

# LOCAL RESOURCE GUIDE

## MISSOURI OPIOID SETTLEMENT FUNDS REPORTING & ALLOWABLE USES

COUNTIES

CITIES

OTHER POLITICAL SUBDIVISIONS

Originally Created 11/21/2023  
Updated 2/1/2024, 5/1/2024 & 9/24/2024

## TABLE OF CONTENTS

ITEM	PAGE #
<u>BACKGROUND</u>	3
<b>REPORTING</b>	
<u>Coordinated Reporting Details</u>	4
<u>Reporting Website Availability</u>	5
<u>Funding Notes</u>	6
<u>What Can Settlement Funds be Used For?</u>	7
<u>Reporting Requirements</u>	8
<u>Reporting Questions</u>	9
<u>Reporting Codes for Expenditures</u>	10
<u>Detailed List of Allowable Uses</u>	11-22
<u>PARTNERSHIP OPPORTUNITES</u>	23
<b>DMH PARTNERSHIPS/RESOURCES</b>	
<u>Partners at the Local Level</u>	24
<u>Prevention Resources</u>	25
<u>Recovery Support Services</u>	26
<u>Psychiatric Service Providers</u>	27
<u>List of Psychiatric Service Providers</u>	28-32
<u>Coordinated Naloxone Distribution</u>	33
<u>Connections for Individuals in Crisis</u>	34
<b>DHSS PARTNERSHIPS/RESOURCES</b>	
<u>Partners at the Local Level - LPHAs</u>	35
<u>State and Federal Resources</u>	36
<u>JUDICIARY PARTNERSHIPS/RESOURCES</u>	37
<u>NATIONAL RESOURCES</u>	38
<u>ADDITIONAL CONTACTS</u>	39
<b>REFERENCE - PARTICIPATING LOCALITIES</b>	
<u>List of Counties</u>	40
<u>List of Cities</u>	41
<u>List of Political Subdivisions</u>	42

# NATIONAL OPIOID SETTLEMENTS

## BACKGROUND

The opioid epidemic has taken an enormous toll on individuals and communities across the nation. More than 23,100 Missourians have lost their lives due to an overdose during the past 20 years. More than 70% of overdose deaths involve opioids. More information on opioid deaths can be found on the Missouri Department of Health's website at <https://health.mo.gov/data/opioids>.

Every state in the United States, including Missouri, sued one or more companies that allegedly contributed to the opioid crisis. Many counties, municipalities, and other political subdivisions also sued. A bipartisan committee of state attorneys general has negotiated, and continues to negotiate, national settlements. These settlements only bind political subdivisions that agree to join, and the more subdivisions that join, the more money the state as a whole receives. Missouri and its subdivisions will receive \$900 million over the next 18 years if we continue to achieve full settlement participation. This funding will provide us with desperately needed resources for opioid abatement and treatment.

In 2021, the first settlement was finalized and Missouri received its initial settlement payment. Settlements have been reached with more than 10 companies, and there are currently several bankruptcy cases pending court action. As of September 2024, additional settlements continue to be negotiated and finalized. All settlements require funds to be spent on opioid abatement activities.

***Fighting Addiction, Saving Lives***

# COORDINATED REPORTING DETAILS



<b>TO</b> (as required)	<ul style="list-style-type: none"><li>•MO General Assembly</li><li>•Settlement Administrators</li><li>•State Website</li></ul>
<b>WHEN</b>	<ul style="list-style-type: none"><li>•Annually</li><li>•Submission deadline Feb. 1<sup>st</sup></li><li>•Reports available on March 1<sup>st</sup></li></ul>
<b>HOW</b>	<ul style="list-style-type: none"><li>•Uniform reporting form provided by DMH</li><li>•State website</li></ul>
<b>TIMEFRAME</b>	<ul style="list-style-type: none"><li>•Calendar Year</li><li>•Revenues and Expenditures for each Jan. 1 – Dec. 31 period</li></ul>

## Coordinated Reporting

Reporting through the state website is only for allowable uses of opioid settlement fund expenditures.

## Direct Reporting

If you are not spending OSF on an allowable use, you must report this directly to the settlement entity in accordance with the settlement requirements.

## Website Access

Each entity must designate a reporting contact to DMH in order to be assigned a PIN to access/update the report form.

# REPORTING WEBSITE AVAILABILITY

REPORTING YEAR	WEBSITE OPENS	WEBSITE CLOSES	REPORT AVAILABLE/ SUBMITTED
2023	December 31 (tentative)	January 31, 11:59 PM	March 1 (tentative)
2024	October 1	January 31, 11:59 PM	March 1
Future Years	October 1	January 31, 11:59 PM	March 1

<https://moopioidsettlements.dmh.mo.gov>

# FUNDING NOTES

Settlement agreements and MOUs include references for the expenditure of funds on approved/allowable opioid abatement strategies.

These approved/allowable strategies are included in the national settlement documents - Exhibit E, Schedule B.

## ADMINISTRATIVE COSTS

The majority of settlements limit non-opioid abatement activities to 15% of OSF

The NOAT II settlement limits administrative costs to no more than 5% of OSF

This portion can be used for costs to administer the OSF distributions

## PENALTIES

Non-allowable uses could put future local and/or state settlement dollars at risk

# WHAT CAN SETTLEMENT FUNDS BE USED FOR?

Source – Exhibit E, Schedule B, National Settlement Agreements

## TREATMENT

- Treat Opioid Use Disorder (14 allowable use areas)
- Support people in treatment & recovery (15 allowable use areas)
- Connect people with the help they need (16 allowable use areas)
- Address the needs of criminal justice-involved persons (7 allowable use areas)
- Address the needs of pregnant or parenting women and their families, including babies with Neonatal Abstinence Syndrome (10 allowable use areas)

## PREVENTION

- Prevent overdose deaths and increase access to harm reduction services (13 allowable use areas)
- Prevent over-prescribing and ensure appropriate prescribing/dispensing of opioids (8 allowable use areas)
- Prevent misuse of opioids (12 allowable use areas)

## OTHER OPIOID ABATEMENT STRATEGIES

- First Responders (2 allowable use areas)
- Leadership, planning and coordination (4 allowable use areas)
- Training (2 allowable use areas)
- Research (9 allowable use areas)

# REPORTING REQUIREMENTS

**Funds Received**

**Funds Spent**

**Grantee**

**Recipient Date**

**Description of Program/Initiative Funded**

**Category of Allowable Use**

# REPORTING QUESTIONS



If you have reporting questions, email us at:

[OSFReporting@dmh.mo.gov](mailto:OSFReporting@dmh.mo.gov)

Lori Strong-Goeke

Opioid Settlement Reporting Coordinator

Department of Mental Health

[Lori.StrongGoeke@dmh.mo.gov](mailto:Lori.StrongGoeke@dmh.mo.gov)

573-751-8547



Missouri Department of  
**MENTAL HEALTH**

# REPORTING CODES FOR EXPENDITURES

ALLOWABLE USE LIST	ALLOWABLE USE CATEGORY	REPORTING CODE
<b>PART 1 - TREATMENT</b>		
A	Treat Opioid Use Disorder (OUD)	1-A
B	Support people in Treatment and Recovery	1-B
C	Connections to Care (connect people who need help to the appropriate services)	1-C
D	Address the needs of criminal justice-involved persons	1-D
E	Address the needs of pregnant or parenting women and their families, including babies with NAS	1-E
<b>PART 2 - PREVENTION</b>		
F	Prevent over-prescribing of opioids and ensure appropriate prescribing & dispensing of opioids	2-F
G	Prevent misuse of opioids	2-G
H	Harm Reduction (prevent OD deaths and other harms)	2-H
<b>PART 3 - OTHER OPIOID ABATEMENT STRATEGIES</b>		
I	First Responders	3-I
J	Leadership, Planning, and Coordination	3-J
K	Training	3-K
L	Research	3-L
<i>Source for above - Exhibit E, Schedule B, Approved Uses for opioid remediation (Settlement final agreement documents)</i>		
<b>PART 4 - OTHER USES</b>		
	Administrative costs related to settlement distribution	4-M
	Attorney's fees	4-N
	Other use not included above	4-O
<b>PART 5 - NONE</b>		
	No expenditures from Opioid Settlement funds this CY	5-P
<b>PART 6 - PAYMENT TO STATE</b>		
	Received Opioid Settlement funds Amount of payment sent to the State of MO this CY	6-Q
<i>Note - any use of funds for non-approved purposes are subject to separate reporting requirements directly to the settlement administrator.</i>		

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART ONE: TREATMENT</b>		
<b>A. TREAT OPIOID USE DISORDER (OUD)</b>		
Support treatment of OUD and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to those that:		
1-A	1	Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration (FDA).
1-A	2	Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions.
1-A	3	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support and other treatment and recovery services.
1-A	4	Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
1-A	5	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
1-A	6	Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
1-A	7	Support evidence-based withdrawal management services for people with OUD and any co-occurring MH conditions.
1-A	8	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele-mentoring to assist community-based providers in rural or underserved areas.
1-A	9	Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
1-A	10	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
1-A	11	Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART ONE: TREATMENT - CONTINUED</b>		
1-A	12	Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a <a href="#">DATA 2000 waiver</a> .
1-A	13	Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
1-A	14	Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for MAT.
<b>B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY</b>		
Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:		
1-B	1	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
1-B	2	Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
1-B	3	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
1-B	4	Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
1-B	5	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
1-B	6	Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
1-B	7	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART ONE: TREATMENT - CONTINUED</b>		
1-B	8	Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
1-B	9	Identify successful recovery programs such as physician, pilot, college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
1-B	10	Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
1-B	11	Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
1-B	12	Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
1-B	13	Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
1-B	14	Create and/or support recovery high schools.
1-B	15	Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
<b>C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</b>		
Provide connections to care for people who have – or at risk of developing OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:		
1-C	1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
1-C	2	Fund SBIRT (Screening, Brief Intervention and Referral to Treatment) programs to reduce the transition from SUD/OUDs, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
1-C	3	Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART ONE: TREATMENT - CONTINUED</b>		
1-C	4	Purchase automated versions of SBIRT and support ongoing costs of the technology.
1-C	5	Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
1-C	6	Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
1-C	7	Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
1-C	8	Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
1-C	9	Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
1-C	10	Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
1-C	11	Expand warm hand-off services to transition to recovery services.
1-C	12	Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
1-C	13	Develop and support best practices on addressing OUD in the workplace.
1-C	14	Support assistance programs for health care providers with OUD.
1-C	15	Engage non-profits and the faith community as a system to support outreach for treatment.
1-C	16	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART ONE: TREATMENT - CONTINUED</b>		
<b>D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</b>		
Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:		
1-D	1	<p>Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:</p> <ol style="list-style-type: none"> <li>1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);</li> <li>2. Active outreach strategies such as the Drug Abuse Response Team (DART) model;</li> <li>3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;</li> <li>4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;</li> <li>5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or</li> <li>6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.</li> </ol>
1-D	2	Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
1-D	3	Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
1-D	4	Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
1-D	5	Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
1-D	6	Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART ONE: TREATMENT - CONTINUED</b>		
1-D	7	Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
<b>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</b> Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS) through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:		
1-E	1	Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by NAS.
1-E	2	Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
1-E	3	Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
1-E	4	Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
1-E	5	Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
1-E	6	Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
1-E	7	Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
1-E	8	Provide enhanced support for children and family members suffering from trauma as a result of OUD/SUD in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART ONE: TREATMENT - CONTINUED</b>		
1-E	9	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
1-E	10	Provide support for Children’s Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART TWO: PREVENTION</b>		
<b>F. PREVENT OVER-PRESCRIBING &amp; ENSURE APPROPRIATE PRESCRIBING &amp; DISPENSING OF OPIOIDS</b>		
Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:		
2-F	1	Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with <a href="#">the Guidelines for Prescribing Opioids for Chronic Pain from the CDC</a> , including providers at hospitals (academic detailing).
2-F	2	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2-F	3	Continuing Medical Education (CME) on appropriate prescribing of opioids.
2-F	4	Providing support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
2-F	5	Supporting enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including, but not limited to, improvements that: <ol style="list-style-type: none"> <li>1. Increase the number of prescribers using PDMPs;</li> <li>2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or</li> <li>3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.</li> </ol>
2-F	6	Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the USDOT’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
2-F	7	Increasing electronic prescribing to prevent diversion or forgery.
2-F	8	Educating dispensers on appropriate opioid dispensing.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART TWO: PREVENTION - CONTINUED</b>		
<b>G. PREVENT MISUSE OF OPIOIDS</b>		
Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:		
2-G	1	Funding media campaigns to prevent opioid misuse.
2-G	2	Corrective advertising or affirmative public education campaigns based on evidence.
2-G	3	Public education relating to drug disposal.
2-G	4	Drug take-back disposal or destruction programs.
2-G	5	Funding community anti-drug coalitions that engage in drug prevention efforts.
2-G	6	Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the <a href="#">Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)</a> .
2-G	7	Engaging non-profits and faith-based communities as systems to support prevention.
2-G	8	Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
2-G	9	School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
2-G	10	Create or support community-based education or intervention services for families, youth and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
2-G	11	Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
2-G	12	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART TWO: PREVENTION - CONTINUED</b>		
<b>H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</b>		
Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:		
2-H	1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2-H	2	Public health entities providing free naloxone to anyone in the community.
2-H	3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
2-H	4	Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
2-H	5	Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
2-H	6	Public education relating to emergency responses to overdoses.
2-H	7	Public education relating to immunity and Good Samaritan laws.
2-H	8	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
2-H	9	Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
2-H	10	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
2-H	11	Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
2-H	12	Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
2-H	13	Supporting screening for fentanyl in routine clinical toxicology testing.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

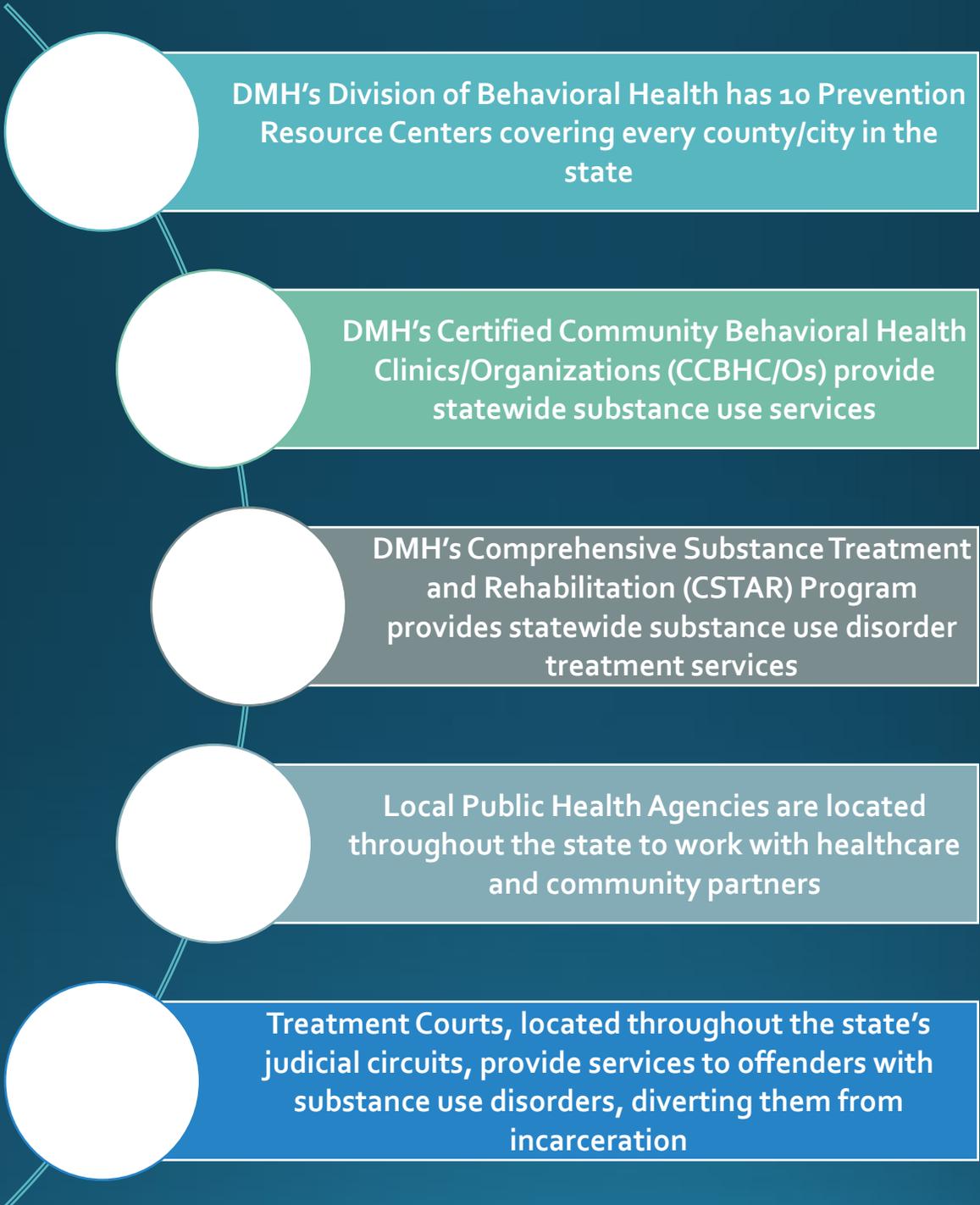
Approved Use Section	Approved Use Subsection	Description
<b>PART THREE: OTHER OPIOID ABATEMENT STRATEGIES</b>		
<b>I. FIRST RESPONDERS</b>		
In addition to the items in section C, D and H relating to first responders, support the following:		
3-I	1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
3-I	2	Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.
<b>J. LEADERSHIP, PLANNING, AND COORDINATION</b>		
Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:		
3-J	1	Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
3-J	2	A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid-or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3-J	3	Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
3-J	4	Provide resources to staff government oversight and management of opioid abatement programs.

# DETAILED LIST OF APPROVED USES FOR OPIOID REMEDIATION

Source - national settlement final agreement documents – Exhibit E, Schedule B

Approved Use Section	Approved Use Subsection	Description
<b>PART THREE: OTHER OPIOID ABATEMENT STRATEGIES - CONTINUED</b>		
<b>K. TRAINING</b>		
In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:		
3-K	1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
3-K	2	Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).
<b>L. RESEARCH</b>		
Support opioid abatement research that may include, but is not limited to, the following:		
3-L	1	Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
3-L	2	Research non-opioid treatment of chronic pain.
3-L	3	Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to OUD.
3-L	4	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
3-L	5	Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
3-L	6	Expanded research on swift/certain/fair models to reduce and deter opioid approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).
3-L	7	Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
3-L	8	Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
3-L	9	Geospatial analysis of access barriers to MAT and its association with treatment engagement and treatment outcomes.

# PARTNERSHIP OPPORTUNITIES



# DMH PARTNERS AT THE LOCAL LEVEL



## DMH Website – Locating Treatment & Services:

[Locating Treatment & Services | dmh.mo.gov](https://dmh.mo.gov/locating-treatment-services)

## DMH Certified Community Behavioral Health Clinics (CCBHCs)

[Certified Community Behavioral Health Clinics | dmh.mo.gov](https://dmh.mo.gov/certified-community-behavioral-health-clinics)

## DMH Recovery Support Services and Housing

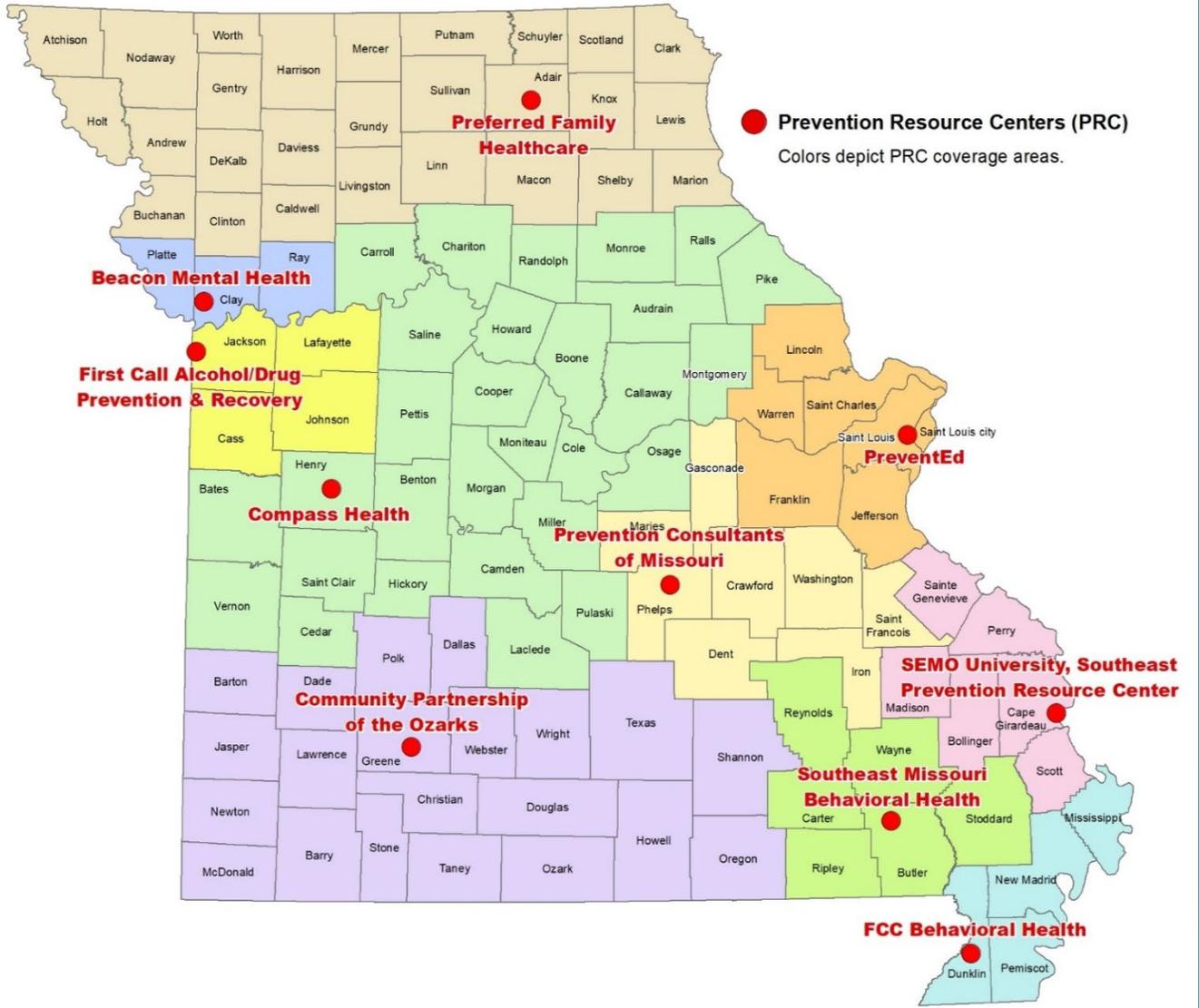
[Recovery Support Services | dmh.mo.gov](https://dmh.mo.gov/recovery-support-services)

## DMH Directory of Opioid (Methadone) Treatment Programs

[Directory of Opioid \(Methadone\) Treatment Programs | dmh.mo.gov](https://dmh.mo.gov/directory-of-opioid-methadone-treatment-programs)

# DMH PREVENTION RESOURCES

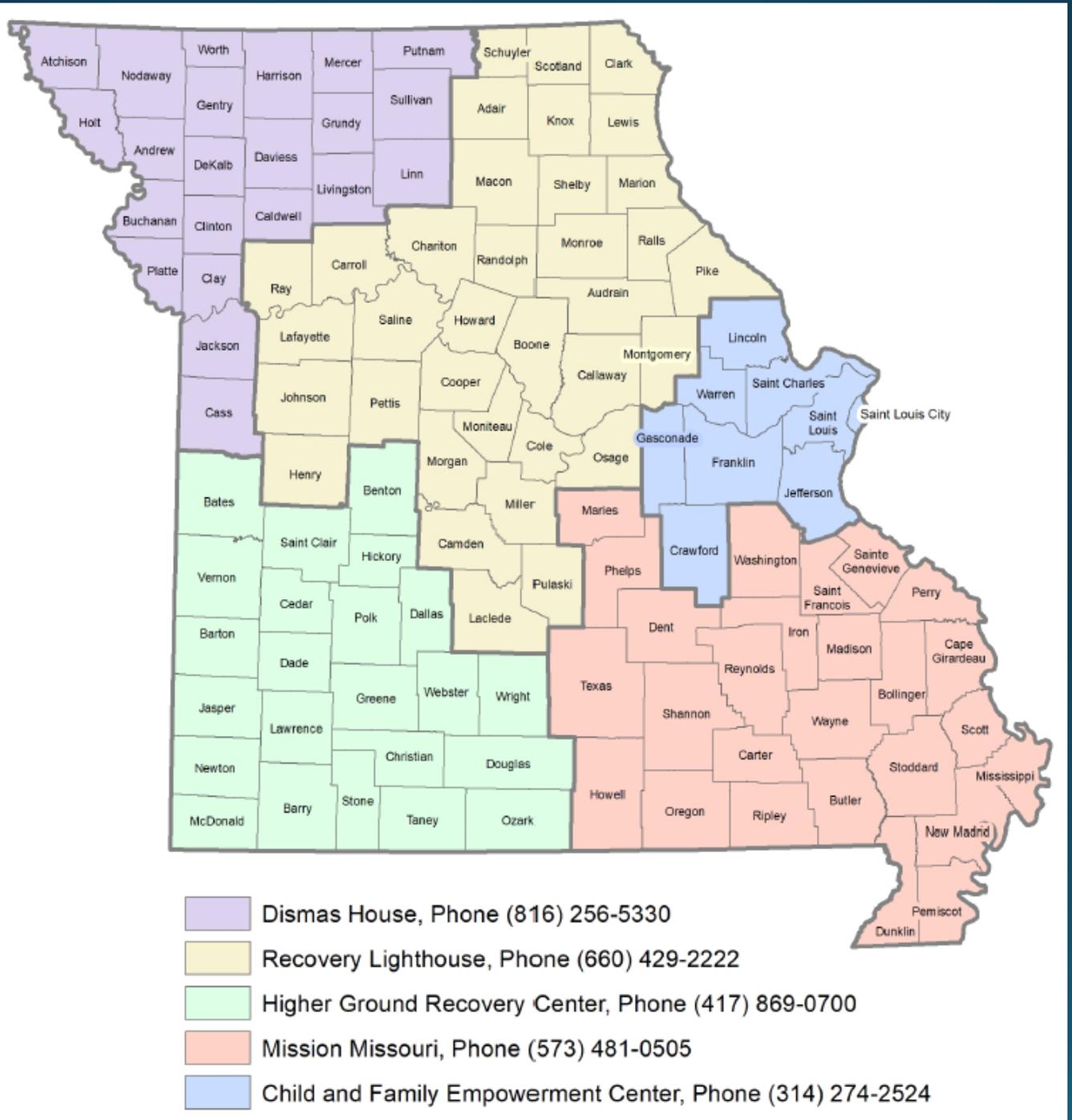
Link: [Prevention Resource Network Map | dmh.mo.gov](http://dmh.mo.gov)



- |  |  |   |  |
|--|--|---|--|
| <p><b>Beacon Mental Health</b><br/>3100 NE 83RD ST, Suite 1001<br/>Kansas City, MO 64119-4460<br/>Phone: 816-877-0411<br/>Coordinator: Laura Bruce<br/>E-mail: laurab@beaconmh.org<br/>Website: www.tri-countymhs.org</p>      | <p><b>FCC Behavioral Health</b><br/>925 HWY V V, PO Box 71<br/>Kennett, MO 63857-0071<br/>Phone: 573-888-5925 ext. 1315<br/>Coordinator: Jessica Howard<br/>E-mail: c2000@fccinc.org<br/>Website: www.fccinc.org</p>                               | <p><b>PreventEd</b><br/>9355 Olive BLVD<br/>St. Louis, MO 63132-3212<br/>Phone: 314-962-3456<br/>Coordinator: Kristin Bengtson<br/>E-mail: kbengtson@prevented.org<br/>Website: https://prevented.org</p>   | <p><b>Southeast Missouri Behavioral Health</b><br/>308 Vine Street<br/>Poplar Bluff, MO 63901<br/>Phone: 573-686-5090<br/>Coordinator: Angela Toman<br/>E-mail: atoman@semobh.org<br/>Website: www.semobh.org</p>  |
| <p><b>Community Partnership of the Ozarks</b><br/>330 N Jefferson<br/>Springfield, MO 65806-1156<br/>Phone: 417-888-2020<br/>Coordinator: Samantha Sherman<br/>E-mail: ssherman@cpozarks.org<br/>Website: www.cpozarks.org</p> | <p><b>First Call Alcohol/Drug Prevention and Recovery</b><br/>9091 State Line RD<br/>Kansas City, MO 64114-3251<br/>Phone: 816-361-5900<br/>Coordinator: Margaux Mueller<br/>E-mail: mmueller@firstcallkc.org<br/>Website: www.firstcallkc.org</p> | <p><b>Prevention Consultants of Missouri</b><br/>300 N Rolla ST<br/>Rolla, MO 65401<br/>Phone: 573-368-4755<br/>Coordinator: Jamie Myers<br/>E-mail: Jamie@preventionconsultants.org<br/>Website: www.preventionconsultants.org</p>   | <p><b>STATEWIDE ADMINISTRATION</b></p> <p><b>Missouri Department of Mental Health<br/>Division of Behavioral Health</b><br/>1706 E Elm ST, PO Box 687<br/>Jefferson City, MO 65102-0687<br/>Phone: 573-751-4942<br/>Prevention Director: Christine Smith<br/>E-mail: csmith@dmh.mo.gov<br/>Website: www.dmh.mo.gov</p> |
| <p><b>Compass Health</b><br/>1800 Community DR<br/>Clinton, MO 64735-8804<br/>Phone: 844-653-8937<br/>Coordinator: Ethan Newman<br/>E-mail: enewman@compasshn.org<br/>Website: https://compasshealthnetwork.org</p>            | <p><b>Preferred Family Healthcare</b><br/>1902 S. Baltimore St., Suite 400<br/>Kirksville, MO 63501<br/>Phone: 860-627-7404 ext.2132<br/>Coordinator: Edward Mears<br/>E-mail: emears@pfh.org<br/>Website: www.pfh.org/prevention</p>              | <p><b>SEMO University<br/>Southeast Prevention Resource Center</b><br/>1 University Plaza, MS 7650<br/>Cape Girardeau, MO 63701-4710<br/>Phone: 573-651-5081<br/>Coordinator: Annie Jansen<br/>E-mail: ajansen@semo.edu<br/>Website: http://semo.edu/preventionresourcecenter</p> |  |

# DMH DIVISION OF BEHAVIORAL HEALTH RECOVERY SUPPORT SERVICES ACCESS SITE REGIONS

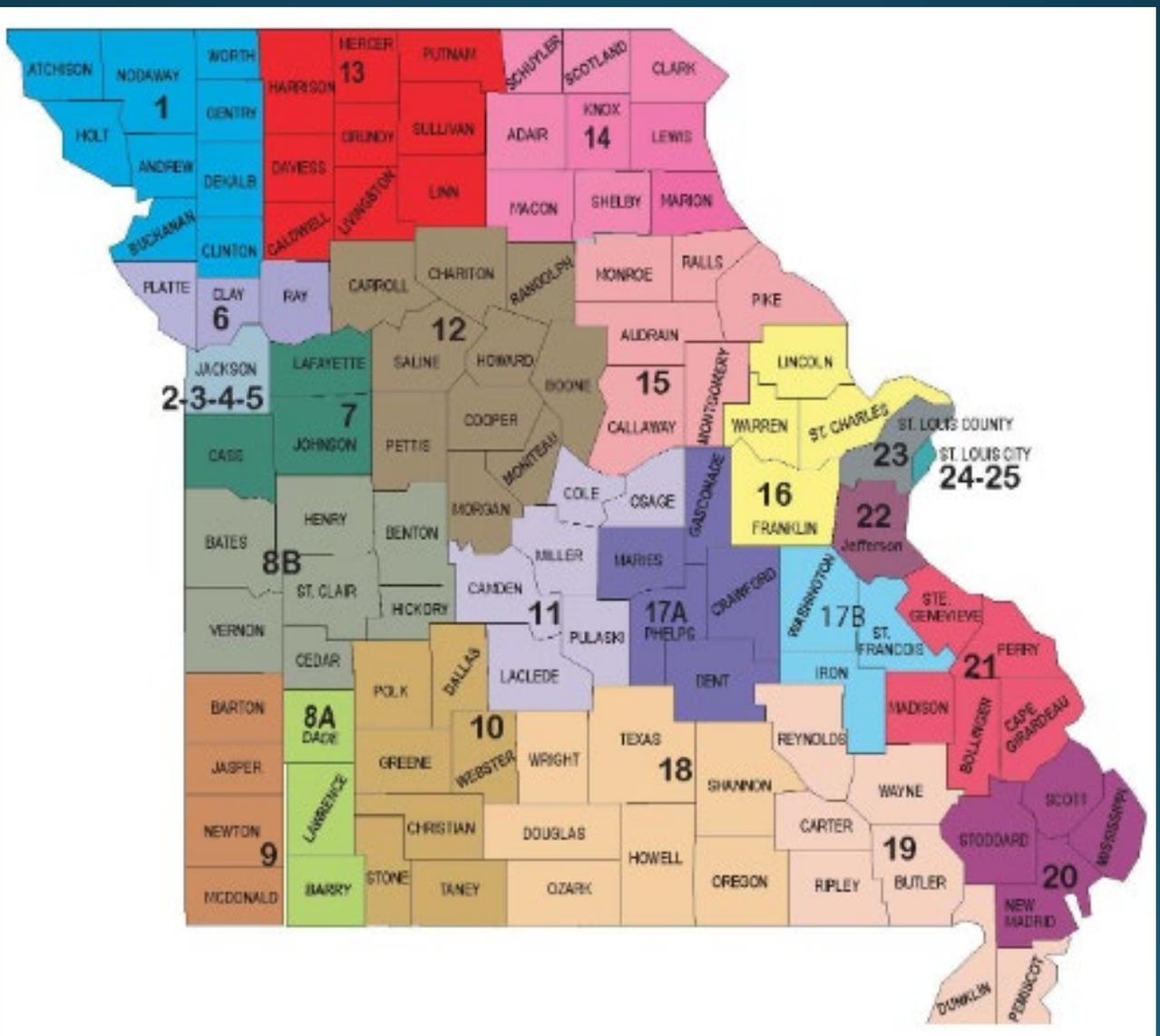
Link: [Recovery Support Services - Access Site Regions Map | dmh.mo.gov](https://dmh.mo.gov)



# DMH DIVISION OF BEHAVIORAL HEALTH PSYCHIATRIC SERVICE PROVIDERS SERVICE AREA MAP

Link: [Psychiatric Services Service Area Map | dmh.mo.gov](https://dmh.mo.gov/psychiatric-services-service-area-map)

For contact information and links to area providers, see pages 28-32



# List of DMH Psychiatric Service Providers (1 of 5)

REGION	PROVIDER	CONTACT INFO	COUNTIES SERVED
1	<a href="#">Family Guidance Center</a>	724 North 22nd Street St. Joseph, MO 64506 816/364-1501	Andrew, Atchison, Buchanan, Clinton, DeKalb, Gentry, Holt, Nodaway, Worth
2	<a href="#">University Health Behavioral Health</a>	2301 Holmes Street Kansas City, MO 64108 816/404-5700	Jackson
3	<a href="#">Swope Health Services</a>	3801 Blue Parkway Kansas City, MO 64130 816/922-7645	Jackson
4	<a href="#">ReDiscover</a>	901 NE Independence Ave. Lee's Summit, MO 64086 816/966-0900	Jackson
5	<a href="#">Comprehensive Mental Health Services</a>	17844 E. 23rd Street PO Box 260 Independence, MO 64057 816/254-3652	Jackson
6	<a href="#">Beacon (Tri-County) Mental Health Services</a>	3100 NE 83rd Street, Suite 1001 Kansas City, MO 64119-9998 816/468-0400	Clay, Platte, Ray
7	<a href="#">Compass Health - Warrensburg</a>	616 Burkarth Road Warrensburg, MO 64093 660/747-7127	Cass, Johnson, Lafayette
8A	<a href="#">Clark Community Mental Health Center</a>	104 W. Main P.O. Box 100 Pierce City, MO 65723 417/476-1000 Ext 236  Consumer Service Contact: 1701 N. Central Monett, MO 65708 417/235-6610	Barry, Dade, Lawrence
8B	<a href="#">Compass Health - Clinton</a>	1800 Community Drive Clinton, MO 64735 660/885-8131	Bates, Benton, Cedar, Henry, Hickory, St. Clair, Vernon
9	<a href="#">Ozark Center</a>	1105 East 32nd Street P.O. Box 2526 Joplin, MO 64803 417/347-7600	Barton, Jasper, McDonald, Newton

# List of DMH Psychiatric Service Providers (2 of 5)

REGION	PROVIDER	CONTACT INFO	COUNTIES SERVED
10	<a href="#">Comprehensive Mental Health Services</a>	1300 Bradford Parkway Springfield, MO 65804 417/761-5000	Christian, Dallas, Greene, Polk, Stone, Taney, Webster
11	<a href="#">Compass Health - Jefferson City</a>	227 Metro Drive P.O. Box 104146 Jefferson City, MO 65110-4146 573/634-3000	Camden, Cole, Laclede, Miller, Osage, Pulaski
	Affiliated Center (11) <a href="#">New Horizons Community Support Services</a>	2013 Williams St. Jefferson City, MO 65109 573/636-8108	Cole
12	<a href="#">Comprehensive Mental Health Services</a>	3401 Berrywood Drive, Suite 204 Columbia, MO 65201 573/777-8450	Boone, Carroll, Chariton, Cooper, Howard, Moniteau, Morgan, Pettis, Randolph, Saline
	Affiliated Center (12) <a href="#">New Horizons Community Support Services</a>	1408 Hathman Place Columbia, MO 65201-5551 573/443-0405	Boone
13	<a href="#">North Central MO Mental Health Center</a>	1601 East 28 <sup>th</sup> , Box 30 Trenton, MO 64683 660/359-4487	Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan
	Affiliated Center (#13) <a href="#">Preferred Family Healthcare, Inc.</a>	1628 Oklahoma Avenue Trenton, MO 64683 660/359-4600	Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan
14	<a href="#">Mark Twain Behavioral Health</a>	154 Forrest Drive Hannibal, MO 63401 573/221-2120	Adair, Clark, Knox, Lewis, Macon, Marion, Schuyler, Scotland, Shelby
	Affiliated Center (#14) <a href="#">Comprehensive Health Systems, Inc.</a>	12677 Heavenly Acres Drive New London, MO 63459 Mailing Address: PO Box 468 Hannibal, MO 63401 573/248-1372	Marion
	Affiliated Center (#14) <a href="#">Preferred Family Healthcare, Inc.</a>	900 E. LaHarpe Kirksville, MO 63501 660/665-1962	Adair, Clark, Knox, Lewis, Macon, Marion, Schuyler, Scotland, Shelby

# List of DMH Psychiatric Service Providers (3 of 5)

REGION	PROVIDER	CONTACT INFO	COUNTIES SERVED
15	<a href="#">East Central Missouri Behavioral Health Services</a> dba Arthur Center	340 Kelley Parkway Mexico, MO 65265 573/582-1234	Audrain, Callaway, Monroe, Montgomery, Pike, Ralls
	Affiliated Center (#15) <a href="#">Comprehensive Health Systems, Inc.</a>	12677 Heavenly Acres Drive New London, MO 63459 Mailing Address: PO Box 468 Hannibal, MO 63401 573/248-1372	Audrain, Callaway, Monroe, Montgomery, Pike, Ralls
16	<a href="#">Compass Health</a> dba Crider Center	1032 Crosswinds Court Wentzville, MO 63385 636/332-6000, 1-800-574-2422	Franklin, Lincoln, St. Charles, Warren
17A	<a href="#">Compass Health - Rolla</a>	1450 E. 10th Street P.O. Box 921 Rolla, MO 65402 573/364-7551	Crawford, Dent, Gasconade, Maries, Phelps
17B	<a href="#">BJC Behavioral Health</a>	1085 Maple Street Farmington, MO 63640-1955 573/756-5353 To Request Services: Call Center (877) 729-4004	Iron, St. Francois, Washington
	Affiliated Center (#17) <a href="#">Southeast Missouri Behavioral Health</a>	512 East Main Street P.O. Box 506 Park Hills, MO 63601 573/431-0554	St. Francois
	Affiliated Center (#17) <a href="#">Mineral Area CPRC</a>	560 West Pine Street P.O. Box 510 Farmington, MO 63640 573/756-2899	St. Francois
18	<a href="#">Ozarks Medical Center Behavioral Healthcare</a>	1211 Porter Wagoner Blvd. P.O. Box 1100 West Plains, MO 65775 417/257-6762  (Satellite office) Mountain Grove Medical Complex 500 E. 19th St. Mountain Grove, MO 65711 417/926-6563	Douglas, Howell, Oregon, Ozark, Shannon, Texas, Wright

# List of DMH Psychiatric Service Providers (4 of 5)

REGION	PROVIDER	CONTACT INFO	COUNTIES SERVED
19	<a href="#">Family Counseling Center</a> dba FCC Behavioral Healthcare	925 Highway V V P.O. Box 71 Kennett, MO 63857 573/888-5925	Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley, Wayne
20	<a href="#">Bootheel Counseling Services</a>	760 Plantation Blvd. P.O. Box 1043 Sikeston, MO 63801 573/471-0800	Mississippi, New Madrid, Scott, Stoddard
21	<a href="#">Community Counseling Center</a>	402 S. Silver Springs Road Cape Girardeau, MO 63703 573/334-1100	Bollinger, Cape Girardeau, Madison, Perry, Ste. Genevieve
22	<a href="#">COMTREA - Community Treatment</a>	227 Main Street Festus, MO 63028 636/931-2700  Administrative Offices 21 Municipal Dr. Arnold, MO 63010-1012 636/931-2700 Ext.345	Jefferson
23	<a href="#">BJC Behavioral Health</a>	1430 Olive, Suite 500 St. Louis, MO 63103 314/206-3700 To Request Services: Call Center (877) 729-4004	North St. Louis County
	North Site BJC Behavioral Health	1150 Graham Rd, Suites 101 & 102 Florissant, MO 63031 314/206-3900	Central St. Louis County, North St. Louis County
	South Site BJC Behavioral Health	11102 Lindbergh Business Court Kirkwood, MO 63123-6915 314/206-3400 To Request Services: Call Center (877) 729-4004	Central St. Louis County, South St. Louis County
24	<a href="#">Amanda Luckett Murphy Hopewell Center</a>	2012 Dr. Martin Luther King Drive St. Louis, MO 63106 314/531-1770	Central St. Louis City, North St. Louis City

# List of DMH Psychiatric Service Providers (5 of 5)

REGION	PROVIDER	CONTACT INFO	COUNTIES SERVED
25	<a href="#">BJC Behavioral Health</a>	1430 Olive Street, Suite 500 St. Louis, MO 63103 314/206-3700 To Request Services: Call Center (877) 729-4004	St. Louis City, South St. Louis City
	Affiliated Center (#25) <a href="#">ADAPT of Missouri</a>	2301 Hampton St. Louis, MO 63139 888/657-3201	St. Louis (City), St. Louis
	Affiliated Center (#25) <a href="#">Independence Center</a>	4245 Forest Park Ave. St. Louis, MO 63108 314/533-4245	St. Louis (City), St. Louis
	Affiliated Center (#25) <a href="#">Places for People, Inc.</a>	1001 Lynch Street St. Louis, MO 63118 314/535-5600	St. Louis (City), St. Louis

# COORDINATED NALOXONE DISTRIBUTION

The Missouri Department of Mental Health has partnered with the Missouri Institute of Mental Health (located at the University of Missouri – St. Louis) to provide increased access to harm reduction services such as overdose education and naloxone distribution.

## [Get Missouri Naloxone](https://getmissourinaloxone.com/)

<https://getmissourinaloxone.com/>

## [MIMH Addiction Science](https://mimhaddisci.org/)

<https://mimhaddisci.org/>

1. Request Naloxone
2. Connect to treatment resources
3. Find support services in your area



# CONNECTIONS FOR INDIVIDUALS IN CRISIS

The logo for 988 Suicide & Crisis Lifeline Missouri is contained within a dark purple rectangular box with a white border. On the left side of the box, the number '988' is written in a large, bold, white sans-serif font. To the right of the number, the words 'SUICIDE & CRISIS', 'LIFELINE', and 'MISSOURI' are stacked vertically in a smaller, bold, white sans-serif font.

**988** SUICIDE & CRISIS  
**LIFELINE**  
**MISSOURI**

988 is a three-digit number that offers 24/7 and statewide access to crisis services via call, text, or chat.

Trained crisis specialists are available and can help individuals experiencing suicidal thoughts, substance use, and/or mental health crisis or any other kind of emotional distress.

When someone calls, chats, or texts 988, they can expect to be connected to a trained crisis specialist who is ready to listen and help.

# DHSS PARTNERS AT THE LOCAL LEVEL LOCAL PUBLIC HEALTH AGENCIES

Find your region's  
contact here:

<https://health.mo.gov/living/lpha/lphas.php>

## Local Public Health Agency Regional Map





## State Level Resources

### Time2Act DHSS Overdose Website

- [Home | Time 2 Act Missouri](#)

### DHSS Overdose Dashboard

- [Drug Overdose Dashboard - Fatal Overdoses | Missouri Department of Health & Senior Services \(mo.gov\)](#)

### Stay Safe DHSS Harm Reduction Website

- [MO Stays Safe - Safer Drug Use and Risk Reduction | HIV/AIDS | Health & Senior Services](#)

### Missouri Vulnerability Assessment 2022

- [Missouri Opioid Overdose and Bloodborne Infection Vulnerability Assessments \(mo.gov\)](#)

## Federal Level Resources

### CDC Overdose Website

- [Drug Overdose | Injury Center | CDC](#)

### CDC HIV Website

- [HIV | CDC](#)

### CDC Viral Hepatitis Website

- [Hepatitis C - FAQs, Statistics, Resources, Find Treatment, & More | CDC](#)

# JUDICIARY PARTNERS AT THE LOCAL LEVEL MISSOURI TREATMENT COURTS

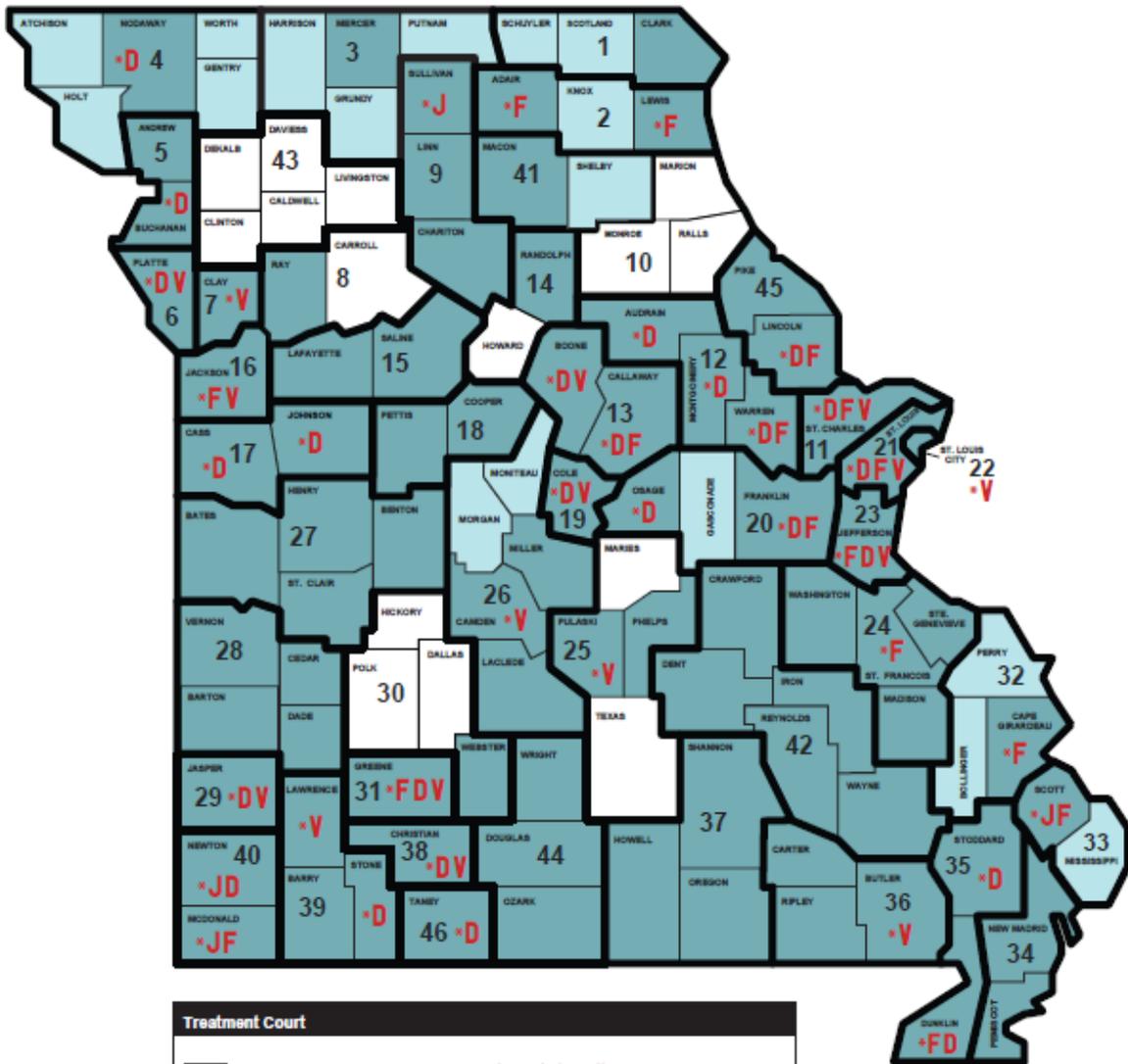
Link: [Missouri Treatment Courts - 2023 \(mo.gov\)](https://www.mo.gov/missouri-treatment-courts-2023)



## Missouri Treatment Courts

Recognized by the Treatment Court Coordinating Commission

Office of State Courts Administrator  
January 2023



**Treatment Court**

- Dark Blue: Adult Treatment Court
- Light Blue: Counties Served by an Adult Treatment Court
- White: No Adult Treatment Court

\*Counties with the letters J, F, D, and/or V indicate the availability of additional programs

- J = Juvenile Treatment Court
- F = Family Treatment Court
- D = Driving While Intoxicated (DWI) Court
- V = Veterans Treatment Court

# NATIONAL RESOURCES FOR FUNDING OPIOID-RELATED INITIATIVES



## Evidence-Based Practices Center

[Resource Center | SAMHSA](#)

[Preventing, Recognizing, and Treating Opioid Overdose | SAMHSA](#)

[State Opioid Response/Tribal Opioid Response  
Technical Assistance \(SOR/TOR-TA\) | SAMHSA](#)



## Resource Hub of Implementation Tools

[Implementation Tools -  
Opioid Principles \(jhsph.edu\)](#)

Duke

MARGOLIS CENTER  
for Health Policy

## Community Data Tool

[Duke \(ths-data.community\)](#)

# ADDITIONAL CONTACTS



Missouri  
Attorney General's  
Office

Rebecca Pinto  
Assistant Attorney General  
[Rebecca.Pinto@ago.mo.gov](mailto:Rebecca.Pinto@ago.mo.gov)



Missouri Department of  
**MENTAL HEALTH**

Rikki Wright  
Deputy Director  
[Rikki.Wright@dmh.mo.gov](mailto:Rikki.Wright@dmh.mo.gov)

Christine Smith  
Division of Behavioral Health, Director  
of Prevention and Crisis Services  
[Christine.Smith@dmh.mo.gov](mailto:Christine.Smith@dmh.mo.gov)



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

Tiffini Wright  
Overdose and Injury Prevention and  
Response Program Manager  
[Tiffini.Wright@health.mo.gov](mailto:Tiffini.Wright@health.mo.gov)



# LIST OF PARTICIPATING MISSOURI COUNTIES

Below - this is the latest list available of counties receiving payments during Calendar Year 2024 from one or more of the following settlements – Distributor, Janssen, CVS, Walgreens, Walmart, Allergan, and Teva.

*\*Designates the county should begin receiving payments in 2024-2025.*

Adair	Dade	Lincoln	Ray
Andrew	Dallas*	Livingston	Reynolds
Atchison	Daviess*	Macon	Ripley
Audrain	De Kalb	Madison	Saline
Barry	Dent	Maries	Schuyler
Barton	Douglas	Marion*	Scotland*
Bates*	Dunklin	McDonald	Scott
Benton*	Franklin	Mercer*	Shannon
Bollinger*	Gasconade	Miller	Shelby
Boone	Greene	Moniteau	St. Charles
Buchanan	Grundy	Montgomery	St. Clair
Butler	Henry	Morgan	St. Francois
Callaway	Hickory	New Madrid	St. Louis
Camden	Holt*	Newton	Ste. Genevieve
Cape Girardeau	Howard*	Nodaway	Stoddard
Carroll	Howell	Osage	Stone
Carter	Iron	Ozark	Sullivan
Cass	Jackson	Pemiscot	Taney
Cedar*	Jasper	Perry	Texas
Chariton	Jefferson	Pettis	Vernon
Christian	Johnson	Phelps	Warren
Clark*	Knox	Pike	Washington
Clay	Laclede	Polk	Wayne
Clinton	Lafayette	Pulaski	Webster
Cole	Lawrence	Ralls	Worth
Cooper	Lewis	Randolph	Wright
Crawford			

# LIST OF PARTICIPATING MISSOURI CITIES

Below - this is the latest list available of cities receiving payments during Calendar Year 2024 from one or more of the following settlements – Distributor, Janssen, CVS, Walgreens, Walmart, Allergan, and Teva.

*\*Designates the city should be receiving payments in 2024-2025.*

Arnold	Grandview	Poplar Bluff*
Ballwin	Harrisonville	Raytown
Bellefontaine Neighbors	Hazelwood*	Republic
Belton	Independence	Rolla
Blue Springs	Jefferson City	Sedalia
Bolivar	Joplin	Sikeston
Branson	Kansas City	Springfield
Cape Girardeau	Kearney	St. Ann*
Chesterfield	Kirksville	St. Charles
Clayton	Kirkwood	St. Joseph
Columbia	Lake St. Louis*	St. Louis
Crestwood*	Lebanon*	St. Peters
Creve Coeur	Lee's Summit	Town and Country
Dardenne Prairie*	Manchester	Troy
Des Peres*	Marshall*	Union
Eureka	Maryville	University City
Excelsior Springs*	Mexico	Warrensburg
Farmington*	Moberly*	Washington*
Festus*	Nixa	Webb City*
Florissant	O'Fallon	Webster Groves
Fulton	Overland*	Wentzville
Grain Valley	Ozark	

# LIST OF PARTICIPATING MISSOURI POLITICAL SUBDIVISIONS

Below - this is the latest list available of political subdivisions receiving payments during Calendar Year 2024 from one or more of the following settlements – Distributor, Janssen, CVS, Walgreens, Walmart, Allergan, and Teva.

Citizens Memorial Hospital District (Citizens Memorial Hospital in Bolivar)

Kinloch Fire Protection District (in St. Louis County)

Northeast Ambulance and Fire Protection District (in St. Louis County)