rate per capita: St. Louis City, St. Louis County, St. Charles, Jefferson, Greene, Jackson, Clay, Pulaski, Laclede, Warren, Ste. Genevieve, Phelps, Dent, Gasconade, Montgomery, Butler, Texas, St. Francois, Buchanan, Lincoln.
Dept, Agency criteria to qualify	Law Enforcement agencies (including Corrections and Probation/Parole), Fire Departments, EMS agencies, and Local Public Health agencies in the state of Missouri and any law enforcement officer, EMS personnel, firefighter, and local public health worker in Missouri are eligible to participate in training and/or receive naloxone once training is completed.
Criteria for participant	Any first responder agency in Missouri that requests training qualifies to receive training, with priority given to 20 high-need counties listed above. To receive naloxone through the MO-CORPS project, 75% of personnel must be trained in naloxone administration, either through MO-CORPS or through another program of record in the last 24 months.
Capacity	Approximately 40 in-person trainings per year.

Numbers served	From July 1, 2024 – June 30, 2025, In-person MO-CORPS training: 740 first responders trained. New online MO-CORPS training: 2,335 first responders trained, and the Legacy MORE online training: 1,660 first responders trained. A total of 4,735 first responders were trained.
Other data	From July 1, 2024-June 30,2025 naloxone units for first responders to carry: 6,168, naloxone for leave-behind kits (including linkage to care resources): 4,056, and total naloxone units distributed: 10,224. In the post-training surveys, of those who completed the post-training survey, 95% of in-person and 65% of online respondents reported feeling confident administering naloxone in case of an overdose, and 93% of in-person and 87% of online respondents believed they had learned new information or skills as a result of the training The training was associated with reduced stigma among law enforcement, Fire and EMS professionals towards people with substance use disorder when comparing pre-and post-training scores of stigma using the Kruis et al stigma scale.

Footnotes:
1. Target counties were selected based on opioid-involved overdose death counts from 2019-2020. Counties not targeted by previous Missouri grants were weighted more heavily in the selection process.

TOBACCO CESSATION SERVICES

Department, Agency	DHSS
Date started	NA
Program description	
Funding supports MO HealthNet members' use of Missouri Tobacco Quit Services	
Program type	Treatment
Substance targeted	Tobacco

FUNDING

House Bill   HB10.710,

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	6595	$ 100,000	$57,375
Health Families Trust Fund	1625	6594	97,000	3,884
General Revenue	0101	4976	$57,442	$29,457

SERVICES

Service area	Statewide
Location of services	Missourians ages 18 and older enrolled in MO HealthNet (Medicaid) and use tobacco or nicotine products and want help to quit.
Eligibility	Missourians ages 18 and older enrolled in MO HealthNet (Medicaid) and use tobacco or nicotine products and want help to quit.
Dept, Agency criteria to qualify	MO HealthNet members ages18 and older who want help to quit tobacco. Unknown
Criteria for participant	As funding allows given demand
Capacity	27.5% (990) of Missourians served by the Missouri Tobacco Quit Services in SFY2025 were Medicaid members.
Numbers served	Of the 990 MO HealthNet members served, 354 participated in the

specialized behavioral health program and 7 participated in the Pregnant and Post Partum program.

Other data	NA

TOBACCO PREVENTION AND CONTROL PROGRAM

Department, Agency	DHSS
Date started	NA

Program description

This funding supports strategies to prevent the initiation of commercial tobacco use among youth and young adults; eliminate exposure to secondhand smoke; promote quitting among adults and youth; and identify and eliminate tobacco-related disparities.

Program type	Prevention, Treatment
Substance targeted	Tobacco

FUNDING

House Bill			HB10.710, 10.745	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DHSS Federal Fund		1143 4977	$398,671	$305,812
DHSS Federal Fund		11434979	$45,590	$30,897
DHSS Federal Fund		1143 4982	$1,110,647	$990,211
DHSS Federal Fund	1143	5047	$0	$22,794

SERVICES

Service area	Statewide
Location of services	This funding serves all Missourians. However, individual programs prioritize funding organizations and personnel efforts to serve counties experiencing the highest rates of tobacco use and secondhand smoke exposure.
Eligibility	Dependent on each program.
Dept, Agency criteria to qualify	National, state, and local entities focused on preventing or reducing tobacco use and exposure to secondhand smoke and e-cigarette aerosol.
Criteria for participant	Programs and services are available to all Missourians.
Capacity	Dependent on program and funding availability Unknown

Numbers served	See the numbers served in SFY25 below.
	3,597 Missourians enrolled in Missouri Tobacco Quit Services. to receive help to quit using tobacco products. through Missouri Tobacco Quit Services.
	10,230 Missourians contacted Missouri Tobacco Quit Services.
	13,676 Missourians protected from exposure to secondhand smoke through the adoption of 2 tobacco-free campus policies, 3 smoke-free housing policies and 1 tobacco-free parks policy.
Other data	NA

TOBACCO PREVENTION AND CESSATION

Department, Agency	DHSS
Date started	NA

Program description

This funding supports strategies to prevent the initiation of commercial tobacco use among youth and young adults, with a special emphasis on electronic cigarette use, to promote quitting among adults and youth, increase access to tobacco cessation services.

Program type	Prevention, Treatment
Substance targeted	Tobacco

FUNDING

House Bill			HB10.710	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Health Initiatives Fund		12755687	$2,532,897	$2,298,086

SERVICES

Service area	Statewide
Location of services	LPHAs, primary health and behavioral healthcare organizations, other national, state, and local entities
Eligibility	LPHAs, primary health and behavioral healthcare organizations, other national, state, and local entities
Dept, Agency criteria to qualify	Programs are available statewide, but funding is prioritized to organizations that serve counties experiencing the highest rates of tobacco use and exposure to secondhand smoke.
Criteria for participant	Funding is prioritized to organizations that serve counties experiencing the highest rates of tobacco use and exposure to secondhand smoke.
Capacity	Dependent on each program.
Numbers served	Dependent on the program and funding availability.

Other data	See the numbers served for SFY25 below.
	324 school districts received training and technical assistance.
	736 tobacco and/or substance use disorder patients increased access to tobacco cessation services through routine screening and were protected from exposure to secondhand smoke through two new behavioral health facilities adoption of a tobacco-free campus policy.
Other data continued	
	1,376 boxes of Nicotine Replacement Therapies provided to MTQS registered members.
	97,379,645 impressions served through statewide tobacco prevention and cessation media campaigns.
	11 behavioral health facilities received training and technical assistance to routinely screen for and treat tobacco use.

YOUTH TOBACCO USE PREVENTION SERVICES

Department, Agency	DHSS
Date started	FY 2025
Program description	

This funding supports strategies to prevent the initiation of commercial tobacco use among youth and young adults, with a special emphasis on electronic cigarette use.

Program type	Prevention
Substance targeted	Tobacco

FUNDING

House Bill			HB10.715	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Health Initiatives Fund		12757760	$300,000	$300,000

SERVICES

Service area	Statewide
Location of services	K-12 schools. The DHSS Tobacco Prevention and Control Program is developing a contract to provide a Youth Vaping TEAMS program to up to ten (10) selected schools/districts to address the youth vaping epidemic in their communities. TEAMS is an evidence-based model designed by the American Academy of Pediatrics for improving health in school settings. The Youth Vaping TEAMS model will convene an interdisciplinary team comprised of three (3) to eight (8) members for each school district, with at least one administrator or principal; one local public health agency

	representative; one local healthcare provider; a variety of other school positions that may include school nurses, student resource officers teachers, counselors, social workers, athletic trainers, health teachers, coaches, and from one or more schools in a school district; and may also include one local prevention resource center representative.
Eligibility	Statewide
Dept, Agency criteria to qualify	For the first cohort, priority will be given to schools and districts ready to address vaping and tobacco use by closing gaps in current policies around cessation, communication, enforcement, and supportive discipline
Criteria for participant	Schools
Capacity	The first cohort will be up to ten schools with up to 8 participants from each school. The maximum participant capacity will be 80 participants.
Numbers served	Due to procurement challenges, the contract to provide training and technical assistance to schools to prevent and reduce tobacco use, particularly, e-cigarettes, will be awarded in SFY2026.
Other data	NA

BABY AND ME TOBACCO FREE

Department, Agency	DHSS
Date started	NA

Program description

This funding is to support tobacco cessation via telehealth for pregnant and postpartum moms in Missouri. It supports moms with evidence-based interventions to end tobacco use, including electronic cigarette use.

Program type	Treatment
Substance targeted	Tobacco

FUNDING

House Bill			HB10.780	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue		11015768	$99,300	$99,300

SERVICES

Service area	Statewide
Location of services	LPHAs, primary health and behavioral healthcare organizations, other national, state, and local entities
Eligibility	Any woman in Missouri who is pregnant and using tobacco or e-cigarettes and wants to quit.
Dept, Agency criteria to qualify	Program is provided statewide
Criteria for participant	Must be pregnant to enroll.
Capacity	Unknown
Numbers served	291 women were referred to the program. 91 women are enrolled in the program.
Other data	For participating women, 88% of babies were born at or above normal birth weight and at 37 weeks or later.

PRENATAL QUALITY COLLABORATIVE

Department, Agency	DHSS
Date started	NA

Program description

This funding is provided by opioid settlement funds to support the prevention of opioid use disorder (OUD) among pregnant and postpartum women in Missouri. It funds a Perinatal Quality Collaborative, which is a multi-sector partnership that works to implement.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill			HB10.770	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	1705, 5781	$ 250,000	$63,551

SERVICES

Service area	Statewide
Location of services	Birthing hospitals in Missouri.
Eligibility	Program is provided statewide
Dept, Agency criteria to qualify	Birthing hospitals and providers supporting pregnancy.
Criteria for participant	Unknown
Capacity	All birthing hospitals can participate.
Numbers served	. 51 hospitals participate in improvement initiatives sponsored by the PQC. (51 of 59 birthing hospitals participate.)
Other data	

COMPREHENSIVE CARE FOR WOMEN

Department, Agency	DHSS
Date started	FY 2025

Program description

This funding supports specialized, wraparound treatment centers for pregnant and postpartum women with OUD to receive care from a team of subject matter experts applying evidence-based treatment for sobriety and to reduce morbidity and mortality from OUD. Additionally, this funding supports obstetric overdose prevention kits.

Program type	Treatment
Substance targeted	Opioids

FUNDING				
House Bill			HB10.780	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund		17056149	$105,150	$78,648
Opioid Addiction Treatment and Recovery Fund		17055788	$4,563,582	$3,1423,063,801

SERVICES	
Service area	Jackson, St. Louis County, Greene, Cape Girardeau, Jefferson, Marion
Location of services	Hospitals, Birthing Units, Clinics
Eligibility	Hospitals, Birthing Units, Clinics
Dept, Agency criteria to qualify	Program is provided to women expressing need for prenatal care or postpartum care with OUD or have significant risk factors for OUD.
Criteria for participant	Need to be able to provide services to needed service regions and have expertise in providing care to individuals with OUD and to pregnant patients. Must be a level four hospital.
Capacity	Women must be pregnant and/or postpartum with OUD or significant risk factors for OUD.
Numbers served	4,420 maternal care kits distributed.
Other data	Two (2) clinics are now accepting patients

Footnote

DISEASE INTERVENTION SPECIALISTS	
Department, Agency	DHSS
Date started	FY 2025
Program description	

This funding provides for the hiring of three additional Disease Intervention Specialists (DIS) to provide Partner Services to people recently diagnosed with HIV or syphilis and to ensure that the original partner is successfully treated or linked to care. At least one of these FTEs will focus on maternal and child health in regard to congenital syphilis and perinatal HIV.

Program type	Prevention
Substance targeted	STDs

FUNDING				
House Bill			HB10.750	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	7472	$80,324	$80,324
Opioid Addiction Treatment and Recovery Fund	0705	7471	$3,803	$3,803

SERVICES	
Service area	Statewide
Location of services	NA
Eligibility	Pregnant women diagnosed with Syphilis or HIV
Dept, Agency criteria to qualify	Program provided statewide
Criteria for participant	Pregnant women diagnosed with Syphilis or HIV
Capacity	Undetermined
Numbers served	209
Other data	These three (3) positions started at the beginning of 2025.The hiring of these DIS resulted in more clients being adequately treated and an improved relationship with providers.

RAPID HEPATITIS C TESTING

Department, Agency	DHSS
Date started	FY 2025

Program description

This funding provides the Viral Hepatitis Prevention Program the ability to expand its rapid Hepatitis C (HCV) testing program. Funds will be used to purchase rapid point of rate test kits and required ancillary supplies.

Program type	Prevention
Substance targeted	STDs

FUNDING				
House Bill			HB10.750	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund		17056161	$288,750	$270,757.00

SERVICES	
Service area	Statewide
Location of services	NA
Eligibility	Service is access through partners.
Dept, Agency criteria to qualify	Agencies providing rapid HCV testing must sign MOA.
Criteria for participant	Participant must be over the age of 13.
Capacity	Funding will allow the purchase of approximately 11,000 test kits
Numbers served	In FY'25, 3,550 test kits distributed, 63 control packs distributed
Other data	Training was provided to multiple federally qualified health centers (FQHCs), University of Missouri (MU) Emergency Department and three SUD treatment providers. Provided navigation to HCV treatment to 190 people.

HEPATITIS C TESTING

Department, Agency	DHSS
Date started	FY 2025

Program description

Program was developed to increase access to Hepatitis C virus (HCV) antibody screening and confirmatory testing for under and uninsured individuals. Hepatitis C is curable, with a cure rate of over 95 percent, and reduces the risk of cirrhosis and liver cancer as well as prevents transmission to others. The cost to treat one person with Hepatitis C is approximately $24,000, compared to the costs of a liver transplant for approximately $878,400. This will expand the State Public Health Lab's ability to process testing for HCV. Missouri's Hepatitis C Elimination Plan goal is to increase access to Hepatitis C prevention, testing, and treatment for all Missourians. Expanding access to antibody screening and confirmatory testing aligns not only with the Hepatitis C Elimination Plan but with MO HealthNet's Project Hep Cure, which makes MAVYRET®, an HCV medication, available to MO HealthNet participants. Medication availability and increased access to testing can help Missouri eliminate HCV. The Department currently provides rapid point-of-care testing for HCV antibodies. This has increased access to screenings, but these point-of-care tests must then be confirmed with testing specific to the HCV viral RNA that is offered by the SPHL through this program before treatment is approved.

Program type	Prevention, Treatment
Substance targeted	STDs

FUNDING

House Bill			HB10.740	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6160	$239,038	$26,064

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	Any organization that submits specimens to the State Public Health Lab may submit for Hepatitis C testing
Dept, Agency criteria to qualify	Agency must be able to submit specimens to the State Public Health Lab
Criteria for participant	N/A
Capacity	Based on the funding appropriated in FY 25, the SPHL has the capacity to screen 15,000 specimens for Hepatitis C using the antibody test and based on a projected positive rate of 10%, have the ability to provide confirmatory testing for HCV viral RNA on 1,500 specimens.
Numbers served	For FY'25 3,380 HCV specimens tested, 1,590 HBV specimens from HCV samples tested.
Other data	299 HCV Antibody positive; 282 HCV quantitative tests performed. 55 HBsAG positive (19 confirmed), 5 anti-HBc IgM positive indicating acute infection.

CANNABIS PREVENTION AND EDUCATION MEDIA CAMPAIGN

Department, Agency	DHSS
Date started	FY 2025

Program description

Ensure Missourians have access to sufficient evidence-based information to make informed-decisions about cannabis use and its impacts by providing educational information centered around youth prevention and adult use education and harm reduction.

Program type	Prevention
Substance targeted	Cannabis

FUNDING

House Bill			HB10.710	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25Spent
Veterans, Health, and Community Reinvestment Fund		16086118	$2,500,000	$10,000

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	An organization with expertise and experience in utilizing evidence-based information and strategies for educational media campaigns that address cannabis use, specifically promoting prevention among youth and harm reduction among adults. Additionally, expertise and experience in conducting in-depth formative research to develop educational media campaigns and create tailored messaging specifically for Missouri.
Dept, Agency criteria to qualify	Mass media campaigns with cannabis prevention and education information and materials that target change behavior.
Criteria for participant	Target populations include the adult population (education and harm reduction content), consisting of individuals aged 21 and older who are legally permitted to purchase or use nonmedical cannabis products, and the youth population (education and prevention content), consisting of individuals under the age of 21 who are not legally permitted to purchase or use nonmedical cannabis products.
Capacity	NA
Numbers served	218 Missourians trained on "Social Marketing Best Practices to Address Youth Cannabis Prevention" and "Cannabis Safe Storage and Preventative Messaging for Parents" webinars.

Other data	22 individuals viewed the DHSS YouTube recording of the "Social Marketing Best Practices to Address Youth Cannabis Prevention" webinar. 25 individuals viewed the DHSS YouTube recording of the "Cannabis Safe Storage and Preventative Messaging for Parents" webinar. The recording had 779 impressions.
	Competitive bid is estimated to be released in January of 2026. As a precursor for the campaign, DHSS partnered with the Rescue Agency to provide two online webinars on best practice communication strategies for youth cannabis prevention and safe storage and preventative messaging for parents.

Footnotes:

ADULT USE - SUD GRANTS

Department, Agency	DHSS
Date started	FY 2025
Program description	

Provide grants to agencies to increase access to evidence-based low-barrier drug addiction treatment, prioritizing medically proven treatment and overdose prevention and reversal methods and public or private treatment options with an emphasis on reintegrating recipients into their local communities, to support overdose prevention education, and to support job placement, housing, and counseling for those with substance use disorders.

Program type	Prevention, Treatment, Recovery
Substance targeted	All substances

FUNDING

House Bill				HB10.905
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Health Reinvestment Fund	0640	3756	$15,918,179	$1,152,483 $328,638
Veterans, Health, and Community Reinvestment Fund	0608	20005	6,500	$0
Veterans, Health, and Community Reinvestment Fund	0608	20005	$168,855	$0

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	An agency, including an established or new business or organization, or a non-profit organization, including a local or state government or community-based organization located in Missouri, that engages in a) implementing or enhancing projects related to substance use disorder (SUD) prevention, treatment, or recovery support or b) providing services related to SUD prevention, treatment, or recovery support.
Dept, Agency criteria to qualify	To be determined by individual notice of grant opportunities.

Criteria for participant	Agencies and organizations serving populations with the highest rates of drug-related overdose shall be prioritized
Capacity	NA
Numbers served	To be determined
Other data	• RCCs made 420 referrals to housing and 405 referrals to treatment in the reporting period. Employment Services • Across RCCs, 368 individuals requested employment assistance and 191 (52%) were placed/hired. Harm Reduction Services • RCCs distributed an average of 86 (range=24-153) naloxone kits and 132 (range=2-420) fentanyl test strips per month.

Footnotes:

COMMUNITY AND YOUTH BEHAVIORAL HEALTH LIAISONS

Department, Agency	DHSS
Date started	FY 2025

Program description

Community Behavioral Health Liaisons assist law enforcement, jails, and courts with linking individuals with behavioral health needs to treatment services and/or community resources, while YBHLs support youth experiencing mental health challenges by connecting them with necessary services within their community. YBHLs accept referrals from schools, juvenile offices, law enforcement, and other youth servicing agencies. They also provide in education for youth serving organizations around youth behavioral health.

Program type	Prevention
Substance targeted	All Substances

FUNDING

House Bill			HB10.911	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25Spent
Health Reinvestment Fund		16407828	$1,825,325	$43,750

SERVICES

Service area	Statewide
Location of services	Community Behavioral Health Organizations, Community Mental Health Centers
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	4,235 individuals referred to a Community or Youth Behavioral Health Specialist received services from statewide programs.
Other data	NA

PEER RESPITE SERVICES

Department, Agency	DHSS
Date started	FY 2025
Program description	

Peer Respite Crisis Stabilization is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to individuals experiencing substance use disorder (SUD). It operates 24/7 in a peer-led, trauma-informed environment that utilizes a social model of recovery.

Program type	Recovery Support Services
Substance targeted	All substances

FUNDING

House Bill			HB10.911	
Funding Source	Acct #		FY26 Appropriation	FY25 Spent
Health Reinvestment Fund		16407830	$2,000,000	$1,262,014

SERVICES

Service area	Statewide
Location of services	Overnight housing, community-based and non-clinical crisis support.
Eligibility	Non-clinical crisis support
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	1,198 individuals served by a certified peer specialist

Other data	Housing Assistance
	  •Peer Respite Programming reduced the proportion of unhoused participants from 45% to 6%.
	Connections to Treatment and Services
	  • 837 (70%) of participants were connected to at least one service (recovery support services, peer support workers, medication for opioid use disorder (MOUD), or primary care).
	Overdose Prevention Services
	  •An average of 69 naloxone kits and 28 fentanyl test strips were distributed per month.

ALCOHOL MISUSE PREVENTION

Department, Agency	DHSS
Date started	FY 2025
Program description	

To support the implementation of data-driven alcohol misuse prevention efforts and strategies across the state, with equal funding for the state's 10 Prevention Resource Centers. Each PRC will determine strategies for its community and describe a plan for spending the provided funds.

Program type	Prevention
Substance targeted	Alcohol

FUNDING				
House Bill			HB10.911	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Health Reinvestment Fund		16407835	$1,000,000	$310,412

SERVICES	
Service area	Statewide
Location of services	Prevention Resource Centers
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	991 Missouri youth participated in evidence-based programs and strategies aimed at preventing youth substance use, including alcohol
Other data	97% of participating students were satisfied with the programs. Programs and activities were implemented in 10 schools and 11 community-based settings

GRADUATE MEDICAL EDUCATION (GME) PROGRAM	
Department, Agency	DHSS
Date started	FY 2025

Program description

Funding supports Missouri GME programs to include training on addiction in the curriculum offered to medical residents. The funds are used for new program development and expansion of resident slots.

Program type	Prevention, Treatment
Substance targeted	Unknown

FUNDING				
House Bill			HB10.755	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund		17056143	$5,000,000	$0

SERVICES	
Service area	Statewide
Location of services	NA
Eligibility	NA

Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	In FY/ 25 there were 25 new medical residents in training.
Other data	Ten new contracts were established to support and assist the growth of GME in Missouri with the requirement of incorporating eight weeks of addiction training into the residency program curriculum. Two curriculum enhancement contracts, one feasibility assessment contract, six new program development contracts, and one to establish a GME technical assistance center. Funds were not expended in FY25 as the contracts were not established in time to submit invoices until FY26.

WASTEWATER TESTING AND SURVEILLANCE

Department, Agency	DHSS
Date started	FY 2025
Program description	
Funding supports testing of fentanyl in wastewater of schools.	
Program type	Prevention, Treatment
Substance targeted	Opioids[1]

FUNDING

House Bill			HB10.710	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund		17058009	$0	$108,083.17

SERVICES

Service area	The intent of the appropriation was to focus on opioid use in high schools throughout Missouri. For this pilot project in FY25, Mighty Good Solutions LLC was contracted for outreach and sampling. They sub-contracted with the University of Missouri for wastewater testing. Schools were chosen in urban, suburban, and rural areas of the state.
Location of services	For this pilot project in FY25, Mighty Good Solutions LLC was contracted for outreach and sampling. They sub-contracted with the University of Missouri for wastewater testing. Schools were chosen in urban, suburban, and rural areas of the state.
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	Eight (8) schools tested with a combined total population of 6,238 students.
Other data	16 drugs were tested in the wastewater samples. Only 4 of those drugs were not detected. Mighty Good Solutions LLC developed summary reports and sent those reports to all 8 schools that were enrolled in the pilot project.

	This program has been transferred over to the Department of Public Safety.

Footnotes:
1. This program specifically targets Fentanyl

SUBSTANCE USE DISORDER GRANTS TO DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Department, Agency	DESE
Date started	FY 2025
Program description	

Funding supports programs to prevent youth substance use through drug abuse resistance education materials and programming for school drug awareness including cannabis initiatives for youth.

Program type	Prevention
Substance targeted	All substances

FUNDING

House Bill				HB 10.913	
Funding Source	Acct #	Appropriation #	FY26 Appropriation		FY25 Spent
Health Reinvestment Fund	0640	7755	$350,000.00		$350,000

SERVICES

Service area	Statewide
Location of services	Unknown
Eligibility	Unknown
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Unknown
Capacity	
Numbers served	136 DARE officers Instructors trained, including 13 Mentor Officer Trainees.
	1,575 Missourians exposed to the DARE Program through conference exhibits.
	15,000 students reached through drug abuse resistance education materials and programming for school drug awareness including cannabis initiatives for youth.
Other data	160 hours of DARE Officer training provided.
	Exhibited at 3 statewide conferences.

SUBSTANCE USE DISORDER GRANTS TO MISSOURI SUPREME COURT

Department, Agency	Judiciary
Date started	FY 2025

Program description

To support programs focused on medication-assisted treatment for Missourians with substance use disorder related to alcohol and opioid addiction through Treatment Courts Coordinating Commission (TCCC) agreements with drug courts, DWI courts, veteran's courts, mental health courts and other Missouri treatment courts.

Program type	Treatment
Substance targeted	Opioids, Alcohol

FUNDING

House Bill				HB 10.912
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Health Reinvestment Fund	0640	7307	$500,000.00	$250,000

SERVICES

Service area	Statewide
Location of services	Courts
Eligibility	Unknown
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Unknown
Capacity	Unknown
Numbers served	836 individuals with SUD participated in one of 3 treatment court program supported by grant funds
Other data	147 participants completed the program. 80% of participants graduated.

Footnotes

YOUTH SUBSTANCE USE PREVENTION

Department, Agency	DMH
Date started	FY 2025

Program description

Implement evidence-based interventions to prevent and reduce youth alcohol and other drug use.

Program type	Prevention
Substance targeted	All drugs

FUNDING				
House Bill			HB10.911	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Health Reinvestment Fund	0640	3756	$300,000.00	$91,602

SERVICES	
Service area	Statewide
Location of services	Prevention Resource Centers
Eligibility	Unknown
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Unknown
Capacity	Unknown
Numbers served	335 students participated in evidence-based substance use prevention activities/programs
Other data	• 16 individuals across four PRCs were trained to deliver EBPs. • Programs and activities were implemented in 11 schools and 6 community-based settings

DEPARTMENT OF SOCIAL SERVICES (DSS)

DEPARTMENT OF SOCIAL SERVICES (DSS)

The Missouri Department of Social Services is responsible for coordinating programs to provide:

- Public assistance to help Missourians with food stamps, health care, child care, child support, blind services and other basic needs

- Health care coverage for eligible Missourians

- Child welfare services to help ensure the safety, permanency and well-being of Missouri children

- Specialized assistance to troubled youth

More information about the Department of Social Services can be found at their website https://dss.mo.gov/

SAPT Hearing	September 3, 2025
Presenters	Todd Richardson Josh Moore Jessica Bax

Hearing Highlights

The MO HealthNet Division (MHD) is responsible for the administration and payment of medical services within the Missouri Medicaid program. MHD administers grants to Federally Qualified health Centers (FQHCs) related to substance misuse prevention and treatment. MHD also administers payments to pharmacies, physicians and therapists in the areas of substance abuse prevention and treatment.

FUNDING TOTALS

Program Costs

House Bill	HB11	
Program Name	FY26 Appropriation	FY25 Spent[1]
Substance Abuse Prevention Network	$5,700,000	$5,636,360
Medication Assisted Treatment – Drugs	N/A	$20,170,580
Medication Assisted Treatment - Drugs (Adult Expansion)	N/A	$33,911,328
Naloxone	N/A	$811,445
Naloxone (Adult Expansion)	N/A	$731,417
Treatment for Therapy (Family/Group/Individual)	N/A	$2,843,331
Assessment/Testing/Screening/Referral for SUD Treatment	N/A*	$1,508,639

Note: these services do not have a specific appropriation, they are paid out across multiple appropriations, encompassing services not applicable to substance use services.

Administrative Costs

Program Name	FY26 Appropriation	FY25 Spent[1]
N/A	N/A	N/A
SubTotal	N/A	N/A
Total Costs	N/A	$65,613,101

Footnotes
1. FY25 Spend as of Aug 2025

Substance Abuse Prevention Network

Department, Agency	DSS, MHD
Date started	SFY 2024
Program description	

A grant program for FQHCs to establish and maintain a substance abuse prevention network.

Program type	Prevention, Treatment, Recovery
Substance targeted	Opioids, Alcohol, Nicotine, and others

FUNDING				
House Bill			HB 11.800	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DSS General Fund	1101	4084 & 4087	$2,000,000	1,936,433.44
DSS Federal Fund	1610	4085 & 4088	$500,000	499,955.78
Opioid Addiction Fund	1705	4086 & 4089	$3,200,000	3,199,971.27

SERVICES	
Service area	Statewide
Location of services	Kansas City, Potosi, St. Louis, Lake of the Ozarks, Springfield - see map included in the report
Eligibility	Eligible Federally Qualified Health Center (FQHC) participating in a Substance Abuse Prevention Network
Dept, Agency criteria to qualify	Submission of a Substance Abuse Prevention Network proposal
Criteria for participant	To meet Federal spending requirements, any use of Federal Medicaid funds would require that funding to go towards MO HealthNet participants with active eligibility. The use of Opioid Addiction Treatment funds and General Revenue funds not associated with a federally funded Medicaid service would be allowable to anyone accessing the FQHC for the purpose outlined in the Substance Abuse Prevention Network proposal
Capacity	NA
Numbers served	5,983 Patients seen at 5 participating FQHCs with SUD Network Grant Funding in FY24. The FY25 report has been requested and will be provided to the Task Force once available.
Other data	
Other data Continued	

MEDICATION ASSISTED TREATMENT (DRUGS)	
Department, Agency	DSS, MHD
Date started	2020
Program description	
The MO HealthNet Pharmacy program reimburses providers for covered outpatient drugs dispensed and/or administered to MO HealthNet participants. Medications for the prevention and treatment of substance use disorder are included as covered outpatient drugs covered by MO HealthNet.	
Program type	Prevention, Treatment, Recovery
Substance targeted	Opioids, Alcohol, Nicotine

FUNDING

House Bill			HB11.700	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DSS General Fund, Federal	1101	12525	N/A	N/A
Fund, Pharmacy Rebates	1163	12526	N/A	N/A
Fund, TPL Fund, Pharmacy	1114	11394	N/A	N/A
Reimbursement Allowance	1120	16995	N/A	N/A
Fund, Health Initiatives	1144	15586	N/A	N/A
Fund, Premium Fund	1275	13066	N/A	N/A
	1885	13057	N/A	N/A

Note: these services do not have a specific appropriation, they are paid out across multiple appropriations, encompassing services not applicable to substance use services.

Total $20,170,580

*Service is included in Pharmacy Core Budget, SAM II does not allow differentiation of appropriation, fund or spend at this detailed service line

SERVICES

Service area	Statewide
Location of services	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Eligibility	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Dept, Agency criteria to qualify	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Criteria for participant	All MO HealthNet participants with active eligibility are eligible to receive medications for substance use disorder without prior authorization.
Capacity	NA
Numbers served	33,720 MO HealthNet participants received at least one medication for alcohol or opioid use disorder

| Other data | Opioid Use Disorder treatments include:
Buprenorphine containing tablets, films and injectables
Naltrexone tablets and injectable (with diagnosis of OUD)

Alcohol Use Disorder treatments include:
Naltrexone tablets and injectable (with diagnosis of AUD)
Disulfiram tablets
Acamprosate tablets |
| Other data Continued | |

MEDICATION ASSISTED TREATMENT (DRUGS) ADULT EXPANSION

Department, Agency	DSS, MHD
Date started	SFY 2022
Program description	

The MO HealthNet Pharmacy program reimburses providers for covered outpatient drugs dispensed and/or administered to MO HealthNet participants. Medications for the prevention and treatment of substance use disorder are included as covered outpatient drugs covered by MO HealthNet.

Program type	Prevention, Treatment, Recovery
Substance targeted	Opioids, Alcohol, Nicotine

FUNDING

House Bill			HB11.845	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DSS AEG Federal Fund,	1358	11990	N/A	N/A
FMAP Enhancement Fund,	2466	11991	N/A	N/A
Pharmacy Reimbursement	1144	11994	N/A	N/A
Allowance Fund, Nursing	1196	11995	N/A	N/A
Facility Reimbursement	1958	11997	N/A	N/A
Fund, Ambulance	1142	12001	N/A	N/A
Reimbursement Fund,				
Federal Reimbursement			Note: these services do	
Allowance Fund			not have a specific	
			appropriation, they are	
			paid out across	
			multiple	
			appropriations,	
			encompassing services	
			not applicable to	
			substance use services.	
Total				$33,911,328

*Service is included in Adult Expansion Core Budget, SAM II does not allow differentiation of appropriation, fund or spend

at this detailed service line

SERVICES

Service area	Statewide
Location of services	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Eligibility	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Dept, Agency criteria to qualify	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Criteria for participant	All MO HealthNet Expansion participants with active eligibility are eligible to receive medications for substance use disorder without prior authorization.
Capacity	NA
Numbers served	40,772 MO HealthNet Expansion participants received at least one medication for alcohol or opioid use disorder
Other data	Opioid Use Disorder treatments include: Buprenorphine containing tablets, films and injectables Naltrexone tablets and injectable (with diagnosis of OUD) Alcohol Use Disorder treatments include: Naltrexone tablets and injectable (with diagnosis of AUD) Disulfiram tablets Acamprosate tablets
Other data Continued	

NALOXONE

Department, Agency	DSS, MHD
Date started	2015

Program description

The MO HealthNet Pharmacy program reimburses providers for covered outpatient drugs dispensed and/or administered to MO HealthNet participants. Naloxone is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.

Program type	Treatment
Substance targeted	Opioids

FUNDING

House Bill			HB10.710	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DSS General Fund, Federal	1101	12525	N/A	N/A
Fund, Pharmacy Rebates	1163	12526	N/A	N/A
Fund, TPL Fund, Pharmacy	1114	11394	N/A	N/A
Reimbursement Allowance	1120	16995	N/A	N/A
Fund, Health Initiatives	1144	15586	N/A	N/A
Fund, Premium Fund	1275	13066	N/A	N/A
	1885	13057	N/A	N/A

Note: these services do not have a specific appropriation, they are paid out across multiple appropriations, encompassing services not applicable to substance use services.

Total $811,445

*Service is included in Pharmacy Core Budget, SAM II does not allow differentiation of appropriation, fund or spend at this detailed service line

SERVICES

Service area	Statewide
Location of services	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Eligibility	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Dept, Agency criteria to qualify	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Criteria for participant	All MO HealthNet participants with active eligibility are eligible to receive naloxone without prior authorization.
Capacity	NA
Numbers served	11,933 MO HealthNet participants received at least one naloxone prescription
Other data	

Other data Continued

NALOXONE ADULT EXPANSION

Department, Agency	DSS, MHD
Date started	SFY2022

Program description

The MO HealthNet Pharmacy program reimburses providers for covered outpatient drugs dispensed and/or administered to MO HealthNet participants. Naloxone is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.

Program type	Treatment
Substance targeted	Opioids

FUNDING

House Bill   HB10.710

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DSS AEG Federal Fund,	1358	11990	N/A	N/A
FMAP Enhancement Fund,	2466	11991	N/A	N/A
Pharmacy Reimbursement	1144	11994	N/A	N/A
Allowance Fund, Nursing	1196	11995	N/A	N/A
Facility Reimbursement	1958	11997	N/A	N/A
Fund, Ambulance	1142	12001	N/A	N/A
Reimbursement Fund,				
Federal Reimbursement			Note: these services do	
Allowance Fund			not have a specific	
			appropriation, they are	
			paid out across	
			multiple	
			appropriations,	
			encompassing services	
			not applicable to	
			substance use services.	
Total				$731,417

*Service is included in Adult Expansion Core Budget, SAM II does not allow differentiation of appropriation, fund or spend at this detailed service line

SERVICES

Service area	Statewide
Location of services	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Eligibility	All enrolled MO HealthNet providers practicing within their scope of

	practice are eligible to provide, prescribe, dispense and administer medications
Dept, Agency criteria to qualify	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide, prescribe, dispense and administer medications
Criteria for participant	All MO HealthNet Expansion participants with active eligibility are eligible to receive naloxone without prior authorization.
Capacity	NA
Numbers served	11,155 MO HealthNet Expansion participants received at least one naloxone prescription
Other data	
Other data Continued	

Treatment for Therapy (Family/Group/Individual)

Department, Agency	DSS, MHD
Date started	2003
Program description	

The MO HealthNet Division program reimburses licensed behavioral health clinicians for family, group, and individual therapy for behavioral health conditions, including substance use disorders. Providers include licensed professional counselors, licensed psychologists, licensed clinical social workers, licensed master social workers, and licensed marital & family therapists. CSTAR offers additional services that are not reported here.

Program type	Prevention, Treatment, Recovery
Substance targeted	All

FUNDING

House Bill			HB11.715,11.770,11.775,11825,11.830,11.845	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DSS General Fund,	1101	18196	N/A	N/A
Federal Fund, TPL Fund,	1163	18197		
Pharmacy Reimbursement	1120	18295	Note: these services do	
Fund, Nursing Facility	1144	13067	not have a specific	
Reimbursement Fund,	1275	16996	appropriation, they are	
Health Initiatives, Healthy	1625	11783	paid out across multiple	
Families Trust,	1763	11784	appropriations,	
Uncompensated Care,	1108	11785	encompassing services	
Premium, Medicaid	1885	13711	not applicable to	
Stabilization Fund, CHIP	1809	17166	substance use services.	
Federal, FMAP	1159	11182		
Enhancement Fund, AEG	2466	11183		
Federal Fund	1358	19511		
		11464		

11468
12866
17562
19380
17562
11990
11991

Total	$2,843,331

*Service is included in Various Core Budget Sections listed above, SAM II does not allow differentiation of appropriation, fund or spend at this detailed service line

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SERVICES

Service area	Statewide
Location of services	Clinic/office, home, any covered place of service per MO HealthNet policy.
Eligibility	All enrolled MO HealthNet behavioral health clinicians practicing within their scope of practice are eligible to provide family, group, and individual therapy for SUD diagnoses.
Dept, Agency criteria to qualify	Diagnosis of SUD per Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revised.
Criteria for participant	All MO HealthNet participants with active eligibility are eligible to receive family, group, and individual counseling for a diagnosis of SUD.
Capacity	NA
Numbers served	51,787 MO HealthNet participants received family, group, or individual counseling for an SUD during FY25.
Other data	

Assessment/Testing/Screening/Referral for SUD Treatment

Department, Agency	DSS, MHD
Date started	2003

Program description

The MO HealthNet Division program reimburses enrolled, eligible providers to conduct diagnostic assessment, psychological testing, screening, brief intervention, and referral to treatment for SUD. CSTAR offers additional services that are not reported here.

Program type	Prevention, Treatment, Recovery
Substance targeted	All

FUNDING				
House Bill		HB11.715,11.770,11.775,11825,11.830,11.845		
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
DSS General Fund,	1101	18196	N/A	N/A
Federal Fund, TPL Fund,	1163	18197		
Pharmacy Reimbursement	1120	18295	Note: these services do	
Fund, Nursing Facility	1144	13067	not have a specific	
Reimbursement Fund,	1275	16996	appropriation, they are	
Health Initiatives, Healthy	1625	11783	paid out across multiple	
Families Trust,	1763	11784	appropriations,	
Uncompensated Care,	1108	11785	encompassing services	
Premium, Medicaid	1885	13711	not applicable to	
Stabilization Fund, CHIP	1809	17166	substance use services.	
Federal, FMAP	1159	11182		
Enhancement Fund, AEG	2466	11183		
Federal Fund	1358	19511		
		11464		
		11468		
		12866		
		17562		
		19380		
		17562		
		11990		
		11991		
Total				$1,508,639
*Service is included in Various Core Budget Sections listed above, SAM II does not allow differentiation of appropriation, fund or spend at this detailed service line				

SERVICES	
Service area	Statewide
Location of services	Clinic/office, Primary Care Health Homes, participant's home, any covered place of service per MO HealthNet policy.
Eligibility	All enrolled MO HealthNet providers practicing within their scope of practice are eligible to provide diagnostic assessment, psychological testing, and screening, brief intervention, and referral to treatment for SUD.
Dept, Agency criteria to qualify	These services are available to participants with active eligibility.
Criteria for participant	These services are available to participants with active eligibility.
Capacity	NA

Numbers served	20,243 MO HealthNet participants received one or more of these services for an SUD during FY25.
Other data	

OFFICE OF ADMINISTRATION (OA)

OFFICE OF ADMINISTRATION (OA)

The Office of Administration oversees all state employee benefits, retirement and IT system needs. Because this is a centralized service, their OA overhead costs are allocated to different SATP programs (like the Prescription Drug Monitoring Program). More information about the Office of Administration can be found at their website https://oa.mo.gov/

SAPT Hearing Presenters	N/A -- OA did not present to the task force in 2025.
	N/A
Hearing Highlights	

OA is responsible for the operation of the statewide accounting, payroll and benefits systems and is the custodian of the official accounting records of the state. The Prescription Drug Monitoring Program is also housed within OA.

FUNDING TOTALS

Program Costs

House Bill	HB5	
Program Name	FY26 Appropriation	FY25 Spent
Prescription Drug Monitoring Program (PDMP)	$ 1,466,827	$ 1,122,017.71

Administrative Costs

Program Name	FY26 Appropriation	FY25 Spent
Employee Benefits/Fringe - OASDHI, MCHCP, and Retirement	$ 250,006	$108,876.13
Total Costs	$ 1,716,833.00	$ 1,230,893.84

Employee Benefits/Fringe - OASDHI, MCHCP, and Retirement

Department, Agency	OA
Date started	September 2024
Program description	

Employee Benefit/fringe payments are paid from the same fund as a state employee's normal salary. This is the estimated amount of Medicare & Social Security Taxes, Retirement, Health Insurance, and Deferred Compensation that will be paid from Fund 0705 (Opioid Addiction Treatment and Recovery Fund). Actual

amounts will depend on the number of employees being paid from Fund 0705 in FY26. There were no state employees paid from the Opioid Treatment & Recovery fund prior to Fiscal Year 2025.

Program type	NA
Substance targeted	NA, Administrative

FUNDING				
House Bill			HB5.450, 5.465, 5.485, 5.510	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Opioid Addiction Treatment and Recovery Fund (OASDHI)	0705	T293	$ 32,152	$18,043.920
Opioid Addiction Treatment and Recovery Fund (Retirement)	0705	T297	$ 136,263	$49,736.49
Opioid Addiction Treatment and Recovery Fund (MCHCP)	0705	T304	$ 81,591	$38,057.23
Opioid Addiction Treatment and Recovery Fund (Deferred Comp)	0705	T300	$ 0	$3,038.49

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Department, Agency	OA
Date started	12/13/2023

Program description

The PDMP was established for the purpose of overseeing the collection and use of patient dispensation information for prescribed Schedule II, III, or IV controlled substances. All prescribers and dispensers of controlled substances in Missouri may have access to patient dispensation information to assist with prescribing and dispensing decisions.

Program type	Prevention
Substance targeted	Schedule II, III, and IV Controlled Substances

FUNDING				
House Bill			HB 5.005	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue	0101	2919	$269,604	$157,513.91
General Revenue	0101	2931	$1,197,223.00	$964,503.80

SERVICES	
Service area	Statewide
Location of services	Statewide

Eligibility	All prescribers and dispensers of controlled substances in Missouri
Dept, Agency criteria to qualify	Individual health care provider accounts only
Criteria for participant	Users must be licensed, certified, or accredited by Missouri
Capacity	Limited to health care providers
Numbers served	22,232 active users and 325 integrated facilities
Other data	Over 8.9 million prescriptions submitted in 2024

DEPARTMENT OF PUBLIC SAFETY (DPS)

DEPARTMENT OF PUBLIC SAFETY (DPS)

The Department of Public Safety consists of the Director's Office and seven divisions (Missouri State Highway Patrol, Missouri Capitol Police, Alcohol and Tobacco Control, Missouri Veterans Commission, Missouri Gaming Commission, Fire Safety, and State Emergency Management. More information about the Department of Public Safety can be found at their website https://dps.mo.gov/.

SAPT Hearing	September 15, 2025
Presenters	Courtney Kawelaske
Hearing Highlights	Ms. Kawelaske described the two programs housed within DPS to combat substance use, wastewater testing and a residential substance misuse treatment program for jails and prisons.

FUNDING TOTALS

Program Costs

House Bill	HB8	
Program Name	FY26 Appropriation	FY25 Spent[1]
Fentanyl Wastewater Testing	$7,000,000	$108,083[2]
Residential Substance Abuse Treatment Grant	$742,000	$342,000
Motor Carrier Safety Assistance Program	$58,000	$58,000
High Intensity Drug Trafficking Areas	$250,000	$483,220
Community Oriented Policing Services	$1,000,000	$1,200,000

Administrative Costs

Program Name	FY26 Appropriation	FY25 Spent[1]
Employee Benefits/Fringe- OASDHI	$0	$0
Employee Benefits/Fringe- Retirement	$0	$0
Employee Benefits/Fringe- MCHCP	$0	$0
Central Services Cost Allocation Transfer	$0	$0
ERP Cost Allocation Transfer	$0	$0
SubTotal	$0	$0
Total Costs	$0	$0

Footnotes
2.   FY25 Spend as of Aug 2025
3.   Spent by DHSS in FY 25

WASTEWATER TESTING FOR FENTANYL

Department, Agency	DPS
Date started	FY 25 by DHSS, TBD for DPS
Program description	

Tracking and reporting certain metrics regarding the testing program for schools and surrounding areas for law enforcement activities.

Program type	Surveillance
Substance targeted	Opioids, Other dangerous drugs

FUNDING

House Bill			HB08.065	
Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment & Recovery Fund	1705	M051/M392	N/A	N/A

SERVICES

Service area	Statewide in participating schools and areas
Location of services	In and around high schools
Eligibility	School district or local law enforcement
Dept, Agency criteria to qualify	School district or local law enforcement
Criteria for participant	School district or local law enforcement
Capacity	800 law enforcement tests 30-50 Missouri high schools located in each of the MSHP troops, an additional 15 in each urban portion of the state.
Numbers served	In FY 25, DHSS started the program in March 2025. 10 schools were tested.
Other data	This program was started in FY 25 in the Department of Health and Senior Services. The program was moved to DPS and expanded in FY 26. DPS is working with OA Procurement to make necessary adjustments to the contract to continue the program.
Other data Continued	

RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM

Department, Agency	DPS
Date started	FFY 1996

Program description

The RSAT for State Prisoners Program assists with developing and implementing residential substance misuse treatment programs within state correctional facilities, as well as within local correctional and detention facilities, in which inmates are incarcerated for a period sufficient to permit substance misuse treatment. The program encourages the establishment and maintenance of drug-free prisons and jails and developing and implementing specialized residential substance misuse treatment programs that identify and provide appropriate treatment to inmates with co-occurring mental health and substance misuse disorders or challenges.

Program type	Treatment, Aftercare
Substance targeted	Drugs and Alcohol

FUNDING

House Bill			HB08.065	
Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Department of Public Safety Federal Fund	1152	3390	$742,000	$336,244

SERVICES

Service area	Missouri Department of Corrections
	St. Louis County Justice Services
	Jasper County Sheriff's Office
	Douglas County Sheriff's Office
	St. Francois County Sheriff's Office
Location of services	Prison and Jails
Eligibility	The RSAT Program requirements to support and implement a residential program, which engages inmates for a period of between 6 and 12 months, and a jail-based program, which engages inmates for at least 3 months, are to:

• Require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing, and for former participants while they remain in the custody of the state or local government.

• Provide residential treatment facilities set apart—in a separate facility or dedicated housing unit in a facility exclusively for use by RSAT participants—from the general correctional population.

• Ensure that individuals who participate in the BJA-funded substance misuse treatment program will be provided with aftercare services when they leave incarceration.

• Aftercare services must involve coordination of the correctional facility treatment program with other human service and rehabilitation programs such as educational and job training programs, parole supervision programs, half-way house programs, and participation in self-help and peer group programs that may aid in the rehabilitation of individuals in the substance misuse treatment program.

• Coordinate with the federal assistance for substance misuse treatment and aftercare services currently provided by the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). Whenever possible, RSAT residential program participation should be limited to inmates with 6 to 12 months remaining in their confinement.

Dept, Agency criteria to qualify	The RSAT Program seeks to increase access to evidence-based prevention and treatment, reduce overdose deaths, and support increased access to evidence-based substance use disorder treatment and recovery support services, including medication-assisted treatment (MAT), which is the use of medication in combination with counseling and behavior therapies to treat incarcerated individuals.

The RSAT Program assists states with developing and implementing residential substance use disorder (SUD) treatment programs within state correctional facilities, as well as within local correctional and detention facilities, in which persons are incarcerated for a period of time sufficient to permit SUD treatment.

The RSAT Program's requirements, which support the implementation of a residential program that engages individuals who are incarcerated in prison or juvenile detention centers for 6–12 months and individuals who are incarcerated in jail for at least 3 months, include: Requiring urinalysis and/or other proven reliable forms of drug and alcohol testing, including both periodic and random testing, for program participants and former participants while they remain in the custody of the state or local government. Providing residential treatment facilities set apart—in a separate facility or dedicated housing unit in a facility exclusively for use by RSAT participants—from the general correctional population. Ensuring that individuals who participate in the federally funded SUD treatment program will be provided with aftercare services when they leave incarceration. Ensuring that aftercare services must involve coordination of the correctional facility treatment program with other human services and recovery support services and programs such as educational and job training, parole supervision, and recovery housing, as well as participation in individual and peer group programs that provide ongoing support for maintenance of long-term recovery after reentry. RSAT Program residential participation is limited to individuals who are incarcerated with 6 to 12 months remaining in their confinement in a prison or juvenile detention center or with 3 months remaining in their confinement in a jail.

Per 34 U.S.C. 10422(c) to be eligible for funding under the RSAT Program, a state shall ensure that individuals who participate in the corrections-based SUD treatment program provided under this program continue to be offered SUD treatment services in the community. To

qualify as an aftercare program, the head of the SUD treatment program must work in conjunction with state and local authorities and organizations to place program participants into community-based residential or nonresidential SUD treatment facilities upon their release. However, a state may use funding to support placement in nonresidential SUD treatment aftercare only if the chief executive officer of the state certifies that the state is providing, and will continue to provide, an adequate level of residential treatment services.

Criteria for participant

Eligible Programs (Residential or Jail-based): The RSAT Program requirements to support and implement a residential program, which engages inmates for a period of between 6 and 12 months, and a jail-based program, which engages inmates for at least 3 months, are to:

72. Require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing, and for former participants while they remain in the custody of the state or local government.

73. Provide residential treatment facilities set apart—in a separate facility or dedicated housing unit in a facility exclusively for use by RSAT participants—from the general correctional population.

74. Ensure that individuals who participate in the BJA-funded substance misuse treatment program will be provided with aftercare services when they leave incarceration.

75. Aftercare services must involve coordination of the correctional facility treatment program with other human service and rehabilitation programs such as educational and job training programs, parole supervision programs, half-way house programs, and participation in self-help and peer group programs that may aid in the rehabilitation of individuals in the substance misuse treatment program.

76. Coordinate with the federal assistance for substance misuse treatment and aftercare services currently provided by the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).

Whenever possible, RSAT residential program participation should be limited to inmates with 6 to 12 months remaining in their confinement.

Aftercare Services: Aftercare services must involve coordination between the correctional treatment program and other social service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, self-help, and peer group programs.

Per 34 U.S.C. 10422(c), in order to be eligible for funding under the RSAT Program, an agency shall ensure that individuals who participate in the substance misuse treatment program with assistance provided under this program be provided with aftercare services. These services must involve coordination between the correctional treatment program and other social service and rehabilitation programs such as education and job training, parole supervision, halfway house, self-help, and peer group programs. To qualify as an aftercare program, the head of the substance misuse

treatment program must work in conjunction with state and local authorities and organizations involved in substance misuse treatment to place program participants into community substance misuse treatment facilities upon their release. In addition, states should coordinate these activities with any SAMHSA-funded state and/or local programs that address the needs of this target population. A state may use amounts received for community reintegration if the chief executive officer of the state certifies that the state is providing, and will continue to provide, an adequate level of residential treatment services.

Evidence-Based Programs or Practices: The Office of Justice Programs (OJP) emphasizes the use of data and evidence in policymaking and program development in criminal justice, juvenile justice, and crime victim services. OJP is committed to:

78. Improving the quantity and quality of evidence OJP generates
79. Integrating evidence into program, practice, and policy decisions within OJP and the field
80. Improving the translation of evidence into practice

The OJP considers programs and practices to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through one or more outcome evaluations. Causal evidence documents a relationship between an activity or intervention (including technology) and its intended outcome, including measuring the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. Causal evidence depends on the use of scientific methods to rule out, to the extent possible, alternative explanations for the documented change. The strength of causal evidence, based on the factors described above, will influence the degree to which OJP considers a program or practice to be evidence-based.

Applicants are required to provide substance misuse treatment practices and services that have a demonstrated evidence base and that are appropriate for the target population. Applicants should identify the evidence-based practice being proposed for implementation, identify and discuss the evidence that shows that the practice is effective, discuss the population(s) for which this practice has been shown to be effective, and show that it is appropriate for the proposed target population.

Capacity	RSAT Program Participants' Substance Abuse Treatment Completion in SFY 2025 - Total 209: Missouri Department of Corrections (34), St. Francois County Sheriff's Office (5), St. Louis County Justice Services Center (133), Jasper County Sheriff's Office (37) All graduates were provided aftercare treatment.
Numbers served	
Other data	

Other data Continued

Motor Carrier Safety Assistance Program (MCSAP)

Department, Agency	DPS - MSHP
Date started	1983
Program description	
Funding to reduce commercial motor vehicle crashes, fatalities, and injuries.	
Program type	Prevention
Substance targeted	Traffic enforcement of commercial motor vehicles

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FUNDING

House Bill				HB08.150
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
United States Department of Transportation		1140	$58,000	$58,000

SERVICES

Service area	Statewide
Location of services	Missouri roadways
Eligibility	
Dept, Agency criteria to qualify	The Patrol must submit a Commercial Vehicle Safey Plan, agree to enforce safety rules compatible with federal regulations, and cooperate in enforcing motor carrier financial responsibility requirements.
	In accordance with part 350, the Patrol expends a portion of the total grant award to maintain a canine program aiding in the detection of the trafficking of illegal drugs.
Criteria for participant	Law enforcement agencies
Capacity	In FY25, the Patrol conducted 45,926 commercial motor vehicle inspections. The Patrol would be unable to determine the number of commercial motor vehicle inspections that employed the use of a canine.
Numbers served	The Patrol is unable to quantify the number of people served by this program. The focus of the program is centered on reducing commercial motor vehicle related crashes, injuries, and fatalities. The Patrol is unable to determine the number of crashes, injuries, or fatalities that were prevented throughout the course of this program.
Other data	.

High Intensity Trafficking Areas (HIDTA)

Department, Agency	DPS - MSHP
Date started	1996

Program description

This funding helps to reduce drug trafficking and production throughout the State of Missouri.

Program type	Prevention
Substance targeted	Illegal substances

FUNDING

House Bill			HB08.150	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Office of National Drug Control Policy		1135/1140	$250,000	$483,220

SERVICES

Service area	Statewide
Location of services	Anywhere drug trafficking occurs in Missouri
Eligibility	
Dept, Agency criteria to qualify	To qualify for HIDTA, an area has been determined to be a significant center for illegal drug production, manufacturing, importation, or distribution. The Patrol has committed resources to address the drug trafficking problem in Missouri, indicating a determination to respond aggressively to the drug trafficking problem.
Criteria for participant	Federal, state, local, and tribal law enforcement agency in the identified areas are authorized to participate in grant.
Capacity	The Patrol is unable to provide a measure determining the impact of the reduction of illicit drug activity prevented by this program.
Numbers served	The Patrol is unable to quantify the number of people served by this program. The focus of the program is centered on reducing the production, manufacturing, importation, and distribution of illegal drugs. The Patrol is unable to provide a measure determining the impact of the reduction of illicit drug activity prevented by this program.
Other data	
Other data Continued	

Community Oriented Policing Services (COPS) Anti-Methamphetamine Program (CAMP)

Department, Agency	DPS - MSHP
Date started	2015
Program description	
Funds state law enforcement investigations related to methamphetamine	
Program type	Prevention
Substance targeted	Illegal substances

FUNDING

House Bill   HB08.150

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Department of Justice		1135	$1,000,000	$1,200,000

SERVICES

Service area	Statewide
Location of services	Anywhere the sale, production, and use of methamphetamine occurs in Missouri
Eligibility	
Dept, Agency criteria to qualify	The program awards grants to state law enforcement agencies, located in states with high levels of anti-methamphetamine activity, such as seizures of chemicals or laboratories.
Criteria for participant	Law enforcement agency
Capacity	The Patrol is unable to provide a measure determining the impact of the reduction of methamphetamine produced, distributed, or transportation activity prevented by this program.
Numbers served	The focus of the program is centered on reducing the production, manufacturing, importation, and distribution of methamphetamine. The Patrol is unable to provide a measure determining the impact of the reduction of illicit drug activity prevented by this program.

DEPARTMENT OF TRANSPORTATION (DOT)

Missouri Department of Transportation (MoDOT)

The Multimodal-Transit Section within the Missouri Department of Transportation oversees the administration and management of state and federal grants for public and specialized transit providers across the state. More information about the Multimodal-Transit Section at MoDOT can be found at their website
https://www.modot.org/transit-general-information

SAPT Hearing	September 2, 2025
Presenters	Christy Evers

Hearing Highlights

The Multimodal-Transit Section at MoDOT is responsible for the administration and management of state and federal grants for the general public and specialized transit providers supporting the transportation of seniors and individuals with disabilities across the state. In addition, MoDOT partners with Missouri's statewide transit association, area planning organizations, providing financial assistance to study and develop comprehensive transportation plans for local and metropolitan areas of the state.

FUNDING TOTALS

Program Costs

House Bill	HB5	
Program Name	FY26 Appropriation	FY25 Spent[1]
State Transit Assistance	$6,710,875	$10,710,875
Missouri Elderly and Handicapped Transportation Assistance Program	$5,000,000	$5,000,000
Federal Transit Administration, Section 5304	$1,500,000	$133,798
Federal Transit Administration, Section 5310	$14,300,000	$11,086,636
Federal Transit Administration, Section 5311	$40,000,000	$29,767,695
Federal Transit Administration, Section 5339	$13,900,000	$3,639,028
Total Cost	$81,410,875	$60,338,032

Footnotes
    4.   FY25 Spend as of July 2025

MISSOURI ELDERLY AND HANDICAPED TRANSPORTATION ASSISTANCE PROGRAM

Department, Agency	Transportation, MODOT
Date started	1976

Program description

The Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP) is state funded program that provides operating assistance to Missouri's Area Agencies on Aging (AAA) and approximately 111 governmental and/or not-for-profit organizations that offer or utilize transportation services for seniors and individuals with disabilities. The MEHTAP program is defined by State Statute, RSMo 208.250 and distribution of funds is defined by Missouri Code of State Regulations 7 CSR 10-7.010. In FY 2024, the MEHTAP program provided one-way trips to 935,781 seniors and 2,466,016 individuals with disabilities.

Program type	Transportation
Substance targeted	All

FUNDING

House Bill			HB4.565	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue Fund	2765	0101	$3,725,522	$3,725,522

| State Transportation Fund | 7512 | 0675 | $1,274.478 | $1,274,478 |

SERVICES	
Service area	Statewide
Location of services	Area Agencies on Aging, Sheltered Workshops, Transit Authorities, Developmental Resource Boards, Hospitals, Behavioral Health, Nursing Homes, Public Transit, Cities, Counseling Centers, Community Action Groups.
Eligibility	Incorporated as a not-for-profit corporation in Missouri or utilize the transportation services of a not-for-profit corporation. Applicants must meet one of the following criteria: (1) Be incorporated as a not-for-profit corporation in Missouri under theprovisions of Chapter 355, RSMo; or (2) Provide or purchase transportation services as a public entity created by Senate Bill 40 or House Bill 351 tax measures.
Dept, Agency criteria to qualify	N/A
Criteria for participant	Meet eligibility requirements stated above and offer or utilize transportation services for seniors and individuals with disabilities.
Capacity	N/A
Numbers served	117 Transit Agencies Statewide
Other data	Project activities include operating assistance only.

STATE TRANSIT ASSISTANCE PROGRAM

Department, Agency	Transportation, MODOT
Date started	N/A

Program description

The State Transit Assistance Program is state funded program that provides operating or capital assistance to 22 rural and 11 urban public transit agencies. The State Transit Assistance program is defined by State Statute, RSMo 208.250 and distribution of funds is defined by Missouri Code of State Regulations 7 CSR 10-7.030. In FY 2024, the State Transit Assistance program provided 37,195,143 one-way trips to the general public.

Program type	Transportation
Substance targeted	All

FUNDING				
House Bill			HB4.535	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
General Revenue Fund	2817	0101	$5,000,000	$10,000,000
State Transportation Fund	0786	0675	$1,710,875	$1,710,875

SERVICES	
Service area	Statewide
Location of services	City, City Transit Authority, City Utilities Board, Interstate Transit Authority, Intrastate Transportation Authority, rural public transit agencies.
Eligibility	City, City Transit Authority, City Utilities Board, Interstate Transit Authority (as

defined in 94.600 RSMo), Intrastate Transportation Authority, recipient/direct recipient of FTA Section 5307 Urbanized formula funds, sub-recipient of FTA Section 5311 non-urbanized formula funds.

Dept, Agency criteria to qualify	N/A
Criteria for participant	General public transportation.
Capacity	N/A
Numbers served	31 Public Transit Agencies Statewide
Other data	Project activities include operating assistance and capital.

FEDERAL TRANSIT ADMINISTRATION – SECTION 5304
STATEWIDE PLANNING PROGRAM

Department, Agency	Transportation, MODOT
Date started	2005

Program description

The Federal Transit Administration Section 5304 – Statewide Planning Program supports statewide planning activities for area Metropolitan Planning Organizations, Regional Planning Commissions, MO transit association and other entities that reflect transportation investment priorities.

Program type	Transportation
Substance targeted	None

FUNDING

House Bill			HB4.555	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Multimodal Operations Fund	0437	0126	$1,500,000	$133,798

SERVICES

Service area	Statewide
Location of services	N/A
Eligibility	Metropolitan Planning Organizations, Regional Planning Commissions, Missouri Public Transit Association and transit agencies.
Dept, Agency criteria to qualify	N/A
Criteria for participant	Development/Update of transportation plans, promotion of public transportation and transit studies.
Capacity	N/A
Numbers served	25
Other data	Project activities include Transportation Plans, promotion of Public Transportation and transit studies

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FEDERAL TRANSIT ADMINISTRATION – SECTION 5310
ENHANCED MOBILITY FOR SENIORS & INDIVIDUALS WITH DISABILITIES

Department, Agency	Transportation, MODOT
Date started	1970

Program description

The Federal Transit Administration Section 5310 – Enhanced Mobility for Senior & Individuals with Disabilities Program is a capital and operating assistance formula program funding governmental and non-for-profit agencies in meeting the transportation needs of seniors and individuals with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs.

Program type	Transportation
Substance targeted	All

FUNDING

House Bill   HB4.540

Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Multimodal Operations Fund	8493	0126	$14,300,000	$11,086,636

SERVICES

Service area	Rural, Small Urban, Springfield Urban and St. Louis Urban
Location of services	Sheltered Workshops, Developmental Resource Boards, Hospitals, Behavioral Health, Nursing Homes, Public Transit, Cities, Counseling Centers, Community Action Groups.
Eligibility	Eligible subrecipients include private nonprofit organizations, states or local government authorities, and operators of public transportation that support the transportation services of seniors and individuals with disabilities where transportation services are unavailable, insufficient, or inappropriate to meeting these needs.
Dept, Agency criteria to qualify	N/A
Criteria for participant	Meet eligibility requirements stated above and offer or utilize transportation services for seniors and individuals with disabilities.
Capacity	N/A
Numbers served	132
Other data	Project activities include:

- *Traditional* projects (55% requirement) is based on demonstrated need in the following priorities:
    - Replacement of accessible vehicles that have reached end of their useful life
    - Accessible vehicles to be used in eligible expanded mobility services
    - Support for mobility management and coordination programs
    - All other "traditional" Section 5310 eligible project types (ex. transit equipment)
- *Non-traditional* projects (35%) is based on demonstrated need of:
    - Continuation of current operating assistance projects

- New operating assistance projects
- All other "non-traditional" Section 5310 eligible project types (ex. volunteer driver programs)

FEDERAL TRANSIT ADMINISTRATION – SECTION 5311
NON-URBANIZED / RURAL TRANSIT PROGRAM

Department, Agency	Transportation, MODOT
Date started	1978

Program description

The Federal Transit Administration Section 5311 – Non-urbanized / Rural Transit Program is a capital, planning, and operating assistance formula program supporting public transportation in rural areas with populations of less than 50,000. The program also provides funding for state and national training and technical assistance through the Rural Transportation Assistance Program, as well as funding to intercity bus carriers like Greyhound and Jefferson Lines.

Program type	Transportation
Substance targeted	All

FUNDING

House Bill			HB4.545	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Multimodal Operations Fund	8726	0126	$40,000,000	$29,767,695

SERVICES

Service area	Rural - Statewide
Location of services	Cities, nonprofit organizations and for-profit organizations.
Eligibility	Public transportation in rural areas (populations less than 50,000)
Dept, Agency criteria to qualify	N/A
Criteria for participant	Meet eligibility requirements stated above.
Capacity	N/A
Numbers served	24
Other data	Program activities include: Planning, capital, operating, job access and reverse commute projects, non-emergency medical transportation, mobility management programs, and the acquisition of public transportation services.

FEDERAL TRANSIT ADMINISTRATION – SECTION 5339
BUS AND BUS FACILITIES PROGRAM

Department, Agency	Transportation, MODOT
Date started	2012

Program description

The Federal Transit Administration Section 5339 – Bus and Bus Facilities Program is a capital funding program to replace, rehabilitate and purchase buses, vans and related equipment, and to construct bus-related facilities for rural public transportation providers.

Program type	Transportation
Substance targeted	All

FUNDING

House Bill			HB4.560	
Funding Source	Acct #	Appropriation #	FY26 Appropriation	FY25 Spent
Multimodal Operations Fund	8249	0126	$13,900,000	$3,639,028

SERVICES

Service area	Rural - Statewide
Location of services	Cities and nonprofit organizations.
Eligibility	Public agencies or private nonprofit organizations in rural areas (populations less than 50,000) engaged in public transportation.
Dept, Agency criteria to qualify	N/A
Criteria for participant	Meet eligibility requirements stated above.
Capacity	N/A
Numbers served	19
Other data	Program activities include: Capital projects to replace, rehabilitate and purchase buses, vans, and related equipment, and to construct bus-related facilities, including technological changes or innovations to modify low or no emission vehicles or facilities.

MISSOURI HOUSING DEVELOPMENT COMMISSION (MHDC)

MISSOURI HOUSING DEVELOPMENT COMMISSION (MHDC)

The Missouri Housing Development Commission (MHDC) is the state Housing Finance Agency. MHDC administers a range of federally authorized and state affordable housing programs. MHDC administers grants to a network of nonprofits for homelessness prevention and provides financing for the rehabilitation and construction of affordable housing. More information about MHDC can be found on the website at: https://mhdc.com/

SAPT Hearing	September 03, 2025
Presenters	Jennifer Schmidt, Deputy Exec. Director/Director of Operations Jenni Miller, Deputy Director of Operations

Hearing Highlights

MHDC is responsible for administering affordable housing programs that assist with homelessness prevention and the development of long-term, stable housing. Programs include the Affordable Housing Assistance Tax Credit Program, Missouri Housing Trust Fund, Missouri Housing Trust Fund – Disaster Relief, Housing Emergency Solutions Program (federally known as Emergency Solutions Grant), Low-Income Housing Tax Credit, HOME Investment Partnership, and National Housing Trust Fund.

Hearing link:

https://sg001-harmony.sliq.net/00325/Harmony/en/PowerBrowser/PowerBrowserV2/20200831/-1/13407?mediaStartTime=20250903130405&mediaEndTime=20250903134747&viewMode=3&globalStreamId=4

FUNDING TOTALS

Program Costs

House Bill	HB7[1]	
Program Name	FY26 Appropriation	FY25 Spent[2]
Missouri Housing Trust Fund[3]	$6,500,000	$2,663,327

Administrative Costs

Program Name	FY26 Appropriation	FY25 Spent
N/A	-	-

SubTotal

Total Costs	$6,500,000	$2,663,327

Footnote:
81. MHDC is an instrumentality of the state. State programs appropriated to MHDC are included in HB 7 with the Department of Economic Development.
1. FY25 Spent represents all recording fees collected in FY25 to be obligated in the FY26 program year.
82. The Missouri Housing Trust Fund is funded via a recorder of deeds fee pursuant to Section 59.319, RSMo.

MISSOURI HOUSING TRUST FUND

Department, Agency	MHDC
Date started	1994

Program description

Work in collaboration with a network of service organizations to reduce, eliminate, and prevent homelessness. The program provides funding for a variety of housing needs, such as homelessness prevention; rehab or new construction of rental housing, rental assistance; and single-family owner-occupied home repair to eligible organizations assisting Missourians. MHDC utilizes a competitive application process to grant funds to agencies,

typically non-profits, that provide direct assistance to low-income individuals and families. The Missouri Housing Trust Fund does not explicitly serve substance use disorders.

Program type	Housing
Substance targeted	N/A

FUNDING

| House Bill			HB 7	
Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent[1]
Missouri Housing Trust Fund	1254	7.180	$6,500,000	$3,614,841

SERVICES

Service area	Statewide.
Location of services	Funded community agencies and organizations.
Eligibility	Applicants must be a community-based organization or nonprofit that can demonstrate good standing with the state of Missouri.
Dept, Agency criteria to qualify	Applicants must demonstrate the ability to administer a homelessness assistance and/or home repair program.
Criteria for participant	Program participants must be Missouri residents who can demonstrate a need for housing assistance. All participants must income-qualify by demonstrating that they are at or below 50% of the area's median income.
Capacity	In FY25, 2,000 households were served.
Numbers served	Emergency Assistance: 1,107 households served Housing Assistance: 855 households served Home Repair/Modification: 38 households served
Other data	Impact on exits to permanent housing. "Exits to permanent housing" refers to the number of households that obtained or maintained permanent housing after exiting the MHTF program. In FY25, MHTF assisted in 1,218 exits to permanent housing. Efficiency measures include the average number of days from program intake to program exit, or when the program participant is no longer receiving MHTF assistance. For FY25, the average number of days in the program was 72. Data is not collected on organizations who provide health or mental health services.
Other data Continued	

Footnotes:
1. FY24 Spent represents all recording fees collected in FY24 to be obligated in the FY25 program year. All funds have been awarded.

APPENDIX

ADDITIONAL FIGURES AND TABLES
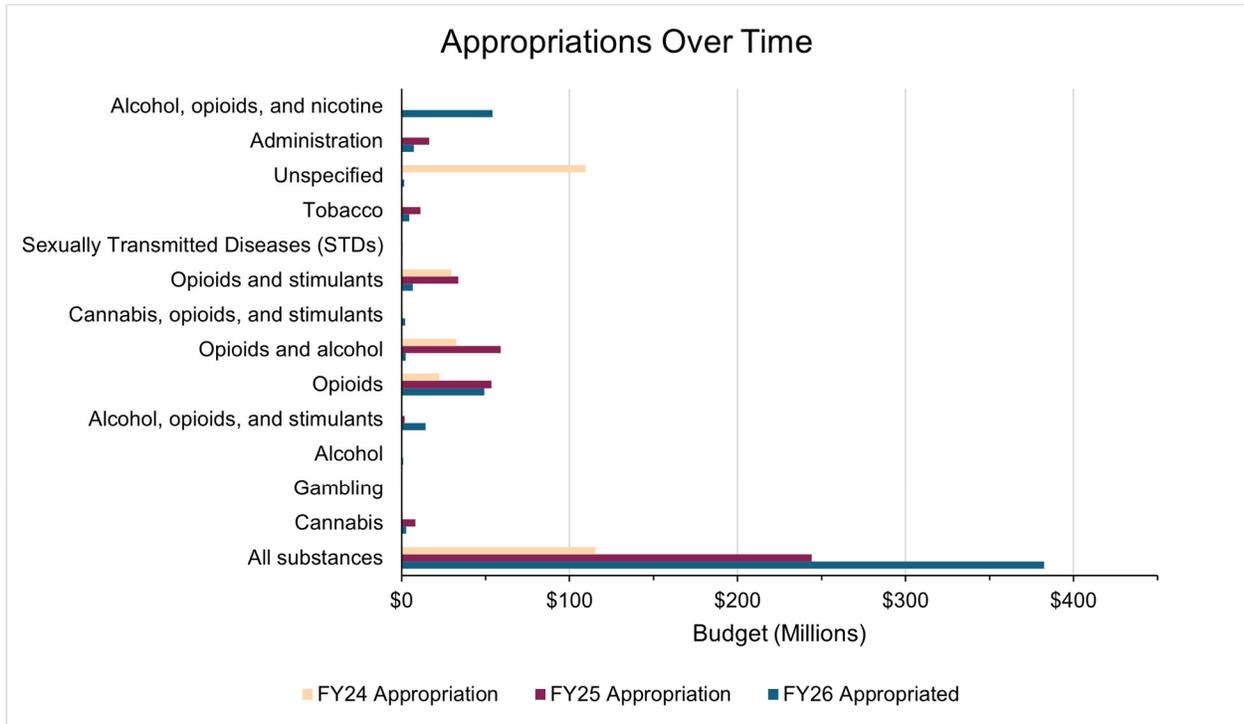
Supplementary Figure 1. Appropriations for SUDs based on substances (FY24 - FY26).

The amounts appropriated from FY24 through FY26 for programs focusing on specific substances. Some substances are represented multiple times if programs focus on more than one substance. For example, alcohol is represented in 4 groups of programs:

 a. alcohol only programs
 b. alcohol, opioids, and nicotine focused programs
 c. opioid and alcohol programs
 d. alcohol, opioid, and stimulant focused programs

In addition, three new departments were added for FY26 (DPS, DOT, and MHDC) which contribute to higher budget appropriation totals in FY26.

Supplementary Table 1. Appropriations for SUD programs based on substance (FY24 - FY26).

The amounts appropriated for programs focusing on specific substances for SUDs from FY 2024 - FY 2026. Some substances appear in multiple categories if programs focus on multiple substances. For singular substances, those programs focus only on that substance. Some data was not available for previous years, or was categorized differently, and was not included (**). In addition, three new departments were added for FY26 (DPS, DOT, and MHDC), which contributes to higher budget totals for that fiscal year.

Substance	FY24 Appropriation	FY25 Appropriation	FY26 Appropriated
All substances	$115,630,624	$244,160,464.00	$382,510,330
Cannabis	$955,000	$8,348,619.00	$2,850,000
Gambling	$0	$153,606.00	$153,606

| Alcohol	$0	$500,000.00	$1,000,000
Alcohol, opioids, and stimulants	**	$1,899,877.00	$14,229,971
Opioids	$22,602,199	$53,467,391.00	$49,308,192
Opioids and alcohol	$32,664,144	$58,928,297.00	$2,564,144
Cannabis, opioids, and stimulants	**	$517,155.00	$2,254,157
Opioids and stimulants	$29,433,021	$33,912,631.00	$6,726,275
Sexually Transmitted Diseases (STDs)	**	$782,690.00	$611,915
Tobacco	$833,145	$11,308,644.00	$4,732,149
Unspecified	$109,384,816	$500,000.00	$1,500,000
Administration	**	$16,457,284.00	$7,219,374
Alcohol, opioids, and nicotine	**	**	$54,081,908
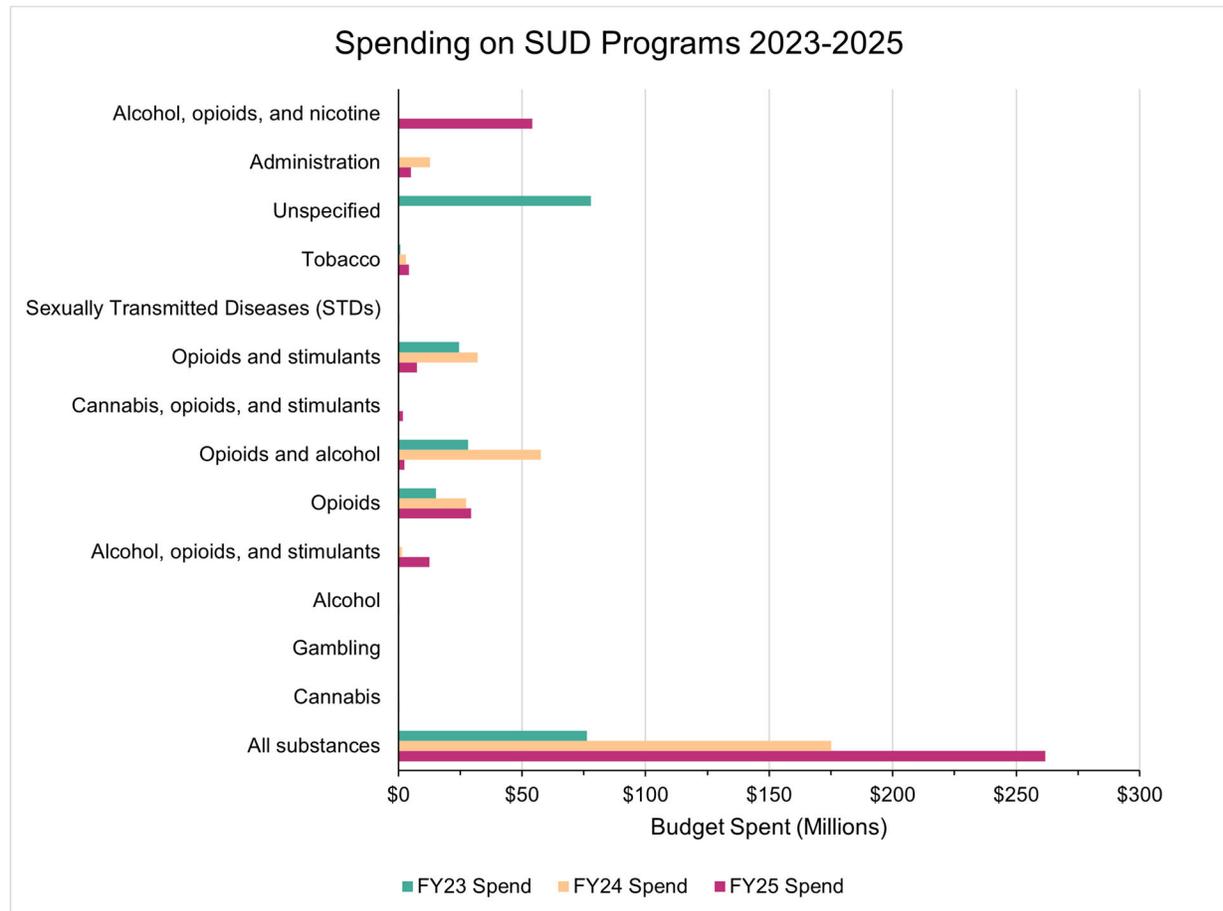
Supplementary Figure 2 Spending on SUD programs by substance focus (2023 - 2025).

Spending on SUDs from FY 2023 to FY 2025 based on the target substance of the program. Some programs are included in multiple categories because the programs treat multiple SUDs. In addition, three new departments were added for FY25 (DPS, DOT, and MHDC), which amounts to higher budget totals for FY25.

Supplementary Table 2 Spending on SUD focused programs by target substance (FY23 - FY25).

Some substances are represented multiple times. ** Indicates data that are either missing or categories that did not exist when FY23 or FY24 spending data was collected. In addition, three new departments were added for FY25 (DPS, DOT, and MHDC), which contributes to higher budget totals in FY25.

Substance	FY23 Spend	FY24 Spend	FY25 Spend
All	$76,181,298	$175,079,011.08	$261,811,520
Cannabis	$0	$328,638.00	$360,000
Gambling	$0	$3,819.00	$14,237
Alcohol	$0	$0.00	$310,412
Alcohol, opioids, and stimulants	**	$1,444,526.00	$12,645,713
Opioids	$15,282,880	$27,451,278.33	$29,475,169
Opioids and alcohol	$28,159,694	$57,545,734.81	$2,487,220
Cannabis, opioids, and stimulants	**	$407,954.28	$1,881,604
Opioids and stimulants	$24,604,520	$31,973,858.17	$7,397,022
Sexually Transmitted Diseases (STDs)	**	$0.00	$380,948
Tobacco	$725,705	$2,941,707.83	$4,137,815
Unspecified	$77,918,685	$0.00	$191,798
Administration	**	$12,762,193.24	$5,023,048
Alcohol, opioids, and nicotine	**	**	$54,081,908
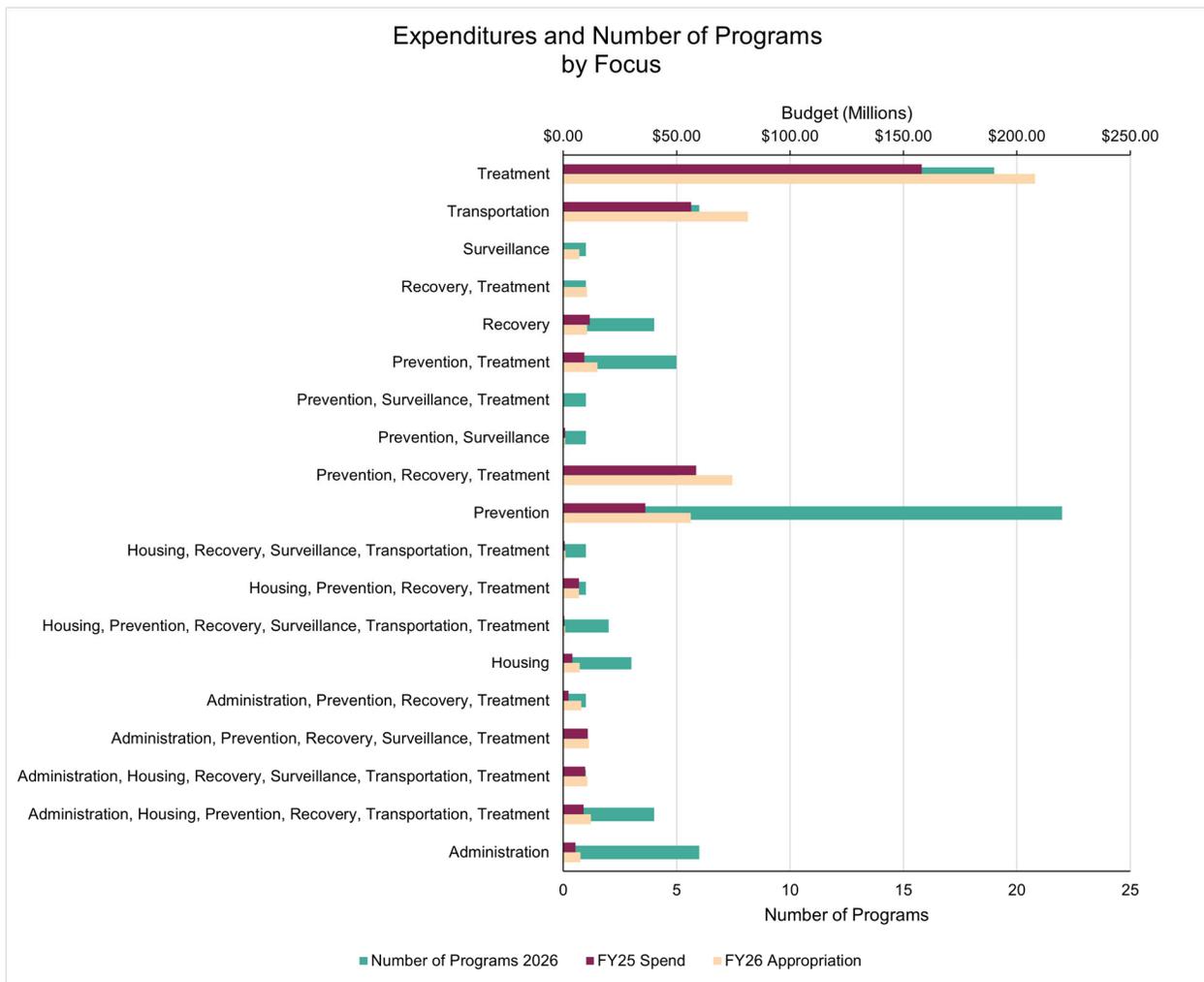
*Supplementary Figure 3. Expenditures and number of programs by focus area.*

The number of programs (green) and dollar amounts spent by (red) and appropriated to (yellow) programs of a specific focus. Many programs work in multiple focus areas, which are split to account for those differences.

Supplementary Table 3. Expenditures and number of programs by focus area.

The number of programs by focus area, along with their FY2026 appropriations, FY2025 spending, and additional amount appropriated in FY26. One program (EPICC) was counted twice because it has two different funding streams which dictate different substances, and thus services, for its focus.

Program Focus 2026	Number of Programs 2026	FY26 Appropriation	FY25 Spend	Additional Amount Appropriated FY26
Administration	6	$7,622,308	$5,366,496	$2,255,811
Administration, Housing, Prevention, Recovery, Transportation, Treatment	4	$12,200,001	$8,963,169	$3,236,831

Administration, Housing, Recovery, Surveillance, Transportation, Treatment	1	$10,580,094	$9,598,810	$981,283
Administration, Prevention, Recovery, Surveillance, Treatment	1	$11,347,891	$10,878,621	$469,269
Administration, Prevention, Recovery, Treatment	1	$7,900,000	$2,374,412	$5,525,587
Housing	3	$7,321,628	$3,984,955	$3,336,673
Housing, Prevention, Recovery, Surveillance, Transportation, Treatment	2	$750,000	$499,999	$250,001
Housing, Prevention, Recovery, Treatment	1	$6,900,000	$6,900,000	$0
Housing, Recovery, Surveillance, Transportation, Treatment	1	$1,000,000	$647,026	$352,973
Prevention	22	$56,249,285	$36,210,591	$20,038,693
Prevention, Recovery, Treatment	5	$74,608,557	$58,553,085	$16,055,471
Prevention, Surveillance	1	$787,330	$759,586	$27,743
Prevention, Surveillance, Treatment	1	$0	$108,083	-$108,083
Prevention, Treatment	5	$15,017,445	$9,310,225	$5,707,219
Recovery	4	$10,536,490	$11,598,029	-$1,061,539
Recovery, Treatment	1	$10,434,783	$35,699	$10,399,083
Surveillance	1	$7,000,000	$108,083	$6,891,917
Transportation	6	$81,410,875	$56,338,032	$25,072,843
Treatment	19	$208,075,333	$157,963,507	$50,111,826
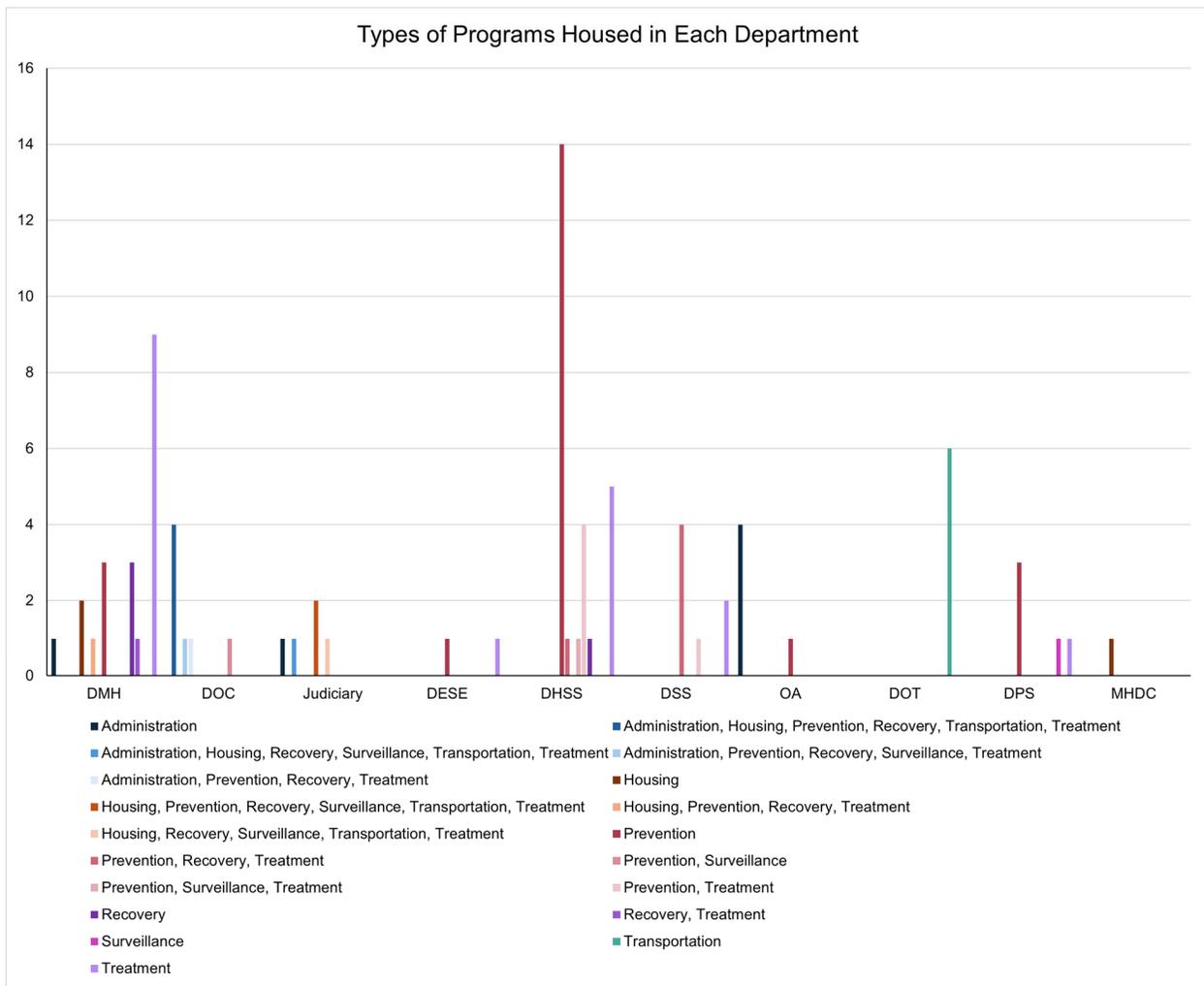
Supplementary Figure 4. Types of program focuses housed in each department.

All focus area of programs, split by specific program types, housed by department. Of note, DHSS contains the most programs focused only on prevention, while DMH contains the most programs focused only on treatment.

Supplementary Table 4. Types of program focuses housed in each department.

All focus areas, split by specific program focuses, housed by department in FY2026.

Program Focus by Department	DMH	DOC	Judiciary	DESE	DHSS	DSS	OA	DOT	DPS	MHDC
Administration	1	0	1	0	0	0	4	0	0	0
Administration, Housing, Prevention, Recovery, Transportation, Treatment	0	4	0	0	0	0	0	0	0	0
Administration, Housing, Recovery, Surveillance, Transportation, Treatment	0	0	1	0	0	0	0	0	0	0
Administration, Prevention, Recovery, Surveillance, Treatment	0	1	0	0	0	0	0	0	0	0
Administration, Prevention, Recovery, Treatment	0	1	0	0	0	0	0	0	0	0
Housing	2	0	0	0	0	0	0	0	0	1
Housing, Prevention, Recovery, Surveillance, Transportation, Treatment	0	0	2	0	0	0	0	0	0	0

Housing, Prevention, Recovery, Treatment	1	0	0	0	0	0	0	0	0	0
Housing, Recovery, Surveillance, Transportation, Treatment	0	0	1	0	0	0	0	0	0	0
Prevention	3	0	0	1	14	0	1	0	3	0
Prevention, Recovery, Treatment	0	0	0	0	1	4	0	0	0	0
Prevention, Surveillance	0	1	0	0	0	0	0	0	0	0
Prevention, Surveillance, Treatment	0	0	0	0	1	0	0	0	0	0
Prevention, Treatment	0	0	0	0	4	1	0	0	0	0
Recovery	3	0	0	0	1	0	0	0	0	0
Recovery, Treatment	1	0	0	0	0	0	0	0	0	0
Surveillance	0	0	0	0	0	0	0	0	1	0
Transportation	0	0	0	0	0	0	0	6	0	0
Treatment	9	0	0	1	5	2	0	0	1	0

Supplementary Table 5. Proportion of SUD programming in each department by focus area.

The percentage of each department's programming focused on specific areas for SUD management.

Percentage of Program Focus by Department	DMH	DOC	Judiciary	DESE	DHSS	DSS	OA	DOT	DPS	MHDC
Administration	5%	0%	20%	0%	0%	0%	80%	0%	0%	0%
Administration, Housing, Prevention, Recovery, Transportation, Treatment	0%	57%	0%	0%	0%	0%	0%	0%	0%	0%
Administration, Housing, Recovery, Surveillance, Transportation, Treatment	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%
Administration, Prevention, Recovery, Surveillance, Treatment	0%	14%	0%	0%	0%	0%	0%	0%	0%	0%
Administration, Prevention, Recovery, Treatment	0%	14%	0%	0%	0%	0%	0%	0%	0%	0%
Housing	10%	0%	0%	0%	0%	0%	0%	0%	0%	100%
Housing, Prevention, Recovery, Surveillance, Transportation, Treatment	0%	0%	40%	0%	0%	0%	0%	0%	0%	0%
Housing, Prevention, Recovery, Treatment	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Housing, Recovery, Surveillance, Transportation, Treatment	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%
Prevention	15%	0%	0%	50%	54%	0%	20%	0%	60%	0%
Prevention, Recovery, Treatment	0%	0%	0%	0%	4%	57%	0%	0%	0%	0%
Prevention, Surveillance	0%	14%	0%	0%	0%	0%	0%	0%	0%	0%
Prevention, Surveillance, Treatment	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%
Prevention, Treatment	0%	0%	0%	0%	15%	14%	0%	0%	0%	0%
Recovery	15%	0%	0%	0%	4%	0%	0%	0%	0%	0%
Recovery, Treatment	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Surveillance	0%	0%	0%	0%	0%	0%	0%	0%	20%	0%
Transportation	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%
Treatment	45%	0%	0%	50%	19%	29%	0%	0%	20%	0%

The following members' presence was noted: Coleman and Johnson.

ADJOURNMENT

On motion of Representative Riley, the House adjourned until 4:00 p.m., Monday, February 16, 2026.

COMMITTEE HEARINGS

AGRICULTURE
Tuesday, February 17, 2026, 8:30 AM, House Hearing Room 7.
Executive session will be held: HB 1885
Following the conclusion of bill hearings, members of the Agriculture Committee are invited to attend an Agriculture Issues Forum by Grundy County R-5 FFA Chapter. The presentation will last approximately 30 minutes and is not mandatory for the committee members to attend.

BUDGET
Monday, February 16, 2026, 12:00 PM, House Hearing Room 3.
Public hearing will be held: HB 2009
Executive session will be held: HB 2014
Markup of House Committee Substitute for HB 2014. Budget presentations from the Department of the National Guard (HB 2008), Department of Corrections (HB 2009) and the Department of Conservation (HB 2006). Public testimony on HB 2009 will be taken upon conclusion of the departments' FY27 budget presentations.

BUDGET
Tuesday, February 17, 2026, 8:15 AM, House Hearing Room 3.
Public hearing will be held: HB 2003, HB 2005, HB 2011, HB 2012, HB 2013, HB 2017, HB 2018, HB 2019, HB 2020
Budget presentations from the Office of the State Treasurer (HB 2012), Office of the Public Defender (HB 2012), the General Assembly (HB 2012) and the Department of Higher Education and Workforce Development (HB 2003). Public testimony on HB 2003, HB 2005, HB 2011, HB 2012, HB 2013, HB 2017, HB 2018, HB 2019 and HB 2020 will be taken upon conclusion of the departments' FY27 budget presentations.

CHILDREN AND FAMILIES
Tuesday, February 17, 2026, 8:00 AM, House Hearing Room 6.
Public hearing will be held: HB 1840, HB 2170
Executive session will be held: HB 2610, HB 1839, HB 3015, HB 2921
Added HB 2921.
AMENDED

COMMERCE
Monday, February 16, 2026, 4:30 PM or upon adjournment (whichever is later),
House Hearing Room 1.
Public hearing will be held: HB 1645, HB 2714, HB 1610, HB 2182

CORRECTIONS AND PUBLIC INSTITUTIONS
Monday, February 16, 2026, 12:00 PM, House Hearing Room 5.
Executive session will be held: HB 2751, HB 2831, HB 2695

ECONOMIC DEVELOPMENT
Tuesday, February 17, 2026, 8:00 AM, House Hearing Room 1.
Public hearing will be held: HB 1915, HB 2151
Executive session will be held: HB 2409, HB 2654, HB 2047, HB 2747

ELECTIONS
Tuesday, February 17, 2026, 8:00 AM, House Hearing Room 5.
Public hearing will be held: HJR 122, HJR 149, HJR 104, HJR 121
Executive session will be held: HB 3146

ELEMENTARY AND SECONDARY EDUCATION
Wednesday, February 18, 2026, 12:00 PM or upon morning recess (whichever is later),
House Hearing Room 7.
Public hearing will be held: HB 2304, HB 2913, HB 3228
Executive session will be held: HB 2335

EMERGING ISSUES
Monday, February 16, 2026, 4:30 PM or upon adjournment (whichever is later),
House Hearing Room 7.
Public hearing will be held: HB 1717, HB 2961, HB 3005, HB 2321, HB 2035, HB 2350,
HB 2361, HB 1913, HB 1887, HB 2862 , HB 1643, HB 2817
Executive session will be held: HB 1746, HB 3037, HB 2760, HB 1778, HB 2830, HB 1769
Added HB 1643 and HB 2817.
AMENDED

FINANCIAL INSTITUTIONS
Wednesday, February 18, 2026, 12:00 PM or upon morning recess (whichever is later),
House Hearing Room 1.
Executive session will be held: HB 1870, HB 2412, HB 2586, HB 3107

FISCAL REVIEW
Monday, February 16, 2026, 2:00 PM, House Hearing Room 4.
Executive session will be held: HCS HBs 1838, 1692, 1695, 1983, 2036, 2662 & 2743,
HCS HJR 154, HB 2061, HCS HBs 2780 & 2668
Executive session may be held on any matter referred to the committee.
Added HB 2780.
AMENDED

INSURANCE
Monday, February 16, 2026, 2:30 PM, House Hearing Room 6.
Public hearing will be held: HB 2874

JOINT COMMITTEE ON EDUCATION
Thursday, February 26, 2026, 12:00 PM or upon adjournment (whichever is later) of the legislative chambers, Joint Hearing Room (117).
Commissioner of the Department of Higher Education & Workforce Development Dr. Bennett Boggs will present information regarding the higher education funding formula. Dr. Boggs will be accompanied by Deputy Commissioner Leroy Wade and Director of External Relations Leah Strid. The meeting will commence at noon or upon adjournment of the legislative chambers. Executive session may follow.
Room change.
CORRECTED

PENSIONS
Wednesday, February 18, 2026, 4:30 PM or upon adjournment (whichever is later),
House Hearing Room 6.
Public hearing will be held: HB 3208

RULES - ADMINISTRATIVE
Tuesday, February 17, 2026, 9:30 AM, House Hearing Room 4.
Executive session will be held: HB 2473, HCS HBs 2642, 2296, 1966 & 1680, HB 2167,
HB 2164, HB 2458, HCS HB 1939, HCS HB 2108, HCS HB 2819, HB 1625, HCS HBs 2097 & 1905
Executive session may be held on any matter referred to the committee.

RULES - LEGISLATIVE
Monday, February 16, 2026, 4:30 PM or upon adjournement (whichever is later),
House Hearing Room 4.
Executive session will be held: HB 1825, HB 1834, HB 1853, HCS HB 1892, HCS HB 1948,
HB 1997, HB 2274, HB 2547, HB 2576, HCS HB 2682, HB 2818, HB 2859, HB 2945
Executive session may be held on any matter referred to the committee.

SPECIAL COMMITTEE ON INTERGOVERNMENTAL AFFAIRS
Monday, February 16, 2026, 4:30 PM or upon adjournment (whichever is later),
House Hearing Room 6.
Public hearing will be held: HB 3006, HB 3279
Executive session will be held: HB 2288, HB 3000, HB 3113
Added HB 3006 and HB 3279.
AMENDED

TRANSPORTATION
Tuesday, February 17, 2026, 4:30 PM or upon adjournment (whichever is later),
House Hearing Room 7.
Public hearing will be held: HB 2837, HB 1873, HB 2759

UTILITIES
Wednesday, February 18, 2026, 8:00 AM, House Hearing Room 1.
Public hearing will be held: HB 2762
Executive session will be held: HB 2658, HB 2147, HB 2472, HB 2546

VETERANS AND ARMED FORCES
Tuesday, February 17, 2026, 12:00 PM or upon morning recess (whichever is later),
House Hearing Room 7.
Executive session will be held: HB 1869, HB 1993, HB 2771
An informational presentation will be given by Treasurer Malek and program specialist Yvonne
Rydman regarding the MOABLE program.

WAYS AND MEANS
Monday, February 16, 2026, 4:30 PM or upon adjournment (whichever is later),
House Hearing Room 5.
Executive session will be held: HB 2329

HOUSE CALENDAR

TWENTY-FIRST DAY, MONDAY, FEBRUARY 16, 2026

HOUSE CONCURRENT RESOLUTIONS FOR SECOND READING

HCR 45 through HCR 47

HOUSE JOINT RESOLUTIONS FOR SECOND READING

HJR 187 through HJR 190

HOUSE BILLS FOR SECOND READING

HB 3290 through HB 3304

HOUSE BILLS FOR PERFECTION

HB 2593 - Hardwick
HB 2934 - Christ
HCS HBs 1663, 1607 & 1973 - Seitz
HB 1771 - Amato
HCS HB 1790 - Murphy
HB 1844 - Gallick
HCS HB 2085 - Keathley
HB 2189 - Bromley
HB 2498 - Christ
HCS HB 2596 - McGaugh
HCS HB 2742 - Jones (12)
HB 1644 - Overcast
HCS HB 2145 - Kalberloh
HB 2423 - Oehlerking
HCS HB 2989 - Hardwick
HCS HBs 2637 & 3155 - Black

HOUSE BILLS FOR PERFECTION - INFORMAL

HCS HBs 2069 & 2208 - Phelps
HCS HB 2641 - Hinman
HCS HB 2178 - Perkins
HB 1800 - Matthiesen
HCS HB 1883 - Van Schoiack
HB 1977 - Cook
HCS HB 2105 - Casteel
HB 2107 - West

HOUSE JOINT RESOLUTIONS FOR THIRD READING

HCS HJR 154, (Fiscal Review 2/12/26) - Chappell

HOUSE BILLS FOR THIRD READING

HCS HBs 1838, 1692, 1695, 1983, 2036, 2662 & 2743, (Fiscal Review 2/11/26) - Kelley
HCS HBs 2780 & 2668, (Fiscal Review 2/12/26) - Taylor (48)
HB 1917 - Casteel
HB 2061, (Fiscal Review 2/12/26) - Hruza
HCS HB 2384 - Jones (12)
HB 1766 - McGirl

SENATE BILLS FOR SECOND READING

SS SCS SB 890
SS SB 914
SB 994
SB 1020

ACTIONS PURSUANT TO ARTICLE IV, SECTION 27

CCS SS SCS HCS HB 2 - Deaton
CCS SCS HCS HB 3 - Deaton
CCS SCS HCS HB 4 - Deaton
CCS SCS HCS HB 5 - Deaton
CCS SS SCS HCS HB 6 - Deaton
CCS SS SCS HCS HB 7 - Deaton
CCS SS SCS HCS HB 8 - Deaton
CCS SS SCS HCS HB 9 - Deaton
CCS SS SCS HCS HB 10 - Deaton
CCS SS SCS HCS HB 11 - Deaton
CCS SS SCS HCS HB 12 - Deaton
CCS SCS HCS HB 13 - Deaton
CCS SCS HCS HB 17 - Deaton
SCS HCS HB 18 - Deaton
SCS HCS HB 20 - Deaton