



**Dallas County Behavioral Health Leadership Team**  
**Thursday, April 11<sup>th</sup>, 2024**  
**9:30am -11:00am**  
**In-Person & Virtual Meetings via Microsoft Teams**

- I. Welcome and Call to Order
  - Review/Approval of March 14, 2024, Meeting Minutes
- II. Introductions
- III. Presentation: Steven A. Cohen Military Family Clinic at Metrocare Services
- IV. North Texas Behavioral Health Authority (NTBHA) Update
- V. Meadows Mental Health Policy Institute (MMHPI) Update
- VI. Dallas County Behavioral Health Housing Workgroup Update
- VII. Dallas County Mental Health Advisory Committee Update
- VIII. Legislative Update
- IX. Funding Opportunities
  - SAMHSA Residential Treatment Grant Update
  - Community Courts Grant Update – Public Defender’s Office (PD)
  - Restorative Justice Division Update – District Attorney’s Office (RJD)
- X. Upcoming Events and Notifications
- XI. Public Comments
- XII. Adjournment

\* Indicates items requiring approval from Dallas County Behavioral Health Leadership Team  
The following reports from BHLT Committees are included for your records: *ACOT, BHSC, PD Mental Health Stats, North Texas Behavioral Health Authority, FUSE, The Cottages and RJD Stats*. Unless action is required, there will be no verbal updates from those committees.



**DALLAS COUNTY, TEXAS**  
**Minutes of the Behavioral Health Leadership Team Meeting**  
**Thursday, March 14th, 2024**  
**<https://www.dallascounty.org/departments/criminal-justice/bhlt/>**

**Welcome and Call to Order**

Commissioner John Wiley Price called the Behavioral Health Leadership Team (BHLT) meeting to order at 9:34 AM. Commissioner Price welcomed everyone and announced that the meeting was being recorded and those who continued in attendance were consenting to being recorded as a part of the open records.

The Commissioners present were Commissioner John Wiley Price and Commissioner Dr. Theresa Daniel. Commissioner Price entertained a motion for opening the meeting. A motion was made and seconded by another participant. The motion was unanimously passed by the committee members.

**Review/Approval of Minutes**

The minutes of the BHLT meeting held on Thursday, February 8, 2024, were included in the meeting packet. Commissioner Price offered an opportunity for the minutes to be reviewed and approved. The minutes were approved as submitted.

**Introductions**

Commissioner Price welcomed everyone to the meeting and asked first-time attendees to introduce themselves.

- Jason Ray- Workforce Development Specialist, Regional Black Contractors Association Community Development Corporation
- Alyx Berry- Clinical Supervisor, Adapt Community Solutions
- Dr. Mark Messer, D.O.- Superintendent, Terrell State Hospital

**Discussion: Intellectual and Developmental Disability (IDD) Services in Texas**

**Dr. John Burruss, CEO, Metrocare** provided an update on increased rates in State Supported Living Centers (SSLC) by legislators in the last biennium (SB944) and this increase being more sustainable than that of direct care workers in Intermediate Care Facilities (ICF-IDD) and Home and Community-based Services (HCS) programs. Dr. Burruss stated that the State of Texas maintains residential support for nearly 45,000 individuals with intellectual and developmental disabilities (IDD) through thirteen SSLCs, multiple ICF-IDD and countless homes in the community. Dr. Burruss stated providing residential support through the community-based programs is far more cost effective than the State Supported Living Centers, costing only one-seventh as much per year. Dr. Burruss stated that direct care workers in the community take on

24/7 responsibility for assisting with daily, personal tasks (e.g., dressing, toileting, bathing), managing medications, cooking, and housekeeping, a larger burden than workers in the State Supported Living Centers; however, the compensation rate for State Supported Living Center direct care staff was raised to a minimum of \$17.71/hour; and the current rate of compensation for direct care workers in community settings is \$10.60. Dr. Burrus asks that Dallas County Commissioners Court asks the Texas Health and Human Services Commission to request emergency funding from the Texas Legislative Budget Board (LBB) to immediately increase IDD direct care worker wages in community settings to *at least* \$15/hour on average retroactive to September 1, 2023.

After unanimous approval by BHLT Committee vote during the meeting, Commissioner John Wiley Price asked that a resolution be submitted for BHLT review then to Dallas County Commissioners Court for approval to support increasing the compensation for community direct care works.

### **North Texas Behavioral Health Authority (NTBHA) Update**

**Dr. Walter Taylor**, NTBHA, provided the update. Dr. Taylor reported for the month of February NTBHA has served 25,572 adults, 8,594 children. Dr. Taylor stated all contracts that were approved in the February board meeting are now being worked through and stated all providers being awarded those contracts are being contacted and agreements are being finalized. Dr. Taylor stated NTBHA has received the Private Psychiatric Bed contract for competency restoration for 48 beds. Dr. Taylor also mentioned that the Mobile Crisis Outreach Team (MCOT) services have transitioned from Transicare to NTBHA.

### **Meadows Mental Health Policy Institution (MMHPI)**

**Ron Stretcher**, MMHPI, discussed new grants and state funding deadlines. Mr. Stretcher referred to the Deflection Center numbers in the BHLT packet and thanked DART for their referrals to the Center.

### **Dallas County Behavioral Health Housing Workgroup (BHHWG)**

**Commissioner Dr. Theresa Daniel** provided the update and stated during the last Behavioral Health Housing Workgroup meeting, the committee focused on and discussed eviction prevention. Dr. Daniel stated Congressman Jasmine Crockett has sponsored House Bill 7412, a bill that makes it easier to acquire housing in rural areas. Dr. Daniel also discussed a plan to encourage landlords to increase housing availability to Veterans. Dr. Daniel reported there are 109,000 Veterans in Dallas County who need continued connection to resources such as transportation, mental health and medical care.

### **Dallas County Mental Health Advisory Committee Update**

**Yordanos Melake**, Program Manager, Criminal Justice Department provided the update. Ms. Melake reported for the month of February, there were 2,499 magistrate orders for 16.22 screenings with 1,683 completed, 150 defendants refused screenings, 495 defendants unable to be located. The Mental Health Advisory Committee will meet every other month on the 2<sup>nd</sup> Tuesday of the month with the next meeting on April 9<sup>th</sup>. Ms. Melake announced that the Criminal Justice Department and Adapt have officially moved from the 4<sup>th</sup> floor to the 8<sup>th</sup> floor of the Frank Crowley Building.

## **Legislative Update**

**Janie Metzinger**, directed the committee to the Bill List in the BHLT packet. Ms. Metzinger reported there was a hearing on some bills in the House Subcommittee on Energy and Commerce on February 14<sup>th</sup> and there were a couple of hearings on issues that included mental health, including the Lorna Breen Health Care Provider Protection Act that seeks to improve mental and behavioral health among health care providers. Ms. Metzinger stated that there have been no interim charges in Texas as of yet, but she is looking to see when various agencies, specifically Health and Human Services Commission will submit their legislative appropriations request.

## **Funding Opportunities Updates**

### **• SAMHSA Residential Treatment Grant Update**

**Marcus Turner**, Criminal Justice Department, provided the update. Mr. Turner reported that there was one SAMHSA admission to Nexus Recovery Center with an average wait time of 12 days, Homeward Bound had two admissions with an average wait time of 21 days. Mr. Turner reported that there were four successful discharges for the month of February. Mr. Turner reported that the highest referring courts were Competency, S.T.A.C and Divert Cout. Mr. Turner also announced one of the SAMHSA funded participants at Nexus Recovery was just recognized and won their “Doing What’s Hardest Award”. Lastly, Mr. Turner reported that he and Ms. Shenna Oriabure have implemented a survey of participants that will start when participants are in jail, then again while in treatment.

### **• Community Courts Grant Update-Public Defender’s Office (PD)**

**Vickie Rice**, Public Defender’s Office directed BHLT members to review the report included in the BHLT packet.

### **• Restorative Justice Division-District Attorney’s Office (RJD)**

**Julie Turnbull, District Attorneys Office** referred to the report in the BHLT packet. Ms. Turnbull also reported effective April 1<sup>st</sup>, the DA’s Office will start implementing a deadline for all Pretrial Diversion Referrals for first time offenders. This means, the case will need to be referred preindictment which is the preference or 120 days (or four months) after indictment. Ms. Turnbull announced that the Criminal Justice Department has staff available on the 8<sup>th</sup> floor office Monday through Friday 8:30am to 1:00pm to receive referrals, give status updates and answer any questions.

## **Upcoming Events and Notifications**

- **Vickie Rice, Public Defender’s Office** announced the PDs Office will feature a special guest on an upcoming episode of *The Deep Dive*. Becky White, mom, and advocate for Fentanyl awareness, will talk about her experience watching her son’s battle with mental health and substance abuse, and his eventual death from Fentanyl poisoning. Ms. White will also share her story with the Dallas County community in person on Thursday, March 21st, at 2:00 p.m. in the Central Jury Room of the Frank Crowley Courts Building, second floor.

## **Adjournment**

Commissioner Price thanked everyone for their service and dedication. The meeting was adjourned at 10:35 a.m.

# DALLAS COUNTY DEFLECTION CENTER

2023-24	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	24-Apr	TOTAL
<b>TOTAL TRIAGED</b>	<b>24</b>	<b>41</b>	<b>25</b>	<b>32</b>	<b>56</b>	<b>39</b>	<b>41</b>	<b>6</b>	<b>264</b>
<i>Referral Source</i>									
Dallas PD									0
SC Div	1	2	2	3	3	2	2		15
SW Div	2	3			1	4		1	11
SE Div	2	1	1	1	2	1			8
NC Div	1	2	1			1	2		7
NE Div	1	1	1		1	1	5		10
NW Div		1		1			2	1	5
CEN Div	1	4		2	5	2	1	1	16
Right Care	1					1	1		3
Dallas Marshal - CDC									0
College Campus PD	1								1
Great SW Coalition				2	1		4		7
SE Coalition	2	3		1	3	1	2		12
NTBHA MCOT/CTI	5	11	9	10	19	7	2		63
Garland PD				2	1				3
Irving PD	2	3							5
DART PD	3	8	11	9	20	17	19	3	90
Parkland-Baylor PD	2	2		1		2	1		8
<b>TRIAGE OUTCOME</b>	<b>24</b>	<b>41</b>	<b>25</b>	<b>32</b>	<b>56</b>	<b>39</b>	<b>41</b>	<b>6</b>	
Psych Crisis Residential	1			1					2
Detox-Withdrawal Mgmt									0
Living Room-NTBHA*		9			2	3	6		20
CMHP Services					1				1
ACT Team	3	0		2	1				6
OTHER SUD Services	2	3			1	3			9
Shelter									0
Austin Street			2		2		2		6
Bridge	1	1		1	1	5	3		12
Salvation Army		1	1		1		1		4
Union Gospel Mission		1							1
Other		1			1		2		4
Home-Family-Friends	3	4	6	8	15	8	8		52
Boarding Home/PSH	2	2	3	2	3	4	3		19
Higher Level of Care									0
Behavioral Health	1	2	1	2	4	1	1		12
Physical Health	1	4	2	5	6	5	2		25
Veterans Administration	2								2
APOWW or Arrest					1				1
LEA Maintained Custody	3			1	2	1			7
Still in Service		3	5	4	10	1		2	25
Refused Services	5	10	5	6	5	8	13	4	56

**Dallas County Administration, 500 Elm Street, 7<sup>th</sup> Floor, Dallas Texas 75202**

**March 27, 2024 Minutes**

**Mission Statement:** The Dallas County Behavioral Health Housing Work Group (DCBHWG), with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The DCBHWG is committed to a data driven decision-making process with a focus on data supported outcomes.

**ATTENDEES:** Dr. Theresa Daniel, Dallas County Commissioner; Erin Moore, Dallas County; Kimberly Rawls, DCCJ; Latoya Jenkins, Dallas County; Ikenna Mobo, Metrocare; Tzeggabranh Kidane, Dallas County; Kelvin Brown, Housing Crisis Center; Janie Metzinger, NTBHA; Eric McCarty, NTBHA; Krystal Lotspeich, CitySquare; Kimberly Onofre, Mesquite Sharing Life; Lisa Marshall, Fighting Homelessness; Jim Mattingly, LumaCorp; Keri Stitt, Youth180; Thomas Lewis DC HHS; Leah Williams, Housing Forward; Dustin Perkins, Austin Street; Larry Gordon, Downtown Dallas Inc.; Trey Wisely, DC IT; Jennifer Huynh, Suicide and Crisis Center of North Texas

***Dr. Daniel opened the meeting and attendees introduced themselves.***

**CALL TO ORDER:** The minutes were approved with no changes.

**GOVERNANCE**

Dallas Area Partnership to End and Prevent Homelessness: Commissioner Theresa Daniel, Dallas County Commissioner Daniel reported that the Partnership met on March 7, 2024. Jim Mattingly asked what tools the partnership has to accomplish the goals they have set forth regarding housing. He also questioned how the partnership is different from Housing Forward and the All Neighbors Coalition.

Discussions were had regarding the organizations having better communication about the services offered and to determine if organizations are duplicating services. There is a question if the right stakeholders are at the table that can make decisions about processes and procedures. There was also mention that much of the work is being done at the subcommittee level and many of the decision makers are needed at that level to determine more policy for the All Neighbors Coalition as a whole. Efficiency of services was also discussed. Ikenna Mogbo stated that with as many organizations around the country addressing the housing and homelessness issues, they are trending in the opposite direction. Only 27% of the 480 COC's nationwide saw a decrease in homelessness with Dallas being one of those areas. It is believed that we are trending in the right direction and addressing some of the issues.

There was also a question if the Housing Workgroup meeting is still beneficial for the housing cause. The attendees determined that the Workgroup meeting is beneficial for more than just housing. Areas such as the legislative updates, mental health, substance abuse, and other areas are being discussed within this meeting. Dustin Perkins evaluated that many organizations are addressing many factors affecting housing and homelessness, but there are few committees, sub committees and groups specifically targeting "special populations", i.e. those suffering with mental health issues. There were continued discussions about the contributing factors of homelessness with mental health and substance abuse being some of the main factors causing the issue and how within the Housing Workgroup, there are organizations that address those specific needs to that population.

Dallas County Homeless Advisory Committee: Erin Moore, Dallas County

The report was provided in the packet and all attendees were encouraged to read it.

Federal and State Legislative Update: Janie Metzinger, NTBHA

Janie Metzinger stated that the report is available in the packet and the federal government has approved the budget for HUD. Most of the items within the budget received more funding. Ikenna Mogbo stated that within the state budget, \$100 million dollars has been allocated for mental health facilities and an RFP had been released in February. Metrocare has partnered with NTBHA and Catholic Charities to submit a proposal for three different projects totaling around \$13 million

dollars. Metrocare's project is to build 30 units of permanent supportive housing for women with children. Catholic Charities is working on Miramar, and NTBHA is doing a crisis facility on or near Martin Luther King boulevard.

## **PRESENTATION**

Suicide and Mental Health: What to Look for In Teens: Jennifer Huynh, Suicide and Crisis Center of North Texas

Jennifer reported that Suicide and Crisis Centers of North Texas host suicide survivors' grief groups for those who have lost people due to suicide. She is the director of the Teens Can Survive Program. As a clinician, she has a background of working in a behavioral health center and has encountered the unhoused population who use the hospitals and centers as ways to handle external business while being in a place that can take care of their basic needs. Within that population, she has experienced teens who have cycled through the homeless system and, as they age, they continue the cycle of homelessness. She also stated that teens and adults show similar signs of depression, but there are some differences that may be noticed in teens. Signs such as irritability, anger, unexplained illnesses or pain, withdrawal from some people but not all, and extreme sensitivity to criticism are some behaviors that may signal a teen is dealing with depression. Some signs of teen suicide ideation include verbal or written thoughts or plans, giving away personal possessions, an increase in drug and alcohol use, high anxiety, and previous suicide attempts.

At the Suicide and Counseling Center, they use the AS+K model which is to directly ask if a person is about to or planning to kill themselves. If the answer is yes, there are steps that can be taken to address the issue. First, seek information about what and how they plan to execute the plan. Secondly is to find out if they have a source of help and if so, what it is. The next step is to secure lethal means (any harmful objects, i.e. guns) to get them out of the "suicide zones." Behavioral health centers and hospitals can be spaces that can be contacted for assistance. If a person is adamant about performing the act in front of someone, the person in crisis is not to be left alone. The goal is to get the person outside of the suicide zone through providing resources, references, and assistance.

## **RESOURCES**

Shelter Discussions: Daniel Roby, Austin Street Shelter

Daniel Roby was unavailable for the meeting and will provide a report for the next meeting.

NTBHA: Eric McCarty, NTBHA

Eric McCarty reported that the COVID 19 Supplemental Grant is still available for clients who have been identified with a behavioral health or substance abuse condition that may need assistance with deposits, furniture, etc. The information is available on the NTBHA website.

Housing Navigator: Kimberly Rawls, Dallas County

Kimberly Rawls stated that the report is included in the meeting packet for review.

Homeless Jail Dashboard: Kimberly Rawls, Dallas County

Kimberly Rawls provided a report that is included in the meeting packet for review and highlighted the cost of homeless book-ins within the jail. In January there were 490 unsheltered book-ins with their average length of stay being 17 days. The daily jail bed rate of \$85.13 cost the jail \$1447.21 per person for their 17 day stay. There were 503 book-ins as of 03/21/24 with their average length of stay being 19 days and their jail cost totaling \$1617.47 per person for their length of stay. Commissioner Daniel also mentioned that with the increased jail population, it is now costing the jail \$13 million dollars a month to operate.

Housing Authority Report: Thomas Lewis, Dallas County HHS

Thomas Lewis commended Housing Forward on their partnership and collaboration with Dallas County HHS. Of the 100 Housing Choice Vouchers that have been allocated, they have nine (9) individuals who are housed with 25 individuals looking for housing. He stressed the importance of case management and the work that Housing Forward is doing.

ARPA Update: Commissioner Daniel, Dallas County

Commissioner Daniel reported that Dallas County is assessing how much of the allocated funds have not been spent and are determining how the funds should be reassigned in order to meet the 2026 deadlines.

## **PROJECTS AND INDUSTRY UPDATES**

Housing Forward updates: Leah Williams, Housing Forward

Leah Williams reported that she works with the youth and veteran populations. The Veterans Initiatives will be getting an update soon from the United States Interagency Council on Homelessness on the declaration for effectively ending veteran homelessness. Housing Forward has the \$9 million dollar grant from HUD's Youth Homelessness Demonstration Program

Grant. As a component of the grant, the Coordinated Community Plan has been turned into HUD and feedback should be received in two weeks. From there they will know what projects they can fund and will begin community conversations about HUD funding. Information about the upcoming State of Homelessness Address will be released soon.

Pretrial Diversion and Mental Health Screening: Laura Edmonds, Dallas County

Kimberly Rawls provided a report on behalf of Laura Edmonds stating that the jail releases are going well. NTBHA is continuing to assist with care coordination. The Criminal Justice department's Pre-Trial Diversion Program is working to assess first time felony offenders charged with a non-violent offense. They recently worked to streamline their internal processes. In February the clinicians completed 109 assessments. The 1622 CCP project, which provides mental health assessments to individuals who are booked into the jail, is running smoothly. The partner vendor Adapt completed 2,503 assessments in February.

Dallas Connector: Dustin Perkins, Austin Street

Dustin Perkins reported that the Connector had an average of 630 riders per week over the last two weeks. They expect an increase when they are able to operate their second van full time. They have a 25 passenger bus and a 15 passenger van. The bus has been operating consistently, but the van was being under-utilized and they are currently re-vamping the schedule to get better utilization. They will also put in a proposal to Housing Forward to have the Emergency Housing Workgroup to reconvene as they believe the Connector can assist with those being turned away from shelters to find other resources.

Homeward Bound: Doug Denton, Homeward Bound

Doug Denton reported they had two available beds in their Crisis Residential Unit. Their crisis unit is a step down from the mental health hospital and can provide care to those who are in crisis. January was a record month for the Deflection Center with 56 referrals from law enforcement and NTBHA. Since September 2023, 49 people have refused services, but a rapport has been established and they have left the facility with resources and referrals for assistance.

Youth Housing: Josh Cogan, Youth 180

Josh Cogan provided a youth homelessness update report on the federal level that is available in the meeting packet for review.

Family Housing: Ellen Magnis, Family Gateway

Ellen Magnis was unavailable for the meeting and a report will be provided at the next meeting.

Mattingly Report: Jim Mattingly, Lumacorp

Jim Mattingly reported that apartment units are steadily becoming online and available. A report will be provided at the next meeting.

***The meeting was adjourned with words of motivation by staying engaged and informed by Dr. Daniel.***

***Next Meeting: April 24, 2024***



**118<sup>th</sup> US Congress**  
**Bills Related to Behavioral Health**  
Status as of April 1, 2024

**Budget Items**

[HR 4366](https://www.congress.gov/bill/118th-congress/house-bill/4366/text)-Carter (R-TX). Consolidated Appropriations Act, 2024. Now Public Law 118-42.  
<https://www.congress.gov/bill/118th-congress/house-bill/4366/text>

Division F  
TRANSPORTATION, HOUSING & URBAN DEVELOPMENT  
AND RELATED AGENCIES APPROPRIATIONS ACT.  
Title II-Department of Housing and Urban Development.

Public and Indian Housing

- \$28,386,831,000-Tenant-Based Rental Assistance (TBRA).
  - \$28,490,955,000-Renewals of expiring Section 8 tenant-based annual contributions contracts.
  - \$337,000,000-Section 8 Rental Assistance for relocation and replacement of housing units.
  - \$2,770,935,000-Administrative expenses of public housing agencies-Section 8 TBRA program.
- \$195,500,000-Self-Sufficiency Programs.
  - \$140,500,000-Family self-sufficiency programs
  - \$40,000,000-Resident opportunity and self-sufficiency programs including supportive services, service coordinators and congregate services.
  - \$15,000,000-Competitive grants for Jobs-plus Initiatives.

DIVISION G—OTHER MATTERS  
Title I—Health and Human Services

Subtitle A-Public Health Extenders

- Sec. 101-Extensions for Community Health Centers, National Health Service Corps, Teaching Health Centers that operate graduate medical education programs. Requires a report to Congress.
- Sec. 102-Extensions for special diabetes programs.
  - Total of \$ 150,136,986 for Special Programs for Type I Diabetes in 2024 and
  - Total of \$150,136,986 for Special Diabetes Programs for Indians in 2024.
- National Health Security Extensions to December 31, 2024.

Subtitle B-Medicaid

- Sec. 201-Requirement for State Medicaid Plans to Provide Coverage for Medication-Assisted Treatment.
  - Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities.
- Sec. 202-Collection and Reporting of Comprehensive Data for Specified Populations Enrolled in Medicaid and CHIP.
  - Sec. 1948-Collection and Reporting of Comprehensive Data for Specified Populations.

*This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation. If you have questions, please contact Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)*

Division G-Title I-Health and Human Services-Subtitle B-Medicaid-continued

- Number of people enrolled in a state Medicaid or CHIP plan who have been diagnosed with a substance use disorder, a mental health condition, or a co-occurring substance use disorder and mental health condition, disaggregated by age.
- Sec. 203-Monitoring the Prescribing of Antipsychotic Medications-Monitors antipsychotic medications prescribed to children generally, in foster care, individuals over age 18 in institutional care settings such as nursing facilities, intermediate care facilities for individuals with intellectual disabilities, institutions for mental diseases, inpatient psychiatric hospitals and other such institutional care settings.
- Sec. 204-Extensions of State Option to Provide Medical Assistance for Certain Individuals in Institutions for Mental Diseases. Makes permanent the plan amendment options for states under Section 1915(l)(1) of the Social Security Act.
- Sec. 205-Prohibition on Termination of Enrollment in Medicaid and CHIP due to incarceration.
- Sec. 206-Addressing Operational Barriers to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration. Directs HHS to award grants to States to develop capabilities to promote continuity of care for inmates of public institutions who are eligible for Medicaid.
- Sec. 207-Guidance Related to Improving the Behavioral Health Workforce and Integration of Care Under Medicaid and CHIP. Includes opportunities to increase access to mental and behavioral health care providers, best practices, integration with primary care services, assertive community treatment (ACT), and care delivery in home or community-based settings.
- Sec. 208-Funding for Implementation and Operations-Total of \$15,000,000 for monitoring and data collection authorized in sections above.
- Sec. 209-Certified Community Behavioral Health Clinic (CCBHC) Services Under Medicaid. Defines CCBHC. Services include: Crisis Mental Health services, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, screening, assessment, diagnosis, risk assessment, patient-centered treatment planning, crisis planning, outpatient mental health services, outpatient substance use services, outpatient primary care screening and monitoring, intensive case management services, psychiatric rehabilitation services, peer support, family support and counselor services, services for military veterans and members of the armed forces.
- Sec. 210-Eliminating Certain Disproportionate Share Hospital Payment Cuts. Extends to end of 2025, and for FY 2026.
- Sec. 211-Promotes Value in Medicaid Managed Care
- Sec. 212-Eliminates Medicaid Improvement Fund-Cuts \$5,140,428,729.

Status: HR 4366 passed House and Senate, now Public Law 118-42.

## U.S. House of Representatives

[HR 467](#)-Griffith-Halt All Lethal Trafficking of Fentanyl Act. HALT Fentanyl Act. Amends Controlled Substances Act:

- Section 202(c) to classify fentanyl-related substances on Schedule I.
- Section 303 to add an alternative registration process for Schedule I research.
- Section 401(b)(1) to include fentanyl offense penalties.
- Directs the Attorney General to issue rules within six months of enactment.
- The HALT Fentanyl Act becomes effective on the date of enactment.

Current Status: Passed House 5-25-23. Sent to Senate, referred to Senate Judiciary Committee.

Companion: [S 1141](#)-Cassidy (R-LA). Referred to Senate Judiciary Committee 3-30-23.

[HR 472](#)-Joyce-Fighting PTSD Act.

- Enumerates findings of Congress related to mental health needs of public safety officers, police officers, firefighters, emergency medical technicians and 911 dispatchers.
- Defines “Public Safety Officers” and “Public Safety Telecommunicators”.
- Includes Tribal public safety officers.
- Requires the Director of the Office of Community Oriented Policing Services at the US Department of Justice to submit a report to Congress on:
  - Programs to make state-of-the-art treatments or preventive care available to public safety officers and public safety telecommunicators for job-related PTSD or acute stress disorder.
  - Access to evidence-based trauma-informed care, peer support, counseling services, family supports.
  - Draft grant conditions to ensure confidentiality and efficiency.
  - Estimates of annual appropriations needed for the proposed program.
  - Consultation with relevant stakeholders.

Current Status: [HR 472](#)-Joyce-Referred to House Judiciary Committee 1-24-23.

Companion: [S 645](#)-Grassley-Passed Senate 3-2-23. Sent to House 3-7-23.

[HR 498](#)-Oberholte-The 9-8-8 Cybersecurity Responsibility Act. Would amend Public Health Service Act, Title V to secure the 9-8-8 suicide prevention lifeline from cybersecurity attacks.

Current Status: Passed House with amendments 3-5-24. Sent to Senate HELP 3-6-24.

Companions: [S 1493](#)-Sinema. Referred to Senate HELP 5-9-23.

[HR 1639](#)-Lee-(D-NV) VA Zero Suicide Demonstration Project Act. Would implement the curriculum of the Zero suicide Institute of the Education Development Center to improve safety and suicide care for veterans and reduce the rates of suicide among veterans.

Current Status: Referred to House Veterans Affairs Committee

Companion: [S 853](#)-Rosen-Referred to Senate Veterans Affairs, hearing 7-12-23.

[HR 2577](#)-Thompson-DHS Suicide Prevention and Resiliency for Law Enforcement Act.

Establishes the Law Enforcement Mental Health and Wellness Program within the US Department of Homeland Security for DHS agents. Current Status: Placed on House Union Calendar 10-20-23.

Companion: [S 1137](#)-Peters-Senate Committee Substitute favorably reported from Committee on Homeland Security and Governmental Affairs 5-17-23.

[HR 3581](#)-Kiggans-Caregiver Outreach and Program Enhancement-COPE Act-Grants to improve mental health support to family caregivers of veterans. Passed House 12-4-23, sent to Senate Veterans Affairs Committee 12-5-23. Companion [S 216](#)-Moran Reported favorably without amendment 2-16-23.

[HR 4531](#)-Guthrie-SUPPORT for Patients and Communities Reauthorization Act.

Title I-Public Health

- *Section 101*-Amends Public Health Service Act to delete reference to “surveillance” of infections associated with illicit drug use and other risk factors and inserts the word “monitoring” instead. Extends the statute to 2028.
- *Section 102*-Amends Public Health Service Act to add evidence-based prevention grants that address the fentanyl crisis. Increases funding to \$505,579,000 per fiscal years 2024-2028.
- *Section 103*-Amends Public Health Service Act to raise funding for residential treatment programs for pregnant and postpartum women to \$38,931,000 per fiscal years 2024-2028.
- *Section 104*-Amends Public Health Service Act to increase funding for first responder training to \$56,000,000 per fiscal years 2024-2028.
- *Section 105*-Amends Public Health Service Act to increase funding for the Building Communities of Recovery Program to \$16,000,000 per fiscal years 2024-2028.
- *Section 106*-Amends Public Health Services Act to increase funding for the National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support to \$2,000,000 per fiscal years 2024-2028.
- *Section 107*-Amends Public Health Service Act to reauthorize Comprehensive Opioid Recovery Centers through 2028.
  - Requires documentation for evidence of capacity to carry out required activities through a letter of intent or other relevant documentation from partner agencies whose primary purpose is the delivery of mental health or substance use disorder treatment services with which the applicant coordinates the full continuum of treatment services that the applicant is unable to deliver onsite.
  - Allows Comprehensive Opioid Recovery Centers to carry out activities through referral or contractual agreements with third parties.
  - Directs the US Secretary of Health and Human Services (HHS) to issue guidance on best practices.
- *Section 108*-Amends Public Health Services Act to increase funding for grants to address the challenges of persons who experience violence-related stress to \$93,887,000 per fiscal years 2024-2028.
- *Section 109*-Amends Public Health Services Act to extend Mental and Behavioral Health Education and Training Grants through 2028.
- *Section 110*-Amends Public Health Service Act to raise funding to \$40,000,000 per FY 2024-2028.
- *Section 111*-Amends the SUPPORT for Patients and Communities Act to extend the pilot program for public health laboratories to detect fentanyl and other synthetic opioids through 2028.
- *Section 112*-Amends the SUPPORT for Patients and Communities Act to increase funding for monitoring and reporting of child, youth, and adult trauma to \$9,000,000 per fiscal year 2024-2028.
- *Section 113*-Amends the SUPPORT for Patients and Communities Act to add additional reports.

## HR 4531-Guthrie-continued

- *Section 114*-Amends the SUPPORT for Patients and Communities Act regarding grants to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.
  - Priority shall be based on the following rates in a State for the previous five years:
    - The average rate of drug overdose deaths in the State above the national average.
    - The unemployment rate in a State above the national average.
    - The labor participation rate in a State below the national average.
  - Allows grant fund to be used to provide participants with transportation to or from work, vocational education, job training, treatment or recovery services.
  - Increases funding to \$12,000,000 per fiscal years 2024-2028.
- *Section 115*-Amends the 21<sup>st</sup> Century Cures Act to allow fentanyl or xylazine test strips in grant programs for State and Tribal response to opioid use disorders.
- *Section 116*-Requires HHS to include any opioid overdose reversal agent authorized for use by the FDA in regulations, guidance or other documents for grants addressing opioid misuse and use disorders.
- *Section 117*-Amends the 21<sup>st</sup> Century Cures Act to allow grant recipients to use grant funds for other concurrent substance use disorders in addition to opioid or stimulant use or misuse disorders including alcohol or poly-drug use.
- *Section 118*-Requires the Comptroller General of the United States to conduct a study and submit a report to Congress on the use of remote monitoring of individuals who are prescribed opioids.

## Title II-Controlled Substances

- *Section 201*-Amends the Controlled Substances Act regarding delivery of Schedule III, IV, or V by a pharmacy to an administering practitioner.
- *Section 202*-Regarding products containing a combination of Buprenorphine and Naloxone.
  - Directs HHS to review relevant data pertaining the scheduling of products containing a combination of buprenorphine and naloxone that have been approved by the FDA.
  - Directs the Attorney General to initiate rulemaking and to revise schedules if appropriate.
- *Section 203*-Combatting Illicit Xylazine
  - Defines “Xylazine”.
  - Places Xylazine on Schedule III under the Controlled Substances Act,
  - Requires the Attorney General, through the DEA, in coordination with the FDA to submit a report to Congress on the prevalence and illicit use of Xylazine within one year, which shall be updated after four years.
- *Section 204*-Technical Corrections

## Title III-Medicaid

- *Section 301*-Amends Section 1905 of the Social Security Act to extend the requirement for State Medicaid Plans to provide coverage for Medication-Assisted Treatment (MAT) by striking the original ending date of September 30, 2025. Adds a conforming amendment to the SUPPORT for Patients and Communities Act.
- *Section 302*-Amends the SUPPORT for Patients and Communities Act to expand required reports on T-MSIS Substance Use Disorder Data to include mental health condition data.
  - Changes name from Substance Use Disorder Data Book to Behavioral Health Data Book.\
  - Changes SUD language to behavioral health language in statute.

HR 4531-Guthrie-continued

- *Section 303*-Amends the Social Security Act Section 1902 to include in monitoring the prescribing of antipsychotic medications, individuals who are:
  - Over 18 years of age.
  - Receiving home and community-based services.
  - Residing in institutional care settings, including nursing facilities and intermediate care facilities for individuals with intellectual disabilities.

Current Status: Passed House 12-12-23. Sent to Senate 12-13-23. Companion: [S 3393](#)-Sanders-Favorably reported from Senate HELP 2-1-24.

[HR 4646](#)-Joyce-SIREN Reauthorization Act-Supporting and Improving Rural EMS Needs (SIREN) Act. Extends Rural Emergency Medical Service Training and Equipment Assistance Program.

Current Status: Referred to House E&C-Health. Favorably reported 3-20-24.

Companion: [S 265](#)-Durbin. Passed Senate 12-13-23. Sent to House 12-15-23.

[HR 6364](#)-Balderson (R-OH-12) Medicare Telehealth Privacy Act of 2023. Favorably Reported 12-6-23. Maintains Medicare telehealth flexibilities for providers.

[HR 7153](#)-Wild (D-PA) Reauthorization of the Dr. Lorna Breen Provider Protection Act.

Education and awareness initiatives to encourage use of mental health and substance use disorder services by health care professionals. Referred to House Energy and Commerce Committee 1-30-24. Reported favorably by E&C Subcommittee on Health 3-20-24. Testimony of Mr. J. Corey Feist, Brother-in-law of Dr. Lorna Breen, Co-founder of Dr. Lorna Breen Heroes Foundation.

[https://d1dth6e84htgma.cloudfront.net/Corey\\_Feist\\_Witness\\_Testimony\\_02\\_14\\_2024\\_cceea223ad.pdf](https://d1dth6e84htgma.cloudfront.net/Corey_Feist_Witness_Testimony_02_14_2024_cceea223ad.pdf)

## US Senate Bills

[S 265](#)-Durbin-Supporting and Improving Rural EMS Needs (SIREN) Act Reauthorization.

Extends Rural Emergency Medical Service Training and Equipment Assistance Program.

Current Status: Passed Senate 12-13-23. Sent to House 12-15-23.

Companion: [HR 4646](#)-Joyce-SIREN Reauthorization Act-Referred to House E&C-Health.

[S 645](#)-Grassley-Fighting PTSD Act.

- Enumerates findings of Congress related to mental health needs of public safety officers, police officers, firefighters, emergency medical technicians and 911 dispatchers.
- Defines Public Safety Officers and Public Safety Telecommunicator.
- Includes Tribal public safety officers.
- Requires the Director of the Office of Community Oriented Policing Services at the US Department of Justice to submit a report to Congress on:
  - Programs to make state-of-the-art treatments or preventive care available to public safety officers and public safety telecommunicators for job-related PTSD or acute stress disorder.
  - Access to evidence-based trauma-informed care, peer support, counseling, and family supports.
  - Draft grant conditions to ensure confidentiality and efficiency.
  - Estimates of annual appropriations needed for the proposed program.
  - Consultation with relevant stakeholders.

Current Status: Passed Senate 3-2-23. Sent to House 3-7-23.

Companion: [HR 472](#)-Joyce-Referred to House Judiciary Committee 1-24-23.

[S 1137](#)-Peters-DHS Suicide Prevention and Resiliency for Law Enforcement Act.

Would establish the Law Enforcement Mental Health and Wellness Program within the US Department of Homeland Security for DHS agents.

Current Status: Placed on Senate Calendar 10-3-23.

Companion: [HR 2577](#)-Thompson-Reported from Homeland Security Committee with amendment and placed on House Union Calendar 10-2-23.

[S 1141](#)-Cassidy (R-LA)- Halt All Lethal Trafficking of Fentanyl Act. HALT Fentanyl Act.

Amends Controlled Substances Act:

- Section 202(c) to classify fentanyl-related substances on Schedule I.
- Section 303 to add an alternative registration process for Schedule I research.
- Section 401(b)(1) to include fentanyl offense penalties.
- Directs the Attorney General to issue rules within six months of enactment.
- The HALT Fentanyl Act becomes effective on the date of enactment.

Current Status: Referred to Senate Judiciary Committee 3-30-23.

Companion: [HR 467](#)-Griffith. Passed House 5-25-23. Sent to Senate, referred to Senate Judiciary Committee.

[S 1493](#)-Sinema. 9-8-8 Cybersecurity Responsibility Act. Amends Public Health Service Act, Title V to secure the 9-8-8 suicide prevention lifeline from cybersecurity attacks.

Current Status: Referred to Senate HELP 5-9-23.

Companions: [HR 498](#)-Obernolte-Passed House 3-6-24, Sent to Senate HELP. [S 3393](#)-Sanders-Reported favorably from Senate HELP, placed on Senate Legislative Calendar 2-1-24.

[S 3393](#)-Sanders-SUPPORT for Patients and Communities Reauthorization Act.

Title I-Prevention

- Sec. 101-First Responder Training Program-Broadens criteria of bill from opioid overdoses to overdoses in general. Increases funding from ~~\$36,000,000~~ per fiscal year to \$56,000,000 per fiscal year.
- Sec. 102-Surveillance and Education Regarding Infections Associated with Illicit Drug Use and Other Risk Factors-Extends current law through 2028.
- Sec. 103-Preventing Overdoses of Controlled Substances-broadens language of current law.
  - From “~~opioids~~” to “substances causing overdose”.
  - From “~~abuse and overdoses~~” to “overdoses, and associated risk factors”
  - Adds to controlled substance overdose data collection and analysis activities, “...to improve accurate testing and standardized reporting of causes and contributing factors to controlled substances overdoses and analysis of various opioid analogues and other emergency substances related to controlled substance overdoses.”
  - Increases funding from ~~\$496,000,000~~ to \$505,579,000 per fiscal year 2024 through 2028.
- Sec. 104-Pilot Program for Public Health Laboratories to Detect Fentanyl and Other Synthetic Opioids Removes the pilot project nature of the program by deleting the 2023 time limit for funding.
- Sec. 105-Prenatal and Postnatal Health-Extends authorization through 2028.
- Sec. 106-Donald J. Cohen National Child Traumatic Stress Initiative (NCTSI)
  - Broadens the scope of the NCTSI initiative from “~~violence related stress~~” to “traumatic events”.
  - Increases funding to:

Fiscal Years	Proposed Funding
FY 2019-2023	<del>\$63,887,000 (previous)</del>
FY 2024	\$93,887,000 proposed
FY 2025	\$93,887,000 proposed
FY 2026	\$104,000,000 proposed
FY 2027	\$110,000,000 proposed
FY 2028	\$112,661,000 proposed

- Sec. 107-Surveillance and Data Collection for Child, Youth and Adult Trauma-extended through 2028.
- Sec. 108-Preventing Adverse Childhood Experiences-
  - Establishes a grant program for public health activities to improve health outcomes by preventing or reducing adverse childhood experiences.
  - Authorizes \$7,000,000 per fiscal year for FY 2024 through FY 2028.
- Sec. 109-Clarification of Use of Funds for Products Used to Prevent Overdose Deaths to be consistent with Federal and State law.

## S 3393-Sanders-continued

- Sec. 110-Support for Individuals and Families Impacted by Fetal Alcohol Spectrum Disorder Program.
  - Renames program to Fetal Alcohol Spectrum Disorders Prevention and Intervention Program.
  - Expands from “~~medical schools~~” to “health professions schools”.
  - Expands services and interventions for pregnant, alcohol-dependent women to include services for preventing prenatal alcohol exposure, which may co-occur with exposure to other substances.
  - Establishes Fetal Alcohol Spectrum Disorders Centers for Excellence.
    - Prevention, screening and identification, resource development and dissemination, training and technical assistance, administration, network support, intervention and treatment services.
    - Requires report to Congress.
- Sec. 111-Promoting State Choice in Prescription Drug Monitoring Program Systems.
  - States are not required to use a specific vendor or interoperability connection.
- Sec. 112-Protecting Suicide Prevention Lifeline from Cybersecurity Incidents
  - Directs Public Health Services to take “...such steps as may be necessary to ensure the suicide prevention hotline is protected from cybersecurity incidents and eliminates known cybersecurity vulnerabilities”.
  - Requires a study to evaluate cybersecurity risks and vulnerabilities associated with the 9-8-8 National Suicide Prevention Lifeline.
- Sec. 113-Bruce’s Law
  - Adds education on the potency and dangers of synthetic opioids and drugs contaminated with fentanyl to Youth Prevention and Recovery programs.
  - Establishes a Federal Interagency Work Group on Fentanyl Contamination of Illegal Drugs that includes State, Tribal and other local subject matter experts, family members of adults and youth who have overdosed to make recommendations on improving Federal programs and efforts.
- Sec. 114-Guidance on At-Home Drug Disposal Systems.
  - Directs HHS to consult with the Drug Enforcement Administration (DEA) shall publish guidance to facilitate the use of safe at-home disposal systems for drugs.
- Sec. 115-Review of Opioid Drugs and Actions
  - Directs HHS to publish a plan on the FDA website for a complete review of opioid analgesic drugs approved by the FDA that considers their public health effects, a risk-benefit assessment, and FDA activities related to the development of non-addictive medical products to treat pain or addiction.
- Sec. 116-Consideration of Enriched Enrollment Randomized Withdrawal (EERW) Methodology.
  - National Institutes of Health article <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8860756/>
  - Directs HHS through the FDA to convene a meeting of the Anesthetic and Analgesic Drug Products Advisory Committee and the Drug Safety and Risk Management Advisory Committee of the FDA to review the EERW methodology in clinical trials,
    - Directs the Committee to conduct a study of the labeling of all opioid analgesic drugs using the EERW method, make recommendations, and publish findings on an HHS/FDA website.
  - Directs HHS to contract with the National Academy of Sciences to conduct a study of the effectiveness of EERW methodology in demonstrating the efficacy of opioid analgesic drugs to treat chronic pain.
  - Sec. 117-Approval of New Opioid Analgesic Drugs-Allows HHS to consider substantial improvement of safety, effectiveness, and patient care when evaluating a new opioid analgesic, as compared to drugs already on the market.

## S 3393-Sanders-continued

- Sec. 118-Guidance on Developing Non-Addictive Medical Products to Treat Pain or Addiction.
  - Directs HHS to issue draft guidance addressing non-addictive analgesics for chronic pain.
- Sec. 119-National Chronic Pain Information System.
  - Directs HHSC to consult with the Centers for Disease Control and Prevention (CDC), National Institutes on Health (NIH), and other appropriate agencies, to use available data on pain, identify gaps in data, develop standard definitions for population research on chronic pain.
  - Requires report to Congress and development and maintenance of a Chronic Pain Information Hub.
- Sec. 120-Requirements for Electronic-Prescribing for Controlled Substances Under Group Health Plans and Group and Individual Health Insurance Coverage.

## Title II-Treatment

- Sec. 201-Residential Treatment Program for Pregnant and Postpartum Women.
  - Increases funding from ~~\$29,931,000~~ to \$38,931,000 per fiscal year through FY 2028.
- Sec. 202-Loan Repayment Program for Substance Use Disorder Treatment Workforce.
  - Increases funding from ~~\$25,000,000~~ to \$50,000,000 per fiscal year through FY 2028.
- Sec. 203-Regional Centers of Excellence in Substance Use Disorder Education.
- Sec. 204-Mental and Behavioral Health Education and Training Program.
  - (f) Authorization of Appropriations.
    - \$50,000,000 for FY 2024 for recruitment, education and clinical experience for students in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, professional counseling, child and adolescent mental health, transitional-age youth.
    - \$55,000,000 for FY 2025 for the above purposes.
    - \$60,000,000 for FY 2026 for the above purposes.
    - \$65,000,000 for FY 2027 for the above purposes.
    - \$75,000,000 for FY 2028 for the above purposes.
- Sec. 205-Grants to Enhance Access to Substance Use Disorder Treatment. Deletes former appropriation of \$4,000,000 per year in lieu of above funding.
- Sec. 206-Grants to improve Trauma Support Services and Mental Health Care for Children and Youth in Educational Settings. Amends language related to services in Tribal areas.
- Sec. 207-Development and Dissemination of Model Training Programs for Substance Use Disorder Patient Records-Eliminates expired programs and funding.
- Sec. 208-Task Force on Best Practices for Trauma-Informed Identification, Referral, and Support.
  - Adds “The Administration for Community Living” to the list of Federal departments and agencies on the task force.
  - Extends the task force to 2028.
- Sec. 209-Eliminates expired funding clause.
- Sec. 210-Regulations Relating to Special Registration for Telemedicine.
  - Requires HHS and US Attorney General to promulgate final regulations regarding:
    - The limited circumstances in which a special registration may be issued and
    - The procedure for obtaining a special registration.

## S 3393-Sanders-continued

- Sec. 211-Mental Health Parity
  - Requires a report to Congress by January 1, 2025, regarding:
    - Non-Quantitative Treatment Limit (NQTL) requirements under group health plans and health insurance issuers for mental health and substance use disorders
    - NTQLs include medical management standards based on medical necessity, medical appropriateness, fail-first or step therapy protocols, pre-authorization, the experimental or investigative nature of a treatment, prescription formulary design, network provider admission standards, methods for determining usual/customary/reasonable charges, exclusions based on failure to complete a course of treatment, restrictions based on geography, facility type, provider specialty, or other criteria that limit the scope or duration of benefits for services.
    - Guidance to ensure that health plans and insurers can fully comply with parity requirements.
    - Review implementation and enforcement processes of Department of Labor, Department of Treasury, and HHS.
- Sec. 212-State Guidance Related to Individuals with Serious Mental Illness and Children with Serious Emotional Disturbance.
  - Review the use of federal Community Mental Health Services Block Grant funding by the states for First Episode Psychosis activities, recommendations for improved outcomes, and updated guidance for states, including streamlining reporting requirements that would make coordination of funding easier and improve treatments for individuals with mental illness or serious emotional disturbance.
- Sec. 213-Improving Access to Addiction Medicine Providers-Minority Fellowship Program
  - Adds “diagnosis” to the issues targeted by the program.
  - Adds “addiction medicine” to the training for which fellowships can be awarded.
- Sec. 214-Roundtable on Using Health Information Technology to Improve Mental Health and Substance Use Care Outcomes.
  - Directs Office of the National Coordinator for Health Information Technology to convene a public roundtable on how expanded use of electronic health records by behavioral health providers can improve patients in mental health and substance use settings.
  - Requires a report to Congress.
- Sec. 215-Peer-to-Peer Mental Health Support
  - Authorizes HHS to award grants for pilot programs for peer-support activities for students enrolled in secondary schools, overseen by a school-based mental health professional.
  - Requires evaluation and a report to Congress.
  - Pilot authorized until September 30, 2028.
- Section 216-Kid Proof Pilot Program.
  - Authorizes competitive grants to prevent or reduce risk of suicide and drug overdose by children, adolescents and young adults by addressing the misuse of commonly used lethal means.
  - Requires report to Congress.
  - Pilot program sunsets on September 30, 2028.

### Title III-Recovery

- Sec. 301-Youth Prevention and Recovery- Amends language related to services in Tribal areas.
- Sec. 302-Comprehensive Opioid Recovery Centers-Extends authorization to 2028.
- Sec. 303-Building Communities of Recovery.
  - Increases funding from ~~\$5,000,000~~ per fiscal year to \$16,000,000 per fiscal year through FY 2028.
- Sec. 304-Peer Support Technical Assistance Center
  - Increases funding from ~~\$1,000,000~~ to \$2,000,000 per fiscal year through FY 2028.
- Sec. 305-Career Act
  - Changes name of the act to the “Career Act Treatment, Recovery and Workforce Support Grants”.
  - Awards based on high rates of drug overdose deaths and unemployment and low average labor force participation rates.
  - Increases funding from ~~\$5,000,000~~ to \$12,000,000 per fiscal year through FY 2028.
- Sec. 306-Research and Recommendations on Criminal Background Check Process for Peer Support Specialists.
  - Directs HHS and the US Attorney General to research and make recommendations regarding the criminal background check processes of individuals becoming peer support specialists.
  - Distribute report to State agencies responsible for peer certification and Medicaid, Centers for Medicare and Medicaid Services.
  - Defines Peer Support Specialist and Peer Support Services.
- Sec. 307-Office of Recovery
  - Establishes “Office of Recovery” within the Substance Abuse and Mental Health Services Administration (SAMHSA). Duties are:
    - Identify new and emerging challenges related to providing recovery support services.
    - Support technical assistance, data analysis and evaluation.
    - Ensure coordination of best practices efforts.
    - Requires report to Congress.
- Sec. 308-Review of Grants.gov-Directs HHS to confer a public meeting regarding:
  - Possible improvements of HHS websites, including Grants.gov.
  - Consider other models for displaying and disseminating information on federal funding opportunities.
  - Consider strategies to improve the ability for entities to for grants.
  - Directs HHS to implement improvements to Grants.gov based on stakeholder feedback at the public meeting.

### Title IV-Technical Amendments

- Sec. 401-Delivery of a Controlled Substance by a Pharmacy to an Administering Practitioner.
  - Strikes Section 309A(a) of the Controlled Substance Act (21 USC 829a(a) paragraph (2):  
~~(2) the controlled substance is a narcotic drug in schedule III, IV, or V to be administered for the purpose of maintenance or detoxification treatment and is to be administered by injection or implantation.~~
  - Adds:  
“(2) the controlled substance is a drug in schedule III, IV, of V to be administered—  
(A) By injection or implantation for the purpose of maintenance or detoxification treatment; or

(B) Intranasally, subject to risk evaluation and mitigation strategy pursuant to section 505 of the Federal Food, Drug and Cosmetic Act (21 USC 355-1), with post-administration monitoring by a health care professional;

- Sec. 402-Technical Correction on Controlled Substances Dispensing-corrections in numbering of Public Law 117-328-The Consolidated Appropriations Act 2023.
- Sec. 403-Required Training for Prescribers of Controlled Substances.
  - Amends Controlled Substances Act-Section 303 ([21 USC 823](#)).

Current Status: Favorably reported from Senate HELP 2-1-24.





**118<sup>th</sup> United States Congress**  
**Progress on Behavioral Health Bills to Hearing and Beyond**  
 Status as of April 1, 2024

Bill #	Sponsor	Subject	Committee	Hearing	Calendar	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.?	To Gov
<a href="#">HR 467</a>	Griffith	HALT Fentanyl Act	E&C			5-25-23	→S	S Judiciary					
<a href="#">S 1141</a>	Cassidy		Judiciary										
<a href="#">HR 472</a>	Joyce	Fighting PTSD Act	Judiciary										
<a href="#">S 645</a>	Grassley					3-2-23	→H						
<a href="#">HR 498</a>	Obernolte	9-8-8	E&C	5-11-23 + am		3-6-24	→S	HELP					
<a href="#">S 1493</a>	Sinema	Cybersecurity	HELP										
<a href="#">HR 1639</a>	Lee	VA Zero Suicide Demonstration Project	Veterans' Affairs	7-18-23									
<a href="#">S 853</a>	Rosen		Veterans' Affairs	7-12-23									
<a href="#">HR 2577</a>	Thompson	9-8-8 Cybersecurity Responsibility Act	Homeland Security		10-20-23								
<a href="#">S 1137</a>	Peters		Homeland Security	5-17-23 +									
<a href="#">HR 3176</a>	Biggs	Veterans' Health Care Freedom Act	Veterans' Affairs										
<a href="#">S 1545</a>	Blackburn		Veterans' Affairs	7-12-23									
<a href="#">HR 3581</a>	Kiggans	COPE Act	Veterans' Affairs	7-16-23 CS+		12-4-23	→S	Veterans Affairs					
<a href="#">S 216</a>	Moran	RESPECT Act	Veterans' Affairs	2-16-23 + w/o am									
<a href="#">HR 4366</a>	Carter	Consolidated Appropriations											PL 118-42
<a href="#">HR 4531</a>	Guthrie	SUPPORT For Patients and Communities Reauthorization Act	E&C	7-19-23 + w/am 49-0		12-12-23	→S	HELP					
<a href="#">S 3393</a>	Sanders		HELP	2-1-24+									
<a href="#">HR 4646</a>	Joyce	SIREN Act Reauthorization	E&C	3-20-24+									
<a href="#">S 265</a>	Durbin		HELP	7-26-23+		12-13-23	→H						
<a href="#">HR 6364</a>	Balderson	Medicare Telehealth	E&C	12-6-23+									
<a href="#">HR 7153</a>	Wild	Dr. Lorna Breen Act	E&C	2-14-24+									

**Key:** E&C Health = House Energy and Commerce-Subcommittee on Health.

HELP=Senate Health, Education, Labor and Pensions Committee

*This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation.*

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## Department of Criminal Justice FY2024 SAMHSA Grant Project

Department of Criminal Justice FY2024 SAMHSA Grant Project																	
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	FY2028 Total	FY2027 Total	FY2026 Total	FY2025 Total	FY2024 Total
<b>Nexus</b> New Admissions	0	2	2	1	1	3											9
<b>Nexus</b> Average Days in Jail from Referral to Admission		7.5	10	6	12	30											13.1
<b>Homeward Bound</b> New Admissions	0	3	2	2	2	1											10
<b>Homeward Bound</b> Average Days in Jail from Referral to Admission		18	36	36	21	22											26.6
RESIDENTIAL TREATMENT DISCHARGES																	
<b>Successful</b>	0	0	1	3	4	1											9
<b>Unsuccessful</b>	0	0	1	0	0	1											2
REFERRING SPECIALTY COURTS FY2024																	
<b>Number of Referrals by Specialty Courts</b>			AIM	2				DWI					STAR				
			ATLAS	2				IIP					Veterans				
			Competency	9				Legacy Family	2				4-C				
			DDC	1				MHJD/SET	3								
			DIVERT	4				STAC	7								

\*Homeward Bound Pending Admission: 2

\*Nexus Pending Admission: 1





**Dallas County Behavioral Health Leadership Team**  
**Thursday, April 11<sup>th</sup>, 2024**  
**Supplemental Packet**

**Includes:**

- Public Defender's Office- Mental Health Stats
- Restorative Justice Division-Mental Health Update

HARRY INGRAM													FY2024 ATLAS STATISTICS					203rd			
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT ATLAS PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER ATLAS PARTICIPANTS	BOND				
March	36	4	40	0	0	0	0	0	0	0	0	0	40	18	0	0	18				

HARRY INGRAM													FY2024 MISDEMEANOR DIVERT MENTAL HEALTH COURT STATS					CCCAP1/WADE			
MONTH	BEGINNING # OF PENDING CASES	Rediverts	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	DISMISSAL	OTHER	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	NUMBER OF GRADUATES	BOND***							
March	21	0	0	21	0	0	0	0	3	3	18	15	0	15							

HARRY INGRAM													FY2024 S.E.T. STATISTICS					291st			
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER PARTICIPANTS	BOND				
March	38	14	52	0	0	0	0	2	0	0	5	7	45	30	1	0	29				

March													FY2024 MHPD STATS				
	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TRIALS	PLEAS	COND. DISM.	REVK	REVC	DISMISSALS	INCOMPETENT	REFERRALS	OTHER COUNSEL APPT.	TOTAL CLOSED				
R. Lenox	317	46	363	0	17	6	3	0	14	0	4	21	65				
L. Strather	374	24	398	0	3	5	0	1	3	1	0	5	18				

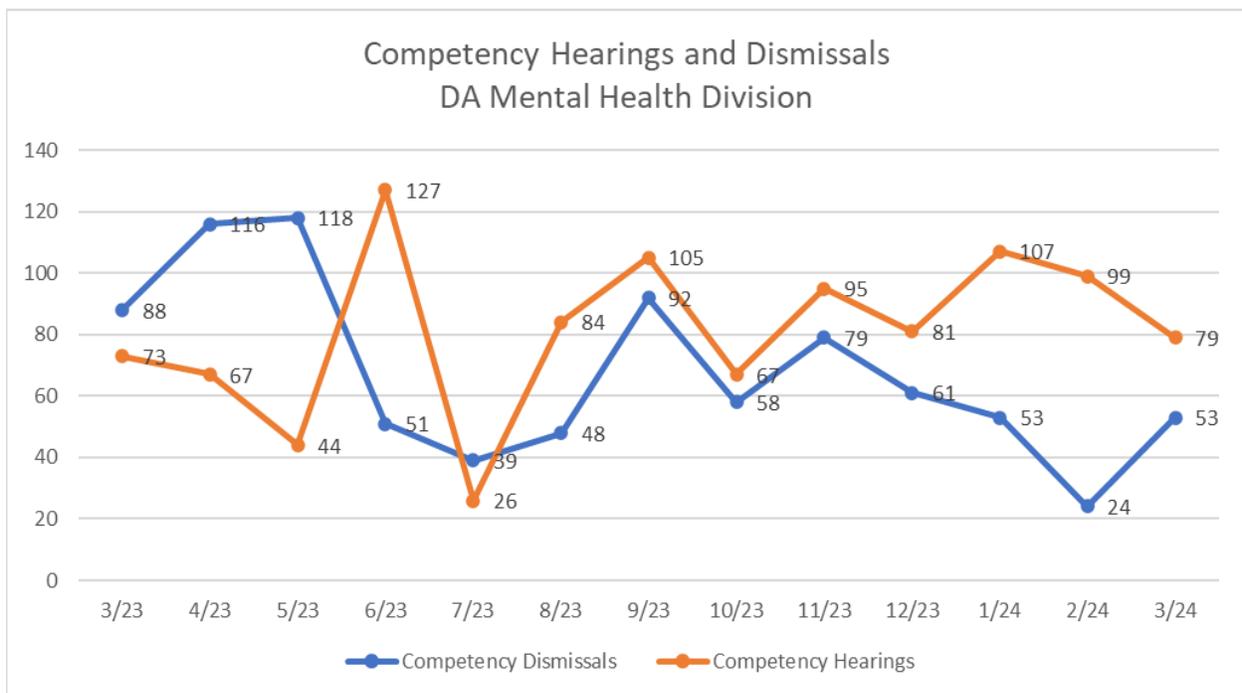
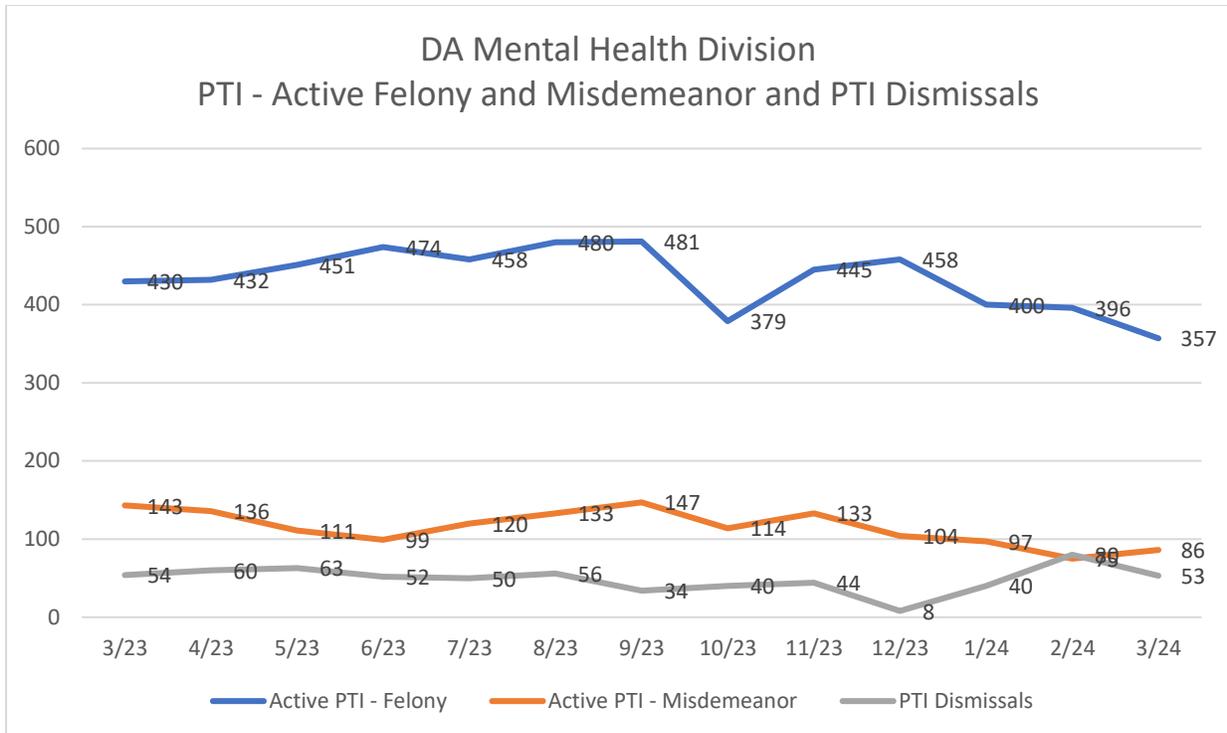
March													FY2024 FELONY COMPETENCY STATISTICS				
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATIONS	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR	
M. Harden	219	6	0	0	0	1	0	2	0	14	0	0	0	0	2	13	
R. Scott	31	2	0	0	0	0	0	2	1	1	2	0	0	0	0	30	

RANDALL SCOTT													FY2024 MISDEMEANOR COMPETENCY STATISTICS				
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATIONS	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR	
March	79	58	0	0	0	0	0	31	0	10	0	0	0	0	0	9	

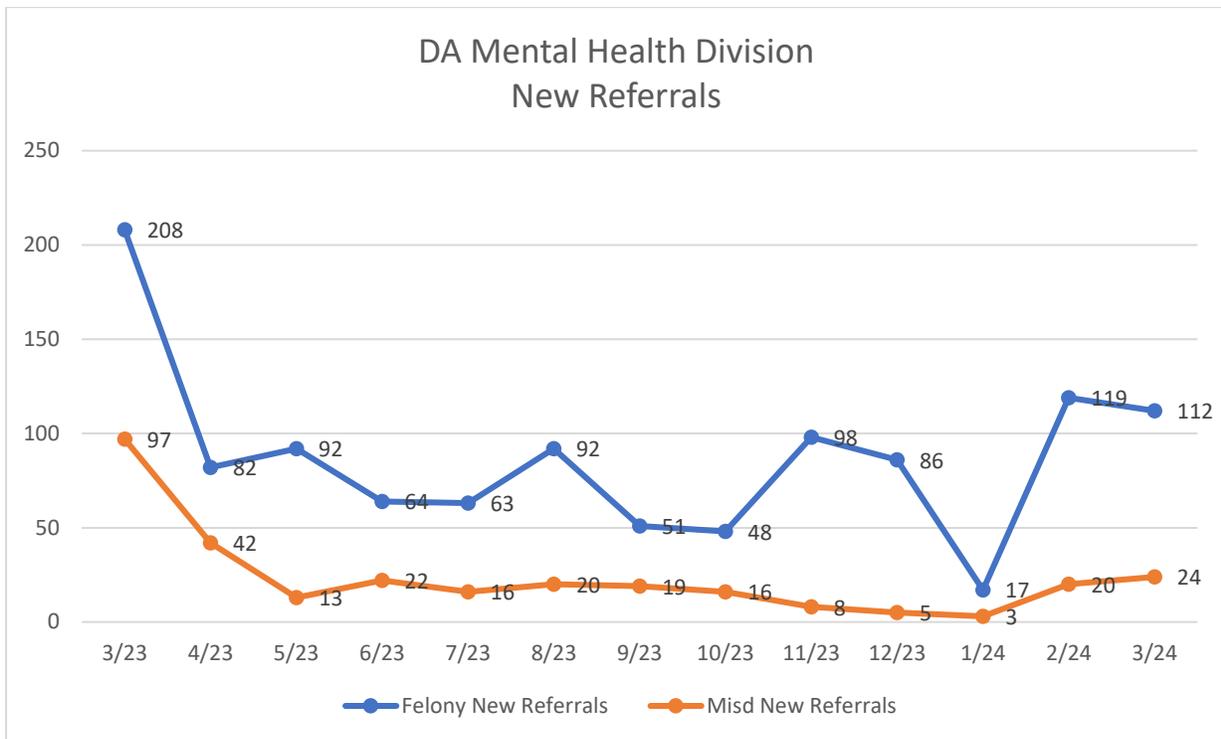
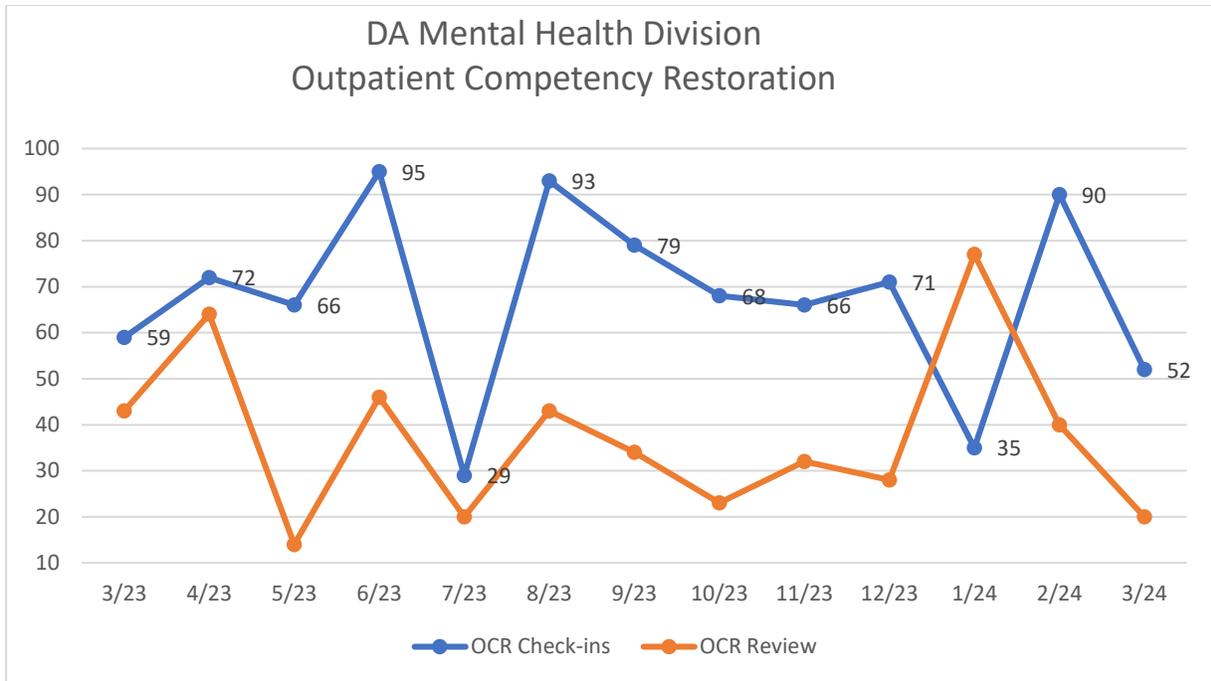
March													MI Court														
MONTH	TOTAL NEW CASES RECEIVED	NEW CLIENTS AT TERRELL	NEW CLIENTS AT MEDICAL CENTER MCKINNEY	NEW CLIENTS AT GLEN OAKS	NEW CLIENTS AT TEXOMA	NEW CLIENTS AT PERMIETER BEHAVIORAL HEALTH CARE	NEW CLIENTS AT PARKLAND	NEW CLIENTS AT CLEMENTS (formerly ZALE LIPSHY)	NEW CLIENTS AT DALLAS PRESBYTERIAN	NEW CLIENTS AT DALLAS BEHAVIORAL HEALTH	NEW CLIENTS AT HICKORY TRAILS	NEW CLIENTS AT VA	NEW CLIENTS AT GREEN OAKS	NEW CLIENTS AT GARLAND BEHAVIORAL	NEW CLIENTS AT METHODIST RICHARDSON	NEW CLIENTS AT WELLBRIDGE	NEW CLIENTS AT THRINGTON	MRM/ MLLW/ OOD/H AVEN	PROBABLE CAUSE HEARINGS HELD	NO CONTEST COMMIT	CONTESTED COMMIT	FORCED MEDS HEARING IN COURT	MODIFICATION HEARINGS	OUTPATIENT COMMIT	INPATIENT COMMIT		
L. Roberts	126	12	9	39	0	5	0	0	0	61	0	0	0	0	0	0	0	0	1	0	18	24	0	0	0	0	
C. Cox	108	0	0	0	0	0	94	6	8	0	0	0	0	0	0	0	0	0	2	1	6	4	1	0	0		
K. Nelson	80	0	0	0	0	0	0	0	0	69	11	0	0	0	0	0	0	0	2	0	12	0	0	0	0		
R. Black	101	0	0	0	0	0	0	0	0	0	0	0	44	0	35	22	0	0	5	0	1	1	0	0	1		

DAN ECKSTEIN													MHPR BOND STATS				
MONTH	INITIAL ELIGIBILITY DAILY LIST (MH FLAGS)	MHPR BOND APPOINTMENTS FROM DAILY LIST (MH FLAGS MINUS THOSE SCREENED-OUT)	MHPR BOND HEARING-BOND GRANTED (# of clients)	MHPR BOND HEARING-BOND DENIED (# of clients)	TOTAL HEARING S (# of clients)	Total # of Cases	Total # of Felony Cases	# of Felonies Approved	# of Felonies Denied	Total # of Misd. Cases	# of Misd's Approved	# of Misd's Denied					
March	2431	273	45	21	66	95	71	46	25	24	16	8					

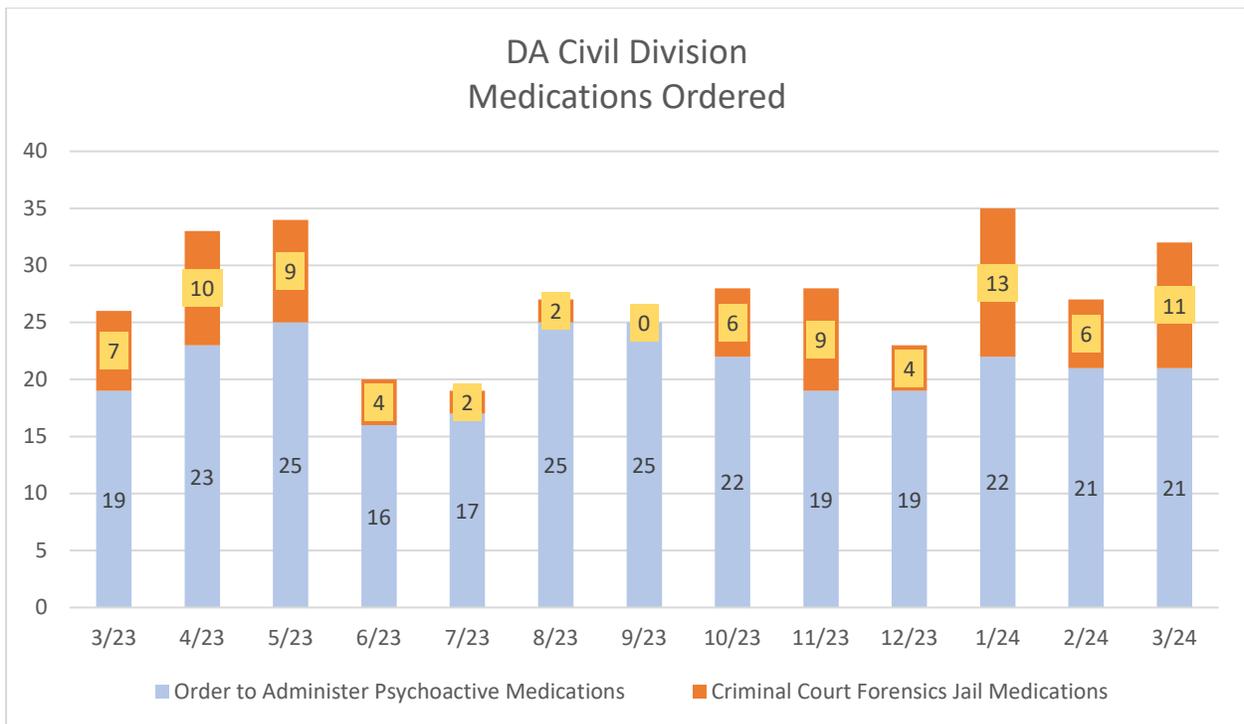
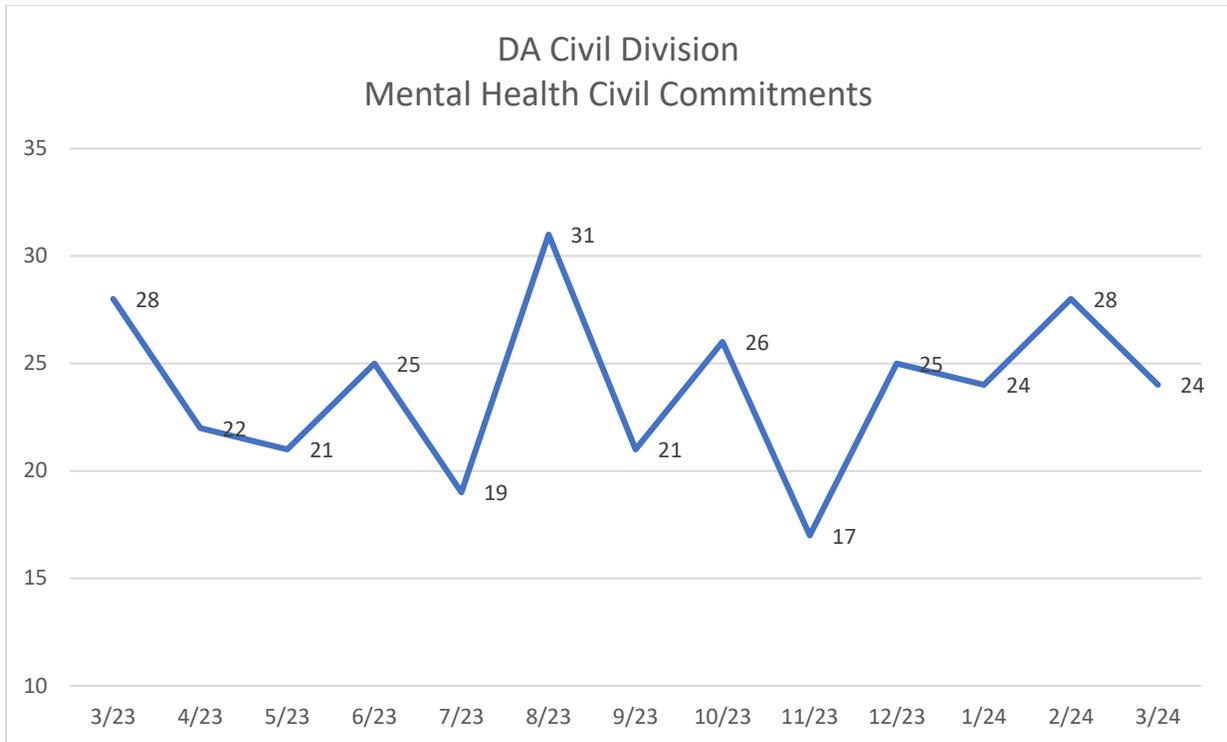
Restorative Justice Division



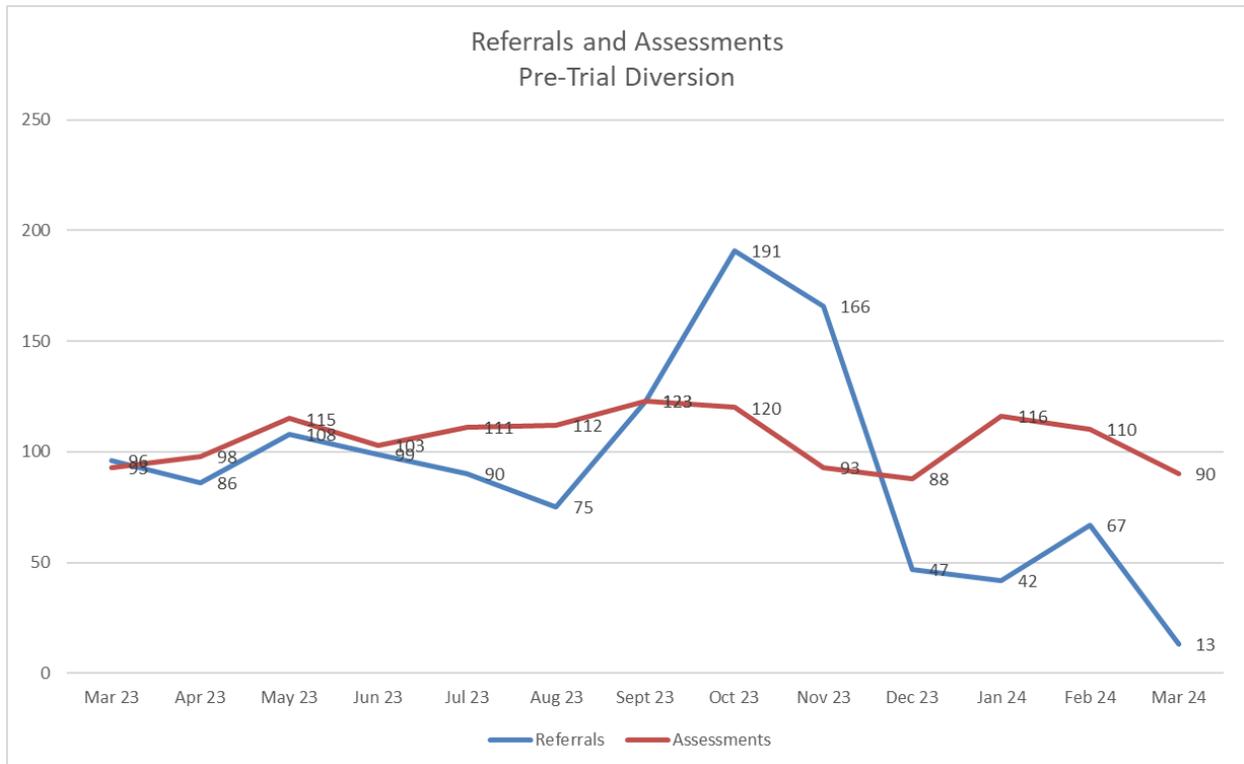
Restorative Justice Division



Restorative Justice Division



# Pre-Trial Diversion

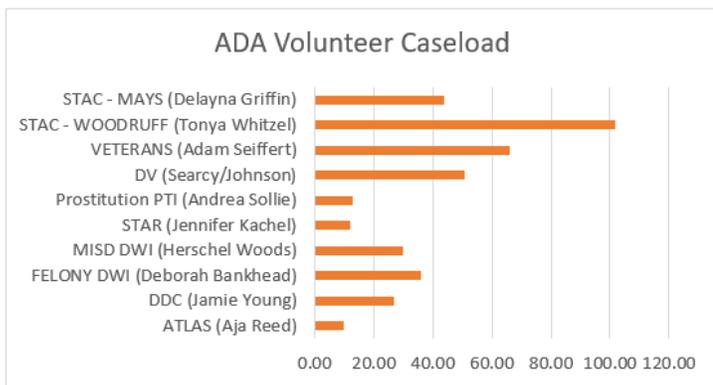
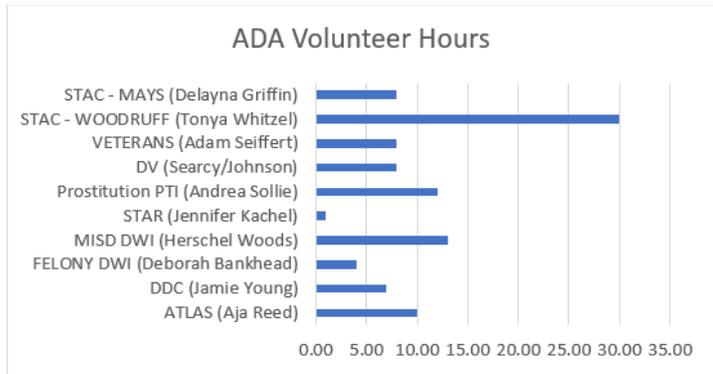


Note: starting in March 2024, referrals are not counted until the signed Consent has been returned from the Attorney and Participant

# Restorative Justice Division

## RJD SPECIALTY COURT/PROGRAMS ADA VOLUNTEER HOURS- March 2024

Specialty Court/Program	Hours	Caseload
ATLAS (Aja Reed)	10.00	10.00
DDC (Jamie Young)	7.00	27.00
FELONY DWI (Deborah Bankhead)	4.00	36.00
MISD DWI (Herschel Woods)	13.00	30.00
STAR (Jennifer Kachel)	1.00	12.00
Prostitution PTI (Andrea Sollie)	12.00	13.00
DV (Searcy/Johnson)	8.00	51.00
VETERANS (Adam Seiffert)	8.00	66.00
STAC - WOODRUFF (Tonya Whitzel)	30.00	102.00
STAC - MAYS (Delayna Griffin)	8.00	44.00



## Specialty Court & Programs Monthly Statistics - March 2024

Specialty Court/Program	Pending Intak	Graduate	Failed	Active
DIVERT	41	6	0	122
AIM	64	0	1	72
SET	15	2	2	29
MHJD	3	0	2	13
Veteran's	14	2	0	54
General PTI	236	34	20	206
Prostitution PTI	79	0	0	15
STAR PTI	2	0	0	0

