



NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

BOARD OF DIRECTORS MEETING

April 9, 2025
12:00 PM

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

Board of Directors Meeting

A Videoconference Meeting (Pursuant to Tex. Gov't Code § 551.127) will be held on

Wednesday, April 9, 2025 @ 12:00 PM

Presiding Officer will be present at meeting Location: 8111 LBJ Frwy., Suite 900; Dallas, TX 75251

General Public May Join Webinar Meeting

<https://ntbha-org.zoom.us/j/85639694543?pwd=cZB1bEBO8xwDPvQGuEAIJmWn26olo.1>

Passcode: 448766

Due to limited accommodations, the general public is encouraged to join the meeting via Zoom using information above.

A G E N D A

The NTBHA Board of Directors will meet in a regularly scheduled and posted open meeting to consider, discuss and possibly take action on:

*denotes item which requires a vote

Item #	Agenda Item	Attachment
1.	Call to Order and Declaration of Quorum	Commissioner Dr. Elba Garcia, Chair
2.	Secretary's Report <i>*Present Minutes for approval: February 2025</i>	Judge Cody Beauchamp, Secretary <input checked="" type="checkbox"/>
3.	Finance Committee Report <i>*Financial Reports for approval: January, February 2025</i>	Ryan Brown, Treasurer <input checked="" type="checkbox"/>
4.	Public Commentary - <i>Limited to 2 minutes – only those who are registered</i>	
	Consent Agenda Items	
5.	Provider Meeting Update	Matt Roberts <input checked="" type="checkbox"/>
6.	PLAG - Psychiatrists Leadership & Advocacy Group Update	John Bennett, M.D. <input checked="" type="checkbox"/>
7.	PNAC - Planning & Network Advisory Committee Update	Walter Taylor, PhD <input checked="" type="checkbox"/>
8.	Legislative Update	Janie Metzinger <input checked="" type="checkbox"/>
	Agenda Item	
9.	Presentation: <i>Mobile Crisis Outreach Team</i>	Jessica Martinez, Chief Clinical Officer

10.	Chief Executive Officer's Overview and Analysis	Carol Lucky	X
11.	*Resolution 431-2025 Ratify Health and Human Services Commission Contract for Transition Support Specialist Program for FY2025 – FY2026	Carol Lucky	X
12.	*Resolution 432-2025 Ratify HHSC Local Mental Health Authority Performance Contract Agreement Amendment No. 2 for FY2024 – FY2025 <i>(Specifically for Inpatient Psychiatric Beds - PPB)</i>	Carol Lucky	X
13.	Executive Session <i>The Board may go into Executive Session pursuant to Chapter 551, Subchapter D, Texas Govt. Codes as shown below:</i>		
14.	Discussion and possible vote in open session on matters considered in Executive Session	Commissioner Dr. Elba Garcia, Chair	
15.	Next Regular Board of Directors Meeting: May 14, 2025	Commissioner Dr. Elba Garcia, Chair	
16.	Adjourn	Commissioner Dr. Elba Garcia, Chair	

***Action Items - Discussions and possible approval**

If during the course of the meeting covered by this notice the Board of Directors should determine that a closed or executive meeting or session of the Board of Directors is required, then such closed or executive meeting or session is authorized by the Texas Open Meetings Act, Texas Government Code, Section 551.001 et seq., including but not limited to the following sections and purposes:

Tex. Gov't Code § 551.071 – Consultation with attorney to seek advice on legal matters.

Tex. Gov't Code § 551.072 – Discussion of purchase, exchange, lease, or value of real property.

Tex. Gov't Code § 551.073 – Deliberations regarding gifts and donations.

Tex. Gov't Code § 551.074 – Deliberations regarding the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee.

Tex. Gov't Code § 551.076 – Deliberations regarding security devices or security audits.

Tex. Gov't Code § 551.087 – Deliberations regarding Economic Development negotiations.

North Texas Behavioral Health Authority
Minutes of the Board of Directors [Videoconference](#) Meeting
Presiding Officer and NTBHA CEO were present at 8111 LBJ Fwy, Dallas, TX 75251
February 12, 2025, at 12:00 PM

2025 Attendance	Jan 10	Feb 12	Mar 9	Apr 14	May 11	Jun	Jul	Aug 13	Sep 10	Oct 8	Nov 12	Dec
Commissioner Dr. Elba Garcia, <u>Chair</u> Dallas County	X	X	N									N
Janis Burdett, <u>Vice-Chair</u> Ellis County	X	X	N									N
Ryan Brown, <u>Treasurer</u> Dallas County	X	X	N									N
Judge Cody Beauchamp, <u>Secretary</u> Navarro County	X	A	N									N
Judge Mary Bardin, Kaufman County	X	A	N									N
Judge Lela Lawrence Mays Dallas County	X	X	N									N
Maricela Canava Dallas County	X	X	N									N
Major Todd Calkins Rockwall County	X	X	N									N
Deputy Michael Allen Rockwall County	X	A	N									N
Captain Charlie York Navarro County	X	A	N									N
Sergeant Brad Elliott Ellis County	A	A	N									N
Nikki Haynes Hunt County	A	X	N									N

Attendance Legend:

X = Attended monthly BOD meeting

A = Absent

L = Late arrival; missed votes to approve minutes and/or financial report

R = Resigned

- = Position not appointed

N = No meeting held

E = Absent Excused

Item #1

Call to Order, Declaration of Quorum, and First Order of Business

Commissioner Dr. Elba Garcia, Chair, presided.

- Quorum Announced. Commissioner Dr. Elba Garcia, Chair brought the meeting to order and declared a quorum at 12:00 PM. This meeting was conducted as a videoconference via Zoom with limited board members and staff physically onsite. Approximately 43 participants were in attendance:
 - Board members noted above.
 - Various NTBHA staff members
 - Visitors (none in-person)

Item #2**Secretary's Report****Commissioner Dr. Elba Garcia, reported.**

The minutes for the February 12, 2025, board meeting were presented for approval. No revisions were noted.

- Vote. Janis Burdett moved for approval, seconded by Ryan Brown. The motion carried.

Item #3**Finance Committee Report****Ryan Brown, Treasurer, reported.**

The December 2024 financial reports were prepared by the accounting staff. Mr. Brown reviewed the reports and had no questions or changes and recommended approval.

- Vote. Ryan Brown made the motion for approval, seconded by Janis Burdett. The motion carried.

Item #4**Public Commentary**

None

CONSENT AGENDA**Item #5****Provider Meeting****Item #6****PLAG – Psychiatrists Leadership & Advocacy Group****Item #7****PNAC – Planning & Network Advisory Committee****Item #8****Legislative Update**

Commissioner Dr. Elba Garcia asked if there were any bills that would affect funding. Ms. Metzinger stated that the Senate Finance Committee had its first hearing on the Health and Human Services budget and that most of the reductions in the budget have been because of federal funding that expired primarily through the COVID and the ARPA funding.

- Vote. Janis Burdett moved for approval of the **Consent Agenda** reports, seconded by Major Todd Calkins. The motion carried.

Item #9**Presentation:*****Impact Communities Programs and Services, Reanna Liversage, Chief Program Officer, Impact Communities***

Ms. Reanna Liversage-Gergy gave a high-level overview of the services provided by Impact Communities whose mission is to ignite communities to work together to protect and strengthen the resiliency of youth in two ways.

Their youth **prevention program**, which is primarily in schools and after school programs, facilitates an emotional regulation curriculum for youth and the program also includes working with parents on strengthening family bonds and identifying risk and protective factors that can ultimately lead to a healthier life.

Their **community engagement** program in Dallas and Navarro County helps to identify unique needs and social determinants of health within the communities in an effort to improve mental health and reduce substance use misuse.

Impact Communities have been actively building capacity with more than 300 parents and caregivers in the Latino community to establish a parent advisory committee with a focus to educate parents on mental health and provide services in Spanish. In 2024, a mental health symposium was hosted all in Spanish and currently working on hosting a second annual Mental Health symposium. The 2024 symposium was a full day of learning in Spanish at the Dallas college. It included topics such as self-care, parent education, mindfulness and mental health.

Impact Communities' programs will be extended to Navarro County with the main objectives for Navarro County to increase access to care, bring together wrap around services to housing and secure populations, reduce overdoses and improve data collection metrics related to overdoses.

Telemedicine is another service that is being used through the Onmed Care Station, which is a groundbreaking technology that enables a care delivery system that helps solve health access inequalities.

Impact Communities contact information: Reanna Liversage, Chief Program Officer; Rliversage@impactcommunities.org; (903) 486-1028

Item #10

Chief Executive Officer's Overview and Analysis

Carol Lucky, CEO, reported.

- **Legislative Session** – The State has committed to maintaining and expanding funding for mental health services.
- **Charity Care Pool** – Funding will remain roughly the same as the previous year.
- **IT / Netsmart Medical Record System implementation** – Implementation is ongoing, along with NTBHA website redesign to improve user-friendliness, navigation, clarity, and ensure all available resources are included.
- **Internship Program** – In partnership with Paul Quinn College, Amberton University, Texas A&M Commerce, and UNT Dallas, interns will primarily be placed at the Living Room and Kaufman Bridge, with supervision provided by Nancy Blum and Jessica Martinez.
- **CCBHC Re-Certification** – In progress. The first set of documents has been submitted to the State.
- **External Audit** – Completed.
- **Inclement weather shelter** – NTBHA partnered with APPA, Austin Street Center and the City of Dallas to provide 24/7 behavioral health services at inclement weather shelters. This effort resulted in 8,200 encounters, including crisis intervention, same day medication prescriptions, case management, peer support, and psychological first aid for individuals seeking shelter
- **SIM mapping** – In progress for Ellis County, using the Sequential Intercept Model to identify and address gaps in the criminal justice and behavioral health systems.
- **Living Room** – 300 individuals were served in January.
- **Deflection and Respite Services** – Capacity at Homeward Bound residential and the Corsicana facility remained consistently full through January. A total of 65 individuals were served across residential and respite service, including the deflection center.
- **Co-Location at Terrell State Hospital** – A major initiative on the horizon is the co-location of our MCOT program at Terrell State Hospital for front-door diversion. With a tentative go-live date of March 4th, Terrell has provided dedicated space for this effort. This partnership is especially valuable as many

individuals seek inpatient hospitalization who may not meet the criteria. The co-location will enable NTBHA to provide crisis services on-site and redirect individuals to more appropriate care settings, such as outpatient, residential, respite, or private hospitals, helping preserve limited state hospital beds for those in greatest need.

- **Forensic support team** – Jail services project continues to grow and develop through Aadhar and Valiant Behavioral Health providers. This is the program with HHSC, Dallas County and Ellis County

Item #11

*Resolution 429-2025 Accept FY2024 External Financial Audit

Carol Lucky, CEO, Elizabeth Goodwin, CFO reported.

Commissioner Dr. Elba Garcia asked for the details in the changes to the audit report. Elizabeth Goodwin mentioned that the minor change was made in footnote 6 to adjust the retirement plan contribution amount and correct rounding errors, ensuring the financials reconcile accurately. The changes did not affect the audit results.

Auditor Jonathan Smith from Scott, Singleton, Fincher, and Co. presented the audit report results.

Mr. Ryan Brown reviewed the audit report and was pleased to say that it was a great audit.

Resolution 429-2025 accepted the FY 2024 External Audit report completed by Scott, Singleton, Fincher, and Co.

- Vote: Ryan Brown motioned approval, seconded by Janis Burdett. The motion carried.

Item #12

*Resolution 430-2025 Approve Revised NTBHA Planning and Network Advisory Committee (PNAC) Bylaws

Carol Lucky, NTBHA's CEO, reported.

The Planning and Network Advisory Committee (PNAC) is required by HHSC and CCBHC certification. Dr. Walter Taylor noted three bylaw changes: (1) at NTBHA's CEO discretion, members in good standing may continue serving if they move. (2) the required percentage of members with lived experience increases from 50% to 51% and (3) the minimum number of meetings rises from 4 to 6.

This resolution approved the revised NTBHA Planning and Network Advisory Committee (PNAC) Bylaws.

- Vote: Judge Lela Lawrence Mays motioned approval, seconded by Major Todd Calkins. The motion carried.

Item #13

Executive Session

The Board may go into Executive Session pursuant to Chapter 51, Subchapter D, Texas Govt. Codes. If during the course of the meeting covered by this notice, the Board of Directors should determine that a closed or executive meeting session of the Board of Directors is required, then, such closed or executive meeting or session is authorized by the Texas Open Meetings Act, Texas government code, Section 551.001 et seq., including but not limited to the following sections and purposes:

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Tex. Gov't Code § 551.076 – Deliberations regarding security devices or security audits.

Tex. Gov't Code § 551.076 – Deliberations regarding Economic Development negotiations.

- The board did not convene for an executive session.

Item #14**Discussion and possible vote in open session on matters considered in Executive Session.**

None.

Item #15**Next NTBHA Board Meeting**

- The next meeting is scheduled for **April 9, 2025, at 12:00 Noon.**

Item #16**Adjournment**

- Commissioner Dr. Elba Garcia moved to adjourn, seconded by Janis Burdett.
- By vote of agreement, the NTBHA Board of Directors Meeting was adjourned at 12:55 P.M.

Signature: _____ Date: _____

Judge Cody Beauchamp, NTBHA Board Secretary

Acronyms & Terminology

340B	A federal drug pricing program
ACA	Affordable Care Act
ACOT	Adult Clinical Operations Team (see FACT)
ACS	Adapt Community Solutions (Mobile Crisis Provider for NTBHA, see MCOT)
ACT	Assertive Community Treatment
ADD	Attention Deficit Disorder
ANSA	Adult Needs and Strengths Assessment (also see CANS)
AOT	Assisted Outpatient Treatment
APAA	Association of Persons Affected by Addiction (Peer Support)
APN	Advanced Practice Nurse
APOWW	Apprehension by a Police Officer Without a Warrant
APRN	Advanced Practice Registered Nurse (also see APN)
AWP	Average Wholesale Price (pharmacy pricing benchmark)
BH	Behavioral Health (includes MH and CD)
BHLT	Behavioral Health Leadership Team (Dallas County workgroup)
BIPOC	Black, Indigenous and People of Color
BPD	Bipolar Disorder
The Bridge	Largest shelter in Dallas, a homeless assistance center
C&A	Child and Adolescent
CAA	Consolidated Appropriations Act of 2021
CANS	Child and Adolescent Needs and Strengths Assessment (also see ANSA)
CAP	Corrective Action Plan
CBT	Cognitive Behavioral Therapy
CCBHC	Certified Community Behavioral Health Center
CCO	Chief Clinical Officer
CD	Chemical Dependency (new term is SUD)
CFGC	Child and Family Guidance Center

CEO	Chief Executive Officer
CHIP	Children's Health Insurance Program (aka SCHIP)
CHW	Community Health Worker
CIT	Crisis Intervention Training (40-hour training sponsored by the City of Dallas Police Dept. to certify Mental Health Officers)
CJAB	Dallas County Criminal Justice Advisory Board
CLSP	Consolidated Local Service Plan (replaced LSAP in new contract)
CMBHS	Clinical Management of Behavioral Health Services
CMHP	Comprehensive Mental Health Provider (formerly known as SPN)
CMO	Chief Medical Officer
CMS	Centers for Medicaid and Medicare Services
COC	Continuum of Care
COMI	Coalition on Mental Illness
COPSD	Co-Occurring Psychiatric and Substance Use Disorders services
CPS	Child Protective Services
CRCG	Consumer Resource Coordination Group
CRRS	Coronavirus Response and Relief Supplement Act of 2021
CSH	Cooperation for Supportive Housing
CSO	Chief Strategy Officer
CTI	Critical Time Intervention Model (an Evidence-Based Practice)
DARS	Texas Department of Assistive & Rehabilitative Services (obsolete functions now under TWC or HHSC)
DBSA	Depression and Bipolar Support Alliance
DEA	Drug Enforcement Administration
DHA	Dallas Housing Authority
DPS	Department of Public Safety
DFPS	Department of Family and Protective Services
DIR	Texas Department of Information Resources
DSHS	Texas Department of State Health Services (now under HHSC)
DSRIP	Delivery System Reform Incentive Payment (funded under the Texas Medicaid 1115 Waiver program)
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – classification and diagnostic tool for psychiatric disorders (see ICD-10)
EBP	Evidence-Based Practice
ECT	Electroconvulsive Therapy
EHR	Electronic Health Record
EMR	Electronic Medical Record
EMTALA	Emergency Medical Treatment and Labor Act
ER	Emergency Room
ESC	Education Service Center (Region 10 ESC is the local one with a NTBHA NPMHP onsite)
FACT	Family Child and Adolescent Team (see ACOT)
FACT	Forensic Assertive Community Treatment
FDU	Forensic Diversion Unit
FMAP	Federal Medical Assistance Percentage for Medicaid
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FSP	Free Standing Psychiatric (facility)
GAAP	Generally Accepted Accounting Principles
GASB	Governmental Accounting Standards Board
GR	General Revenue
HCBS	Home and Community-Based Services
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act of 1996
HMIS	Homeless Management Information System
HUD	Housing and Urban Development

ICD-10	10 th revision of the International Statistical Classification of Diseases & Related Health Problems – medical classification used in billing for treatment of diseases including behavioral health diagnoses (see DSM-5)
ICM	Intensive Case Management
ICW	Inpatient Care Waitlist
IDD	Intellectual and Developmental Disabilities (old term is MR)
IGT	Intergovernmental Transfer
ILA	Interlocal Agreement
IMD	Institutions for Mental Disease
IOP	Intensive Outpatient Treatment (SUD-related, also see SOP)
JBCR	Jail Based Competency Restoration
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LBHA	Local Behavioral Health Authority (NTBHA is the local authority for both mental health and substance use disorders in our counties - an LBHA, not an LMHA)
LCDC	Licensed Chemical Dependency Counselor
LCN	Local Case Number
LCSW	Licensed Clinical Social Worker
LGBTQIA+	Lesbian, Gay, Bisexual, Transsexual/Transgender, Queer/Questioning, Intersex, Asexual (inclusivity)
LMFT	Licensed Marriage and Family Therapist
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LOC	Level of Care (as identified through TRR process)
LPC	Licensed Professional Counselor
LPHA	Licensed Professional of the Healing Arts (LPC, LCDC, LCSW, LMSW, LMFT, etc.)
LSAP	Local Service Area Plan (replaced by CLSP)
LTSS	Long-Term Services and Support
MAT	Medication-Assisted Treatment
MCO	Managed Care Organization (Medicaid Plans – Amerigroup, Children’s, Molina, Parkland, Superior)
MCOT	Mobile Crisis Outreach Team (ACS is NTBHA’s contracted MCOT provider, offering telephonic triage & face-to-face screenings.)
MDD	Major Depressive Disorder
MDHA	Metro Dallas Homeless Alliance
MH	Mental Health
MHA	Mental Health America
MHFA	Mental Health First Aid training
MHRT	Mental Health Response Team
MIW	Mental Illness Warrant
MLR	Medical Loss Ratio
MOU	Memorandum of Understanding
MR	Mental Retardation (new term is IDD)
NADAC	National Average Drug Acquisition Cost (pharmacy pricing benchmark)
NAMI	National Alliance for the Mentally Ill
NARSAD	National Alliance for Research on Schizophrenia and Depression
NIMH	National Institute of Mental Health
NPMHP	Non-Physician Mental Health Professional
NTBHA	North Texas Behavioral Health Authority
NTSPP	North Texas Society of Psychiatric Physicians
OCR	Outpatient Competency Restoration
OIG	Office of Inspector General
ONDCP	Office of National Drug Control Policy
OPC	Order of Protective Custody
OSAR	Outreach, Screening, Assessment, and Referral (SUD program)
P&Ps	Policies and Procedures

PA	Pre-authorization
PAC	Provider Advisory Council
PAP	Pharmaceutical Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATS	Post-Acute Transitional Services
PBM	Pharmacy Benefit Manager
PCN	Performance Contract Notebook
PCAS	Protective Custody Approval Services (formerly known as SPA)
PCP	Person-Centered Planning
PDR	Physician Desk Reference
PE&O	Prevention, Education, and Outreach
PESC	Psychiatric Emergency Service Center (aka 23-Hour Observation aka PES)
PHI	Protected Health Information (related to HIPAA)
PIF	Penalty and Incentive Funds
PIGEON	NTBHA's Provider Integration Gathering Eligibility ONline System
PLAG	Psychiatrists Leadership and Advocacy Group
PLAN	People Living Active Now, a program of Jewish Family Service
PMPM	Per Member Per Month
PNAC	Planning and Network Advisory Committee (for NTBHA)
PSH	Permanent Supportive Housing
PTSD	Post-Traumatic Stress Disorder
QM	Quality Management
QMHP	Qualified Mental Health Professional (as determined by TAC standards)
RAP	Rapid Assessment and Prevention (offered by some providers)
RLSC	Regional Legislative Steering Committee
RFI	Request for Information
RFA	Request for Application
RFP	Request for Proposal
ROI	Return on Investment
ROSC	Recovery Oriented System of Care
SA	Substance Abuse (new term is SUD)
SAMHSA	Substance Abuse and Mental Health Services Administration
SCA	Single Case Agreement
SCHIP	State Children's Health Insurance Program (aka CHIP)
SDA	Service Delivery Area (the six counties NTBHA serves)
SED	Severe Emotional Disturbances (in children)
SFY21, SFY22	Texas State Fiscal Years. SFY21 began Sept. 1, 2020, and ended Aug. 31, 2021. SFY22 began Sept. 1, 2021.
SGA	Second Generation Atypical Antipsychotics (class of medication)
SIM	Sequential Intercept Model (source: SAMHSA, The Smart Justice Program)
SME	Subject Matter Expert
SMI	Serious Mental Illness (also see SPMI)
SNF	Skilled Nursing Facility
SNOP	Special Needs Offender Program
SNRI	Selective Norepinephrine Reuptake Inhibitor
SOP	Supportive Outpatient Treatment (stepdown from IOP)
SPA	Single Portal Authority (see acronym for PCAS)
SPMI	Serious & Persistent Mental Illness, alternately, Severe & Persistent Mental Illness (also see SMI)
SSRI	Selective Serotonin Reuptake Inhibitor
SUD	Substance Use Disorder (formerly known as Substance Abuse or Chemical Dependency)
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families

TCADA	Texas Commission on Alcohol and Drug Abuse
TBRA	Tenant-Based Rental Assistance
TCJD	Texas Criminal Justice Division
TCM	Targeted Case Management (coordination of care with the Collin County Jail)
TCOOMI	Texas Correctional Office on Offenders with Medical or Mental Impairments (aka TCOOMMI)
TDC	Texas Department of Corrections (now known as TDCJ)
TDCJ	Texas Department of Criminal Justice (formerly known as TDC)
TMACT	Tool for Measurement of Assertive Community Treatment
TJPC	Texas Juvenile Probation Commission
TLETS	Texas Law Enforcement Telecommunications System
TP 55	Type of Medicaid for medically needy clients whose increased medical bills make them eligible for Medicaid (not currently eligible for NorthSTAR)
TRR	Texas Resilience and Recovery (person-centered, recovery-oriented treatment model adopted by the State of Texas that moved away from a disease-focused model)
TSH	Terrell State Hospital
TWC	Texas Workforce Commission (agency legislated to absorb some of the former DARS program along with HHSC)
UA	Uniform Assessment (In TRR, the UA is the CANS for kiddos & the ANSA for adults.)
UC	Uncompensated Care
UM	Utilization Management
VA	Veterans Administration
WRAP	Wellness Recovery Action Plan (support program offered by Mental Health America, not treatment)
YES, Waiver Program	Youth Empowerment Services Waiver Program

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
 FY2025 All Combined Contracts MTD - JAN 25

	MH/SUD Authority	MH	SUD	Housing	Other	MTD Total
Revenue						
Federal Revenue	0	1,502,959	2,582,464	0	83,119	4,168,542
State Revenue	1,030,133	5,470,421	99,557	38,159	0	6,638,270
Local Revenue	235,830	(558,889)	73,335	0	0	(249,725)
Match Revenue	0	82,142	0	0	0	82,142
IN KIND Revenue	0	819,437	0	0	0	819,437
Interest Income	0	0	0	0	50,271	50,271
Total Revenue	1,265,962	7,316,070	2,755,355	38,159	133,390	11,508,937
Operating Expenses						
Provider Payments	0	5,134,685	2,618,127	0	(489,896)	7,262,916
In-Kind Provider Payments	0	819,437	0	0	0	819,437
Personnel Expenses	401,428	334,555	90,351	7,228	380,186	1,213,749
Personnel Fringe Benefits	121,442	93,700	27,584	2,067	100,405	345,198
Travel Expense	434	1,925	269	0	1,166	3,795
Supplies Expense	1,432	179,182	180	0	29,655	210,449
Contractual Expense	31,805	329,180	83	0	72,389	433,457
Other Expense	18,431	202,817	9,531	42,647	220,088	493,514
Depreciation Expense	0	0	0	0	28,425	28,425
Total Expenses	574,971	7,095,481	2,746,127	51,941	342,418	10,810,939
Admin Allocation						
Admin Allocation	688,747	226,665	16,083	4,903	(936,398)	0
Total Admin Allocation	688,747	226,665	16,083	4,903	(936,398)	0
Total	2,244	(6,076)	(6,854)	(18,686)	727,370	697,999
NET SURPLUS/(DEFICIT)	2,244	(6,076)	(6,854)	(18,686)	727,370	697,999

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
FY2025 All Combined Contracts YTD - JAN 25

	MH/SUD Authority	MH	SUD	Housing	Other	YTD Total
Revenue						
Federal Revenue	0	16,238,356	6,492,197	0	455,252	23,185,805
State Revenue	4,627,466	19,907,009	423,093	134,916	0	25,092,483
Local Revenue	623,739	553,195	470,220	0	1,121,975	2,769,129
Match Revenue	0	292,418	0	0	0	292,418
IN KIND Revenue	0	4,076,147	0	0	0	4,076,147
Other Revenue	0	0	619,039	0	838	619,878
Interest Income	0	0	0	0	254,262	254,262
Total Revenue	5,251,205	41,067,125	8,004,549	134,916	1,832,327	56,290,122
Operating Expenses						
Provider Payments	0	29,752,176	6,718,337	0	696,097	37,166,610
In-Kind Provider Payments	0	4,076,147	0	0	0	4,076,147
Personnel Expenses	1,713,892	1,683,201	408,325	31,601	1,852,908	5,689,928
Personnel Fringe Benefits	472,185	426,386	135,332	8,073	425,797	1,467,774
Travel Expense	12,047	36,091	4,929	0	22,090	75,156
Supplies Expense	17,395	508,834	2,255	0	303,936	832,419
Contractual Expense	140,279	1,421,923	1,328	0	537,129	2,100,659
Other Expense	84,223	2,040,534	668,966	157,470	867,282	3,818,475
Depreciation Expense	0	0	0	0	140,807	140,807
Total Expenses	2,440,020	39,945,292	7,939,472	197,144	4,846,046	55,367,974
Admin Allocation						
Admin Allocation	2,811,185	1,111,013	65,077	17,119	(4,004,394)	0
Total Admin Allocation	2,811,185	1,111,013	65,077	17,119	(4,004,394)	0
Total	0	10,819	0	(79,347)	990,675	922,147
NET SURPLUS/(DEFICIT)	0	10,819	0	(79,347)	990,675	922,147

North Texas Behavioral Health Authority
FY2025 BOD Budget Variance Report

January 31, 2025

	Month to Date			Year to Date		
	Actual	Budget	Variance	Actuals	Budget	Variance
Revenue						
Federal Revenue	4,168,542	3,715,484	453,058	23,185,805	18,577,418	4,608,387
State Revenue	6,638,270	7,946,800	(1,308,530)	25,092,483	39,733,999	(14,641,516)
Local Revenue	(249,725)	1,032,978	(1,282,703)	2,769,129	5,164,890	(2,395,761)
Match Revenue	82,142	639,473	(557,331)	292,418	3,197,364	(2,904,946)
IN KIND Revenue	819,437	-	819,437	4,076,147	-	4,076,147
Other Revenue	-	-	-	619,878	-	619,878
Interest Income	50,271	-	50,271	254,262	-	254,262
Total Revenue	11,508,939	13,334,734	(1,825,795)	56,290,122	66,673,670	(10,383,548)
Operating Expenses						
Direct Expenses						
Provider Payments	7,262,916	7,639,453	376,537	37,166,610	38,197,265	1,030,655
In-Kind Provider Payments	819,437	-	(819,437)	4,076,147	-	(4,076,147)
Personnel Expenses	1,213,749	1,426,132	212,383	5,689,928	7,130,660	1,440,732
Personnel Fringe Benefits	345,198	312,425	(32,773)	1,467,774	1,562,125	94,351
Travel Expense	3,795	26,383	22,588	75,156	131,915	56,759
Supplies Expense	210,449	97,704	(112,745)	832,419	488,520	(343,899)
Contractual Expense	433,457	3,070,797	2,637,340	2,100,659	15,353,985	13,253,326
Other Expense	493,514	743,322	249,808	3,818,475	3,716,608	(101,867)
Depreciation Expense	28,425	18,518	(9,907)	140,807	92,592	(48,215)
Total Operating Expenses	10,810,940	13,334,734	2,523,794	55,367,975	66,673,670	11,305,695
Net Surplus/(Deficit)	697,999	-	697,999	922,147	-	922,147

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
FY2025 All Combined Contracts MTD - FEB25

	MH/SUD Authority	MH	SUD	Housing	Other	MTD Total
Revenue						
Federal Revenue	0	134,281	132,755	0	(193,531)	73,505
State Revenue	1,312,942	7,553,753	223,596	39,717	0	9,130,008
Local Revenue	15,801	10,227	(94,950)	0	(161,925)	(230,846)
Match Revenue	0	63,189	0	0	0	63,189
IN KIND Revenue	0	496,329	0	0	0	496,329
Other Revenue	0	0	(619,039)	0	200,000	(419,039)
Interest Income	0	0	0	0	35,468	35,468
Total Revenue	1,328,743	8,257,779	(357,638)	39,717	(119,988)	9,148,614
Operating Expenses						
Provider Payments	0	6,504,111	99,406	0	289,067	6,892,584
In-Kind Provider Payments	0	496,329	0	0	0	496,329
Personnel Expenses	401,167	351,516	95,271	6,739	427,870	1,282,562
Personnel Fringe Benefits	102,131	91,839	31,367	1,926	198,024	425,287
Travel Expense	3,178	8,353	1,027	272	5,944	18,774
Supplies Expense	4,508	4,786	129	0	228,291	237,714
Contractual Expense	30,793	333,585	(68)	0	74,863	439,173
Other Expense	27,488	220,889	(608,557)	26,877	190,894	(142,409)
Depreciation Expense	0	0	0	0	70,626	70,626
Total Expenses	569,265	8,011,406	(381,425)	35,814	1,485,578	9,720,639
Admin Allocation						
Admin Allocation	759,478	345,198	23,787	5,333	(1,133,795)	0
Total Admin Allocation	759,478	345,198	23,787	5,333	(1,133,795)	0
Total	0	(98,825)	0	(1,430)	(471,771)	(572,025)
NET SURPLUS/(DEFICIT)	0	(98,825)	0	(1,430)	(471,771)	(572,025)

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
FY2025 All Combined Contracts YTD FEB 25

	MH/SUD Authority	MH	SUD	Housing	Other	YTD Total
Revenue						
Federal Revenue	0	16,372,637	6,624,952	0	261,721	23,259,310
State Revenue	5,940,408	27,460,762	646,689	174,633	0	34,222,491
Local Revenue	639,540	563,422	375,270	0	960,050	2,538,283
Match Revenue	0	355,608	0	0	0	355,608
IN KIND Revenue	0	4,572,475	0	0	0	4,572,475
Other Revenue	0	0	0	0	200,838	200,838
Interest Income	0	0	0	0	289,730	289,730
Total Revenue	6,579,948	49,324,904	7,646,911	174,633	1,712,340	65,438,736
Operating Expenses						
Provider Payments	0	36,256,288	6,817,743	0	985,164	44,059,194
In-Kind Provider Payments	0	4,572,475	0	0	0	4,572,475
Personnel Expenses	2,115,059	2,034,717	503,597	38,340	2,280,778	6,972,490
Personnel Fringe Benefits	574,316	518,225	166,699	9,998	623,822	1,893,061
Travel Expense	15,225	44,444	5,955	272	28,034	93,930
Supplies Expense	21,903	513,619	2,384	0	532,227	1,070,133
Contractual Expense	171,072	1,755,508	1,260	0	611,991	2,539,832
Other Expense	111,711	2,261,422	60,410	184,347	1,058,176	3,676,066
Depreciation Expense	0	0	0	0	211,432	211,432
Total Expenses	3,009,285	47,956,699	7,558,047	232,958	6,331,625	65,088,614
Admin Allocation						
Admin Allocation	3,570,663	1,456,211	88,864	22,451	(5,138,189)	0
Total Admin Allocation	3,570,663	1,456,211	88,864	22,451	(5,138,189)	0
Total	0	(88,005)	0	(80,776)	518,904	350,122
NET SURPLUS/(DEFICIT)	0	(88,005)	0	(80,776)	518,904	350,122

North Texas Behavioral Health Authority
FY2025 BOD Budget Variance Report
February 28, 2025

	Month to Date			Year to Date		
	Actual	Budget	Variance	Actuals	Budget	Variance
Revenue						
Federal Revenue	73,505	3,715,484	(3,641,979)	23,259,310	22,292,902	966,409
State Revenue	9,130,008	7,946,800	1,183,208	34,222,491	47,680,799	(13,458,308)
Local Revenue	(230,846)	1,032,978	(1,263,824)	2,538,283	6,197,868	(3,659,585)
Match Revenue	63,189	639,473	(576,284)	355,608	3,836,837	(3,481,229)
IN KIND Revenue	496,329	-	496,329	4,572,475	-	4,572,475
Other Revenue	(419,039)	-	(419,039)	200,838	-	200,838
Interest Income	35,468	-	35,468	289,730	-	289,730
Total Revenue	9,148,615	13,334,734	(4,186,120)	65,438,735	80,008,404	(14,569,669)
Operating Expenses						
Direct Expenses						
Provider Payments	6,892,584	7,639,453	746,869	44,059,194	45,836,719	1,777,525
In-Kind Provider Payments	496,329	-	(496,329)	4,572,475	-	(4,572,475)
Personnel Expenses	1,282,562	1,426,132	143,570	6,972,490	8,556,793	1,584,303
Personnel Fringe Benefits	425,287	312,425	(112,862)	1,893,061	1,874,551	(18,511)
Travel Expense	18,774	26,383	7,609	93,930	158,298	64,368
Supplies Expense	237,714	97,704	(140,010)	1,070,133	586,224	(483,910)
Contractual Expense	439,173	3,070,797	2,631,624	2,539,832	18,424,782	15,884,950
Other Expense	(142,409)	743,322	885,731	3,676,066	4,459,930	783,864
Depreciation Expense	70,626	18,518	(52,108)	211,432	111,110	(100,322)
Total Operating Expenses	9,720,640	13,334,734	3,614,094	65,088,613	80,008,404	14,919,791
Net Surplus/(Deficit)	(572,025)	-	(572,025)	350,122	-	350,122

NTBHA Provider Network Meeting

March 28, 2025

10am

Teleconference: Microsoft Teams

	Meeting Agenda
X	Meeting Summary

*Agenda is subject to change

**read.ai meeting notes, or iabot technology: These technology features are NOT allowed in this meeting.

Agenda Item	Presenter	Agenda Talking Points
Welcome & Introductions	Alvin Mott	<p>Greetings</p> <ul style="list-style-type: none"> ➤ Operational Changes notify NTBHA at provider.relations@ntbha.org or call Alvin Mott at 469-530-0246 ➤ PPE Request: Gloves, Mask, Covid Test, Hand Sanitizer, etc. Contact Kevin Fox at kfox@ntbha.org ➤ Narcan Request: Contact NTBHA OSAR Janet Buchanan at jbuchanan@ntbha.org <ul style="list-style-type: none"> ○ Provide the following: How many boxes and contact info: Point of Contact and drop off location and times. ➤ NTBHA Provider Manual: ➤
General Updates	Alvin Mott	<ul style="list-style-type: none"> ➤ Encounter Submission: ➤ Performance Measure Spotlight: Info Item C: https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/info-item-c.docx ➤ ID's: Form of identification – these must be scanned and uploaded. Additional forms listed on FE and Documentation handout attached to agenda.
SUD Updates	Alvin Mott	<ul style="list-style-type: none"> ➤ Co-occurring Psychiatric & Substance Abuse Disorders (COPSD): Contract Expires August 31, 2025. <ul style="list-style-type: none"> ○ Sustainability Planning: ○ New Program: Comprehensive Case Management Services (CCMS) <ul style="list-style-type: none"> ▪ Services to individuals eligible for intensive residential services <ul style="list-style-type: none"> • Pre-Entry, During Treatment & Post-Treatment ➤ Billing/Documentation: <ul style="list-style-type: none"> ○ Treatment Plans (5 Service Days of Admission) ○ Treatment Services (72 hours) ○ Day Rate Attendance (○ Medication Service (➤ Performance Measure Spotlight: <ul style="list-style-type: none"> ○ Adult Residential Completion – Target 52%: <ul style="list-style-type: none"> ▪ FY23 HHSC State Avg. 52.82% ▪ FY25 NTBHA (Sept. 1, 2024 – Feb. 28, 2025): 54.33% ○ Adult Outpatient Completion – Target 42% <ul style="list-style-type: none"> ▪ FY23 HHSC State Avg. 37.60% ▪ FY25 NTBHA (Sept. 1, 2024 – Feb. 28, 2025): 39.40%
Outpatient, Utilization and Evaluation Updates	Robert Johnson	<ul style="list-style-type: none"> ➤ Quick Reminders CMHPs: <ul style="list-style-type: none"> ○ When corrections are made to Uniform Assessment's; notify Robert Johnson at rjohnson@ntbha.org ○ Any UA submitted after the 15th of the month will show up in Served Not Assessed Performance Contract Measure and not count. ○ Please return the RX/SNA/Medicaid/Error report each month.
Compliance / Quality Management	QM	<ul style="list-style-type: none"> ➤ Review Reminders ➤ Incident Report: new version. ➤
Announcements	Alvin Mott	<ul style="list-style-type: none"> ➤ Please review the attachments to agenda ➤ Next Meeting

Questions From Providers	Open	
<p>Providers: NTBHA would like to highlight the good work you all are doing in the community. This is your opportunity to brag to the NTBHA board about the good work you are doing in the community. Please send your submission to Provider.Relations@NTBHA.org by COB on the Monday following each provider meeting.</p>		
<p>**The Next Meeting: April 25, 2025, at 10am</p> <p>****Meeting notes are included in NTBHA Board Meeting Documents. You can access NTBHA Board Meeting Documents at: https://ntbha.org/meetings/board-of-directors/</p>		

Announcements / Resources

If any provider would like to announce any trainings or events please send information to amott@ntbha.org

LMHA AUDIT SUMMARY

With the goal to proactively address any gaps and to enhance internal controls, NTBHA has compiled a list of issues and findings from previous audits completed across Texas LMHAs. The summary listed below will be used to further monitor our system and implement strategies for improvement.

2024 AUDIT SUMMARIES

AUDIT FINDINGS/ISSUES	LMHA 1	LMHA 2	LMHA 3	LMHA 4	LMHA 5	LMHA 6	LMHA 7	LMHA 8	LMHA 9*
Assessments were not completed on time	X								
Financial Assessments were not done within the required time frame	X		X	X			X		
Services provided before completion of Recovery Plans	X		X	X			X		
Missing required elements of the Recovery Plan (e.g., signatures)	X		X	X				X	
Unacceptable justifications for deviating the Level of Care	X		X						
Failure to inform and/or document informing individuals when deviating the Level of Care	X		X	X		X			
Inpatient Waitlist Issues	X		X	X			X		
Made payments to hospitals with no active contract in place	X								
Services completed by unlicensed individuals/Insufficient Supervision			X					X	
Clinicians did not complete all required training			X			X			
Staff not trained in CANS/ANSA			X			X			
Missing or incomplete Consent Forms			X			X			
Incorrect Claims (e.g., billing for an in-person appointment where the appointment was completed via telehealth)			X			X		X	
Duplication of Services/Billing (billing of services for one individual provided by 2 different clinicians at the same time)			X			X			
Use of incorrect CPT Codes			X		X			X	
Insufficient documentation of medical necessity for an intervention					X			X	X
Billing for more units than were documented in the individual's chart					X	X			X
Lack of IT System internal controls									X

*Audit summary from 2016

Financial Eligibility (FE) & Documentation

Comprehensive Mental Health Providers	Substance Use Disorder Providers
<ul style="list-style-type: none"> • Completed in the Provider Integration Gathering Eligibility Online (PIGEON) • Completed upon intake and annually thereafter. *FE should also be done when there is a change in the clients' financial situation. e.g. Client obtains Medicaid, third party insurance, job, inheritance, etc. • Supporting Documentation to verify FE should be uploaded to client profile in PIGEON. • Requirements of a complete financial: <ul style="list-style-type: none"> ○ Explanation of current financial circumstance ○ Some form of Identification (DL, State ID, SS Card, etc.) ○ Verification of Residency (at least 1 bill in name of consumer or head of household) ○ Last 2 paystubs (for spouse as well if married) ○ Verification of Assistance form, if not working or living independently ○ Client Attestation ○ Explanation of circumstance if homeless ○ Claims for individuals with incomplete, missing, or inaccurate annual financials are subject to full recoupment of funds for services rendered 	<ul style="list-style-type: none"> • Completed in Clinical Management for Behavioral Health Services (CMBHS) • Completed upon intake and every 180 days thereafter. *FE should also be done when there is a change in the clients' financial situation. e.g. Client obtains Medicaid, third party insurance, job, inheritance, etc. • Supporting Documentation to verify FE should be uploaded in the Financial Eligibility document in CMBHS. • Requirements of a complete financial: <ul style="list-style-type: none"> ○ Explanation of current financial circumstance ○ Some form of Identification (DL, State ID, SS Card, etc.) ○ Verification of Residency (at least 1 bill in name of consumer or head of household) ○ Last 2 paystubs (for spouse as well if married) ○ Verification of Assistance form, if not working or living independently ○ Client Attestation form (printed from CMBHS and signed by consumer) ○ Explanation of circumstance if homeless ○ Medicaid Eligibility Verification (MEV) must be completed on each individual ○ Claims for individuals without an MEV at the time of intake are subject to full recoupment of funds for services rendered ○ If Medicaid or 3rd party benefits are awarded at any time during treatment, the provider must seek recoupment for services covered by Medicaid or 3rd Party insurer

Staff Trainings

Substance Use Disorder Providers

- TCADA Rules
- Facility policies & procedures
- client rights
- client grievance procedures
- confidentiality of client-identifying information (42 C.F.R. pt 2; HIPAA)
- Standards of conduct
- emergency and evacuation procedures
- Abuse, Neglect, and Exploitation
- HIV, Hepatitis B and C, Tuberculosis and Sexually Transmitted Diseases
- Cardiopulmonary Resuscitation (CPR)
- Nonviolent Crisis Intervention
- Restraint and/or Seclusion
- Intake, Screening and Admission Authorization
- Self-administration of Medication.
- Training & Supervision necessary to ensure compliance with HHSC and NTBHA rules, provision of appropriate and individualized treatment, and protection of client health, safety and welfare.
- Receive Copy of Statement of work
- Receive Copy of SUD Program Guide
- Review all P&Ps related to program or organization
- MI Techniques or Motivational Enhancement Therapy
- Trauma, Abuse and Neglect, Exploitation, Violence, Post-Traumatic Stress Disorder
- Cultural Sensitivity and Competency, specifically including but not limited to gender and sexual identity and orientation
- Overdose Prevention Training
- Harm reduction trainings
- HIPAA & 42 CFR Part 2 training
- Medication Assisted Recovery and/or Certified Medication Assisted Treatment Advocacy Training
- Motivational Interviewing Techniques
- Cultural competencies
- Reproductive Health Education
- Risk and Harm Reduction Strategies
- Trauma-informed care
- Suicide prevention and intervention
- Trauma-informed care
- State of Texas co-occurring psychiatric and substance use disorder (COPSD) training
- "Substance Abuse Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) – Comprehensive Case Management to as a guideline. <https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA15-4215>"
- Alcohol, Tobacco and Other Drugs on the Developing Fetus
- Child Welfare Education

Quality Management Reminders to all Providers

-In-person signatures are required on financial eligibility, consents, recovery plans and reviews, discharge plans.

-Make sure MH FEs are completed in PIGEON.

- We want to emphasize the importance of your documentation being timely and detailed for all provided services this includes all clinical documentation, progress notes, recovery planning, safety planning, appropriate discharge planning, documentation for outreach/missed appointments calls/call attempts
- Ensure accurate coding by properly justifying billed services to mitigate liability and prevent potential repayment of funds
- Review Treatment Plans prior to requesting authorization for continuation of services.
- A correlating progress note must be documented when completing an ANSA/CANS assessment, whether conducted face-to-face or via telehealth. If a deviation is being requested, this progress note must include in detail the discussion you have with the individual and/or LAR, that explains the reason for deviation, and the information provided for them to be informed and aware of the services they are declining if deviating by choice to a lower level of care.
- When OSAR sends you a referral for SUD and/or MH services, please respond to their emails acknowledging that it has been received so they know you are contacting the individuals.
- MH Providers: When you receive email communication from NTBHA concerning correcting authorizations (ANSA/CANS) and related clinical information requests, please respond to the identified NTBHA staff within 3 business days when issues have been corrected. We are identifying staff with ongoing concerns and moving forward we may request corrective actions if we do not see improvements. We highly recommend that you meet one on one with these staff to address the ongoing documentation concerns/errors.
- MH Providers: When you receive email communication from NTBHA concerning the RX/SNA/Medicaid/Error Report, please respond to the identified NTBHA staff within 10 calendar days of the email with all corrections.
- When you receive emails from QM, please acknowledge receipt of them.
- When records are requested from QM, please ensure they are complete records. This will prevent back and forth communication regarding records and/or follow-up questions if information is missing and we are trying to get the full picture.
- Please type all incident reports so we can easily read them. If you do not have the fillable version from us, let us know so we can send it to you.
- A reminder that death report forms, death incident reports & preliminary death reviews should be submitted to NTBHA QM within 24 business hours of your agency being informed of the death. Administrative and Clinical death reviews should be submitted to NTBHA QM as soon as completed.
- Please make sure that all submitted documents are legible, signed and dated as required.
- SUD Providers: please make follow up calls for missed groups/sessions/appts.

- MH Providers: if you provide ACT services but are at capacity, please ensure you are referring individuals who score into ACT, to another provider who can serve them at this LOC.
 - MH Providers: please ensure that individuals who are returning after a MH or SUD hospitalization are being reassessed to determine if a higher level of care is needed. You do not have to wait to do this. If you are getting a new individual after they have been hospitalized, please ensure that their ANSA is being scored correctly to determine if a higher level of care is needed based on the recent crisis.
 - NTBHA QM conducts mystery calls each quarter with an emphasis on access to care.
1. Voicemail messages for individuals seeking services should be called back by the end of the next business day; credit is given if calls are returned within 2 business days.
 2. Each caller should be assessed for SI/HI or other crisis and then connected immediately to services if they indicate needing urgent/emergent care. The NTBHA Care Coordinators can assist with this if needed.
 3. Inform callers of the NTBHA program and ensure it is presented accurately & inform them of what documents they need to bring with them to first appt.
- Please keep up with all your staff's required training and continue consistent supervision of your staff and reviewing if they have completed trainings and the quality of their documentation. We understand everyone is busy, but we want to emphasize consistent supervision always helps staff feel educated and supported and helps continuous quality improvement.
 - We thank all our providers for turning in all your monthly reports, incidents, and death reviews timely to us. As you all know we have deadlines at our end, and we appreciate your diligence.

**We thank you all for all your hard work. If you all have any questions, please feel free to email
QM@NTBHA.ORG**

ANSA/CANS/SARS Expectations

- ANSA/CANS be uploaded to CMBHS within 14 calendar days of date of service.
- Observation emails responses within 3 business days
- SAR must be submitted within 3 business days of the begin service date. Request submitted outside of the 3 business days of completion must be accompanied with written justification for delay of submission and will be considered by the NTBHA QM/UM Department and authorized accordingly

If you have any questions, feel free to contact:

Robert Johnson, Director of Outpatient, Utilization and Evaluation
Rjohnson@ntbha.org

SUD Service Authorization Request (SAR)

Service Authorization Requests (SAR) are submitted by the provider once the individual's Financial, Residential, and Diagnosis Eligibility has been verified to determine the service package to be provided.

Service Packages	Typical Amount Requested	MAX Amount in CMBHS
Residential Detoxification	5 units	NA
Ambulatory Detox	5 units	NA
Adult Intensive Residential	28 units	180 units
Adult Outpatient	100 units	180 units
OST/OTS	365 units	NA
OBOT	365 units	NA
Youth Intensive Residential	60 units	180 units
Youth Outpatient	100 units	180 units
Adult W&C, Intensive Residential	45 units	180 units
Adult SF Intensive Residential	45 units	180 units
Adult SF Outpatient	100 units	NA
COPSD	90 units	NA

Units = Days

Service packages can be authorized up to the allowable Service Package Amount or the SAR as long as an appropriate narrative is provided for the Authorizer to approve.

Clinicians should take the information gathered through screening and assessment to document the individual's need for service that address the DSM criteria. The narrative should include:

1. Basis for the DSM SUD Diagnosis: Description of how the client meets diagnosis criteria
2. Impairments related to the SUD: Description of life areas most severely affected by the substance use
3. Corresponding level of care: what is indicated based on diagnosis and severity of impairments that will meet the individual's needs

**SYMPTOMS OF SUD
+ BEHAVIOR
+ IMPAIRMENT**

SAR

Recommended Format for SAR Submission:

"(Name) meets criteria for (DSM-5 SUD diagnosis) as evidenced by (____). Severity is (mild, moderate, severe) and meets (number of DSM-5 criteria for SUD diagnosis) of the criteria. Currently, (Name), endorses the following symptoms (criteria). (Name) has had a pattern of problematic use over/within the last (duration of use) as evidenced by (____).

(Name) meets medical necessity based on the above diagnosis and significant impairment in dimensions (numbers with most severe risk ratings) of the ASAM Criteria as evidenced by (____). Due to (Name)'s (symptoms of SUD), (behaviors) resulting in (impairment). (Name) is most appropriate for (level of care) and will need (services that will address (Name)'s problems)."

Announcements / Resources



**MENTAL
HEALTH
FIRST AID®**

Below you will find a list of our upcoming MHFA/YMHFA Classes. Please feel free to share with staff and community members, these classes are free for Texas Residents. If you are interested in hosting a class for your organization, feel free to contact Amy Sanders directly.

Amy Sanders

Manager of MHFA Education and Outreach
North Texas Behavioral Health Authority
8111 LBJ Frwy | Suite 900 | Dallas, TX
Direct 469-530-0574
Cell 469-595-1211
mhfa@ntbha.org



Want to Take a MHFA Class?

Community Presentations Available



OSAR is available to give free community presentations on a variety of substance related topics such as:

- Fentanyl Awareness & Trends
- How To Administer Narcan
- Marijuana and Vaping
- Alcohol Awareness and the Body
- OSAR 101
- Kratom Awareness
- Marijuana Awareness
- Addiction and The Elderly
- Methamphetamine Awareness
- Co-Occurring Disorders
- Tobacco Awareness

If interested in a training for a group or agency, please contact Janet Buchanan at jbuchanan@ntbha.org or call 469-290-2101



NTBHA Virtual Series:

Most Common MH Disorders that Co-Occur with SUD (April 9th 12pm-1pm)

Registration: <https://www.eventbrite.com/e/1152702477139?aff=oddtdtcreator>

It is important in substance use treatment to know if there is a mental health disorder present. Learn which disorders commonly co-occur with substance use to increase effective treatment.

Legal Does Not Mean Safe (April 23rd 12pm-1pm)

Registration: <https://www.eventbrite.com/e/1152516179919?aff=oddtdtcreator>

There are many substances being sold in local stores that can be just as dangerous as heroin, and their legal. Whether they are edibles, supplements, cartridges, or "herbs", Legal does not mean safe.

Neurodivergence and Substance Use (May 7th 12pm-1pm)

Registration: <https://www.eventbrite.com/e/1301335673029?aff=oddtdtcreator>

How has being neurodivergent prevented adequate substance use treatment? In this presentation, learn what is neurodivergence; how misdiagnosis has contributed to higher risk of substance use and suicide; what we can do as professionals to increase success in recovery.



Documents / Deliverables to Submit to NTBHA

***If any documents are needed please contact Alvin Mott at amott@ntbha.org

**** When submitting documents to NTBHA All Emails should have the following in the Subject Line:

[(Provider Name); FY & Month; and name of Report]

Example: NTBHA FY21 March CMBHS Security and Attestation Form

Documents To Submit to NTBHA:

- **Confidential Incident Report and Death Reviews (CMHP & SUD)**
 - This report is to be turned as needed when an incident happens to QM@ntbha.org
 - Death reports and reviews must be submitted within 24 hours of being informed of death
- **Monthly QM Incident Report (CMHP & SUD)**
 - This report needs to be turned in monthly by the 5th business day of the following month reporting.
 - Submit form to QM@ntbha.org
- **HHSC Substance Intervention and Treatment Programs (SITP) Call & Other Agency Attendance Report (SUD)**
 - This report is to be submitted to QM@ntbha.org by the 5th business day following the month reporting.
- **RSS Providers:**
 - RSS Performance Measure Report
 - Due by the 10th day of the following month reporting.
 - Submit to amott@ntbha.org
 - RSS Invoice Report
 - Due by the 5th day of the following month reporting.
 - Document should be sent monthly to the following: (Accounts Payable) ap@ntbha.org; (Provider Relations) provider.relations@ntbha.org
- **YES Wavier Inquiry List (YES Waiver)**
- **NTBHA Inquiry Data (CMHP)**
- **Form LL – Consumer Complaint Reporting (CMHP)**
- **Encounter Data (CMHP)**

Administrative Task Per SOW for SUD Providers:

- **Provider Daily Capacity Report**
 - **Providers are to enter daily capacity via CMBHS.**
 - Providers will report daily available capacity, Monday through Friday, by 10:00 a.m. Central Standard Time. Saturday and Sunday capacity management reports will be submitted Monday, by 10:00 a.m., Central Standard Time for the following services.
 - a. residential detoxification;
 - b. intensive residential
 - Providers will report the previous day's attendance in the daily capacity management report the next day, Monday through Friday, by 10:00 a.m. Central Time. i.e., Monday's daily attendance will be reported on Tuesday and Friday's attendance will be reported on the following Monday for the following services:
 - a. ambulatory detoxification; or
 - b. outpatient treatment.

NTBHA SUD Providers: HHSC and/or NTBHA Held Meetings

**If a password is given for a call; Providers need to email the Password to the appropriate NTBHA department and/or HHSC staff as requested.

NTBHA Meetings and/or Calls:

- NTBHA Monthly Provider Network / Provider Advisory Council Meeting
 - Last Friday of every month. 10 am – 11:30 am
 - Meeting (normally in person; currently call-in or video conferencing format)
 - Contact Alvin Mott, Director, Provider Relations at amott@ntbha.org for any questions
- NTBHA OSAR Quarterly Call
 - 3rd Friday of the following Months at 1pm: November; February; May; August
 - Contact Person: Janet Cowan, NTBHA OSAR Director; jcowan@ntbha.org or osar@ntbha.org
- NTBHA Physician Leadership Advisory Group (PLAG)
 - 1st Wednesday of every Month at 8:30 am
 - Contact: Matt Roberts, Chief Operations Officer at mroberts@ntbha.org

HHSC SUD Meetings and/or Calls: (For all HHSC Calls NTBHA Providers follow HHSC guidance and if a password is provided, email the password to QM@ntbha.org at the conclusion of the call or within 12hrs). If no password is given, NTBHA providers still need to email QM@ntbha.org with a one liner stating that someone from your organization was on the call.

- HHSC/SITP
 - TRA Adult:
 - Residential Services with attached Outpatient
 - Quarterly
 - TRF - CCC:
 - 1st Wednesday every other month
 - TRA & TRF Combined:
 - Every other month; 3rd Monday at 10am
 - TCO/COPSD:
 - Bi-Monthly (Every other Month) Oct, Dec, Feb, Apr., June, Aug. (Usually 3rd Mon.)
 - TRY:
 - Every other Month starting September 2022, 4th Thursday, at 10am
 - HHSC Waitlist/Capacity Call:
 - Quarterly 4th Wednesday at 10am (September, December, March & June)

Texas Targeted Opioid Response Calls:

- TTOR/OBOT Providers:
 - 2nd Monday of every Month at 9 am
- TTOR/OTS/MAT Providers:
 - 2nd Friday of every Month at 9 am
- Monthly GPRA TA Webinar:
 - 3rd Tuesday of every month at 11:30am

CMBHS

- CMBHS: cmbhstrainingteam@hhs.texas.gov
 - Monthly call alternating topic of SUD and MH; 2nd Tuesday at 10 am
 - Contact cmbhstraining team to receive link to register

Training Opportunities

Training Site	Link	Notes
HHSC – Texas Health Steps	Texas Health Steps (txhealthsteps.com)	Various topics and levels of MI trainings. Links to other state approved sites with free trainings. Medicaid Eligibility training.
Cardea Training Center	Cardea Training Center (matrixlms.com)	Various topics to include a specific focus on MI methods with adolescents
Addiction Technology Transfer Center (ATTC)	Training and Events Calendar Addiction Technology Transfer Center (ATTC) Network (attcnetwork.org)	Various topics specific to addiction and recovery
Centralized Training	Centralized Training: Log in to the site	Various topics: ANSA/CANS; Abuse, Neglect, etc.
HHSC	Texas DSHS HIV/STD Program - Training - Motivational Interviewing	Specific to MI, HIV, STD's
International Society of Substance Use Professionals	Motivational Interviewing Course Recordings International Society of Substance Use Professionals (issup.net)	Specific to addition and recovery
HHSC – Behavioral Health Awareness	Behavioral Health Awareness (uthscsa.edu)	Each module in this series addresses a different mental or behavioral health topic and provides information about symptoms, treatment, recovery, and more
The Association for Addiction Professionals	Home (naadac.org)	Various Topics for Substance abuse and recovery
HHS	Texas DSHS HIV/STD Program	
UT Health San Antonio Project ECHO	https://wp.uthscsa.edu/echo/echo-programs/	ECHO® is a model for learning and guided practice that uses education to exponentially increase workforce capacity to improve access to best-practice care and reduce health disparities in communities, including rural, remote, and underserved settings.
HHSC YES Waiver Training	https://yeswaivertraining.uthscsa.edu/	The Youth Empowerment Services Waiver is a 1915(c) Medicaid program that helps children and youth with serious mental, emotional and behavioral difficulties.



Physician Leadership Advisory Group (PLAG)
Agenda
April 2, 2024

Attendees: Drs. Hunter, Bennett, Grable, Young, Chadalavada and Starling. NTBHA staff attending: Amy Cunningham, Caitlyn Traylor, Jessica Martinez, Matt Roberts, Robert Johnson. IPM Staff: Melissa Daniels, Jaspreet Sing.

1. Call to Order

- a. Dr. Bennett called the meeting to order at 9:15.

2. Routine Updates

- a. State Hospital Update

- Dr. Chadalavada reported that once an MOU is approved by the state, NTHBA will be able to have staff onsite to assist with walk-ins and other situations

- b. Pharmacy Highlights (IPM representative)

- Melissa presented the Pharmacy update. The group noted an unexpected drop in numbers served in February. Follow up information will be looked at.

3. New Business

4. Old Business

- NTHBA is open to paying for EKGs for individuals prescribed certain medication and is seeking a vendor to provide the testing and interpretation service.

5. Adjournment

Next Meeting: May 6, 2025



NTBHA Planning and Network Advisory Committee (PNAC)

Minutes for the April 1, 2025 Meeting

Members Attending: Amy Gill, Dr. David Woody, David Gutierrez, Jordan Smelly, Kaye Odom, and Patrick LeBlanc

NTBHA Staff: Robert Johnson, Anthony Garcia, Priscilla Valdez, Janie Metzinger, Amy Cunningham, David Kemp, and Robert Dole

Call to Order and Introductions at 10:30 am by Anthony Garcia. There **was** a quorum.

Jordan Smelley gave a public comment about Zep bound for Medicaid formulary for obstructive sleep apnea and narcolepsy. Jordan has also released a new free resource for Texans on Medicaid, particularly regarding the Texas Medicaid fair hearing process.

Quality & Evaluation (Continuous Quality Improvement)

Anthony Garcia, Chief Compliance Officer, and Priscilla Valdez, QM Specialist, gave an update on NTBHA's Continuous Quality Improvement efforts. Things are really busy in terms of preparation for the OIG audit (e.g. recovery planning, financial assessments, etc.). Continue working with staff with the roll-out of the electronic health record—lots of training, etc. QM team is visiting community events and providers, etc. Priscilla gave an overview of the Cesar Chavez celebration focusing on the values of Cesar Chavez and the connection to the work of NTBHA. Amy Cunningham, Director of CCBHC, gave an informative overview of the work and legacy of Cesar Chavez. Mr. Gutierrez, a PNAC member, attended and said he enjoyed the event. Mr. Gutierrez also congratulated the NTBHA staff on the work being done.

Trauma-Informed Care Update

Robert Johnson, Director of Outpatient, Utilization, and Evaluation, gave an update on NTBHA's Trauma-Informed Care initiatives. Robert notified the PNAC of upcoming training opportunities provided by the Institute for Trauma-Informed Care for the month of April. Robert also updated the PNAC on an additional training taking place on April 21, 2025, entitled Community-Driven Approaches: Effective Programming to Support Those Affected by a Death by Suicide. Janie Metzinger, Director of External Affairs, also made the PNAC aware of the NTBHA L.O.S.S. team, which focuses on people impacted by suicide.



Legislative Update

Janie Metzinger, Legislative Coordinator, gave an overview of pending behavioral health-related bills for the upcoming 2025-2026 legislative session. The Senate Budget Committee's budget has been passed and sent to the House Appropriations Committee. The Budget bill will then go to the conference committee after it has passed the House. Additional funding is being proposed for state hospitals. Jordan Smelley, a PNAC member, listed other bills to look for regarding peer support services, public input during the Sunset review of public agencies, and a committee focused on efficiencies in government operations.

Announcements: N / A

Adjournment

Anthony Garcia thanked the committee and adjourned the PNAC meeting at 11:52

am. Next PNAC meeting: June 3, 2025



89th TEXAS LEGISLATURE HOUSE AND SENATE BUDGET COMPARISON CHART

Note: Line Item D.2.1 has been amended this session combining Community Mental Health Services for adults, children, and crisis, which were separate line items in previous Legislative sessions. ~~Strikethrough~~ indicates figures that were amended in the originating committee before passage.

LINE ITEMS	FY 2024	FY 2025	HB1-2026	HB 1-2027	SB 1-2026	SB 1-2027	CONF-2026	CONF-2027
Article II-Goal D Additional Health- Related Services								
D.2.1 Community MH Services	\$729,936,455	\$727,436,455	\$715,368,528 \$720,368,528	\$715,368,528 \$720,368,528	\$705,989,068	\$705,989,068		
<i>Adults *</i>	\$451,244,249	\$451,244,249	\$402,353,288	\$402,353,288				
<i>Children *</i>	\$110,629,159	\$110,629,159	\$140,857,228	\$140,857,228				
<i>Crisis *</i>	\$168,063,047	\$165,563,047	\$177,158,012	\$177,158,012				
D.2.2 Substance Use Services	\$276,979,144	\$277,091,747	\$250,036,582	\$250,036,582	\$250,036,582	\$250,036,582		
D.2.3 BH Waivers	\$33,264,695	\$32,812,995	\$38,713,441 \$41,695,069	\$39,158,053 \$42,139,682	\$38,446,664 \$39,955,776	\$38,891,277 \$40,400,389		
D.2.4 Comm. MH Grants	\$106,500,000	\$106,500,000	\$115,262,133	\$115,262,133	\$115,262,133 \$117,762,133	\$115,262,133 \$117,762,133		
D.2.5 Comm. BH Administration	\$54,524,689	\$54,878,168	\$76,971,441 \$76,772,484	\$71,971,311 \$71,772,354	\$76,971,144 \$77,855,766	\$71,971,331 \$72,789,724		
Article II-Goal G Facilities								
G.2.1 MH State Hospitals	\$583,996,279	\$583,996,279	\$731,965,974	\$815,231,824	\$731,965,974 \$738,714.908	\$815,231,824 \$841,177,426		
G.2.2 MH Comm. Hospitals	\$321,209.485	\$311,207,368	\$350,780,918 \$371,615,011	\$350,780,918 \$429,631,697	\$350,780,918 \$365,977,088	\$350,780,918 \$414,750,626		
G.4.1 Facility Program Support	\$14,023,745	\$14,023,745	\$14,729,109	\$14,744,010	\$14,729,109	\$14,744,010		
G.4.2 Facility Capital Repairs and Renovation	\$91,588,373	\$20,739,918	\$117,055,820 \$123,055,820	\$18,986,193 \$24,986,193	\$117,055,820	\$18,986,193		

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If you have questions, please contact Janie Metzinger at jmetzinger@ntbha.org

House Behavioral Health Riders in Article II

Rider Number	Strategy and Purpose of Rider
28	<p>D.2.1-Community Mental Health Services</p> <p>Directs HHSC to allocate:</p> <ul style="list-style-type: none"> • \$402,353,288 each fiscal year for Community Mental Health Services for Adults. • \$140,857,228 each fiscal year for Community Mental Health Service for Children. • \$177,158,012 each fiscal year for Mental Health Crisis Services.
31	<p>Mental Health Peer Support Re-entry Program</p> <p>Out of D.2.1-Community Mental Health Services, House directs HHSC to allocate up to \$1,000,000 in GR to maintain a mental health peer support re-entry program in partnership with LBHA/LMHAs, and county sheriffs, using certified peer support specialists.</p>
32	<p>Reporting Waiting Lists for Mental Health Services</p> <p>House requires HHSC to submit a report on the current waiting list and related expenditure data for community mental health services for adults, community mental health services for children, forensic state hospital beds, and maximum-security forensic state hospital beds to include:</p> <ul style="list-style-type: none"> • Number of clients waiting for all services. • Number of underserved clients waiting for additional services. • Number of individuals removed from the waiting list and • Funds expended to remove individuals on the waiting list each fiscal quarter. • Average number of calendar days spent on the waiting list. <p>This information shall be provided for each LBHA/LMHA</p> <p>HHSC shall distinguish between waiting lists at LBHA/LMHAs, state facilities, entities contracted due to operational or short-term factors, entities contracted due to long-term waiting lists due to insufficient capacity.</p>
33	<p>Mental Health Care for Veterans</p> <p>Out of D.2.1- Community Mental Health Services, House directs HHSC to allocate \$3,956,000 each fiscal year to administer a mental health program for veterans.</p>
34	Opioid-Related Expenditures-Directs HHSC to report actual annual expenditures for opioid-related programs.

House Behavioral Health Riders in Article II—continued

Rider Number	Strategy and Purpose of Rider
35	<p>Out of D.2.4-Community Mental Health Grant Programs, House directs HHSC to allocate:</p> <ul style="list-style-type: none"> • \$10,000,000 per fiscal year for grants for Veterans and Their Families. • \$45,000,000 per fiscal year for grants to Reduce Recidivism, Arrest, and Incarceration among individuals with mental illness and to reduce wait time for forensic commitment. • \$27,500,000 for grants for Community Mental Health. • \$16,500,000 per fiscal year for Healthy Community Collaboratives. <ul style="list-style-type: none"> ◦ \$10,000,000 may be allocated for Healthy Community Collaboratives in rural areas. • \$14,762,133 per fiscal year for grants for early intervention and treatment for children and families. • \$1,500,000 per fiscal year to establish or expand behavioral health centers or jail diversion centers. <p>House requires HHSC to report on:</p> <ul style="list-style-type: none"> • The number of grants awarded • Amount awarded per entity • Effectiveness of the grants • Number of individuals served by each grant program • Other information requested by the Legislative Budget Board.
36	<p>House requires HHSC to produce a report on uses of the federal Mental Health Block Grant and Substance Use Block Grant including</p> <ul style="list-style-type: none"> • Activities funded by one-time COVID-19 funding. • Detailed description of each activity. • Total amount of federal funds expended and total amount of unexpended balances. • Report due by June 1 of each fiscal year.
37	<p>Out of D.2.1-Community Mental Health Services, House directs HHSC to allocate \$3,700,000 for telepsychiatry consultations for rural hospitals.</p>
38	<p>Out of G.2.2-Community Mental Health Hospitals, House directs HHSC to allocate:</p> <ul style="list-style-type: none"> • \$47,952,240 per fiscal year for 168 beds at the John S. Dunn Center. • \$43,508,000 per fiscal year for 149 beds at the Harris County Psychiatric Center.
39	<p>Out of D.2.1-Community Mental Health Services, House directs HHSC to allocate \$4,489,592 per fiscal year for crisis services at the LMHA serving Galveston County.</p>
40	<p>Out of D.2.1-Community Mental Health Services, House directs HHSC to allocate \$36,379,460 per fiscal year for Youth Mobile Crisis Outreach Teams (YCOT).</p>

Senate Behavioral Health Riders in Article II

Rider Number	Strategy and Purpose of Rider
29	<p>D.2.1-Community Mental Health Services</p> <p>Senate directs HHSC to allocate:</p> <ul style="list-style-type: none"> • \$402,353,288 each fiscal year for Community Mental Health Services for Adults. • \$131,477,746 each fiscal year for Community Mental Health Service for Children. • \$172,158,012 each fiscal year for Mental Health Crisis Services.
32	<p>Mental Health Peer Support Re-entry Program</p> <p>Out of D.2.1-Community Mental Health Services, Senate directs HHSC to allocate up to \$1,000,000 in GR to maintain a mental health peer support re-entry program in partnership with LBHA/LMHAs, and county sheriffs, using certified peer support specialists.</p>
33	<p>Reporting Waiting Lists for Mental Health Services</p> <p>Senate requires HHSC to submit a report on the current waiting list and related expenditure data for community mental health services for adults, community mental health services for children, forensic state hospital beds, and maximum-security forensic state hospital beds to include:</p> <ul style="list-style-type: none"> • Number of clients waiting for all services. • Number of underserved clients waiting for additional services. • Number of individuals removed from the waiting list and • Funds expended to remove individuals on the waiting list each fiscal quarter. • Average number of calendar days spent on the waiting list. <p>This information shall be provided for each LBHA/LMHA.</p> <p>HHSC shall distinguish between waiting lists at LBHA/LMHAs, state facilities, entities contracted due to operational or short term factors, entities contracted due to long-term waiting lists due to insufficient capacity.</p>
34	<p>Mental Health Care for Veterans</p> <p>Out of D.2.1- Community Mental Health Services, Senate directs HHSC to allocate \$3,956,000 each fiscal year to administer a mental health program for veterans.</p>
35	Opioid-Related Expenditures-Senate directs HHSC to report actual annual expenditures for opioid-related programs.

Senate Behavioral Health Riders in Article II--continued

Rider Number	Strategy and Purpose of Rider
36	<p>Out of D.2.4-Community Mental Health Grant Programs, Senate directs HHSC to allocate:</p> <ul style="list-style-type: none"> • \$10,000,000 per fiscal year for grants for Veterans and Their Families. • \$45,000,000 per fiscal year for grants to Reduce Recidivism, Arrest, and Incarceration among individuals with mental illness and to reduce wait time for forensic commitment. • \$27,500,000 for grants for Community Mental Health. • \$19,000,000 per fiscal year for Healthy Community Collaboratives. <ul style="list-style-type: none"> ◦ \$10,000,000 may be allocated for Healthy Community Collaboratives in rural areas. • \$14,762,133 per fiscal year for grants for early intervention and treatment for children and families. • \$1,500,000 per fiscal year to establish or expand behavioral health centers or jail diversion centers. <p>Senate requires HHSC to report on:</p> <ul style="list-style-type: none"> • The number of grants awarded. • Amount awarded per entity. • Effectiveness of the grants. • Number of individuals served by each grant program. • Other information requested by the Legislative Budget Board.
37	<p>Senate requires HHSC to produce a report on uses of the federal Mental Health Block Grant and Substance Use Block Grant including</p> <ul style="list-style-type: none"> • Activities funded by one-time COVID-19 funding. • Detailed description of each activity. • Total amount of federal funds expended and total amount of unexpended balances. • Report due by June 1 of each fiscal year.
38	<p>Out of D.2.1-Community Mental Health Services, Senate directs HHSC to allocate \$3,700,000 for telepsychiatry consultations for rural hospitals.</p>
39	<p>Out of G.2.2-Community Mental Health Hospitals, Senate directs HHSC to allocate</p> <ul style="list-style-type: none"> • \$47,216,400 per fiscal year for 168 beds at the John S. Dunn Center. • \$43,508,000 per fiscal year for 149 beds at the Harris County Psychiatric Center. • \$10,883,799 for FY 2026 for 44 beds. • \$18,143,482 for 88 beds under contract with the University of Texas Health Science Center at Tyler.

Senate Behavioral Health Riders in Article II--continued

Rider Number	Strategy and Purpose of Rider
40	Galveston County Crisis Stabilization Services Out of D.2.1-Community Mental Health Services, Senate directs HHSC to allocate \$4,489,592 per fiscal year for crisis services at the LBHA serving Galveston County.
41	Out of D.2.1-Community Mental Health Services, Senate directs HHSC to allocate \$27,000,000 per fiscal year per fiscal year for Youth Mobile Crisis Outreach Teams (YCOT).



STATE BUDGET BILLS

[HB 1](#)-Bonnen-General Appropriations Act.

Current Status: Referred to Appropriations Committee.

[SB 1](#)-Huffman-General Appropriations Act

Current Status: Passed Senate on March 25, referred to House Appropriations, where it is scheduled for a hearing March 31.

[HB 500](#)-Bonnen-Supplemental Appropriations—Texas Health and Human Services Commission (HHSC).

Current Status: Hearing in House Appropriations March 31.

Section	Amount	Purpose
2.02	\$150,000,000	G.4.2-Facility Capital Repairs and Renovation New capacity for mental health services and inpatient facilities. To complete construction at El Paso State Hospital-50 forensic bed expansion.
2.03	\$10,000,000	Brazoria County Mental Health Inpatient Facility Grant
2.04	\$10,000,000	Tarrant County Mental Health Inpatient Facility Grant
2.05		414.0 Full Time Equivalent Employees to staff newly renovated state hospitals.
2.06	\$2,154,376,606	<ol style="list-style-type: none"> 1. \$33,600,000-Uvalde Behavioral Health Campus 2. \$21,400,000-Grants Management System 3. \$101,890,000-Dallas State Hospital-200 bed adult unit with at least 75% of the beds to be used for forensic purposes. 4. State Hospitals electronic health record system upgrade <ul style="list-style-type: none"> o \$38,772,184-Information Technology Projects o \$100,870-Central Program Support o \$48,206 from federal funds 5. \$50,000,000-Deferred Maintenance Needs 6. \$14,000,000-Emergency Facility Repairs 7. \$121,000,000-Lubbock Campus=50 bed maximum security. 8. \$15,000,000-San Antonio State Hospital-40-bed maximum security. 9. \$159,000,000-Amarillo State Hospital-75-bed facility, (50 max security). 10. \$120,000,000-Rio Grande Valley-50-bed state hospital, max security 11. \$573,000,000-Terrell State Hospital-275 beds <ul style="list-style-type: none"> o 50 maximum security beds o 150 forensic beds, o 50 adolescent beds o 25 civil beds

Yellow highlighting indicates legislation that directly relates to Local Behavioral Health Authorities or Certified Community Behavioral Health Clinics.

Current Status: The stage the bill has reached at the time of writing. No Current Status listed means the bill has been filed and referred to a committee, but no further action has been taken to-date.

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HB 500-continued

2.06 Cont.		<p>12. \$452,000,000-North Texas State Hospital-Wichita Falls-225 beds</p> <ul style="list-style-type: none"> o 25 maximum security o 159 forensic o 25 adolescent beds o 16 civil beds <p>13. \$50,000,000-El Paso State Hospital-50 beds (50% forensic)</p> <p>14. \$45,000,000-Sunrise Canyon in Lubbock-30 beds (50% forensic)</p> <p>15. \$100,000,000-Community Mental Health Grant programs-one-time grants for county-based collaboratives</p> <p>16. \$175,000,000 Mental Health Inpatient Facility Grant Program</p> <ul style="list-style-type: none"> o \$85,000,000 for Rio Grande Valley region.-100 beds o \$50,000,000 for Montgomery County-100 beds o \$30,000,000 for Victoria County-60 beds <p>17. \$4,712,356-To implement Psychiatric Residential Youth Treatment Facility Voluntary Quality Standards</p> <p>18. \$64,000,000-Beaumont Baptist Hospital-72 beds(36 forensic, 36 civil).</p> <p>19. \$15,852,990-Children's Hospitals Construction Grant-matching requirements based on county population.</p>
2.07	\$7,380,403	Civil Commitment Office shortfall
2.08	\$12,900,000	Harris County Psychiatric Hospital-renovations



HOUSE BILLS

[HB 18](#)-VanDeaver-Establishes programs and services for health care in rural counties.

Sections 2-11-Establish programs and grants to assist rural hospitals

- Requires HHSC to develop and implement a strategic plan to ensure that rural Texans have access to hospital services.
- Establishes a State Office of Rural Hospital Finance and transfers some functions of HHSC to it.
- Establishes a Texas Rural Hospital Officers Academy.
- Establishes grant programs for rural hospitals, hospital districts and hospital authorities:
 - Financial Stabilization Grant Program
 - Innovation Grant Program
 - Rural Hospital Program Grant

• Establishes Pediatric Tele-Connectivity Resource Program for Rural Texas

Section 12-Amends Texas Health and Safety Code 113 to add a subchapter on Rural Pediatric Mental Health Care Access Program.

- Requires parental consent for services to a minor child
- Uses the Texas Child Mental Health Care Consortium to establish or expand access to telemedicine and telehealth to identify, assess, and provide behavioral health services to pediatric patients seeking care at rural hospitals.
- Sets requirements for reimbursement for services.
- Requires a report by December 1 of even-numbered years regarding participating rural hospitals and the cost to maintain the program.

Current Status: Left pending after hearing on March 24.

[HB 114](#)-Cortez-Amends Texas Government Code 434, Subchapter A to move the current Grant Program for Mental Health Services for Veterans and Their Families from HHSC to the Texas Veterans Commission.

Current Status: Pending after hearing in House Homeland Security, Public Safety, and Veterans' Affairs Committee's Subcommittee on Defense and Veterans' Affairs

Companions: [HB 4446](#)-Cortez and [SB 2926](#)-Zaffirini

[HB 171](#)-Guillen-The Anell Borrego Act-Amends Texas Health and Safety Code regarding the certificate of medical examination for chemical dependency and the duration of court-ordered treatment.

- Section 3 amends Section 462.064 (c) Adds a physician's opinion stating that the person's likelihood to harm self, others, or to continue to suffer abnormal mental, emotional, or physical distress and to deteriorate in ability to function independently if not treated, and to make rational and informed choice regarding treatment is as a result of the proposed patient's chemical dependency.
- Sections 4, 5, and 7 amend Sections 462.069 (a), 462.075(f), and 462.081 (a) and (b), respectively, to designate Texas Health and Human Services Commission (HHSC) to approve treatment facilities for court commitments.
- Section 6 amends 462.080(b) to allow the facility administrator to discharge the patient before the expiration of the period in the court order if the treating physician determines the patient no longer meets criteria for court-ordered treatment.

Current Status: Favorably reported from Judiciary and Civil Jurisprudence, sent to Calendars March 25.

[HB 185](#)-Thompson-Amends Texas Education Code, Title 3, Subtitle H to create the Mental Health and Brian Research Institute of Texas.

[HB 234](#)-A. Johnson-Amends Texas Code of Criminal Procedure Chapter 7B to add Subchapter D to create an Extreme Risk Protective Order.

- Requires an individual to relinquish firearms and license to carry if the court finds that there is reasonable cause to believe that the respondent poses an immediate and present danger of causing bodily injury or death to any person as a result of the respondent's serious mental illness and access to firearms.
- Allows the court to order outpatient mental health services if recommended by the **Local Mental Health Authority (LBHA/LMHA)** or a disinterested expert who is qualified to diagnose and is experienced in diagnosing mental illness.

Companion: [SB 2305](#)-N. Johnson

[HB 253](#)-Talarico-Amends Texas Health and Safety Code 481.125 to remove penalties for use, possession, delivery or manufacture of testing equipment to identify substances in Penalty Group 1-B of the Texas Controlled Substances Act (fentanyl and its derivatives).

[HB 305](#)-Hays -Amends Texas Code of Criminal Procedure 46b.084(d-1) to require that any pretrial hearing in a case involving a criminal defendant who has been restored to competency must be held by the 30th day after the court has determined that competency has been restored.

Current Status: Committee Substitute was favorably reported from House Criminal Jurisprudence Committee on March 25. Companion: [SB 2096](#)-Cook

[HB 339](#)-Vasult-Amends Texas Local Government Code 229 to allow cities and municipalities to regulate “structured sober living homes” defined as providing:

- Alcohol-free or drug-free housing to individuals who are:
 - Recovering from alcohol or drug addiction and
 - Receiving outpatient behavioral health substance abuse or addiction treatment
 - Independent living and life skills development
 - Structured activities for recovery in a supervised setting.
- Structured sober living home does not include living in the home of a family member who requires participation in outpatient behavioral health services as a condition of residence.
- Cities and municipalities required to comply with state and federal fair housing laws and the Americans with Disabilities Act.
- Allows the governing body of a municipality may exempt a structured sober living home from standards in HB 339 if the home is subject to adequate oversight by another governmental entity or contractor.

[HB 381](#)-Guillen-Amends Texas Health and Safety Code Title 2, Subtitle B, adds Chapter 49 to establish a Veteran's Pilot Program to provide personalized treatment protocols for veterans diagnosed with post-traumatic stress disorder (PTSD). Requires a report by October 1, 2030.

[HB 462](#)-Guillen-Creates a mental health allotment under the Foundation School Program.

Section 3 Amends Texas Education Code Chapter 48, Subchapter C to add Section 48.117.

- Establish a \$100,000 or greater annual allotment to school districts to support mental health services.
- Designates an additional allotment for:
 - Small and mid-sized school districts eligible for the allotment in Texas Education Code 48.101 or
 - School districts at which more than 50 percent of enrolled students are educationally disadvantaged.
- Funds must be used to develop a school mental health system that implements programs, practices and procedures under Texas Education Code Subchapter G-Mental Health, Substance Abuse, and Youth Suicide, Section 38.351-Mental Health Promotion and Intervention, Substance Abuse Prevention and Intervention , and Suicide Prevention.
- Funds must provide a tiered array of supports and services in the educational setting, including support services provided by chaplains.
- Funds must be used to contribute to:
 - Positive school climate.
 - Managing emotions.
 - Positive relationships.
 - Responsible decision-making.
 - Learning and well-being of students at-risk for mental health or substance use conditions.
 - Family engagement.
 - Community engagement.
 - Reduced exclusionary discipline.
 - Staff wellness.
- Funds may be used for costs associated with:
 - Salary of school personnel, including chaplains responsible for planning, coordination, delivery or monitoring the program(s).
 - Training school personnel on supporting student mental health.
 - Contract-based collaborative efforts with one or more community programs.
 - Restorative justice programs.
- Funds may not be used to supplant other funds for the same purpose.
- Annual report by school district to the Texas Commissioner of Education regarding outcomes and expenditures required by June 1 of each year.
- Texas Commissioner of Education is required to publish an annual report of funds used in previous school year regarding programs, personnel and resources implemented, employed, or purchased by school districts using these funds and other purposes for which funds are used.

[HB 473](#)-Gervin-Hawkins-Notice of Rights to patient receiving certain mental heal, chemical dependency or rehabilitation treatment or services.

Section 1- Amends Texas Health and Safety Code 321.002-Patient's Bill of Rights.

- Applies to inpatient facilities at which voluntary or involuntary mental health, chemical dependency, or comprehensive medical rehabilitation services are provided.
- Includes childcare facilities, hospitals, mental health facilities, treatment facilities and childcare facilities at which treatment is provided to minors for emotional, mental health, or chemical dependency problems.
- Requires written copies to be provided in the patient's primary language.

HB 472-continued

- Oral and written communication must be provided on two separate days.
 - If English is the patient's primary language, information must be provided at the time of admission or acceptance into treatment and not later than the third day after admission/acceptance.
 - If English is not the patient's primary language, information must be provided not later than 24 hours after admission/acceptance and not later than the third day after admission/acceptance.
- The facility must ensure that parents, managing conservator or guardian of a minor accepted for treatment in a child-care facility each sign a copy of the Patient's Bill of Rights and a statement that the parent, managing conservator or guardian understands the document.
- The facility must prominently display the Patient's Bill of Rights and include the name and contact information of the person with whom to file a complaint.
- The posted Patient's Bill of Rights must be posted in English and a second language appropriate to the demographic composition of the community served by the facility.

Section 2-Amends Texas Health and Safety Code Title 7-Mental Health and Intellectual Disability. Subtitle C-Texas Mental Health Code. Chapter 576-Rights of Patients. Subchapter A-General Rights. Section 576.009-Notification of Rights.

- Requires that patients receiving involuntary mental health services shall be informed:
 - Through a poster and
 - Orally, in simple, non-technical terms and in writing or
 - Through a means reasonably calculated to communicate with a person who is hearing or visually impaired.

HB 475-Johnson-Medicaid coverage and reimbursement for Multi-Systemic Therapy Services (MST).

Amends Texas Human Resources Code 32.024 to direct HHSC to provide reimbursement for MST for and establish a separate provider type for MST providers for enrollment and reimbursement purposes.

HB 488-Johnson-Medicaid coverage and reimbursement for Functional Family Therapy.

Amends Texas Human Resources Code 32, Subchapter B to add 32.04261 to direct HHSC to provide reimbursement for Functional Family Therapy for youth at risk of involvement in the child welfare or criminal justice systems.

HB 497-Patterson-Requires parental consent for behavioral or mental health treatment by a school district. Amends Texas Education Code 26.009(a) to require school districts to obtain parental consent before providing behavioral or mental health services or treatment to a child.

HB 505-Bucy-Re: Issuance of birth record, driver's license or personal identification to a homeless person. Section 1-Amends Texas Health and Safety Code 191, Subchapter A.

- Defines "homeless individual" as someone who lacks a fixed, regular, and adequate nighttime address or whose nighttime address is a congregate shelter, welfare hotel, transitional housing for people with mental illness, a temporary residence for individuals intended to be institutionalized, a public or private place not designed to be regular sleeping accommodation for human beings.
- Definition does not include persons imprisoned or detained in a correctional facility unless the person also meets the above description at the time of arrest.

HB 505-continued

- Directs the State Registrar, Local Registrar, or County Clerk to issue a certified copy of a homeless individual's birth record to the person, upon request, without a fee.
- Directs the Department of State Health Services (DSHS) to adopt processes to:
 - Verify status as a homeless individual, including:
 - A letter from the director of a transitional housing program operated by the US Department of Housing and Urban Development (HUD).
 - A letter from the director of an emergency shelter for people who are homeless.
 - A transitional living program.
 - A law enforcement agency.
 - A political subdivision that appoints or employs peace officers.

- DSHS may not require a physical address to satisfy any above requirement.

Section 2-Amends Texas Transportation Code, Chapter 521-Driver's Licenses and Certificates, Subchapter I-Issuance of Driver's License, to add Issuance of License or Certificate to a Homeless Individual.

- Texas Department of Public Safety (DPS), by rule, shall:
 - Adopt a process to verify the person's status as a homeless individual using letters of verification from the sources listed above in Section 1.
 - Prescribe necessary documentation for issuance of a driver's license or personal identification.
 - Exempt the homeless individual from payment of fees for driver's license or personal identification.
 - Personal identification certificate issued to a child or youth who is homeless must comply with these provisions.

Section 3-Transfer of funds to cover the cost of identification for children and youth who are homeless.

- Directs the DPS to request that the Texas Comptroller of Public Accounts transfer amounts sufficient to cover the costs of implementing the program related to Texas Transportation Code 521.168-Payment of Fees for Certain Foster and Homeless Children and Youth, to the Texas Workforce Commission which administers the program.
- Sets criteria for the amounts to be transferred.

Section 4-Applications for identification are governed by the statute in effect on the date of the application.

HB 510-Ray Lopez-Issuance of a certified birth record to a homeless individual.

Very similar to Section 1 of HB 505-Bucy, above, but relates only to birth records, not driver's licenses or personal identification certificates. Puts rulemaking in the hands of the HHSC Commissioner.

Current Status: Pending in House Public Health Committee after hearing on March 17.

HB 511-Bernal-Amends Texas Tax Code Chapter 11, Subchapter B to provide an ad valorem tax exemption on the total appraised value of the residence homestead of an unpaid caregiver of an individual who is eligible but on the waiting list for long-term services and supports under the Medicaid program. Qualified caregivers are defined as a parent, grandparent or other legal guardian of the qualified individual.

Current Status: Scheduled for hearing on March 31

[HB 528](#)-Goodwin-Amends Texas Education Code 37.0832 to require public schools to notify parents or guardians if their child has been an alleged victim of bullying and to provide with suicide prevention materials and information on limiting access to lethal means such as firearms or medications. Requires ISDs and open-enrollment charter schools to adopt policies and procedures for providing notice and maintaining records of notification. Companion: SB 2851-Menéndez

[HB 586](#)-Bucy-Amends Texas Insurance Code 1452 to add Subchapter F-Expedited Credentialling Process for Certain Behavior Analysts.

- Applies only to a behavior analyst who joins an established professional practice with a contract under a managed care plan.
- Applicant must be licensed in Texas and in good standing the Texas Department of Licensing and Regulation.
- Must submit all required documentation to the managed care plan to begin expedited process.
- During the application processing period, the behavior analyst shall be treated, for MCO payment purposes only, as a participating provider.
- If the applicant fails to meet credentialling requirements, either the individual applicant or the employing professional practice must reimburse the MCO for the difference between the participating provider rate for in-network providers and out-of-network providers for services rendered by the applicant during the application process.
- Medicaid beneficiaries are to be held harmless for any un-reimbursed service fees.

[HB 789](#)-Swanson-Amends Texas Education Code 26.009 to require parental consent for psychological or psychiatric examination, testing, or treatment of a student conducted by school district personnel.

[HB 836](#)-Lalani-Amends Texas Government Code 540, Subchapter F to establish a minimum base wage for personal attendants under Medicaid and other programs administered by HHSC at not less than the greater of \$15 per hour or the federal minimum wage.

[HB 893](#)-Moody-Amends Texas Code of Criminal Procedure 7B to create an extreme risk protective order. Section 1-Allows a member of the respondent's family or household, parent, guardian, conservator, a prosecuting attorney or a peace officer to request to file for an extreme risk protective order.

- Request must contain:
 - Detailed allegations based on personal knowledge of the reporter of any dangerous behavior or conduct that is a result of a serious mental illness, including that related to firearms.
 - Relevant mental health information and records.
 - Information about the quantity, type and location of firearms the applicant believes may be in the respondent's control.
 - Other relevant information
 - A statement that the applicant believes that, as a result of mental illness and access to firearms, the respondent poses an immediate and present danger of causing bodily injury, serious bodily injury or death to another person, including the applicant.
 - The application must be signed under oath that the statements in the application are true and correct.
- The court may order that specific medical records be stricken from the public record and that confidential records be maintained for the use of the court only.

HB 893-continued

- In a temporary *ex parte* order, the court may
 - Prohibit the respondent from purchasing, owning, possessing or controlling a firearm.
 - Order the respondent to relinquish any firearms owned or in the constructive possession or control of the respondent.
- Requires an examination by the **Local Mental Health Authority (LBHA/LMHA)** or another disinterested expert qualified and experienced in diagnosing mental illness.
- A hearing must be held within 14 days of the temporary *ex parte* order to determine whether to issue a protective order based on
 - The assessment by the **LBHA/LMHA**.
 - Relevant medical or mental health information about the respondent.
 - Any history of threats or acts of violence by the respondent.
 - Any history of use, threatening to use or attempting to use physical force against another person.
 - Any recent violations of a court order.
 - Any arrest or conviction for violation of an emergency protective order, stalking, violence including family violence, cruelty to animals, assistance animals, or non-livestock animals.
 - Evidence related to of a controlled substance or alcohol, including evidence of any treatment for and recovery from abusing a controlled substance or alcohol.
 - Evidence of recent acquisition of firearms, ammunition, or other deadly weapons.
- If the court finds that that there is clear and convincing evidence that the respondent poses an immediate and present danger of causing injury, serious bodily injury or death of any person, the court shall issue a protective order for the period of one year.
- If the court does not make the above finding, the temporary *ex parte* order shall be rescinded and the respondent's license to carry a handgun shall be returned.
- Within 30 days, the clerk of the issuing court shall notify the Texas Department of Public Safety.

Section 2-Amends Texas Code of Criminal Procedure to provide for the holding and disposition of firearms relinquished under Extreme Risk Protective Orders.

Section 3-amends Texas Government Code 411 to direct the Texas Department of Public Safety to establish a procedure to provide information on subjects of Extreme Risk Protective Orders to the FBI.

HB 893-Moody-continued

Section 4-Amends Texas Government Code 411.172.(a) to add persons currently under an extreme risk protective orders as ineligible for a license to carry a handgun in Texas.

Section 5-Amends Texas Government Code 411.187 (a) and (c) to suspend a license to carry a handgun of anyone subject to an active extreme risk protective order.

Section 6-Amends Texas Penal Code 37 to add making a false report regarding a request for an extreme risk protective order a Class B misdemeanor.

Section 7-Amends Texas Penal Code 46.06(a) to add the offense of knowingly selling, renting, leasing loaning or giving a firearm to a person currently the subject of an extreme risk protective order.

[HB 967](#)-Toth-Authorizes a study on the prevalence of the use of psychoactive or psychotropic medication by persons who have died of suicide, including,

- For persons who died of suicide who were taking psychoactive or psychotropic medications:
 - The period of time the person was taking the medication.
 - The medication the person was taking.
 - Evidence of withdrawal symptoms, and the period of time the person experienced withdrawal.
- For persons who died of suicide who were not taking psychoactive or psychotropic medications:
 - Evidence that the person had recently discontinued use of psychoactive or psychotropic medications.
 - Evidence of withdrawal symptoms.
- Study is to use autopsy, toxicology, and police reports between 2016 and 2022 in counties with a population of 450,000 or more. (Harris, Dallas, Tarrant, Bexar, Travis, Collin, Denton, Fort Bend, Hidalgo, El Paso, Montgomery, and Williamson Counties).
- Report due by October 1, 2025.

[HB 1027](#)-Shaheen-Amends Texas Occupations Code 562.110 9(e) and adds (e-1) to allow tele-pharmacy services in remote dispensing sites.

- Directs the Texas Department of Licensing and Regulation (TDLR) to adopt rules.
- TDLR may not adopt any rule, policy, or other directive imposing any mileage restriction relating to the location of a tele-pharmacy system or remote dispensing site.

Current Status: Left pending in House Public Health Subcommittee on Disease Prevention and Women and Children's Health on March 27

[HB 1042](#)-Bhojani-Amends Texas Health and Safety Code 191, Subchapter A to add Birth Record Issued to Homeless Individual.

[Section 1](#)-Amends Texas Health and Safety Code 191, Subchapter A to add Birth Record Issued to Homeless Individual

- Defines “Homeless individual” as someone who:
 - Lacks a fixed, regular and adequate nighttime residence or
 - Has a primary nighttime residence that is:
 - A supervised publicly- or privately- operated shelter, including welfare hotels, congregate shelters and transitional housing for people with mental illness.
 - A temporary residence for individuals intended to be institutionalized
 - A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings
- Does not include persons in prison or detained in a correctional facility unless the person meets the above conditions at the time of arrest.
- Requires the State Registrar, a Local Registrar or a County Clerk to issue, without fee, a certified copy of the individual’s birth record upon the request of the homeless individual.
- Directs the Texas Department of State Health Services to adopt a process to adopt a process to verify the person’s status as a homeless individual and prescribe documentation necessary for the issuance of a certified copy of a birth record.

HB 1042-continued

- Part of the verification process shall allow a letter certifying that the person is a homeless individual written by the director of:
 - An emergency shelter or transitional housing program funded by HUD.
 - A shelter for homeless individuals.
 - A transitional living program
 - A law enforcement agency of a political subdivision of Texas that appoints or appoints peace officers described in Texas Code of Criminal Procedure Title 1, Chapter 2A.001.
 - Homeless individual shall not be required to provide a physical address of residence.

Section 2-Amends Texas Transportation Code 521, Subchapter I to add Issuance of License or Certificate to Homeless Individual.

- Directs the Texas Department of Public Safety (DPS) to adopt the above definition of “Homeless Individual” from Section 1.
- Directs DPS to prescribe necessary documentation for the issuance of a driver’s license or personal identification certificate.
- Directs DPS to allow the homeless individual to submit the letter confirming homelessness described in Section 1.
- Homeless individual shall not be required to provide a physical address of residence.

Section 3-Amends Texas Transportation Code 521.4265 (b) and (c).

- Directs the Texas Comptroller to transfer funds to the Texas Workforce Commission to cover the cost of implementing the program.
- Amounts equal to the exempted fees shall be paid to the Texas Mobility Fund.

Section 4-Changes apply only to applications submitted on or after the effective date of the law.

Current Status: Companion HB 505-Bucy was left pending in House Intergovernmental Affairs March 25

HB 1103-Cole-Amends Texas Education Code 51 to require Texas colleges and universities to train resident advisors in on-campus dormitories on opioid overdose and to equip them with opioid antagonist medications. Companion: SB 556-Johnson

HB 1119-Gámez-Amends Texas Health and Safety Code 533.0515 to require HHSC to produce a report on the regional allocation of mental health beds including.

- An explanation of the bed day allocation methodology.
- Outcomes of implementation of the methodology by region.
- Comparison of actual outcomes with expected outcomes.
- Factors influencing the applicability of the bed day allocation methodology.
- Regional planning purposes:
 - The actual value of a bed day for the previous two years.
 - Availability of regional resources.
 - Funding amounts and methodologies for identified resources.
 - Target number and actual number of patients served.
 - Outcomes of the use of state-funded beds.
 - Outcomes of utilization review and peer review process.

Current Status: Pending after hearing in House Public Health Committee’s Subcommittee on Disease Prevention and Women’s and Children’s Health on March 20.

[HB 1129](#)-Janie Lopez-Amends Texas Government Code 2306.5621(a) to add mental health professionals as eligible for the Texas Heroes home loan program.

[HB 1173](#)-Raymond-Amends Texas Government Code 22306.2585(a) to allow the Texas Department of Housing and Community Affairs to administer a homeless housing and services program for each municipality with population of 250,000 or more. (Arlington, Austin, Corpus Christi, Dallas, El Paso, Fort Worth, Houston, Irving, Laredo, Lubbock, Plano, San Antonio).

[HB 1239](#)-Guillen-Amends Texas Health and Safety Code 573.021(b) to extend the length of time that a person accepted for preliminary examination may be detained in protective custody from 48 hours to 120 hours (from two days to five days).

Current Status: House Judiciary and Civil Jurisprudence Committee hearing March 26.

[HB 1455](#)-J. Jones-Amends Texas Code of Criminal Procedure 2B, Subchapter B to add a required report by peace officers regarding an arrested person that the officer has cause to believe may have a mental illness or an intellectual disability, and evaluation of the officer's actions regarding jail diversion.

Companion: [SB 2264](#)-Cook

[HB 1496](#)-Zwiener-Amends Texas Health and Safety Code 481.125 to decriminalize fentanyl testing equipment.

[HB 1536](#)-Craddick- Establishes a Rural Community-Based Care Pilot Program to implement a model of child welfare services to increase community engagement and improve outcomes for children and families. Companion to SB 513-Sparks.

- Lead entity must be a local nonprofit or a local government.
- Directs Texas Department of Family and Protective Services (DFPS) to gather information from local stakeholders regarding local needs to help in preparing requests for bids and proposals.
- Program model must include:
 - Early intervention services
 - Family preservation services
 - Case management
 - Foster care and kinship care
 - Adoption and post-adoption services
 - Transition for youth aging out of foster care
- Lead entity must develop and coordinate with a diverse network of providers including faith-based organizations and Local Behavioral Health Authorities and Local Mental Health Authorities (LBHAs/LMHAs).
- Pilot Program should address:
 - Innovative approaches to improve outcomes
 - Quality assurance
 - Inequities in child welfare system
 - Financial management
- Requires lead agency to develop a collaborative governance structure.
- DFPS shall work with lead agency to develop a capitated funding model and budget.
- DSHS shall explore and leverage various state and federal funding sources.
- Pilot must implement a workforce development plan.
- DFPS must contract for an independent evaluation of the pilot program.
- Requires a formal conflict resolution process, a change order process, and an annual report.

Current Status: Committee Substitute was favorably reported from House Human Services March 25.

Companion: [SB 513](#)-Sparks has passed the Senate and was sent to the House March 27.

HB 1538-Lalani-Amends authority of a peace officer in mental health emergency detentions.

Section 1-Amends Title 7 of Texas Health and Safety Code Chapter 573, Subchapter A to “Apprehension, Transportation, or Detention Without a Judge’s or Magistrate’s Order.

Section 2-Amends Texas Health and Safety Code 573.01, Subchapter A to add a provision that a peace officer may take a person into custody who has been admitted to “facility”.

Section 3-Amends Texas Health and Safety Code 573. Adds “Temporary Detention in Certain Facilities”.

- Defines “Facility” as:
 - An inpatient mental health facility other than a community center.
 - A facility operated under contract with a community center.
 - An entity HHSC designates to provide mental health services.
 - **An LBHA/LMHA.**
 - A facility operated by a local mental health authority (unless the facility is licensed under Chapter 577 as a private mental health facility).
 - A hospital or emergency department of a hospital licensed under Chapter 241.
 - A freestanding emergency medical care facility licensed under Chapter 254.
- Allows the facility’s governing body to adopt and implement a written policy that authorizes a physician at the facility to temporarily detain a person who:
 - Voluntarily requests treatment or
 - Lacks capacity to consent to treatment if
 - The person expresses a desire to leave or
 - Attempts to leave before the examination or treatment is completed and
 - The physician has reason to believe and does believe that the person has a mental illness
 - And because of the mental illness there a substantial risk of serious to the person or others unless the person is immediately restrained and
 - Believes there is insufficient time to file an application for emergency detention or order of protective custody.
 - The physician may not be authorized to detain a person who has been transported to the facility for emergency detention.
 - The policy must require that:
 - The person must be notified that the physician intends to detain.
 - Physician’s decision to detain must be documented in the person’s chart must include the same elements that are required of a peace officer in Texas Health and Safety Code 573.002:
 - The physician has reason to believe and does believe that the person evidences a mental illness and
 - Evidences a substantial risk of serious to the person or others.
 - Specific description of the risk of imminent harm including recent behavior, overt acts, attempts, or threats witnessed by or reliably reported to the physician.
 - Name and relationship of the witness to the person in crisis.
 - Facility where the person is detained.
 - The person’s detention must be less than 4 hours after the person expressed a desire or attempted to leave unless the facility or physician arranges for a peace officer to place the person in emergency detention, or a judge or magistrate issues an Order of Protective Custody.
- Detention under this statute is not considered involuntary psychiatric hospitalization for the purposes of eligibility to obtain a license to carry a handgun.
- Gives civil liability to facilities, facility staff, and physicians acting in good faith and without malice.

[HB 1583](#)-Hull-Amends Texas Health and Safety Code 573.02 regarding a peace officer's notification of emergency detention.

- Adds the word "emergency" before the word "detention" throughout 573.002.
- Deletes the requirement that the officer include a specific description of the risk of harm in 573.002, Section 2 (b) (3).
- Amends 573.002, Section 2 (d) to read "The peace officer shall provide the notification of emergency detention in substantially on the following form. Please click on the link to the text of HB1583 above. The entire form is in Section 2 (d).
- Requires the officer to retain a copy of the form.

Current Status: Pending in Homeland Security, Public Safety, and Veterans' Affairs after hearing March 26

[HB 1593](#)-Campos-Establishes an advisory committee to study the need for suicide prevention and peer support in fire departments in Texas. The Advisory Committee shall be composed of fire fighters, fire chiefs, licensed mental health professionals, a representative of the Texas A&M Engineering Extension Service, and the Executive Director of the Texas Commission on Fire Protection.

Current Status: Pending in House Intergovernmental Affairs Committee March 25.

[HB 1594](#)-Plesa-Amends Texas Insurance Code 1355.001 to require health benefits plans to cover early treatment for first episode psychosis.

[HB 1620](#)-Leach-Non-substantive additions and revisions LBHA/LMHA statutes.

Current Status: House Judiciary and Civil Jurisprudence hearing scheduled April 2.

Companion: SB 2375-N. Johnson

[HB 1621](#)-Lujan-Amends Texas Government Code 547 to add a matching grant program for technological enhancements at hospitals providing mental health services.

[HB 1644](#)-Oliverson-Amends Texas Health and Safety Code 481.125 to decriminalize use of fentanyl testing equipment.

Current Status: Pending in House Public Health after hearing March 24.

[HB 1656](#)-Howard-Amends Texas Health and Safety Code 573.0001 to allow paramedics to detain a person with mental illness for a preliminary exam at a mental health facility.

Section 1-Definitions

- Medical Director-A licensed physician who supervises the provision of emergency medical services by a public or private entity that provides these services and employs one or more paramedics.
- Paramedic-A person licensed under Texas Health and Safety Code 773.

Section 2-Amends H&S Code 573 Adds a section on detention by a paramedic for preliminary examination.

- Allows a paramedic to detain a person for a preliminary examination at a mental health facility if:
 - The paramedic is specifically authorized by the Medical Director of the entity that employs or contracts with the paramedic.
 - The paramedic has reason to believe and does believe that the person has a mental illness and.
 - Believes that because of the mental illness the person is at substantial risk of serious harm to the person or others unless immediately restrained.

HB 1565-Howard-continued

- May be demonstrated by the person's behavior, evidence of severe emotional distress and deterioration in mental condition to the extent that the person cannot remain at liberty.
- Paramedic's belief may be formed by the report of a credible person, the conduct of the person or the circumstances in which the person is detained.
- Believes there is not time to obtain a warrant or for a peace officer to take the person into custody.
- Paramedic shall immediately transport the person to:
 - The nearest appropriate inpatient mental health facility or
 - A mental health facility deemed suitable by the **LBHA/LMHA** if an appropriate inpatient mental health facility is not available.
 - The paramedic who detains a person at a mental health facility shall immediately inform the person orally, and in non-technical language, the reason for the detention.
- Paramedic must immediately file a notification of detention with the mental health facility.
 - A sample notification of emergency detention is found in Section 573.007 of the HB 1656.
- A staff member of the facility must inform the person of patient's rights within 24 hours of detention.

Section 3-Amends Texas Health and Safety Code 573 to require the facility to accept and detain a person detained and transported by a paramedic for whom a notification of detention has been filed.

Companion: [SB 2706](#)-Hagenbuch

[HB 1712](#)-Collier-Amends Texas Health and Safety Code 191, Subchapter A, regarding to issuance of a certified birth record, driver's license or identification certificate to a person who is homeless.

Companion: to [HB 505](#)-Bucy and [HB 1042](#)-Bojani.

Current Status: Companion HB 505-Bucy was left pending in House Intergovernmental Affairs March 25.

[HB 1716](#)-Darby-Amends Texas Human Resources Code 32 to change wording regarding choice of Medicaid provider from "master" social worker to "clinical" social worker.

Current Status: Pending in House Human Services after hearing March 25. Companion [SB 469](#)-Sparks

[HB 1741](#)-Johnson-Amends Texas Code of Criminal Procedure 46C.264.(a) regarding court-ordered outpatient or community-based treatment and supervision that may be provided to an acquitted person.

- Applies only when treatment and supervision is sought to be provided in a county other than the county of the committing court.
- Allows either party to file a motion to transfer the case.
- Requires that the **LBHA/LMHA** of the proposed county has been notified and agrees to provide the treatment and supervision.
- Requires that the person has received services from the proposed **LBHA/LMHA** in the past five years.
- Requires that the person has a support system in the proposed county.
- After transfer, the person's discharge planning shall be completed by the accepting court, the accepting **LBHA/LMHA**, and the state hospital serving the accepting county.

Current Status: Pending in House Public Health after hearing on March 24.

Companion: SB 2758-Cook

[HB 1747](#)-Campos-Amends Texas Government Code 403, Subchapter V.

Would establish a Mental Health, Substance Use, and Public Health Initiative Council, a Mental Health, Substance Use, and Public Health Initiative Trust Fund and a grant program.

- The Mental Health, Substance Use, and Public Health Initiative Council:
 - Would be established to ensure that money in the trust fund is allocated fairly and spent to coordinate mental health, substance use and public health services in Texas.
 - Would have a 14-member board consisting of:
 - Current or retired health care operations professionals experienced in mental health, substance use and public health. (Appointed by Governor, Lt. Governor, and Speaker of the Texas House.)
 - Three members appointed by the HHSC Commissioner from academia or the medical profession having significant experience in mental health, substance use and public health.
 - Seven members appointed by the HHSC Commissioner from:
 - A rural hospital.
 - A local health authority.
 - An **LBHA/LMHA**.
 - A Federally Qualified Health Center (FQHC).
 - A person with lived experience of a mental health condition or a substance use condition.
 - Health philanthropy nonprofit or foundation (two members).
 - The Texas Comptroller of Public Accounts or the Comptroller's designee, who would serve as the nonvoting presiding officer.
 - Council would be administratively attached and staffed by the Texas Department of State Health Services (DSHS).
 - Grants awarded by the Council would have to be by unanimous decision.
- Mental Health, Substance Use, and Public Health Initiative Trust Fund.
 - Trust fund would not be part of state's general funds.
 - Would be administered by the Texas Treasury Safekeeping Trust Company.
 - Trust fund would consist of legislative appropriations and interest.
- Mental Health, Substance Use, and Public Health Grant Program.
 - Grants would be aimed at improving coordination between mental health, substance use and public health services for people with co-occurring mental health and substance use disorders.
 - Grantees must use evidence-based preventative or therapeutic measures, research new technology, data collection, education programs or capital improvements.
 - Proposals should support and coordinate personnel, capitol improvements, data interoperability, long-term sustainability of mental health care, substance use treatment and public health providers.

Annual report required by October 1 each year.

[HB 1819](#)-Ray Lopez-Amends Texas Government Codes 547.0304 and 0305 related to community mental health grant programs assisting veterans and their families.

- Changes the matching funds requirements for single-county applicants to:
 - 25 percent of the grant amount if the county has a population of less than 100,000.
 - 50 percent of the grant amount if the county has a population of over 100,000.
 - Eliminates the 100 percent match for counties with populations over 250,000.

HB 1819-continued

- Changes the matching funds requirements for multiple-county applicants to:
 - 25 percent of the grant amount if the largest county in the group has a population of less than 100,000.
 - 50 percent of the grant amount if the largest county in the group has a population of more than 100,000.
 - Eliminates the 100 percent match if the largest county has a population over 250,000.

Current Status: Scheduled for hearing in House Homeland Security, Public Safety, and Veterans Affairs Subcommittee on Defense and Veterans' Affairs on March 31.

[HB 1826](#)-Bowers-Amends Texas Government Code 501-Corrections-Inmate Welfare-Subchapter B-General Medical and Mental Health Care Provisions to require county jails and the Texas Department of Criminal Justice to provide depression screenings to each inmate who is pregnant or has given birth in the preceding year.

- Once each trimester during pregnancy.
- Once during the six weeks after giving birth.
- At six months and twelve months after giving birth.

[HB 1831](#)-Johnson-Amends Texas Government Code 123.002 regarding eligibility to participate in a drug court program. Changes the exclusion from drug courts juveniles accused of carrying, possessing or using a firearm or other dangerous weapon, the use of force against another person, or the death or serious bodily injury of another person. Amendment would allow juveniles with the above charges to participate in drug courts if the prosecution agrees.

Current Status: Pending after hearing in House Criminal Jurisprudence Committee's Subcommittee on Juvenile Justice on March 26.

[HB 1850](#)-Vo-Amends Texas Government Code 403.509 to direct the Texas Comptroller of Public Accounts to allocate a portion of money in the Opioid Abatement Fund to the Texas Department of Criminal Justice to provide programming and treatment to prisoners with a history of opioid addiction.

[HB 1920](#)-Meza-Amends Texas Human Resources Code 32, Subchapter B to expand Medicaid for individuals diagnosed with bipolar disorder, dysthymia, schizophrenia or severe chronic depression.

[HB 1938](#)-Campos-Amends Texas Health and Safety Code regarding emergency detention.

Section 1 573.021(b) to extend the length of time a person could held in custody from 48 hours to 72 hours.

Current Status: Pending in House Judiciary and Civil Jurisprudence March 26.

[HB 1965](#)-J. Garcia-Directs Texas Veterans Commission to study mental health services provided by the Military Veteran Peer Network, focusing especially on rural communities. Report due December 1, 2026.

Current Status: Hearing in House Homeland Security, Public Safety and Veterans' Affairs Committee's Subcommittee on Defense and Veterans' Affairs scheduled for March 31.

[HB 2035](#)-Oliverson-Amends Texas Health and Safety Code 462.022 to require a chemical dependency treatment facility that refuses to admit a minor for treatment and rehabilitation shall inform the parent, managing conservator or guardian of the right to seek treatment at another facility.

[HB 2036](#)-Oliverson-Amends Texas Government Code 540.0703 (a) to add behavioral health services to the Medicaid Managed Care Program to include:

- Intensive Outpatient Services for SUD, depression, eating disorders, other mental health conditions not requiring detoxification or 24-hour supervision. At minimum:
 - Individual, family and group counseling.
 - Motivational enhancement training.
 - Relapse prevention, drug refusal and coping skills training.
- Partial Hospitalization, defined as distinct and organized intensive ambulatory treatment services for a period not to exceed 24 hours, provided at a location other than the patient's home or a residential care setting, including services in 42 CFR.
 - Individual and group therapy.
 - Occupational therapy.
 - Services by social workers, psychiatric nurses or other specially trained staff.
 - Therapeutic drugs and biologicals.
 - Non-recreational or diversionary therapies.
 - Family counseling aimed at treatment of the individual's condition.
 - Patient training and education clearly and closely related to the person's care and treatment.
 - Diagnostic services.
- Authorizes HHSC to seek any necessary federal waivers.

[HB 2089](#)-Martinez-Amends Transportation Code 502, Subchapter B.

- Directs the Texas Department of Motor Vehicles (DMV) to amend the form for application for registration of a motor vehicle to provide a space for an applicant to voluntarily indicate that the vehicle may transport a person with a disability.
- Defines "Person with a disability" as a person with a physical, intellectual, behavioral or cognitive impairment, autism, or a health condition or impairment that may impede effective communication with a peace officer.
- Directs the Department of Motor Vehicles to provide the vehicle registration information to the Texas Department of Public Safety (DPS) but prohibits the DMV from providing information concerning the type of health condition or disability that the person has.
- Directs DPS to establish a system in the Texas Law Enforcement Telecommunications System (TLETS) to alert a peace officer making a traffic stop that the operator of the stopped vehicle may be transporting a person with a disability.
- Restricts access to the information to certain contractors.
- DMV may not issue license plates indicating disability without the person's consent.
- Information relating to the person with the disability is confidential and may not be disclosed by DMV or DPS.

[HB 2096](#)-Martinez-Amends Texas Transportation Code 502.061 relating to notification of a peace officer through an indication associated with vehicle registration that a person has a health condition or disability that may impede effective communication.

- Allows the DMV to request a written statement from a licensed physician, psychologist, mental health professional, speech-language pathologist, occupational therapist, audiologist, school psychologist, or other health care provider.

HB 2096-continued

- Requires the applicant to indicate whether the health condition or disability is an impairment of:
 - Speech or language
 - Hearing
 - Autism Spectrum Disorder
- Prohibits the DMV from providing DPS with information that shows the type of health condition or disability that the person has.

Companion: [SB 680](#)-Hughes

[HB 2103](#)-Ashby-Amends Texas Government Code 614.015 to add jailers to required mental health leave policies.

Current Status: Pending in House Corrections Committee after hearing March 26.

[HB 2126](#)-Bryant-Amends Texas Health and Safety Codes 481.002(17) and 481.125 to remove drug testing equipment from the list of drug paraphernalia in statute.

[HB 2129](#)- Moody- Amends Texas Education Code 38, Subchapter A regarding school-based mental health services and Medicaid reimbursement for those services. Allows a school district to contract with a **LMHA/LBHA** to provide mental or behavioral health services on campus.

[HB 2157](#)-Allen-Amends Texas Occupations Code 501.260 to set procedures to license a psychologist as a licensed specialist in school psychology.

[HB 2173](#)-Shaheen-Amends Texas Health and Safety Code 161 to require social media platforms to display a warning concerning the association between a minor's social media use and significant mental health issues.

[HB 2234](#)-Dutton-Changes the age of criminal responsibility

Amends Texas Health and Safety Code 614.019(b) regarding a child with a mental illness who is receiving continuity of care services during parole from the Texas Juvenile Justice Department and who no longer is eligible to receive service from an **LBHA/LMHA** based on the local service area plan.

- Changes the age eligibility ends from 17 years to 18 years of age.
- Allows the child to continue to receive continuity of care services from the parole office until the completion of parole.

Current Status: Pending in House Criminal Jurisprudence Subcommittee on Juvenile Justice March 26.

[HB 2276](#)-Howard-Amends Texas Government Code 548.0001(b) to add applied behavioral analysis, behavior supports, and associated evaluation services through telehealth to beneficiaries of Medicaid, CHIP and other programs administered by HHSC.

[HB 2405](#)-Reynolds-Amends Texas Health and Safety Code 573.001(d) relating to emergency detention of a person with mental illness at a mental health facility and certain best practices for courts with jurisdiction over emergency mental health matters.

Section 1-Amends Section 573.001(d) to require a peace officer to immediately transport the person to the nearest appropriate inpatient mental health facility within 100 miles of the person's apprehension or the nearest hospital emergency department if the person needs emergency medical care.

HB 2405-continued

Section 2-Amends Texas Health and Safety Code 573. Directs the Texas Office of Court Administration to provide each court that has jurisdiction to hear emergency mental health matters with best practices to ensure that a judge or magistrate is available 24/7 to respond to applications for emergency detention.

Section 3-Amends Texas Health and Safety Code 573.021 (a), (b), and (d) to specify a mental health facility, and that the person may only be detained for 48 hours, with exceptions for weekends and holidays.

Section 4-Amends Texas Health and Safety Code 573.022 (c) to allow a peace officer in Fort Bend County to transport a person without a court order if the person is subject to an unexpired detention order. Exempts the treating physician or hospital administrator who recommends the transfer is immune from civil liability if the recommendation is based on a reasonable and prudent medical decision to ensure the person's care.

HB 2514-Moody-Amends Texas Government Code 123.002 regarding eligibility for drug court programs established by a county or municipality, including:

- Drug courts for adults charged with certain alcohol or drug offenses.
- Drug courts for juveniles detained, taken into custody or adjudicated for delinquent conduct, habitual felony conduct, or conduct indicating a need for supervision that involved alcohol, a controlled substance or its analogue, or marihuana.
- Re-entry drug courts.
- Family dependency drug treatment courts.
- Programs for persons who might benefit the program.
- Eliminates the restriction that the offense did not involve the carrying, possessing or using a firearm or other dangerous weapon, use or force.
- Adds the requirement that the attorney representing the state must consent to the person's participation.
- A person is not eligible to participate in a drug court program for an offense involving the death or serious bodily injury of another person.
- Directs Commissioners Courts in Counties with populations greater than 200,000 to establish a drug court program.

HB 2528-Bucy-Amends Texas Insurance Code 1369 to require insurance companies to cover medication assisted treatment for opioid or substance use disorders.

HB 2567-Goodwin-Amends Texas Health and Safety Code 481.002(17) and 481.125 (a) and (b).

Removes testing equipment used to identify strength, effectiveness or purity of a controlled substance from the list of prohibited drug paraphernalia.

HB 2617-Anchia-Procedures for expunction of arrest records and files of persons who complete certain court programs or pretrial intervention programs.

Section 1-Amends the Texas Code of Criminal Procedure 55A.203.

- Requires (by changing may to shall) the trial court that is a district court or in which the trial court is located to enter an expunction order for the person entitled to one under 55A.053(a) (2) (A) within 30 days after the court dismisses the case because of successful completion or receives information regarding a dismissal.
- The person for whom the expunction is required shall provide the state's attorney all information required to prepare petition for expunction.

HB 2617-continued

- Strikes the provision for the consent of the attorney representing the state.

Section 2-Amends Texas Code of Criminal Procedure 55A.204 regarding duties of the attorney representing the state regarding an expunction order based on actual innocence.

Section 3-Amends Texas Code of Criminal Procedure 55A.205 to specify content of an expunction order based on actual innocence.

Section 4-Amends Texas Code of Criminal Procedure 55A.206 to specify required retention of certain documents collected under expunction order based on actual innocence.

Section 5-Amends Texas Code of Criminal Procedure 55A.353 regarding disposition of expunged records.

Section 6-Adds requirements for retention of records for development and operation of pretrial intervention programs.

Section 7-Amends Texas Code of Criminal Procedure 102.006(b-1) to waive fees upon successful completion of a pretrial intervention program.

Section 8-Amends Texas Government Code 124.001 regarding expunctions in veterans' courts.

Section 9-Amends Texas Government Code 125.001, regarding expunctions in mental health courts.

Section 10.-This act applies, regardless of when the arrest occurred, to a person who successfully completes a veterans court, a mental health court or a pretrial diversion program before, on, or after the effective date of the act, which, if passed, takes effect September 1.

HB 2622-Metcalf-Regarding the transport of female patients to a mental health or residential care facility.

- Amends Texas Code of Criminal Procedure 46.04 to require that female patients being transported to a mental health facility or residential care facility must be accompanied by a female attendant unless a male attendant is wearing an actively recording body-worn camera or the vehicle is equipped with an actively recording audio or video recording device.
- Amends Texas Health and Safety Code 574.045(d) requires that a female patient must be accompanied by a female attendant unless the female patient is accompanied by her father, husband, adult brother or son. Male attendant must be wearing an actively recording body-worn camera or the vehicle is equipped with an actively recording audio or video recording device.

Current Status: Public Health Committee scheduled on March 31.

HB 2633-Rodriguez Ramos-Amends Texas Education Code 38.0101 to require school districts to employ or contract with at least one non-physician mental health professional for every 600 students at each campus. Defines a non-physician mental health professional as a psychologist, registered nurse with a master's or doctorate in psychiatric nursing, a licensed clinical social worker, a professional counselor or a marriage and family therapist licensed to practice in Texas).

HB 2711-Vo-Authorizes a study of the feasibility of implementing an acute psychiatric bed registry.

Companion: 2069-Zaffirini

HB 2777-Rose-Amends Texas Code of Criminal Procedure to add Chapter 46D to abolish the death penalty for a capital offense committed by a person with severe mental illness.

[HB 2880](#)-Thompson-Amends Texas Education Code 33, Subchapter Z.

- Establishes a school designation of an Advancing Wellness and Resiliency in Education (AWARE) for schools that meet certain requirements and directs the Texas Education Agency to award this designation to them.
- The AWARE designation requires schools to maintain community partnerships, including contracting with the **LBHA/LMHA** and the Texas Child Mental Health Care Consortium.

[HB 3325](#)-Allen-Amends Texas Education Code 12.104(b) regarding a public school student's return from alternative school back to regular school. Current law requires a personalized transition plan that may include recommendations for assistance in obtaining mental health services provided by the ISD, the **LBHA/LMHA**, or another entity

[HB 3503](#)-Darby-Amends the Texas Occupations Code to enact a Social Work Licensure Compact with other states to facilitate the interstate practice of social work and to improve public access to competent social work services.

[HB 3551](#)-Cunningham-Amends Texas Education Code 37.008 (a-1)-alternative school back to regular school. Requirements related to providing information regarding **LBHA/LMHAs** remains unchanged.

[HB 3917](#)-Rose-Amends Texas Health and Safety Code to require Texas Health Steps to cover up to four screenings for maternal depression before the child's first birthday. Authorizes HHSC to seek a federal waiver to implement. Companion: [SB 2483](#)-Alvarado.

[HB 4014](#)-Bucy-Authorizes the Texas Department of State Health Services (DSHS) to study the use of psychedelic therapies in the treatment of post-traumatic stress disorder, depression, and other co-occurring conditions. Report required by December 1, 2026.

[HB 4261](#)-Ward Johnson-Amends Texas Occupations Code 505 to direct the Texas Behavioral Health Executive Council to establish alternative methods to determine competency for baccalaureate or master social worker license applicants who have failed the licensure examination two or more times.

[HB 4420](#)-Rose-Amends Texas Health and Safety Code 311.0335(a) to require hospitals that provide mental health or chemical dependency services to submit information on the availability of inpatient psychiatric beds by age to the Department of State Health Services (DSHS).

[HB 4421](#)-Rose-Amends Texas Government Code 547 to require the following state agencies to identify resources, funding, training, and technical assistance to support and sustain peer recovery organizations .

- Texas Health and Human Services Commission
- Texas Department of Health and Human Services
- Texas Department of Family and Protective Services
- Texas Department of Housing and Community Affairs
- Texas Department of Criminal Justice
- Texas Juvenile Justice Department
- Texas Veterans Commission

[HB 4522](#)-Vo-Amends Texas Government Code 403.503(b) to add to the Texas Opioid Abatement Fund Council, one member with lived experience in substance use recovery. This member should be appointed by HHSC's Behavioral Health Advisory Committee.

[HB 4783](#)-VanDeaver-Directs HHSC to prepare a biennial report on opioid antagonist programs for opioid overdose reversal and prevention to include a needs assessment, statewide saturation goal, data sources and methodology to estimate current supply insufficiencies, communication plan, a description of all state and federal money appropriated for the program, distribution strategies, and recommendations for improvement. Report is due by October 1 of even-numbered years. Companion: [SB 2378](#)-Hancock.

[HB 4844](#)-Gamez-Establishes a Border County Mental Health Task Force It does not pertain to **LBHA/LMHAs** not located on the international border between Texas and Mexico.

[HB 4856](#)-Alders-Regarding governance of LBHAs/LMHAs, board composition, required financial reports. Section 1-Amends Texas Health and Safety Code 533 to require LBHA/LMHAs to submit a monthly expense report in electronic format, detailing every expenditure as reasonably practical by the LBHA/LMHA to each member of the governing body, including *ex officio* non voting members.

Section 2-Amends the heading of Texas Health and Safety Code 533.0351 to: "Required Composition and Governance of **Local Mental Health Authority** Governing Body.

Section 3- Amends Texas Health and Safety Code 533.0351

- Requires each **LMHA/LBHA** to have a governing body.
- Requires at least one member of the governing board must be a member of the public, have experience owning or operating a private business, and not have served in elected office.
- Requires the **LBHA/LMHA** to allow a sheriff selected to serve on the board as an *ex officio* non-voting member to be a voting member at the sheriff's request pursuant to the sheriff agreeing to comply with all standards and rules applicable to voting board members.
- Employees of a **LBHA/LMHA** may not serve as board members.

Section 4-Amends Texas Health and Safety Code 533, to add a section prohibiting diversity, equity and inclusion initiatives in **LBHA/LMHAs**.

Companion: [SB 2446](#)-Sparks

[HB 4861](#)-Goodwin-Amends Texas Government Code 614, Subchapter A-1 to prohibit law enforcement agencies from terminating the employment of a peace officer solely because the officer sought or received mental health care.

[HB 4863](#)-Goodwin-Regarding required mental health awareness training for first responders.

- Amends Texas Health and Safety Code, Title 9, Subtitle B to add a chapter on Mental Health Awareness Training for First Responders.
- Directs HHSC to develop or adopt a curriculum for the training.
- Amends Texas Occupations Code 1701.253 to require officers to complete the mental health awareness training curriculum developed or adopted by HHSC.

HB 5030-A. Johnson-Amends various state codes re: Medicaid coverage of behavioral health services.

- Amends Texas Government Code to provide Medicaid coverage additional behavioral health services
 - Section 1-Crisis services, intensive outpatient services and partial hospitalization services.
 - Section 15-Multi-Systemic Therapy.
 - Section 17-Functional Family Therapy.
 - Section 18-Counseling.
- Amends Texas Health and Safety Code 577A.001 (c), to expand the subject of this section to “Psychiatric Residential Treatment Facilities” by deleting the word “Youth”, and requires such facilities to be licensed, inspected, and meet federal criteria.
- Section 19 exempts LBHA/LMHAs from Texas Human Resources Code 42.041(b) which regulates certain facilities, homes and agencies that provide child care services

HB 5121-Harris-Davila-Amends Texas Health and Safety Code Title 7, Subtitle C, adds Chapter 580 regarding inpatient competency restoration services.

- Applies to facilities that contract with HHSC to provide competency restoration services for a person to stand trial.
- Directs HHSC to require contracted facilities to enter into a memorandum of understanding powers and duties of regarding competency restoration with:
 - The county and municipality in which the facility is located.
 - The Local Behavioral Health Authority/Local Mental Health Authority (LBHA/LMHA).
- Requires each facility to report annually to HHSC regarding:
 - Total number of individuals who received inpatient competency restoration services.
 - Total number of individuals who were restored.
 - Average number of days an individual received services.
 - Number of individuals restored in less than 60 days.
 - Number of individuals not restored and for whom a treatment extension is sought.
 - Number of individuals not restored who were transferred to an inpatient mental health facility or residential care facility.
 - For individuals not restored, the average length of time between the time the determination was made that the person was not restored and the date of transfer to a mental health or residential care facility.
 - Separate data by whether individuals were charged with a misdemeanor or felony and other factor deemed relevant by HHSC.
 - Annual report due to Legislator by September 1, first report due September 1, 2027.
 - Performance evaluation of each facility.
 - Aggregated demographic data on persons receiving competency restoration services at applicable facility.
 - Criminal offenses charged.
 - Countries of origin.
 - Diagnoses, if applicable.
 - Overall cost of competency restoration services at the facility.
 - At a state hospital.
 - Other competency restoration programs managed by the commission.

Current Status: Companion: SB 528-Schwertner-Hearing in Senate Health and Human Services April 2.

[HB 5251](#)-Leo Wilson-Amends Texas Education Code 25.087 (b) to allow a temporary excused absence from school to attend an appointment with a mental health professional.

Current Status: Companion: [SB 207](#)-Paxton and Johnson Reported favorably without amendments March 26, on Intent Calendar for March 31.

[HB 5257](#)-Ward Johnson-MHFA

[HB 5528](#)-Louderback-Texas Law Enforcement Crisis Prevention Task Force

[HB 5342](#)-Langraf-Amends Texas Government Code 547 to establish a 988 Suicide and Crisis Lifeline Trust Fund.

[HB 5463](#)-Moody-Regarding Emergency Detention Orders for persons evidencing mental illness and court-ordered inpatient and extended mental health services.

Section 1-Amends Texas Health and Safety Code 573.001(b) to add the criteria to severe emotional distress and deterioration of the person's mental condition ...”including the person's inability to recognize symptoms or appreciate the risks and benefits of treatment,” to the extent that the person cannot remain at liberty”

Section 2-Changes heading of Texas Health and Safety Code 573.002 to “Peace Officer's Notification of Emergency Detention”.

Section 3-Amends Texas Health and Safety Code 573.002.

- Adds the word “emergency” before the word “detention”.
- Strikes the requirement for the officer to give a specific description of the risk of harm.
- Specifies a list of information that the emergency detention documentation must contain.
- Allows the peace officer or emergency medical services personnel to leave the facility after transporting
 - When the person and the person is taken into custody by appropriate facility staff and
 - The notification of emergency detention is given to the facility.

Section 4-Amends Texas Health and Safety Code 573.003(b) regarding emergency detention of a ward.

Section 5-Amends Texas Health and Safety Code 573.012 add language regarding the person's inability to recognize symptoms or appreciate the risks and benefits of treatment.

Section 6- Amends Texas Health and Safety Code 573.022(a) to include language of Section 5 here as well.

Section 7-Amends Texas Health and Safety Code 574.001(b) regarding county in which the emergency detention order must be filed.

Section 8-Amends Texas Health and Safety Codes 574.011 (a) and (d) to add lack of capacity language to the certificate of medical examination.

Section 9-Amends Texas Health and Safety Code 574.002(b) to add lack of insight language.

Section 10-Amends Texas Health and Safety Codes 574.034(a) regarding the judge's options for court-ordered temporary inpatient mental health services.

Section 11-Amends Texas Health and Safety Codes 574.034(a) regarding the judge's options for court-ordered extended inpatient mental health services

Section 12-Amends Texas Health and Safety Codes 574.064(a-1) to add lack of insight language to physician's evaluation within 24 hours of detention.

Section 13-If passed, this legislation only applies to emergency detentions that begin on or after the effective date of the act, September 1, 2025.

Companion: [SB 1164](#)-Zaffirini

[HB 5465](#)-Moody-Amends multiple state codes regarding competency restoration. This is a very lengthy bill. Please see summary of its companion, [SB 2231](#)-Zaffirini, under Senate Bills, below.

[HB 5488](#)-Plesa-Amends Texas Human Resources Code 32, Subchapter B to add Medicaid reimbursement for coordinated specialty care for first episode psychosis.

[HB 5521](#)-Vasut Amends Texas Health and Safety Code 773 to add a section directing HHSC to adopt rules regarding maintenance, administration, and disposal of an opioid antagonist at live music venues, amusement parks, and sports venues.

[HB 5592](#)-Bowers-Amends Texas Occupations Code 1701.253 to require opioid overdose training for peace officers

[HJR 24](#)-Senfronia Thompson-Proposes a constitutional amendment to establish a Mental Health and Brain Research Institute of Texas and the Mental Health and Brain Institute Research Fund.

[HJR 72](#)-Noble-Proposes a constitutional amendment allowing a property tax exemption for a home that is the primary residence of an adult who has an intellectual disability and is related to the property owner.

Current Status: Scheduled for a hearing in House Ways and Means on March 31.

TEXAS SENATE BILLS

SB 151-Menéndez-Amends Texas Government Code 531, Subchapter B directs HHSC to create a matching grant program for technological enhancements for general hospitals or specialty hospitals in rural areas, private mental hospitals or community centers.

Purpose of grant program is to:

- Improve the quality and access to mental health services.
- Align with interoperability and technology standards in the 21st Century Cures Act.
- Other criteria established by HHSC.
- Funds from non-state sources must be equal to 25% of the grant amount.

Funds may only be used for:

- Purchase of a record-keeping platform that uses a certified electronic health record.
- Expand interoperability in a network with other health care providers.
- Expand patients' access to their own digital health records and mental health services.
- Improve data technology infrastructure related to patient information consent management.
- Improve mental health care through use and interconnectivity of mobile devices.

Requires a report by December 1 of even numbered years.

SB 153-Menéndez-Amends Texas Education Code 61 to establish a Social Work Recruitment and Retention Program, defined as a Social Work Intern Practicum Stipend (SWIPS) program.

- Bachelor's degree student: Would pay \$15 per hour for each supervised field hour, not to exceed \$6,000.
- Master's degree student: Would pay \$20 per hour for each supervised field hour, not to exceed \$9,000.
- Gives priority to students at schools serving a high percentage of students qualifying for need-based aid, having a high number of students who complete practicums in mental health shortage areas, are designated as a historically black college or university, or is a Hispanic-serving institution.

Requires a report by September 1 of each even-numbered year.

SB 176-Menéndez-Amends Texas Education Code 38, Subchapter A to allow a school district to contract with a LBHA/LMHA or a provider of community-based mental health services to provide mental health services on a campus of the district. Allows the school district to enroll as a Medicaid provider to receive reimbursement for the services rendered to students eligible for Medicaid.

SB 185-Menéndez-Amends Texas Education Code 28.002 to require the Texas Board of Education to require high school students to complete a health course that includes instruction on depression, anxiety, eating disorders, schizophrenia and other mental health disorders. Also, must include information about coping skills and seeking mental health services.

SB 188-Menéndez-Amends Texas Government Code 547, adds Subchapter K related to behavioral health crisis services, operation of Crisis Centers and Mobile Crisis Outreach Teams and Youth Mobile Crisis Outreach Teams. Establishes a 988 Suicide and Crisis Lifeline Trust Fund, authorizes a fee.

Definitions

- Defines Crisis Center-A 988 Suicide & Crisis Lifeline Center participating in the National Suicide Prevention Lifeline network to respond to statewide or regional communications.

- Defines Mobile Crisis Outreach Team (MCOT)-A team of qualified mental health professionals who provide crisis services including
 - Facilitating emergency care services.
 - Urgent care services.
 - Crisis follow-up and relapse prevention
- Defines Youth Crisis Outreach Team (YCOT)-A mobile crisis outreach team designed primarily to serve children or adolescents.

Establishes Crisis Center Standards,

- Contract with the 988 Suicide and Crisis Lifeline.
- Meet best practices and requirements of the 988 Suicide and Crisis Lifeline.
- Provide and report applicable data.
- Equipped to deploy a Mobile Crisis Outreach or Youth Mobile Crisis Outreach Team.
- Meet requirements for serving at-risk and specialized populations as identified by SAMHSA.
- Linguistically and culturally competent care.
- Policies for transferring a crisis center caller to an appropriate mental health provider.
- Follow-up services to callers as appropriate.

Directs HHSC to adopt rules to:

- Allow information sharing and communication across crisis- and emergency-response systems.
- Real-time crisis-care coordination.
 - Ensure that callers are provided ongoing care through active collaboration and coordination of services among:
 - Crisis Centers.
 - Mental Health and Substance Use Disorder Treatment Providers.
 - Community Mental Health Centers.
 - CCBHCs.
 - Community Behavioral Health Centers.
 - Mobile Crisis Outreach Teams.
 - Youth Mobile Crisis Outreach Teams.
 - Hospital Emergency Departments.
 - Inpatient Psychiatric Settings.

Establishes a 988 Suicide and Crisis Lifeline Trust Fund.

- Held by the Texas Comptroller of Accounts outside the State Treasury.
- Administered by HHSC.
- Trust Fund consists of:
 - Revenue derived from a 988 Suicide and Crisis Lifeline fee.
 - Legislative appropriations.
 - Federal funds allocated for 988.
 - Gifts, grants and donations for the trust fund.
 - Interest and dividends.
 - Money from any source deposited to the trust fund.
- Trust fund may only be used for:
 - Implementation, maintenance, or improvement of the 988 Suicide and Crisis Lifeline.
 - Crisis outreach and other services that a community mental health center provides in response to the 988 Suicide and Crisis Lifeline.

- Crisis and stabilization services for uninsured individuals.
- Personnel costs for Crisis Centers MCOTs and YCOTs.
- Data, reporting, evaluations and other related quality improvement activities.
- Trust Fund administration, oversight and evaluation.
- Requires an annual report to the Legislature.

988 Suicide and Crisis Lifeline Fee

- Allows HHSC, with the Texas Commission on State Emergency Communications to impose a 988 Suicide and Crisis Lifeline Service fee to supplement federal, state, or local funding.
- Service fees would be placed on each:
 - Local exchange access line (not including pay phones).
 - Wireless telecommunications connection.
 - Voice over Internet protocol service connection.
 - Prepaid wireless telecommunications services.
- HHSC shall set the fee in an amount sufficient to cover costs to create, operate and maintain the suicide prevention services according to national guidelines for crisis services.
 - HHSC shall periodically adjust the fee to as necessary to provide for continuous operation, volume increases and maintenance.
- Revenue may not be used for expenses that are reimbursable through Medicare, Medicaid, another insurer or governmental program, no if the individual's insurance information cannot be obtained or billed.
- Requires an annual report:
 - To Texas Legislature and Federal Communications Commission regarding revenue generated by the fee.
 - To the Legislature and to SAMHSA on each crisis center related to usage and services provided.

[SB 193](#)-Menéndez-Amends Texas Government Code 547 to enact a model suicide prevention policy, prevention, intervention and postvention strategies to be incorporated in state agency crisis or disaster plan.

- Directs HHSC to develop and publish a model suicide prevention policy on its website for use by state and community agencies that serve populations at higher risk of suicide, including veterans, people with disabilities and people living in rural areas.
- Directs HHSC and the Disaster Behavioral Health Consortium to review state agency crisis and disaster plans for opportunities to improve suicide prevention.
- Directs DSHS to provide information regarding suicides in Texas to HHSC's Statewide Suicide Prevention Coordinator in the office of Mental Health Coordination.
- Directs DSHS to establish and operate the Texas Violent Death Reporting System and participate in the National Violent Death Reporting System.

[SB 207](#)-Paxton and Johnson-Amends Texas Education Code 25.087 (b) to allow a temporary excused absence from school to attend an appointment with a mental health professional.

Current Status: Reported favorably without amendments March 26, on Intent Calendar for March 31.

Companion: [HB 5251](#)-Leo Wilson

[SB 216](#)-West-Amends Texas Occupations Code 1701.235 to require opioid overdose training for peace officers.

SB 528-Schwertner-Amends Texas Health and Safety Code Title 7, Subtitle C, adds Chapter 580 regarding inpatient competency restoration services.

- Applies to facilities that contract with HHSC to provide competency restoration services for a person to stand trial.
- Directs HHSC to require contracted facilities to enter into a memorandum of understanding powers and duties of regarding competency restoration with:
 - The county and municipality in which the facility is located.
 - **The Local Behavioral Health Authority/Local Mental Health Authority (LBHA/LMHA).**
- Requires each facility to report annually to HHSC regarding:
 - Total number of individuals who received inpatient competency restoration services.
 - Total number of individuals who were restored.
 - Average number of days an individual received services.
 - Number of individuals restored in less than 60 days.
 - Number of individuals not restored and for whom a treatment extension is sought.
 - Number of individuals not restored who were transferred to an inpatient mental health facility or residential care facility.
 - For individuals not restored, the average length of time between the time the determination was made that the person was not restored and the date of transfer to a mental health or residential care facility.
 - Separate data by whether individuals were charged with a misdemeanor or felony and other factor deemed relevant by HHSC.
 - Annual report due to Legislator by September 1, first report due September 1, 2027.
 - Performance evaluation of each facility.
 - Aggregated demographic data on persons receiving competency restoration services at applicable facility.
 - Criminal offenses charged.
 - Countries of origin.
 - Diagnoses, if applicable.
 - Overall cost of competency restoration services at the facility.
 - At a state hospital.
 - Other competency restoration programs managed by the commission.

Current Status: Public hearing in Senate Health and Human Services April 2.

Companion: [HB 5121](#)-Harris-Davila

SB 531-Sparks-Amends Texas Occupations Code 501.260 to allow the licensing pf a psychologist as a licensed specialist in school psychology. Companion: HB 2157-Allen

SB 540-Johnson-Amends Texas Health and Safety Code 481.125 to remove penalties for use, possession, delivery or manufacture of testing equipment to identify substances in Penalty Group 1-B of the Texas Controlled Substances Act (fentanyl and its derivatives). Companions: -[HB 253](#)-Talarico, SB 362-Eckhardt.

SB 556-Johnson-Amends Texas Education Code 51 to require Texas colleges and universities to train resident advisors in on-campus dormitories on opioid overdose and to equip them with opioid antagonist medications. Companion: [HB 1103](#)-Cole.

[SB 632](#)-Eckhardt-Amends Texas Code of Criminal Procedure 26.04(k) to impose consequences on appointed counsel who fail to meet and confer with a defendant in a timely manner after the defendant has been found competent to stand trial. Allows judge to disapprove payment to counsel until appointed counsel meets and confers with the defendant in compliance with Texas Code of Criminal Procedure 46B,084 (a)(1).

[SB 672](#)-Hughes-Amends Texas Health and Safety Code 311, Subchapter B to require hospitals to submit a summary of emergency department diversion plans to HHSC.

[SB 679](#)-Hughes-Amends Texas Health and Safety Code 481.102 to add Etodesnitazene, N-pyrrolidino etonitazene, and Protonitazene to the Texas Controlled Substances Act under Penalty Group 1.

[SB 719](#)-Eckhardt-Directs the Texas Health and Human Services Commission (HHSC) to conduct a study on the availability of inpatient mental health care facility beds in Texas. Study must include:

- Current number of beds available for specific purposes and the current number of patients admitted for:
 - Competency restoration
 - Civil commitment
 - Voluntary admissions
 - Patients found not guilty by reason of insanity
 - Patients 18 years of age or younger
 - Patients 18 years of age or older
 - Patients requiring long term care
 - Patients diagnosed with an intellectual or developmental disability (IDD)
- The projected number of crisis inpatient psychiatric beds needed over the next several years.
- The projected number of long-term inpatient psychiatric beds needed over the next several years.
- Current and anticipated needed resources.
- Current and anticipated workforce needs.
- HHSC may collaborate with medical schools in Texas on this study.

Written report due September 2026.

[SB 801](#)-Menéndez-Related to issuance of a certified birth record for a person who is homeless. Companion [HB 510](#)-Lopez of Bexar, filed in November 2024.

[SB 897](#)-Blanco- Amends Texas Government Codes 547.0304 and 0305 related to community mental health grant programs assisting veterans and their families. Companion to [HB 1819](#)-Ray Lopez, above.

Current Status: Pending in Senate Veteran Affairs after hearing March 18.

Companion: [HB 1819](#)-R.Lopez-Schedulded for hearing in House Committee on Homeland Security, Public Safety and Veterans' Affairs, Subcommittee on Defense and Veterans' Affairs on March 31.

[SB 1131](#)-Middleton-Establishes an advisory committee to study suicide prevention and peer support programs in fire departments in Texas.

[SB 1136](#)-Miles-Authorizes inspection of group homes by county fire marshals.

[SB 1137](#)-Miles-Creates a criminal offense related to group home consultant referrals.

Current Status: Senate Health and Human Services hearing on April 1.

[SB 1164](#)-Zaffirini-Regarding Emergency Detention Orders for persons evidencing mental illness and court-ordered inpatient and extended mental health services.

Section 1-Amends Texas Health and Safety Code 573.001(b) to add the criteria to severe emotional distress and deterioration of the person's mental condition ...”including the person's inability to recognize symptoms or appreciate the risks and benefits of treatment,” to the extent that the person cannot remain at liberty”

Section 2-Changes heading of Texas Health and Safety Code 573.002 to “Peace Officer's Notification of Emergency Detention”.

Section 3-Amends Texas Health and Safety Code 573.002.

- Adds the word “emergency” before the word “detention”.
- Strikes the requirement for the officer to give a specific description of the risk of harm.
- Specifies a list of information that the emergency detention documentation must contain.
- Allows the peace officer or emergency medical services personnel to leave the facility after transporting
 - When the person and the person is taken into custody by appropriate facility staff and
 - The notification of emergency detention is given to the facility.

Section 4-Amends Texas Health and Safety Code 573.003(b) regarding emergency detention of a ward.

Section 5-Amends Texas Health and Safety Code 573.012 add language regarding the person's inability to recognize symptoms or appreciate the risks and benefits of treatment.

Section 6- Amends Texas Health and Safety Code 573.022(a) to include language of Section 5 here as well.

Section 7-Amends Texas Health and Safety Code 574.001(b) regarding county in which the emergency detention order must be filed.

Section 8-Amends Texas Health and Safety Codes 574.011 (a) and (d) to add lack of capacity language to the certificate of medical examination.

Section 9-Amends Texas Health and Safety Code 574.002(b) to add lack of insight language.

Section 10-Amends Texas Health and Safety Codes 574.034(a) regarding the judge's options for court-ordered temporary inpatient mental health services.

Section 11-Amends Texas Health and Safety Codes 574.034(a) regarding the judge's options for court-ordered extended inpatient mental health services

Section 12-Amends Texas Health and Safety Codes 574.064(a-1) to add lack of insight language to physician's evaluation within 24 hours of detention.

Section 13-If passed, this legislation only applies to emergency detentions that begin on or after the effective date of the act, September 1, 2025. Companion: [HB 5463](#)-Moody

SB 1580-Blanco-Amends Texas Health and Safety Code to require that the governing body of a Local Mental Health Authority must include a veteran selected by a majority of the governing body members.

SB 1681-Menéndez-Amends Texas Health and Safety Code 260.0105 to require counties and municipalities that regulate boarding homes to make an annual report to HHSC regarding

- Local standards or ordinances.
- Policies and procedures for reasonable accommodations requests
- Annual number of reasonable accommodation requests received, approved, rejected, and the reason for the rejection.
- Complaints.
- Number and reasons for boarding home closures.
- Local government activities to support boarding homes in compliance
- Updates to local standards.

[SB 1726](#)-Johnson-Amends the Texas Occupations Code to enact a Social Work Licensure Compact with other states to facilitate the interstate practice of social work and to improve public access to competent social work services. Companion: [HB 3503](#)-Darby.

[SB 1753](#)-Blanco-Amends Texas Government Code 540.0272 to allow Medicaid Managed Care Organizations (MCOs) to offer certain mental health, substance use, or nutrition assistance services in lieu of other state Medicaid plan services.

[SB 1775](#)-Miles-Amends Texas Health and Safety Code 614 to prohibit **LBHA/LMHAs** from refusing to provide services to a person who has been processed by a local jail on that basis alone. Directs the Texas Commission on Jail Standards to require local jails to notify the **LBHA/LMHA** to ensure continuity of care.

[SB 1777](#)-Miles-Amends Texas Health and Safety Code 767 to prohibit health care providers, their employees or contractors from accepting any form of payment for referring a potential resident to a group home, including a group home operating under the home and community-based services waiver program.

[SB 1986](#)-Hall-Amends Texas Health and Safety Code 481.074(a) to require a warning label for opioid prescription labels advising the patient of the risk of respiratory depression, overdose, and addiction.

[SB 2069](#)-Zaffirini-Authorizes establishment of a workgroup to study the feasibility of implementing an acute psychiatric bed registry. Companion: [HB 2711](#)-Vo

[SB 2096](#)-Cook-Amends Texas Code of Criminal Procedure 46b.084(d-1) to require that any pretrial hearing in a case involving a criminal defendant who has been restored to competency must be held by the 30th day after the court has determined that competency has been restored.

Current Status: Companion: [HB 305](#)-Hays-Committee Substitute was favorably reported from House Criminal Jurisprudence Committee on March 25.

[SB 2213](#)-Zaffirini-Amends multiple sections of the Texas Code of Criminal Procedure

Section 1-Amends 16.23. Requires local law enforcement agencies to:

- Make a good faith effort to divert persons in a mental health or substance use crisis to an appropriate treatment facility if it is reasonable under the circumstances.
- Adopt a local plan that is submitted to the county or municipal governing body and Texas Commission on Law Enforcement (TCOLE).

Section 2-Amends Chapter 45A, Subchapter C to add a section on Dismissal Based on Defendant's Lack of Capacity.

Section 3-Amends Article 46B.025(b) to require the appointed expert to state in the report whether the defendant is likely to be restored to competency in the initial restoration period, and any possible extension of restoration efforts.

Section 4-Amends Article 46B.055-Procedure After Findings of Incompetency, to add procedures based on whether the defendant is or is not likely to be restored to competency.

Section 5-Amends 46B.071(a) regarding a defendant found incompetent to stand trial but likely to be restored.

Section 6-Amends heading of 46B.0711 Release on Bail: Certain Offenses Not Involving Bodily Injury

Section 7-Amends 46B.0711 (b) regarding Class A and Class B misdemeanors.

Section 8-Amends heading of 46B.072 to Release on Bail: Felonies; Certain Offenses Involving Bodily Injury

Section 9-Amends 46B.072 (a-1) regarding release on bail of a defendant found incompetent to stand trial if the court determines that the defendant is not a danger to others and can be safely treated on an outpatient basis.

Section 10-Amends 46B.073 regarding inpatient- or jail-based competency in Class A misdemeanor cases.

SB 2213-continued

Section 11-Amends 46B.077(a) regarding extension of competency restoration.

Section 12-Amends 46B.079(b) and (b-1) regarding notification of the of whether the defendant is or is not likely to attain competency in the period authorized in statute including extensions.

Section 13-Amends 46B.084(a-1) regarding the defendant's return to court, determination of competence, setting a trial date if appropriate.

Section 14-Amends 46B to add .0855-Raising Issue of Incompetency when Criminal Proceedings Are Not Timely Resumed.

Section 15-Amends 46B.086 (a), (d) and (f) to substitute "a primary care provider to provide mental health services" and strikes the words "~~licensed psychiatrist~~".

Section 16-Amends 46B.091 (d), (g), (i), (j), and (j-1) regarding a jail-based competency restoration program provider, medication management, the defendant's treatment plan, appointment of experts, extensions of time in competency restoration, inpatient competency restoration, dismissal of charges.

Section 17-Amends 46B.101 regarding applicability of the chapter to the defendant.

Section 18-Amends 46B.103 (c) regarding commitment to a residential care facility.

Section 19-Amends 46B.104 regarding civil commitment in cases involving violence.

Section 20-Amends 46B.1055 (b) (c) (d), (g), and (i), regarding requests to modify the court's order.

Section 21-Amends the heading of 46B.107 to Release of Defendant After Civil Commitment: Mental Illness.

Section 22-Amends 46B.107 regarding a defendant committed to an outpatient treatment program.

Section 23-Amends 46B, Subchapter E to add Release of Defendant after Civil Commitment: Intellectual Disability.

Section 24-Amends 46B.109(b) to require a report from the facility or outpatient treatment provider to include the reasons the facility or provider believes competency has been restored, list the medications and dosages prescribed, which shall be given to the defense and the prosecution. Either party may object to the report's findings.

Section 25-Amends 46B, Subchapter E to add Proceedings to Determine Restoration of Competency.

Section 26-Amends 46B.114 regarding prompt transportation to court of a defendant who has been committed to a facility. Allows the facility to transport the person to the custody of the county sheriff and bill the county for mileage and *per diem* expenses of the transporting personnel if the county that committed the person does not transport the person within 15 days of when the court received the notification that the defendant has been restored.

Section 27-Amends 46B.151 regarding finding that the defendant is a person with a mental illness or an intellectual disability.

Section 28-Amends Texas Government Code 121. Adds a section on Jurisdiction and Authority of Judge or Magistrate in a Non-Regional Specialty Court Program.

Section 29-Amends Texas Government Code 125.001 to add definitions of a mental health court program.

Section 30-Amends Texas Government Code 125.002 regarding the authority of County Commissioners Courts to establish a mental health court program,

Section 31-Amends Texas Government Code 125.003 to add defendants in a pending criminal case to choose a mental health court program or to proceed with a criminal trial.

Section 32-Amends Texas Government Code 125.005(a) to direct County Commissioners Courts with populations of 200,000 or more to establish a mental health court program under the supervision and direction of a court with criminal jurisdiction.

Section 33-Amends Texas Health and Safety Code 574.101 to add a definition of 'primary care provider' to include a licensed physician, advanced practice registered nurse or physician's assistant.

Section 34-Amends Texas Health and Safety Code 574.104 to eliminate the word "~~Physician's~~" and replacing it with the term Primary Care Provider's to change the title of the section to "Primary Care Provider's Application for Order to Authorize Psychoactive Medication: Date of Hearing.

Section 35-Amends Texas Health and Safety Code 574.104 (a) 104 to eliminate the word "~~Physician~~" and replacing it with the term "Primary Care Provider" in the statute.

Section 36-Amends Texas Health and Safety Code 574.106(a) and (a-1) regarding authorization of psychoactive medication.

SB 2213-continued

- Eliminates the requirement that the defendant had been court-ordered to inpatient mental health services in the past six months.
- Strikes the term “~~mental disorder or mental defect~~” and adds “mental illness”.

Section 37-Amends Texas Health and Safety Code 574.1065 to strike the term “~~mental disorder or mental defect~~” and adds “mental illness”.

Section 38-Amends Texas Health and Safety Code 574.107 to require the county in which the criminal charges are pending or adjudicated to pay the costs of the hearing to evaluate the court-ordered administration of psychoactive medication to a person under the jurisdiction of a criminal court. Strikes Health and Safety Code 574.107 (b-1) and (b-2).

Section 39- Amends Texas Health and Safety Code 574.110 regarding expiration of court-ordered inpatient mental health services or jail-based competency restoration.

Section 40-Repeals Texas Code of Criminal Procedure 46B.071(b), 46B.073 (c), (d), (e), and (f).

Repeals Texas Health and Safety code 574.035 (d), and 574.0355(b).

Section 41-Requires each local law enforcement agency to submit an initial report required in Section 1 of this Act. Companion: [HB 5465](#)-Moody

SB 2264-Cook-Amends Texas Code of Criminal Procedure 2B, Subchapter B to add a required report by peace officers regarding an arrested person that the officer has cause to believe may have a mental illness or an intellectual disability, and evaluation of the officer’s actions regarding jail diversion.

Companion: [HB 1455](#)-J. Jones

SB 2375-Johnson-Makes non-substantive additions, revisions and corrections to current codes including ones related to LBHA/LMHAs.

Current Status: Companion to [HB 1620](#)-Leach, which is scheduled for public hearing on April 2.

SB 2378-Hancock-Directs HHSC to prepare a biennial report on opioid antagonist programs for opioid overdose reversal and prevention to include a needs assessment, statewide saturation goal, data sources and methodology to estimate current supply insufficiencies, communication plan, a description of all state and federal money appropriated for the program, distribution strategies, and recommendations for improvement. Report is due by October 1 of even-numbered years. Companion: [HB 4783](#)-VanDeaver

SB 2446-Sparks-Regarding governance of LBHAs/LMHAs.

Section 1-Amends Texas Health and Safety Code 533 to require LBHA/LMHAs to submit a monthly expense report in electronic format, detailing every expenditure as reasonably practical by the LBHA/LMHA to each member of the governing body, including *ex officio* non voting members.

Section 2-Amends the heading of Texas Health and Safety Code 533.0351 to: “Required Composition and Governance of Local Mental Health Authority Governing Body.

Section 3- Amends Texas Health and Safety Code 533.0351

- Requires each LMHA/LBHA to have a governing body.
- Requires at least one member of the governing board must be a member of the public, have experience owning or operating a private business, and not have served in elected office.
- Requires the LBHA/LMHA to allow a sheriff selected to serve on the board as an *ex officio* non-voting member to be a voting member at the sheriff’s request pursuant to the sheriff agreeing to comply with all standards and rules applicable to voting board members.
- Employees of a LBHA/LMHA may not serve as board members.

SB 2446-Sparks-continued

Section 4-Amends Texas Health and Safety Code 533, to add a section prohibiting diversity, equity and inclusion initiatives in **LBHA/LMHAs**.

Companion: [HB 4856](#)-Alders

SB 2483-Alvarado-Amends Texas Health and Safety Code to require Texas Health Steps to cover up to four screenings for maternal depression before the child's first birthday. Authorizes HHSC to seek a federal waiver to implement. Companion: [HB 3917](#)-Rose.

SB 2487-Parker-Regarding emergency detention at facilities providing crisis and mental health services.

Section 1-Amends Texas Health and Safety Code 573, Subchapter C to add a section titled "Initial Examination" to require immediate examination of the person if:

- An application for detention has been filed or
- The person is transported by a peace officer or emergency medical services personnel.
- Allows the facility to detain the person if the person has rejected voluntary mental health services and meets emergency detention criteria.

Section 2-Requires an examination by a physician as soon as possible within 24 hours.

Section 3-Amends Texas Health and Safety Code 573.023 to require the person to be released unless the person meets emergency detention criteria. Upon release, the facility must provide information on available outpatient or community-based mental health services.

Section 4-Amends Texas Health and Human Services Code Title 7, Subtitle C.

- Adds a new chapter titled "Crisis Service Centers" authorizing a county with a population of over 1.2 million to establish a 24/7 crisis service center employing licensed mental health professionals and offering crisis intervention and stabilization; short-term residential care; medical detoxification; care coordination; specialized services for individuals experiencing homelessness, coordination with emergency shelters, rapid re-housing, and permanent supportive housing.
- Allows HHSC to solicit gifts, grants and donations to support counties in this endeavor.
- Requires quarterly reports to the Texas Department of Housing and Community Affairs regarding individual outcomes, reductions in county-wide homelessness and other effects.
- Requires an HHSC Crisis Service Center Advisory Board appointed by the Governor to include representatives from mental health professionals, homelessness service providers, law enforcement, county officials, continuum of care programs and HHSC.

SB 2555-West-Amends Texas Health and Safety Code Title 2, Subtitle E to add a chapter to direct the Texas Commission on Fire Protection and the Texas Commission on Law Enforcement to jointly develop first responder peer support network for fire fighters and law enforcement officers.

SB 2706-Hagenbuch-Amends Texas Health and Safety Code 573.0001 to allow paramedics to detain a person with mental illness for a preliminary exam at a mental health facility.

Section 1-Definitions

- Medical Director-A licensed physician who supervises the provision of emergency medical services by a public or private entity that provides these services and employs one or more paramedics.
- Paramedic-A person licensed under Texas Health and Safety Code 773.

SB 2706-continued

Section 2-Amends H&S Code 573 Adds a section on detention by a paramedic for preliminary examination.

- Allows a paramedic to detain a person for a preliminary examination at a mental health facility if:
 - The paramedic is specifically authorized by the Medical Director of the entity that employs or contracts with the paramedic.
 - The paramedic has reason to believe and does believe that the person has a mental illness and.
 - Believes that because of the mental illness the person is at substantial risk of serious harm to the person or others unless immediately restrained.
 - May be demonstrated by the person's behavior, evidence of severe emotional distress and deterioration in mental condition to the extent that the person cannot remain at liberty.
 - Paramedic's belief may be formed by the report of a credible person, the conduct of the person or the circumstances in which the person is detained.
 - Believes there is not time to obtain a warrant or for a peace officer to take the person into custody.
- Paramedic shall immediately transport the person to:
 - The nearest appropriate inpatient mental health facility or
 - A mental health facility deemed suitable by the **LBHA/LMHA** if an appropriate inpatient mental health facility is not available.
 - The paramedic who detains a person at a mental health facility shall immediately inform the person orally, and in non-technical language, the reason for the detention.
- Paramedic must immediately file a notification of detention with the mental health facility.
 - A sample notification of emergency detention is found in Section 573.007 of the HB 1656.
- A staff member of the facility must inform the person of patient's rights within 24 hours of detention.

Section 3-Amends Texas Health and Safety Code 573 to require the facility to accept and detain a person detained and transported by a paramedic for whom a notification of detention has been filed.

Companion: [HB 1656](#)-Howard

[HB 2769](#)-Cook-Amends Texas Health and Safety Code 571 to prohibit denial of admission to an inpatient mental health facility of a patient with a bleeding disorder who needs specialized treatments or injections.

[SB 2926](#)-Zaffirini-Amends Texas Government Code 434, Subchapter A to move the current Grant Program for Mental Health Services for Veterans and Their Families from HHSC to the Texas Veterans Commission.

Current Status: [HB 114](#)-Cortez-Pending after hearing in House Homeland Security, Public Safety, and Veterans' Affairs Committee's Subcommittee on Defense and Veterans' Affairs,

Companions: [HB 114](#)-Cortez, [HB 4446](#)-Cortez

Performance Measures FY25 - All

Measure	Description	202409	202410	202411	2025 FY First Half			202501	202502	YTD 2025
					202412	202501	202502			
Adult Improvement	At least 20% of all adults authorized in a FLOC shall show improvement in at least one domain									41.9%
Adult Service Target	100% of 23,677	103.1%	101.1%	99.5%	99.0%	98.5%	100.1%			
	Count	24430	23960	23573	23462	23339	23719			
Child Improvement	At least 25.0% of all children authorized in a FLOC shall show improvement in at least one domain									38.3%
Child Service Target	100% of 8,173	90.1%	91.2%	90.6%	86.2%	84.7%	88.1%			
	Count	7364	7461	7406	7053	6926	7201			
Community Tenure	At least 96.8% of adults and children authorized in a FLOC shall avoid hospitalization in an HHSC Inpatient Bed	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%			
Crisis 7 Day Follow-up	At least 22% of crisis episodes for adults and children in LOC-A 0 with a follow-up service contact 1-7 days after the date of the last crisis service in the crisis episode	16.6%	37.5%	34.6%	24.4%	24.3%	28.3%			
Effective Crisis Response	At least 75.1% of crisis episodes during the measurement period shall not be followed by admission to an HHSC Inpatient Bed within 30 days	93.2%	93.9%	97.5%	98.3%	97.2%	97.5%			
Hospital 7 Day Follow-up	At least 62.3% of individuals discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall receive follow-up within 7 days of discharge	43.2%	46.4%	45%	44%	50.8%	49.1%			

Substance Use Disorder (SUD) Community Health Workers (CHWs)

Purpose

The Substance Use Disorder Community Health Worker (SUD CHW) program allows Community Health Workers and Promotoras to increase linkage and retention in substance use, mental health, and medical services for Texas residents living with substance use disorders (SUD).

Goals

1. Address behavioral health disparities in the program service area.
2. Increase opportunities for substance users, including opioid users, to reduce harms related to substance use.
3. Increase retention in substance use and mental health services.
4. Help individuals address medical needs.
5. Help individuals who desire change to build a foundation for their recovery

News and Updates

With winter weather behind us, the CHW team has re-focused our outreach presence on street outreach by preparing supply kits that will allow our unhoused neighbors to be prepared for spring and summer weather. We are pleased to report that three lives have been saved as a direct result of our robust Narcan distribution campaign. The CHW team has also welcomed three Interns from Paul Quinn College to join our team and see firsthand what street outreach looks like. We continue to see a steady increase in Critical document recovery assistance, as it continues to be a major need in the community.

Team Success

- Jessie – A client reached out to thank me for helping get all their documentation. Since I provided a referral, I was able to get them an appointment at The Stewpot. The client went from having no documentation to having their ID and is currently housed at a local boarding home.
- Joyce - This is my first anniversary as a CHW at NTBHA. I've had the privilege of learning a tremendous amount of information in such a brief period. In addition to working with the CHW team, I've had valuable experience of interacting with the H.O.T. team, CTI, APAA, NA meetings, and countless on-line training courses. Every encounter with other organizations and groups has empowered me with new courage and confidence. A CHW is an experience that each person needs to have at least once in a lifetime.
- Derrell – This month has been exciting. More boots on the ground with health, fairs and connections. Joyce and I spent a great deal of time going up and down various streets with bars and restaurants distributing NARCAN in the most vulnerable communities. We are taking on new groups and making connections with many new communities

FY2025 Performance

	Contacts with Eligible Individuals	Substance Use Services *	Mental Health Services **	Medical Services **	Other Services and Community Resources **	Overdose Reversal Kits Distributed
September	1074	35	26	10	321	190
October	662	12	14	10	185	71
November	431	8	12	6	164	54
December	667	3	5	12	78	12
January	3153	31	66	35	416	144
February	3775	63	61	59	336	72
March	1171	46	35	29	436	130
April						
May						
June						
July						
August						
Annual Total	10933	218	219	161	1936	673
Annual Target	4800	240	120	120	120	120

*Substance use services include intervention and treatment, referrals, linkage, and support services

**Mental Health, Medical, and Other Services include referrals, linkage, and support services

CHW Team

Kevin Fox, SUD CHW Program Manager
 Derrell Harris, SUD CHW
 Victoria Mitchell, SUD CHW
 Cirilo Ramirez, SUD CHW

Jessie Garcia, SUD CHW Team Lead
 David Yarbrough, SUD CHW
 Joyce Evans, SUD CHW

Ancillary Team Members

Matt Roberts, Chief Operating Officer

Alvin Mott, Director, Provider Relations

Homeless Outreach & Engagement

Purpose

To provide housing-focused street outreach that improves access to care, quality of care and produce stable housing outcomes for individuals who are homeless and suffer from mental illness or co-occurring psychiatric and substance use disorders.

News and Updates

The NTBHA Street Outreach Team has been working diligently to ensure the delivery of exceptional services to our clientele. Our commitment to excellence has garnered the attention of other service providers, who are now expressing interest in collaborating with us for mutual benefit.

Team Success - During the decommissioning process, we began assisting a neighbor who reported being homeless in Louisiana. After Solomon followed up with further questions, he was able to contact the local truck stop and confirmed that the neighbor was sleeping on their property for over 6 months. As a result, the neighbor is now able to be placed in the appropriate housing with comprehensive support services.

FY2025 Performance

	Unduplicated Enrollments	Moved into Permanent Housing* (including PSH* or RRH**)	Moved into Boarding Homes/Sober Living	Referred to Mental Health Services	Assisted with Critical Documents
September	25	1	0	3	6
October	25	0	0	9	1
November	3	7	0	1	2
December	3	8	0	3	7
January	9	2	0	6	7
February	75	8	0	26	24
March	31	0	1	18	12
April					
May					
June					
July					
August					
Annual Total	171	26	1	66	59
Annual Goal	200	40	N/A	N/A	N/A

*PSH, Permanent Supportive Housing provides housing assistance through long-term leasing or rental assistance and supportive services (case management and wraparound services) as long as the individual is in the program. Requires a minimum of 12 months of documented homelessness within the past three years and a documented chronic disability.

**RRH, Rapid Rehousing, provides short-term (12-24 months) housing assistance and case management to individuals experiencing homelessness for any amount of time, with no requirement of disability.

Outreach Team

Shupon Mitchell, Manager of Outreach & Engagement
Aundrea Lawson, Lead Outreach Case Manager

Solomon Parker, Outreach Case Manager
Christiana Edouard, Outreach Case Manager

Substance Use Disorder Treatment

Reporting Month: February 2025

Report Source: CMBHS

SERVICE TYPE	INDIVIDUALS RECEIVING SERVICE
TRA: Ambulatory Detoxification – Adult	1
COPSD – Adult	120
TRA: Intensive Residential – Adult	109
TRY: Intensive Residential – Youth	0
TRF: Intensive Residential (Specialized Female) – Adult	27
TRF: Intensive Residential (Women and Children) – Adult	6
Office-Based Opioid Treatment – Adult and SF	75
Opioid Substitution Therapy (Medication Assisted Therapy) – Adult	768
TRA: Outpatient – Adult	698
TRY: Outpatient – Youth	28
TRF: Outpatient (Specialized Female) – Adult	55
TRA: Residential Detoxification – Adult	80
TRF: Residential Detoxification (Specialized Female) – Adult	10
UNIQUE INDIVIDUALS SERVED	
1737	

Service Descriptions

- Ambulatory Detoxification: To provide safe withdrawal for clients physically dependent upon alcohol and other drugs and who can also engage and participate in concurrent outpatient treatment services.
- COPSD: To provide adjunct services to clients with COPSD, emphasizing integrated treatment for both MH and SUD needs.
- Intensive Residential: To provide high-intensity treatment services in a residential setting that facilitate recovery from substance use disorders for clients who require a more structured environment
- Office-Based Opioid Treatment: To provide office-based treatment services to alleviate the adverse physiological effects of withdrawal from the use of opioids as required to meet the individualized needs of the client. OBT Contractor will provide opioid treatment for opioid use disorders in combination with providing counseling and behavioral therapies. Office-based treatment (OBT) services consist of office-based opioid treatment (OBOT) through the provision of buprenorphine and/or office-based.
- Opioid Substitution Therapy: To provide recovery-oriented Medication Assisted Treatment (MAT) to meet the individualized needs of persons seeking treatment for Opioid Use Disorder (OUD) by providing access to all reimbursable Federal Drug Administration (FDA) approved medications. Individuals receiving MAT ("Client") must receive medical, counseling, peer-based recovery support, educational, and other assessment, and treatment services, in addition to prescribed medication.
- Outpatient: To provide treatment services that facilitate recovery from SUDs to clients who do not require a more structured environment such as residential services to meet treatment goals.
- Residential Detoxification: To provide a structured residential environment for clients who are physically dependent upon alcohol and other drugs to safely withdraw from those substances; for clients who are intoxicated to be medically monitored until achieving a non-intoxicated state; and to prepare and engage clients for ongoing treatment services.

Terms for Texas Residents who meet financial and clinical criteria for HHSC-funded SUD treatment services: 1) TRA: Adult 2) TRF: Adult Women with Children/ Pregnant Adult 3) TRY: Youth

RESOLUTION

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

RESOLUTION NO: 431-2025 Ratify Health and Human Services Contract for Transition Support Specialist Program for FY 2025—FY 2026

DATE: April 9, 2025

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the North Texas Behavioral Health Authority held on the 9th day of April 2025, the following Resolution was adopted:

WHEREAS, the Health and Human Service Commission has designated the North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) for a service area consisting of the following six counties: Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall, effective January 1, 2017; and

WHEREAS, the NTBHA Board of Directors was created to govern the affairs of NTBHA; and

WHEREAS, NTBHA seeks to create a well-managed, integrated, and high-quality delivery system of behavioral health services available to eligible consumers residing in our catchment area; and

WHEREAS, NTBHA is responsible for the management of the network of behavioral health providers; and

WHEREAS, NTBHA seeks to (1) Maintain a competent and committed workforce, (2) Facilitate access to behavioral health services, (3) Manage core operations efficiently and effectively, and (4) Identify and develop additional opportunities for service area development.

IT IS THEREFORE RESOLVED THAT the North Texas Behavioral Health Authority Board of Directors ratifies the signature of the CEO on the HHSC Contract for the Transition Support Specialist Program for FY 2025—FY 2026.

DONE IN OPEN MEETING this the 9th day of April 2025.

Recommended by:

Carol E. Lucky
Chief Executive Officer
North Texas Behavioral Health Authority

Commissioner Dr. Elba Garcia
Chair, Board of Directors
North Texas Behavioral Health Authority



BOARD OF DIRECTORS MEETING

Summary

DATE: April 9, 2025

AGENDA ITEM #11: Resolution 431-2025 Ratify Health and Human Services Commission Contract for Transition Support Specialist Program for FY 2025-FY 2026

Recommendation/Motion: Ratify the Health and Human Services Commission Contract for the Transition Support Specialist Program for FY 2025-FY 2026.

Background:

The Grantee (NTBHA) as an LMHA or LBHA will hire a dedicated transition support liaison to provide continuity of care as required by Title 26, Section 306 of Texas Administrative Code.

The transition support liaison will provide intensive transition support and service coordination for children, adolescents, and adults with mental health needs, facilitating their transition from an inpatient to a community setting. The transition support liaison will enhance coordination across local mental health serving systems, empowering individuals to successfully reside in their community of choice in the least restrictive environment possible, and to improve their quality of life and functioning.

The transition support liaison will identify, provide, and coordinate support required by persons determined ready for discharge from a state hospital or a facility with a contracted psychiatric bed (CPB) authorized by the LMHA or LBHA. The transition support liaison will provide pretransition support and resource coordination to persons admitted to a state-funded and private psychiatric hospital before discharge and short-term post-discharge follow-up.

For the purposes of Grant Agreement “continuity of care” refers to the process of:

1. Identifying the medical, psychiatric, or psychological care or treatment needs and educational or rehabilitative service needs of a person with medical or mental health conditions;
2. Developing a plan for meeting the treatment, care, and service needs of a person with medical or mental health conditions; and
3. Coordinating the provision of treatment, care, and services between the various agencies who provide treatment, care, or services such that they may continue to be provided to an individual at the time leading up to and after discharge from an inpatient setting.

Financial Information:

Total Grant Amount from Federal Funds: \$327,427.00.

State Funds: \$0



Required Match: \$0

Implementation Schedule: Upon ratification by the NTBHA board.

Attachments: 11. MH_TSS HHS001546000007 FY25 ~ Unsigned Copy

Aligns with Visions #1, 2, 3, and 4

NTBHA Strategic Visions

Vision #1 NTHBA will maintain a competent and committed workforce.

Vision #2 NTBHA will facilitate access to behavioral health services.

Vision #3 NTBHA will manage core operations efficiently and effectively.

Vision #4 NTBHA will identify and develop additional opportunities for service area development.

Presented By: Carol Lucky, Chief Executive Officer

**HEALTH AND HUMAN SERVICES COMMISSION GRANT AGREEMENT,
CONTRACT NO. HHS001546000007
UNDER THE
TRANSITION SUPPORT SPECIALIST GRANT PROGRAM**

The parties to this agreement (“Grant Agreement”) are the Texas Health and Human Services Commission (“HHSC” or “System Agency”), a pass-through entity, and North Texas Behavioral Health Authority (“Grantee”), having its principal office at 8111 LBJ Fwy, Suite 900, Dallas, TX 75251 (each a “Party” and collectively the “Parties”).

I. PURPOSE

The purpose of this Grant Agreement is to provide transition support and service coordination for children, adolescents, and adults with mental health needs, facilitating their transition from an inpatient to a community setting.

II. LEGAL AUTHORITY

This Grant Agreement is entered into pursuant to Chapter 531 of the Texas Government Code and Chapters 533 and 534 of the Texas Health and Safety Code. Section 533.034 of the Texas Health and Safety Code provides System Agency with authority to contract with local agencies, hospitals, private organizations and foundations, community centers, physicians, and other persons to plan, develop, and provide community-based mental health services.

III. DURATION

This Grant Agreement is effective on the signature date of the latter of the Parties to sign this agreement and expires on August 31, 2026, unless sooner terminated or renewed or extended. System Agency, at its sole discretion, may extend this Grant Agreement for three (3) additional years using one (1) additional two (2) year term, and a final one (1) year term.

Notwithstanding the limitation in the preceding paragraph and with at least thirty (30) calendar days' advance written notice to Grantee, at the end of the initial term or any renewal period, System Agency, at its sole discretion, may extend this Grant Agreement as necessary to ensure continuity of service, for purposes of transition, to allow for the full expenditure of awarded funding and completion of grant activities, or as otherwise determined by System Agency to serve the best interest of the State for up to twelve (12) months in one-month intervals, at the then-current contract rate or rates (if applicable) as modified during the term of the Grant Agreement.

IV. STATEMENT OF WORK

The Scope of Grant Project to which Grantee is bound is incorporated into and made a part of this Grant Agreement for all purposes and included as **ATTACHMENT A**.

V. BUDGET AND INDIRECT COST RATE

The total amount of this Grant Agreement will not exceed \$327,427.00. Grantee is not required to provide matching funds.

The total not-to-exceed amount includes the following:

Total Federal Funds:	\$327,427.00
Total State Funds:	\$0.00

All expenditures under the Grant Agreement will be in accordance with **ATTACHMENT B, BUDGET PROCEDURES, INVOICE SUBMISSION, AND FINANCIAL REPORTING REQUIREMENTS**.

Indirect Cost Rate: Grantee's acknowledged or approved Indirect Cost Rate (ICR) is contained within **ATTACHMENT B, BUDGET PROCEDURES, INVOICE SUBMISSION, AND FINANCIAL REPORTING REQUIREMENTS**, and the De Minimis Acknowledgement is attached to this Contract and incorporated as **ATTACHMENT G, INDIRECT COST RATE LETTER**. Grantee must have an approved or acknowledged indirect cost rate in order to recover indirect costs.

If the System Agency approves or acknowledges an updated indirect cost rate, the Grant Agreement will be amended to incorporate the new rate (and the new indirect cost rate letter, if applicable) and the budget revised accordingly.

VI. REPORTING REQUIREMENTS

Grantee shall submit the following reports:

REPORT	FREQUENCY	DUE DATE	
Reimbursement Request - Monthly, including: 1. General Ledger; and 2. ATTACHMENT A-1, PROJECT EXPENDITURE REPORT.	Monthly, on or before the last Calendar Day of each month following the month reported using the CMBHS invoice module.	2/28/2025	11/30/2025
		3/31/2025	12/31/2025
		4/30/2025	1/31/2026
		5/31/2025	2/28/2026
		6/30/2025	3/31/2026
		7/31/2025	4/30/2026
		8/31/2025	5/31/2026
		9/30/2025	6/30/2026
		10/31/2025	7/31/2026
			8/31/2026
Performance Report - Quarterly	Quarterly, on or before the 30th Calendar Day following the end of each State Fiscal quarter reported using Microsoft Excel Performance Measure workbook provided by the HHSC Behavioral Health Services	3/30/2025	
		6/30/2025	
		9/30/2025	
		12/30/2025	
		3/30/2026	
		6/30/2026	
		9/30/2026	

	<p>(BHS) department and submitted via email.</p> <p>Quarter 1 is due December 30. Quarter 2 is due March 30. Quarter 3 is due June 30. Quarter 4 is due September 30.</p>	
Transition Support Liaison Summary Report	<p>Annually on or before the 30th Calendar Day following the end of each State Fiscal Year.</p>	<p>9/30/2025 9/30/2026</p>

VII. CONTRACT REPRESENTATIVES

The following will act as the representative authorized to administer activities under this Grant Agreement on behalf of their respective Party.

System Agency

Judith Tyler
Health and Human Services Commission
601 W. Guadalupe St.
Mail Code 2058
Austin, Texas 78751-3416
judith.tyler@hhs.texas.gov

Grantee

Carol Lucky
North Texas Behavioral Health Authority
8111 LBJ Fwy, Suite 900
Dallas, TX 75251
clucky@ntbha.org

VIII. NOTICE REQUIREMENTS

- A. All notices given by Grantee shall be in writing, include the Grant Agreement contract number, comply with all terms and conditions of the Grant Agreement, and be delivered to the System Agency's Contract Representative identified above.
- B. Grantee shall send legal notices to System Agency at the address below and provide a copy to the System Agency's Contract Representative:

Health and Human Services Commission
Attn: Office of Chief Counsel
4601 W. Guadalupe, Mail Code 1100
Austin, Texas 78751

- C. Notices given by System Agency to Grantee may be emailed, mailed, or sent by common carrier. Email notices shall be deemed delivered when sent by System Agency. Notices sent by mail shall be deemed delivered when deposited by the System Agency in the United States mail, postage paid, certified, return receipt requested. Notices sent by common carrier shall be deemed

delivered when deposited by the System Agency with a common carrier, overnight, signature required.

- D. Notices given by Grantee to System Agency shall be deemed delivered when received by System Agency.
- E. Either Party may change its Contract Representative or Legal Notice contact by providing written notice to the other Party.

IX. FEDERAL AWARD INFORMATION

- A. Grantee's Unique Entity Identifier is: **MSNLLGML43G3**
- B. Federal funding under this Grant Agreement is a subaward under the following federal award.
- C. Federal Award Identification Number (FAIN): B09SM090328
 - 1. Assistance Listings Title, Number, and Dollar Amount:
 - Block Grants for Community Mental Health Services - 93.958 - \$17,491,244
 - 2. Federal Award Date: December 6, 2024
 - 3. Federal Award Period: October 1, 2024 – September 30, 2026
 - 4. Name of Federal Awarding Agency: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
 - 5. Federal Award Project Description: Block Grants for Community Mental Health Services
 - 6. Awarding Official Contact Information: Wendy Pang, wendy.pang@samhsa.hhs.gov
 - 7. Total Amount of Federal Funds Awarded to System Agency: \$17,491,244
 - 8. Amount of Funds Awarded to Grantee: \$327,427.00
 - 9. Identification of Whether the Award is for Research and Development: No

X. CONTRACT DOCUMENTS

The following documents are incorporated by reference and made a part of this Grant Agreement for all purposes.

Unless expressly stated otherwise in this Grant Agreement, in the event of conflict, ambiguity, or inconsistency between or among any documents, all System Agency documents take precedence over Grantee's documents and the Data Use Agreement takes precedence over all other Contract documents.

ATTACHMENT A	SCOPE OF GRANT PROJECT
ATTACHMENT A-1	PROJECT EXPENDITURE REPORT
ATTACHMENT B	BUDGET PROCEDURES, INVOICE SUBMISSION, AND FINANCIAL REPORTING REQUIREMENTS
ATTACHMENT C	HHS CONTRACT AFFIRMATIONS, VERSION 2.5
ATTACHMENT D	HHS UNIFORM TERMS AND CONDITIONS – GRANT, VERSION 3.5
ATTACHMENT E	HHS ADDITIONAL PROVISIONS – GRANT FUNDING, VERSION 1.0
ATTACHMENT F	DATA USE AGREEMENT - COMMUNITY CENTER VERSION-LMHA LA LIDDA VERSION 8.5

ATTACHMENT G

INDIRECT COST RATE LETTER

ATTACHMENT H

**FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT
FORM**

ATTACHMENT I

FEDERAL ASSURANCES, NON-CONSTRUCTION PROGRAMS

ATTACHMENT J

CERTIFICATION REGARDING LOBBYING

XI. SIGNATURE AUTHORITY

Each Party represents and warrants that the person executing this Grant Agreement on its behalf has full power and authority to enter into this Grant Agreement. Any services or work performed by Grantee before this Grant Agreement is effective or after it ceases to be effective are performed at the sole risk of Grantee.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR SYSTEM AGENCY GRANT AGREEMENT,
CONTRACT NO. HHS001546000007**

SYSTEM AGENCY

Signature

Printed Name: _____

Title: _____

Date of Signature: _____

GRANTEE

Signature

Printed Name: _____

Title: _____

Date of Signature: _____

RESOLUTION

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

RESOLUTION NO: 432-2025 Ratify HHSC Local Mental Health Authority Performance Contract Agreement, Amendment No. 2 for FY 2024 – FY 2025 (specifically for Private Psychiatric Beds—PPB) Contract No. HHS001324500026

DATE: April 9, 2025

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the North Texas Behavioral Health Authority held on the 9th day of April 2025, the following Resolution was adopted:

WHEREAS, the Health and Human Service Commission has designated the North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) for a service area consisting of the following six counties: Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall, effective January 1, 2017; and

WHEREAS, the NTBHA Board of Directors was created to govern the affairs of NTBHA; and

WHEREAS, NTBHA seeks to create a well-managed, integrated, and high-quality delivery system of behavioral health services available to eligible consumers residing in our catchment area; and

WHEREAS, NTBHA is responsible for the management of the network of behavioral health providers; and

WHEREAS, NTBHA seeks to (1) Maintain a competent and committed workforce, (2) Facilitate access to behavioral health services, (3) Manage core operations efficiently and effectively, and (4) Identify and develop additional opportunities for service area development.

IT IS THEREFORE RESOLVED that the North Texas Behavioral Health Authority Board of Directors ratifies the signature of the CEO on the HHSC Local Mental Health Authority Performance Contract Agreement, Amendment No. 2 for FY 2024 – FY 2025 (specifically for Private Psychiatric Beds—PPB) Contract No. HHS001324500026.

DONE IN OPEN MEETING this the 9th day of April 2025.

Recommend by:

Carol E. Lucky
Chief Executive Officer
North Texas Behavioral Health Authority

Commissioner Dr. Elba Garcia
Chair, Board of Directors
North Texas Behavioral Health Authority



BOARD OF DIRECTORS MEETING

Summary

DATE: April 9, 2025

AGENDA ITEM #12: 432-2025 Ratify HHSC Local Mental Health Authority Performance Contract Agreement, Amendment No. 2 for FY 2024 - FY 2025 (specifically pertaining to Private Psychiatric Beds—PPB) Contract No. HHS001324500026

Recommendation/Motion: Ratify the signature of the CEO on the Local Mental Health Authority Performance Contract Agreement, Amendment No. 2 for FY 2024 - FY 2025 (specifically pertaining to Private Psychiatric Beds—PPB) HHS Contract No. HHS001324500026

Background:

This amendment includes an increase in private psychiatric bed (PPB) funding of \$2,546,030.00, equivalent to an additional 8.7 beds/day. This brings the total bed days under PBB to 62.9 beds/day.

The purpose of PPB funding is to support the provision of inpatient mental health hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the patient's ability to function in a less restrictive setting.

Evaluation: NA

Financial Information:

FY 2024 and FY 2025 Funds:

Total LMHA Contract (with new PPB funding of \$2,546,030.00): \$161,257,880.00

HHSC Share: \$148,251,628.00 (includes \$22,232,654.00 from Federal Funding)

Required Local Match: \$13,006,252.00

8111 Lyndon B. Johnson Freeway, Suite 900, Dallas, TX 75251
Tel: 214-366-9407 | Fax: 214-366-9417 | www.ntbha.org



Attachments: 12. LMHA-PA HHS001324500026 Amendment No.2 FY25

Implementation Schedule: Upon ratification by the NTBHA board.

Aligns with Visions #1, 2, 3, and 4

NTBHA Strategic Visions
Vision #1 NTHBA will maintain a competent and committed workforce.
Vision #2 NTBHA will facilitate access to behavioral health services.
Vision #3 NTBHA will manage core operations efficiently and effectively.
Vision #4 NTBHA will identify and develop additional opportunities for service area development.

Presented By: Carol Lucky, Chief Executive Officer

HEALTH AND HUMAN SERVICES COMMISSION
HHSC CONTRACT No. HHS001324500026
AMENDMENT NO. 2

The **HEALTH AND HUMAN SERVICES COMMISSION** (“**HHSC**” or “**SYSTEM AGENCY**”) and **NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY** (“**GRANTEE**” or “**CONTRACTOR**”), each a “Party” and collectively the “Parties” to that certain Local Mental Health Authority Performance Grant Agreement effective September 1, 2023, denominated HHSC Contract No. HHS001324500026 (the “Contract” or “Grant Agreement”), as amended, now want to further amend the Contract.

WHEREAS, HHSC wants to add new funding appropriated by the Texas legislature through the 2024-25 General Appropriations Act (H.B. 1, Regular Session, 2023) under HHSC Rider 52(b)(3) (Article II, at II-64, Purchased Psychiatric Beds); and

WHEREAS, the Parties want to delete and replace **ATTACHMENT A07, PRIVATE PSYCHIATRIC BEDS (MH/PPB), VERSION 2; ATTACHMENT B, HEALTH AND HUMAN SERVICES COMMISSION (HHS) CONTRACT AFFIRMATIONS (VERSION 2.3); and ATTACHMENT C, HHS UNIFORM TERMS AND CONDITIONS (GRANT, VERSION 3.3)** of the Contract.

NOW, THEREFORE, the Parties amend and modify the Contract as follows:

1. The Contract is increased by \$2,546,030 as shown below.

Statement of Work Number	Program ID	HHSC Share (\$)	Grantee Share (\$)	Total Statement of Work Value (\$)
A07	MH/PPB	\$2,546,030	\$0	\$2,546,030
TOTAL		\$2,546,030	\$0	\$2,546,030

2. **SUBSECTION A of SECTION V, BUDGET AND INDIRECT COST RATE**, of the Contract Signature Document is deleted in its entirety and replaced as follows:

A. Budget

1. The total amount of this Grant Agreement is not-to-exceed \$161,257,880. This includes HHSC’s share of \$148,251,628 and Grantee’s required match amount of \$13,006,252.
2. The total not-to-exceed amount includes the following:
 - a. Total Federal Funds: \$22,232,654
 - b. Total State Funds: \$126,018,974
3. Grantee agrees to provide those services stated in the Statements of Work listed in the table on the following page, incorporated and made part of this Contract for all purposes, in accordance with all contractual requirements.

Statement of Work Number	Program ID	HHSC Share (\$)	Grantee Share (\$)	Total Statement of Work Value (\$)
A01	MH/PCN	\$108,385,426	\$13,006,252	\$121,391,678

A02	MH/CMHH	\$0	\$0	\$0
A03	MH/COS	\$0	\$0	\$0
A04	MH/MHD	\$0	\$0	\$0
A05	MH/OCR	\$959,428	\$0	\$959,428
A06	MH/CRISIS	\$0	\$0	\$0
A07	MH/PPB	\$36,908,030	\$0	\$36,908,030
A08	MH/RTCI	\$0	\$0	\$0
A09	MH/RTPCM	\$0	\$0	\$0
A10	MH/SHR	\$1,458,718	\$0	\$1,458,718
A11	MH/VET	\$198,540	\$0	\$198,540
A12	MH/IRS	\$0	\$0	\$0
A13	MH/CF	\$0	\$0	\$0
A14	MH/PASRR	\$0	\$0	\$0
A15	MH/RPA	\$0	\$0	\$0
A16	MH/RBI	\$0	\$0	\$0
A17	MH/PSR	\$0	\$0	\$0
A18	MH/CR	\$0	\$0	\$0
A19	MH/DC	\$0	\$0	\$0
A20	MH/HFSEP	\$0	\$0	\$0
A21	MH/JDSES	\$0	\$0	\$0
A22	MH/VCP	\$0	\$0	\$0
A23	MH/NJBCR	\$0	\$0	\$0
A24	MH/ESC	\$230,000	\$0	\$230,000
A25	MH/PDMCC	\$111,486	\$0	\$111,486
TOTAL		\$148,251,628	\$13,006,252	\$161,257,880

NOTE: A HHSC Share value of \$0 in the table above signifies either that: (1) no funding is associated with that Statement of Work; or (2) that Statement of Work is not currently applicable to this Grant Agreement.

3. **SUBSECTION (B) of SECTION XI, MODIFICATIONS TO HHS AFFIRMATIONS and HHS UNIFORM TERMS AND CONDITIONS**, of the Contract Signature Document is deleted in its entirety and replaced as follows:

B. **ARTICLE X. INDEMNITY** in **ATTACHMENT C, HHS UNIFORM TERMS AND CONDITIONS (GRANT, VERSION 3.5)**, is revised to add the following sentence at the beginning of the Article:

“This Article X is only applicable to the extent permitted by Texas law and the Texas Constitution.” The remainder of Article X remains unchanged.

4. **ATTACHMENT A07, PRIVATE PSYCHIATRIC BEDS (MH/PPB), VERSION 2**, is deleted in its entirety and replaced with **ATTACHMENT A07, PRIVATE PSYCHIATRIC BEDS (MH/PPB), VERSION 3**, which is attached to this Amendment No. 2 and incorporated and made part of the Contract for all purposes.

5. **ATTACHMENT B, HEALTH AND HUMAN SERVICES COMMISSION (HHS) CONTRACT AFFIRMATIONS (VERSION 2.3)**, of the Contract is deleted in its entirety and replaced with

ATTACHMENT B, HHS CONTRACT AFFIRMATIONS (VERSION 2.5), which is attached to this Amendment No. 2 and incorporated and made part of the Contract for all purposes.

6. **ATTACHMENT C, HHS UNIFORM TERMS AND CONDITIONS (GRANT, VERSION 3.3)**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT C, HHS UNIFORM TERMS AND CONDITIONS (GRANT, VERSION 3.5)**, which is attached to this Amendment No. 2 and incorporated and made part of the Contract for all purposes.
7. This Amendment No. 2 shall be effective as of the date last signed below.
8. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as previously amended, shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.
10. Each Party represents and warrants that the person executing this Amendment No. 2 on its behalf has full power and authority to enter into this Amendment.

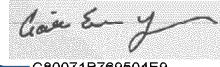
SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 2
HHSC CONTRACT No. HHS001324500026**

HEALTH AND HUMAN SERVICES COMMISSION

**NORTH TEXAS BEHAVIORAL HEALTH
AUTHORITY**

DocuSigned by:



C60071B769504E9...

By: _____
Cecile Young

Executive Commissioner

Date of Signature: March 30, 2025

DocuSigned by:



By: _____
Carol Lucky

CEO

Date of Signature: March 28, 2025

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT NO. 2 AND THEIR TERMS ARE
INCORPORATED INTO AND MADE PART OF THE CONTRACT FOR ALL PURPOSES:**

ATTACHMENT A07: PRIVATE PSYCHIATRIC BEDS (MH/PPB), VERSION 3

ATTACHMENT B: HHS CONTRACT AFFIRMATIONS (VERSION 2.5)

ATTACHMENT C: HHS UNIFORM TERMS AND CONDITIONS (GRANT, VERSION 3.5)

ATTACHMENTS FOLLOW