# 2025 Legislative Update

## October 8, 2025

TEXAS TECH UNIVERSITY
School *of* Law™

Prof. Brian Shannon

# JCMH Proposals

- *Third Legislative Session for the JCMH*
- *Proposals for 2025:*
  - *Civil*
  - *Criminal*

JCMH
Texas Judicial Commission on Mental Health

# JCMH Proposals

- *Third Legislative Session for the JCMH*
- *Proposals for 2025:*
  - *Civil – **Enacted, in part …***
  - *Criminal – **Stalled on the House floor***

JCMH
Texas Judicial Commission on Mental Health

# Civil – S.B. 1164

A. Modifications to peace officer emergency detention forms to better elicit necessary and helpful information.

B. Clarification of a peace officer's duties upon presenting a person to a mental health facility for examination for an emergency detention without a warrant.


# Civil

C. Clarifying proper venue for a civil commitment.

D. Addressing the common symptom of anosognosia (i.e., lack of insight because of untreated mental illness) for emergency detention and intended for inpatient civil commitment.

# Emergency Detention – Updated Form

## NOTIFICATION OF EMERGENCY DETENTION

**CASE NO.** _____ **DATE:** _____ **TIME:** _____

**THE STATE OF TEXAS**
**FOR THE BEST INTEREST AND PROTECTION OF:** _____

DOB:_____ Race:_____ Gender:_____ Phone Number:_____

Address:_____

Now comes _____, a peace officer with_____,
(name of agency) of the State of Texas, and states as follows:

☐ I have reason to believe and do believe that _____ (person detained) evidences mental illness; **AND**

☐ I have reason to believe and do believe that the above-named person evidences a substantial risk of serious harm to himself/herself or others based on the person's behavior or evidence the person is experiencing severe emotional distress and deterioration or the person evidences an inability to recognize symptoms or appreciate the risks and benefits of treatment to the extent that the person cannot remain at liberty; **AND**

☐ I have reason to believe and do believe that the risk of harm is imminent unless the above-named person is immediately restrained.

1. My above-stated beliefs are based upon the following recent behavior, severe emotional distress and deterioration, overt acts, attempts, statements, or threats observed by me or reliably reported to me (may use attachments).

_____

_____

_____

_____

_____

2. The names, addresses, phone numbers, and relationship to the above-named person or those persons who reported or observed recent behavior, acts, attempts, statements, or threats of the above-named person or relevant witnesses who witnessed the above-named person being detained are (if applicable):

_____

_____

_____

**ADULT 65 YEARS OF AGE OR OLDER** ☐ YES ☐ NO *If yes, age:* _____

**CHILD 17 YEARS OF AGE OR YOUNGER** ☐ YES ☐ NO *If yes, age:* _____

FOR A CHILD 17 YEARS OF AGE OR YOUNGER *(if yes)*:

My belief the child is at risk of imminent serious harm unless immediately removed from the parents' custody is based on the above-stated facts showing the parents or guardians are presently unable to protect the child from imminent serious harm.

☐ I provided notice to the child's parent(s) or guardian(s) of my intention to file this notification.

☐ I was not able to provide notice to the child's parent(s) or guardian(s) of my intention to file this notification because:

_____

_____

Parent(s)/Guardian(s) Contact Information (if known): _____

**USE OF RESTRAINT**

Was the person physically restrained in any way? ☐ YES ☐ NO

*If YES*, reason for physical restraint: ☐ Officer Safety ☐ Person's Safety ☐ Other: _____

**CALL ORIGINATED AT:** ☐ Public Area ☐ Residence ☐ School/University ☐ Group Home ☐ Hospital ☐ Other_____

**OBSERVATIONS/HISTORY** *If YES to any question below, provide additional information.*

| | YES | NO | UNK | NOTES |
|---|---|---|---|---|
| Harm to self or stating an intention to harm self? | | | | |
| Previous suicide attempt? | | | | |
| Harm to others or stating an intention to harm others? | | | | |
| Previous serious harm or injury to others? | | | | |
| Previous psychiatric hospital treatment? | | | | |
| Reported mental health diagnosis? | | | | |
| Prescribed psychiatric medications? | | | | |
| Current psychiatric medications taken? | | | | |
| Sleeping difficulty? | | | | |
| Substance Use Disorder? | | | | |

**TRANSPORTED TO:** ☐ Hospital/Emergency Room ☐ Mental Health Facility ☐ Other_____

For the above reasons, I present this notification to seek temporary admission to the (name of facility) _____ _____ inpatient mental health facility or hospital facility for the detention of (person detained) _____ on an emergency basis.

[If applicable] I have transferred the person detained to Emergency Medical Services Personnel (Name & Agency) _____ _____ for transport on (date) _____/_____/_____ at (time) _____ __.M., pursuant to a memorandum of understanding between agencies, and I have determined that transferring the person for transport is safe for both the person and the personnel.

PEACE OFFICER'S PRINTED NAME:_____BADGE NO._____

PEACE OFFICER'S SIGNATURE: _____

Address:_____ Zip Code: _____ Telephone:_____

A mental health facility or hospital emergency department may not require a peace officer or emergency medical services personnel to execute any form other than this form as a predicate to accepting for temporary admission a person detained by a peace officer under Section 573.001, Texas Health and Safety Code.

**AUGUST 2025**

# Peace Officer – Emerg. Det.

(f) A peace officer who transports an apprehended person to a facility under Section 573.001(d)(1) or emergency medical services personnel of an emergency medical services provider who transports a person to a facility under Section 573.001(d)(2):

(1) is not required to remain at the facility while the apprehended person is medically screened or treated or while the person's insurance coverage is verified; and

(2) may leave the facility immediately after:

(A) the person is taken into custody by appropriate facility staff; and

(B) the notification of emergency detention required by this section is provided to the facility.

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(2) may leave the facility immediately after:

(A) the person is taken into custody by appropriate facility staff; and

(B) the notification of emergency detention required by this section is provided to the facility.

# Venue: Which County?
## What did "is found" mean?

SECTION 7. Section 574.001(b), Health and Safety Code, is amended to read as follows:

(b) Except as provided by Subsection (f), the application must be filed with the county clerk in the county in which the proposed patient:

(1) resides;

(2) is located at the time the application is filed [~~is found~~]; [~~or~~]

(3) was apprehended under Chapter 573; or

(4) is receiving mental health services by court order or under Subchapter A, Chapter 573.

# Emergency Detention – *Criteria*

- Modified for both:
  - Magistrates' warrants, and
  - Peace Officers' warrantless emergency detentions

# Emergency Detention – Criteria

SECTION 1. Section 573.001(a), Health and Safety Code, is amended to read as follows:

(a) A peace officer, without a warrant, may take a person into custody, regardless of the age of the person, if the officer[~~:~~

[~~(1)~~] has reason to believe and does believe that:

(1) [~~(A)~~] the person is a person with mental illness[~~;~~] and

[~~(B)~~] because of that mental illness:

(A) there is a substantial risk of serious harm to the person or to others [~~unless the person is immediately restrained~~];

(B) the person evidences severe emotional distress and deterioration in the person's mental condition; or

(C) the person evidences an inability to recognize symptoms or appreciate the risks and benefits of treatment; [~~and~~]

(2) the person is likely without immediate detention to suffer serious risk of harm or to inflict serious harm on another person; and

(3) [~~believes that~~] there is not sufficient time to obtain a warrant before taking the person into custody.

# Inpatient Civil Commitment Standard – *as introduced* in S.B. 1164 (and recommended by JCMH)

SECTION 10. Sections 574.034(a) and (d), Health and Safety Code, are amended to read as follows:

(a) The judge may order a proposed patient to receive court-ordered temporary inpatient mental health services only if the judge or jury finds, from clear and convincing evidence, that:

(1) the proposed patient is a person with mental illness; and

(2) as a result of that mental illness the proposed patient:

(A) is likely to cause serious harm to the proposed patient;

(B) is likely to cause serious harm to others; [~~or~~]

(C) is:

(i) suffering severe and abnormal mental, emotional, or physical distress;

(ii) experiencing substantial mental or physical deterioration of the proposed patient's ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for the proposed patient's basic needs, including food, clothing, health, or safety; and

(iii) unable to make a rational and informed decision as to whether or not to submit to treatment; or

(D) lacks the capacity to recognize the proposed patient is experiencing symptoms of a serious mental illness and is:

(i) unable to make a rational and informed decision regarding voluntary inpatient mental health treatment;

(ii) unable to appreciate the risks or benefits of mental health treatment or understand, use, weigh, or retain information relevant to making informed treatment decisions; and

(iii) in the absence of court-ordered temporary inpatient mental health services, likely to experience a relapse or deterioration of the proposed patient's mental or physical condition that would satisfy the criteria under Paragraph (A), (B), or (C).

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(2) as a result of that mental illness the proposed patient:

(A) is likely to cause serious harm to the proposed patient;

(B) is likely to cause serious harm to others;

[~~or~~]

(C) is:

(i) suffering severe and abnormal mental, emotional, or physical distress;

(ii) experiencing substantial mental or physical deterioration of the proposed patient's ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for the proposed patient's basic needs, including food, clothing, health, or safety; and

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# Inpatient Civil Commitment Standard – as enacted by S.B. 1164 – unfortunately

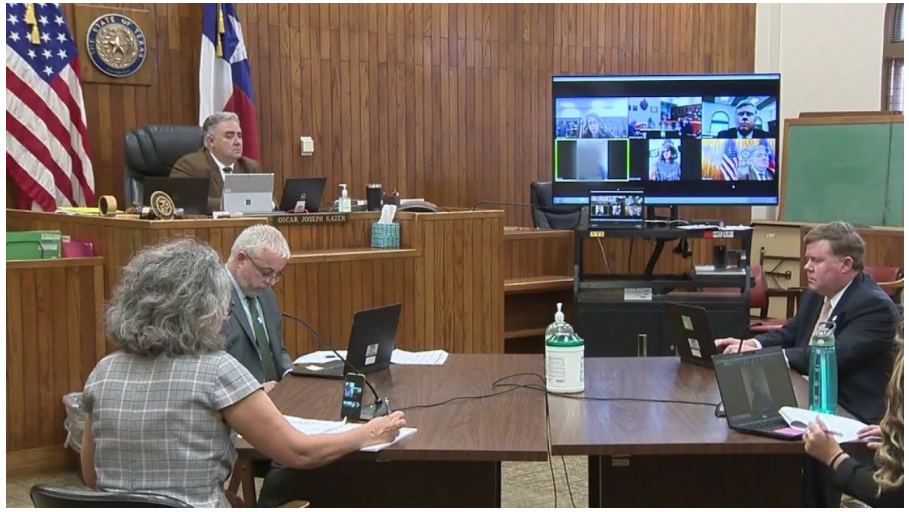
(1) the proposed patient is a person with mental illness; and
(2) as a result of that mental illness the proposed patient:
(A) is likely to cause serious harm to the proposed patient;
(B) is likely to cause serious harm to others; [~~or~~]
(C) is:
(i) suffering severe and abnormal mental, emotional, or physical distress;
(ii) experiencing substantial mental or physical deterioration of the proposed patient's ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for the proposed patient's basic needs, including food, clothing, health, or safety; [~~and~~]
(iii) unable to make a rational and informed decision as to whether or not to submit to treatment; or
**(iv) evidencing an inability to recognize symptoms or to appreciate the risks and benefits of treatment; and**
**(D) in the absence of court-ordered temporary inpatient mental health services, is likely to suffer serious risk of harm or to inflict serious harm on another person**.

# Inpatient Civil Commitment Standard – as enacted by S.B. 1164

**–H.B. 16 in the 2nd special session: Sections 11B.01-11B.03 repealed the problematic sections from S.B. 1164**

# Criminal – H.B. 5465 – Did not Pass

A. Would have clarified that AOT Courts "count" as specialty courts
B. Confirm jurisdiction for judges overseeing specialty courts such as mental health courts and AOT courts (among others)
C. Article 16.23, Code of Crim. Proc. – Law enforcement diversion plans



# Diversion by Law Enforcement

SECTION 1. Article 16.23, Code of Criminal Procedure, is amended to read as follows:

Art. 16.23. DIVERSION OF PERSONS SUFFERING MENTAL HEALTH CRISIS OR SUBSTANCE ABUSE ISSUE. (a) Each local law enforcement agency shall make a good faith effort to divert a person suffering a mental health crisis or suffering from the effects of substance abuse to a facility or program where the person can receive treatment or services for the person's mental health crisis or substance abuse issue.

(b) Diversion for treatment or services is appropriate under this article [~~proper treatment center in the agency's jurisdiction~~] if:

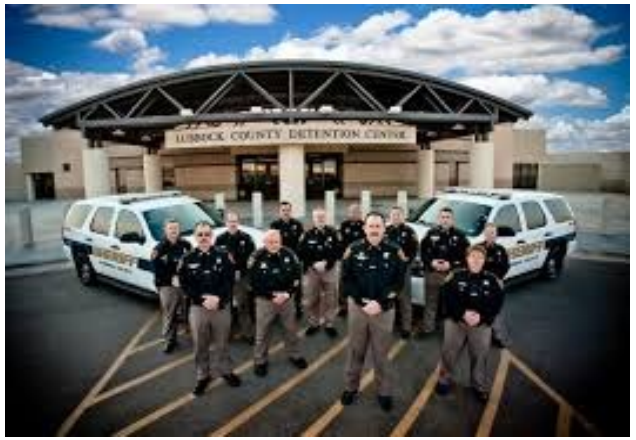
(1) [~~there is an available and appropriate treatment center in the agency's jurisdiction to which the agency may divert the person;~~

[~~(2)~~] it is reasonable under the circumstances to divert the person;

(2) [~~(3)~~] the offense that the person is accused of is a misdemeanor, other than a misdemeanor involving violence; and

(3) [~~(4)~~] the mental health crisis or substance abuse issue is suspected to be the reason the person committed the alleged offense.

# Criminal




D. JBCR – expand offenses that are eligible;

E. Amendments to Ch. 46B:

1. Limit use of *inpatient* competency restoration for defendants charged only with certain nonviolent misdemeanor charges;

2. Clarify and add procedures to 46B.084 to address situations in which a defendant decompensates after having been restored;

3. Authorize a possible stepdown to community-based services for certain defendants with IDD;

4. Clarify other provisions; *e.g.*, better defining the concept of "foreseeable future."

# Foreseeable future

SECTION 3. Article 46B.025(b), Code of Criminal Procedure, is amended to read as follows:

(b) If in the opinion of an expert appointed under Article 46B.021 the defendant is incompetent to proceed, the expert shall state in the report:

(1) the symptoms, exact nature, severity, and expected duration of the deficits resulting from the defendant's mental illness or intellectual disability, if any, and the impact of the identified condition on the factors listed in Article 46B.024;

(2) an estimate of the period needed to restore the defendant's competency;

(3) [~~, including~~] whether the defendant is likely to be restored to competency in the initial restoration period authorized under Subchapter D, including any possible extension under Article 46B.080 [~~foreseeable future~~]; and

(4) [~~(3)~~] prospective treatment options, if any, appropriate for the defendant.

# Criminal

F. Amend Ch. 45A to permit a possible dismissal of a Class C misdemeanor if the defendant appears to lack capacity; mirrors existing law for juveniles who lack capacity under Penal Code 8.08;

G. Expand who can apply and testify in proceedings for court-ordered medications.

# Class C's and Incompetency

SECTION 2. Subchapter C, Chapter 45A, Code of Criminal Procedure, is amended by adding Article 45A.109 to read as follows:

Art. 45A.109. DISMISSAL BASED ON DEFENDANT'S LACK OF CAPACITY. (a) On motion by the state, the defendant, or a person standing in parental relation to the defendant, or on the court's own motion, a justice or judge shall determine whether probable cause exists to believe that a defendant, including a defendant who is a child as defined by Article 45A.453(a) or a defendant with a mental illness or intellectual or developmental disability, lacks the capacity to understand the proceedings in criminal court or to assist in the defendant's own defense and is unfit to proceed.

(b) If the justice or judge determines that probable cause exists for a finding under Subsection (a), after providing notice to the state, the justice or judge may dismiss the complaint.

- The State may appeal a dismissal as provided by Art. 44.01.

# Medication proceedings

SECTION 35. Sections 574.104(a) and (b), Health and Safety Code, are amended to read as follows:

(a) A primary care provider [~~physician~~] who is treating a patient may, on behalf of the state, file an application in a probate court or a court with probate jurisdiction for an order to authorize the administration of a psychoactive medication regardless of the patient's refusal if:

(1) the primary care provider [~~physician~~] believes that the patient lacks the capacity to make a decision regarding the administration of the psychoactive medication;

(2) the primary care provider [~~physician~~] determines that the medication is the proper course of treatment for the patient;

# Medication proceedings

**Section 8. Article 46B.086, Code of Criminal Procedure, is amended to read as follows:**

Art. 46B.086. COURT-ORDERED MEDICATIONS. (a) This article applies only to a defendant:

(d) The court may issue an order under this article only if the order is supported by the testimony of [~~two physicians, one of whom is~~] the primary care provider [~~physician~~] at or with the applicable facility or program who is prescribing the medication as a component of the defendant's continuity of care plan [~~and another who is not otherwise involved in proceedings against the defendant~~]. The court may require the primary care provider [~~either or both physicians~~] to examine the defendant and report on the examination to the court.

# Competency Restoration: Return to the Court

- Prompt action is expected and needed
- Avoid decompensation
- Per Article 32A.01, the trial of a criminal action against a defendant who has been determined to be restored to competency **shall be given preference over other matters** before the court, whether civil or criminal (except for criminal cases in which the alleged victim is under the age of 14).

# 2025 (Attempted) Legislative Change

- H.B. 305

SECTION 1. Article 46B.084(d-1), Code of Criminal Procedure, is amended to read as follows:

(d-1) This article does not require the criminal case to be finally resolved within any specific period, except that, in a jurisdiction to which Subsection (d)(1) applies, a pretrial hearing on any evidentiary or procedural issue that must be resolved for the criminal proceedings in the case to proceed to trial or another resolution must be conducted not later than the 14th day after the date of the court's determination under this article that the defendant's competency has been restored.

# 2025 (Attempted) Legislative Change

- H.B. 305

VETOED

SECTION 1. Article 46B.084(d-1), Code of Criminal Procedure, is amended to read as follows:

(d-1) This article does not require the criminal case to be finally resolved within any specific period, except that, in a jurisdiction to which Subsection (d)(1) applies, a pretrial hearing on any evidentiary or procedural issue that must be resolved for the criminal proceedings in the case to proceed to trial or another resolution must be conducted not later than the 14th day after the date of the court's determination under this article that the defendant's competency has been restored.

# Other Bill of Interest

- **H.B. 1461 – Passed in the House; Died in the Senate**

SECTION 1. Subchapter A, Chapter 46B, Code of Criminal Procedure, is amended by adding Article 46B.014 to read as follows:

Art. 46B.014. TRANSFER TO COMMISSION; COMPENSATION TO COUNTIES. (a) The commission shall take custody of a defendant awaiting transfer under an order issued under Article 46B.073 to a facility operated by or under contract with the commission, not later than the 45th day following the date the order is issued.

(b) If the commission does not take custody of a defendant within the period prescribed by Subsection (a), the commission shall compensate the county for the cost of confinement for each day that the defendant remains confined in the county jail following the expiration of that period. The compensation must be equal to the amount that would have been incurred by the commission to confine the defendant for that period.

# Preparing for the Next Session

- *The work will start soon!*
- *How can we best work together?*

JCMH

Texas Judicial Commission on Mental Health

TEXAS
Health and Human Services

# 89th Legislative Session Implementation

**Reilly Webb, Associate Commissioner for Mental Health Programs**

**Behavioral Health Services**

**Texas Health and Human Services Commission**

**October 8, 2025**

# Statewide Behavioral Health Coordinating Council (SBHCC) (1 of 3)

- Established to ensure a strategic statewide approach to behavioral health services.
- Comprised of representatives of state agencies and institutions of higher education that receive state funds for behavioral health services.
- Core duties include:
  - Developing and monitoring the implementation of a five-year statewide behavioral health strategic plan.
  - Developing annual coordinated statewide behavioral health expenditure proposals.
  - Annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

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# SBHCC (2 of 3)

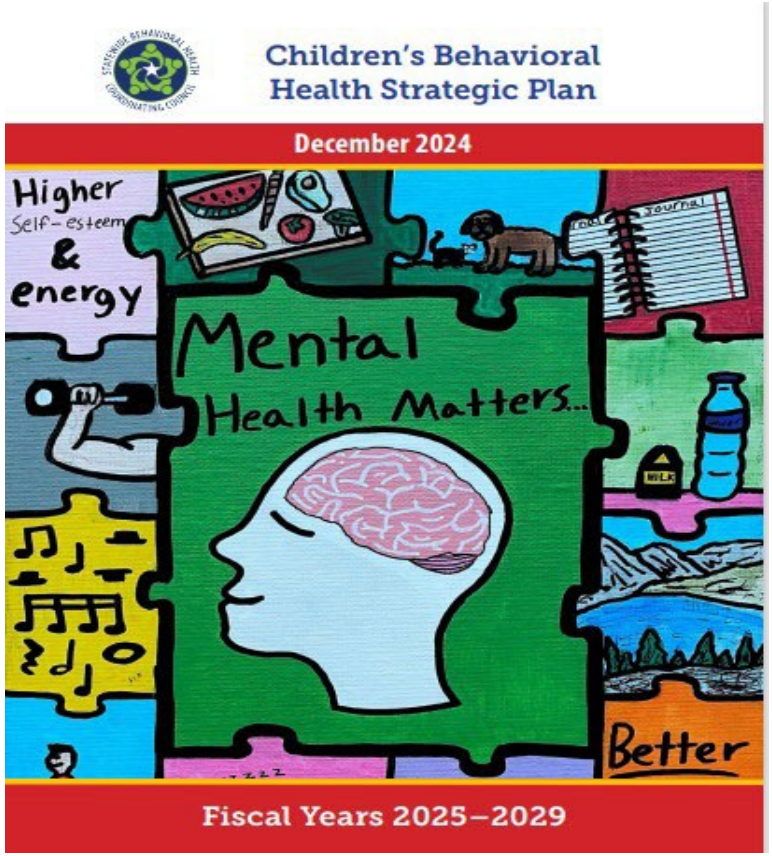
## Statewide Behavioral Health and Substance Use Services Estimated Appropriations for Fiscal Years 2026-27

| Article | Fiscal Year 2026 | Fiscal Year 2027 |
|---|---|---|
| **Article I Member Institutions** | $73,728,555 | $73,682,055 |
| **Article II Member Institutions** | $2,482,414,353 | $2,611,558,433 |
| **Article III Member Institutions** | $186,707,365 | $184,097,232 |
| **Article IV Member Institutions** | $6,068,606 | $4,615,106 |
| **Article V Member Institutions** | $416,191,079 | $416,399,929 |
| **Article VI Member Institutions** | $500,000 | $500,000 |
| **Article VIII Member Institutions** | $8,209,214 | $8,226,804 |
| **Estimated Medicaid Expenditures (All Funds)** | $1,895,666,179 | $1,985,222,502 |
| **Estimated CHIP Expenditures (All Funds)** | $29,351,923 | $30,217,266 |
| **Total** | **$5,098,837,274** | **$5,314,519,327** |

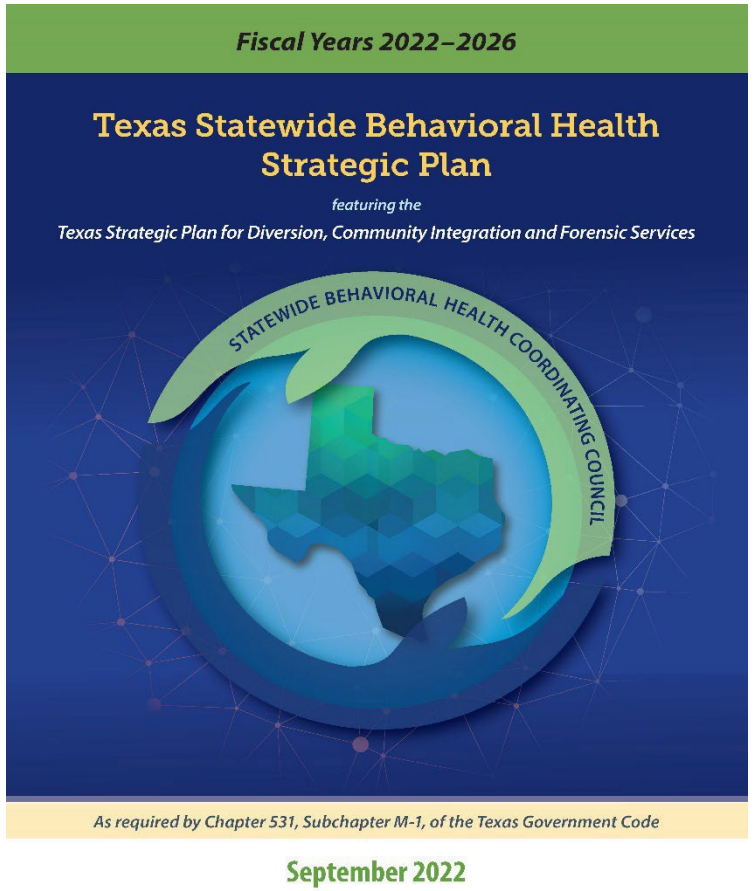
**Note:** Medicaid and CHIP amounts in this table reflect estimated expenditures and may not align with the appropriations made elsewhere in this Act for Medicaid and CHIP.

TEXAS Health and Human Services

# SBHCC: Behavioral Health Strategic Plans Calendar Year 2026 (3 of 3)




https://www.hhs.texas.gov/sites/default/files/documents/childrens-behavioral-health-strategic-plan-2024.pdf




https://www.hhs.texas.gov/sites/default/files/documents/hb1-statewide-bh-strategic-progress-report-fy22-fy26.pdf

# Senate Bill 1 2026-2027
# Health and Human Services Commission
# Community Behavioral Health Services Appropriations (1 of 3)

| | FY 2026 | FY 2027 | Biennial Totals |
|---|---|---|---|
| D.2.1. Strategy: COMMUNITY MENTAL HEALTH | $728,489,068 | $725,989,068 | $1,454,478,136 |
| D.2.2. Strategy: SUBSTANCE USE SERVICES | $250,036,582 | $250,036,582 | $500,073,164 |
| D.2.3. Strategy: BEHAVIORAL HLTH WAIVER & AMENDMENT | $40,572,650 | $41,022,753 | $81,595,403 |
| D.2.4. Strategy: COMMUNITY MENTAL HEALTH GRANT | $117,762,133 | $117,762,133 | $235,524,266 |

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# Senate Bill 1 2026-2027
# Health and Human Services Commission
# Community Behavioral Health Services Appropriations (2 of 3)

| | FY 2026 | FY 2027 | Biennial Totals |
|---|---|---|---|
| D.2.5. Strategy: COMMUNITY BEHAVIORAL HEALTH ADM | $78,375,788 | $73,375,658 | $151,751,446 |
| G.2.2. Strategy: MENTAL HEALTH COMMUNITY HOSP | $367,164,315 | $414,912,251 | $782,076,566 |
| **Totals** | $1,582,400,536 | $1,623,098,445 | $3,205,498,981 |

TEXAS Health and Human Services

# House Bill 500
# Supplemental Appropriations (6/22/2025)
# Community Behavioral Health Services Appropriations

- New Funding
  - Harris County Psychiatric Hospital-$12,863,315
- Authority to extend Senate Bill 30 (88th Legislature) unexpended and unobligated balances
- New Capacity for Mental Health Inpatient Facilities in El Paso –estd. $43.4M
- Uvalde Behavioral Health Campus-$33.6M
- Grants Management System-$21.4M
- Sunrise Canyon Facility-$45M

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# Enrolled Bills of Interest

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# House Bill 114

**Author:** Representative Philip Cortez

**Summary:** Relates to the transition of certain veterans' mental health initiatives from the Texas Health and Human Services Commission (HHSC) to the Texas Veterans Commission (TVC).

**Impact:** Mental Health Program for Veterans, Texas Families and Veterans Alliance program and the Veteran Suicide Prevention Action Plan moves from HHSC to TVC.

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# House Bill 4783 (slide 1 of 2)

**Author:** Representative Gary VanDeaver

**Summary:** Relates to a report on governmental opioid antagonist programs to reverse and prevent opioid overdoses.

**Impact:** Requires a biennial report (due to legislature 10/1 each even-numbered year) on opioid antagonist programs for opioid reversal and prevention.

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# House Bill 4783 (slide 2 of 2)

**Impact Contd.**

- Report must:
  - Include a needs assessment for opioid antagonist programs established by state agencies and institutions of higher education; and
  - Establish a statewide saturation goal.

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# House Bill 5342

**Author:** Representative Brooks Landgraf

**Summary:** Establishes the 988 Suicide and Crisis Lifeline trust fund and study on fee or other funding mechanisms

**Impact:** It also directs HHSC to conduct a study on the implementation of funding mechanisms to support the operation of the 988 Suicide and Crisis Lifeline.

- Report due 12/1/26.

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# Senate Bill 2069

**Author:** Senator Judith Zaffirini

**Summary:** Establishes a workgroup to conduct a study on the feasibility of implementing a statewide or regional acute psychiatric bed registry to list available beds at inpatient mental health facilities for inpatient psychiatric treatment.

**Impact:** Report due 11/1/27

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# Senate Bill 2308 (1 of 2)

**Author:** Senator Tan Parker

**Summary:** Establishes a consortium to conduct US Food and Drug Administration (FDA) drug development clinical trials with ibogaine to secure the FDA's approval of the medication's use for treatment of:

- opioid use disorder;
- co-occurring substance use disorder; and
- and any other neurological or mental health conditions for which ibogaine demonstrates efficacy and to the administration of that treatment.

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# Senate Bill 2308 (2 of 2)

**Impact:**

- HHSC must accept applications from consortiums not later than 60th day after effective date
- HHSC shall submit a report to the legislature by 12/1 of each year.

The Governor **signed** SB 2308 on 6/11/25.

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# New or Changed Riders of Interest

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# Youth Crisis Outreach Teams (YCOTs)

- Increase of $20 million per fiscal year (increase from $7 million appropriated each fiscal year in the 88th) for a total of $27 million per fiscal year.
- Additional funding to funding to establish at least **eight** new YCOTs.
- New YCOTS will be established in urban areas of the state
- New report 9/1/25

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# Operational Funding

- $2,500,000 in fiscal year 2026 and $10,000,000 in fiscal year 2027 for start-up and operational funding for the Uvalde Behavioral Health Campus (increase of $7.5 million in FY 27 from previous appropriations).
- $3 million each fiscal year for the operations of the Comal County Mental Health Extended Observation Unit and Crisis Residential Unit Facility (under construction).

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# Substance Use Rates Setting Methodology Study

HHSC to develop a rate setting methodology for up to three children accompanying the child or children's mother in a residential treatment setting

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# Additional Community Mental Health Funding

Funding for:

- Various crisis services in specific counties
- Facilities and private psychiatric beds
- Crisis facilities and inpatient competency restoration
- Overall increase of Healthy Community Collaborative funding

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# Thank you