LIDDA Local Provider Network Development Plan

FY27-28

Developmental Disability Services Overview

History

Prior to the 1960s, state institutions were the only source of support and treatment available to citizens who suffered from serious mental disabilities. In 1963, President John F. Kennedy proposed a broad new program that included community mental health centers and signed the Community Mental Health Center Act into law. In 1965, the Texas Legislature passed the Texas Mental Health and Mental Retardation Act, now known as the Texas Mental Health and Intellectual Disabilities Act. It authorized the creation of community centers to serve local agencies that would work in partnership with the state and federal government to develop community-based services as alternatives to institutional care.

The doors of Gulf Coast Center's first facility opened on December 1, 1969, to provide mental retardation services in La Marque. By October 1971, services had been expanded to include mental health. The Gulf Coast Center has evolved into the suite of integrated, whole-person services we provide today as a Certified Community Behavioral Health Clinic (CCHBC). To achieve CCBHC status, Gulf Coast Center has distinguished itself as efficiently reducing healthcare disparities for our community. This design demonstrates a commitment to an accountable, culturally competent framework that broadens access to care services for anyone seeking Mental Health, Intellectual and Developmental Disabilities (IDD), and Substance Use Disorder (SUD) services, regardless of their ability to pay. Integrated transitions between service agencies, especially for co-occurring and complex diagnoses, are bridges that must be crossed to ensure safe and equitable care. Gulf Coast Center coordinates that care and provide the wrap-around services needed to keep the community in services and services in the community.

That community and cooperative approach has driven the Texas "community center" system of care for over 55 years.

Mission and Vision

Gulf Coast Center's mission is to provide accessible, efficient and quality services to support the independent and healthy living of those we serve. Our core values guide not just how we work with our clients, but also how we work with each other and the community. The vision includes empowering individuals to live meaningful, integrated lives, supporting families, and collaborating with community resources to fill gaps.

Values

Humanity - We value people by serving individuals and families with care and compassion.

Excellence - We value the pursuit of operational excellence by striving to gain efficiencies, decrease costs, and enhance service delivery through innovation.

Accountability - We value achievement of an exemplary standard of accountability for our individual and collective performance.

Loyalty - We value the crucial role which family members and other natural supports play in effective treatment.

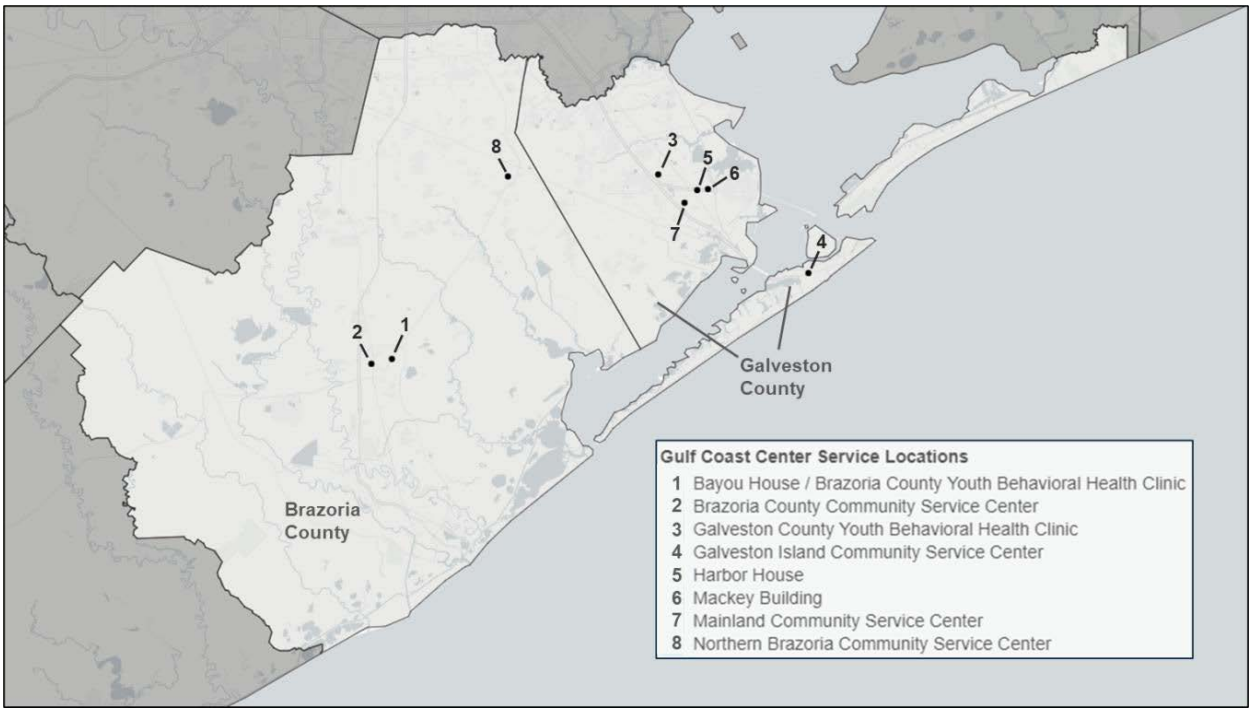
Teamwork -We value collaboration to efficiently maximize resources and improve outcomes of care.

Honor - We value united and uncompromising resolve as we steadfastly safeguard and evolve our work environment to uphold education, responsible self-direction, and collaborative coaching.

You - We value commitment to build and strengthen partnerships that benefit the needs and values of our community as a whole.

Local Service Area

The Counties of Galveston and Brazoria jointly agreed in 1973 to the establishment of the Gulf Coast Center (originally known as Gulf Coast Regional Mental Health Mental Retardation Center). Gulf Coast Center's Board of Trustees and leadership oversee LIDDA functions in the region. The Center is governed by a nine-member volunteer Board of Trustees appointed by the County Commissioner's Courts of Galveston (5 members) and Brazoria (4 members) Counties, Texas. Gulf Coast Center employs over 300 with 51 employees working in IDD Services. Gulf Coast Center serves over 10,000 individuals and their families. Our service area covers 1,736 miles over the counties and is comprised of 1 rural county (Brazoria) and 1 urban county (Galveston).



Planning and Stakeholder and Advisory Involvement

GCC employs stakeholder input and community needs through individuals receiving community-based intellectual disability services and family members of those individuals, residents of the State Supported Living Center (SSLC), family members of those residents, and members of SSLC volunteer services councils, if the SSLC is located in the local service area of the LIDDA, other interested persons, advisory committees, public comment, observation of community needs, provider forums, and through its provider network development planning. The draft plan is posted for public comment, and changes made in response to stakeholder

feedback. A regional Planning Network and Advisory Committee (RPNAC) in collaboration with ETBHN (10 other LIDDAs) or similar advisory body will be involved in reviewing, recommending, and advising on the local plan. GCC will provide draft copies of the Local Plan to stakeholders, solicit comments (e.g. via website, public meetings), and document responses or rationale for any changes. The plan will adhere to HHSC and TAC rules governing how LIDDAs must operate (e.g. confidentiality, appeals, service settings). GCC commits to transparency and reporting of network operations, provider performance, and service gaps.

Gulf Coast Center serves as one of 39 community centers in Texas contracted by Health and Human Services and designated to act as the single point of entry for publicly funded intellectual and developmental disability (IDD) programs in Galveston and Brazoria County. As the LIDDA or Local Intellectual and Developmental Disability Authority, Gulf Coast Center is responsible for determining eligibility for IDD services, enrolling individuals in programs, and coordinating ongoing services. Utilizing a person-centered planning approach, Gulf Coast Center provides accessible, efficient and quality services to support the independence and healthy living of those we serve focusing on support to achieve their greatest potential while living within their communities.

We provide a range of services and support for people in Galveston and Brazoria counties with intellectual and developmental disability (IDD) needs including individuals experiencing co-occurring disorder services such as mental health and substance use. Gulf Coast Center IDD Services are divided into two departments, the IDD Authority which coordinates and monitors community services and the IDD Provider, which provides training, support and specialized services. Most of the services provided by the IDD Service Department are Service Coordination, Crisis Intervention and Intake/Enrollment. Gulf Coast Center IDD Provider Services Department contracts for all provider direct care services except PASRR Specialized Services. We also provide additional community services such as collaboration with school services, transitioning from nursing facilities, state facilities, community education and disaster recovery support. Integrated care coordination between Gulf Coast Center and community agencies is an important component to ensure the individual lives a meaningful and healthy life in the community.

LIDDA Priority Population and Eligibility

All individuals referred to Gulf Coast Center enter through the GATES – Get Access To Evaluations and Services department for the initial contact. An individual, family member or the individual's natural support can inquire about services and assist individuals with requesting to be added to the state Interest Lists.

Community Needs assessment completed in January 2025 by the Meadows Policy Institute	Gulf Coast Center	County	
		Galveston	Brazoria
Adult Population	560,000	270,000	290,000
Intellectual and Developmental Disabilities	2,700	1,300	1,400
Youth Population	130,000	60,000	70,000
Intellectual and Developmental Disabilities	1,400	650	750

Waitlist / Interest List Management

The Gulf Coast Center (GCC) is responsible for maintaining accurate Interest Lists for individuals waiting for all applicable services. GCC will ensure that all individuals on these lists are contacted on a biennial basis to verify continued interest and update demographic and clinical information. GCC will manage and prioritize the interest lists in accordance with HHSC rules and guidance, ensuring equitable access and compliance with state requirements. Reports regarding the status, movement, and management of the lists will be submitted to HHSC as required by contract.

In accordance with the definition of "LIDDA priority population" found in 26 Tex. Admin. Code, Chapter 304, Subchapter A, §304.102 (Diagnostic Assessment), LIDDA priority population is a group comprised of individuals who meet one or more of the following descriptions:

- A person with an intellectual disability (ID), as defined by Texas Health and Safety Code (THSC) Section 591.003;
- An individual with autism spectrum disorder, as defined in the most current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders;
- An individual with a related condition (also called a developmental disability on the current HHSC-approved list of related conditions who is eligible for and enrolling in services in the ICF/IID Program, HCS Program, TxHmL Program, or Community First Choice (CFC);
- A nursing facility (NF) resident who is eligible for specialized services for an intellectual disability or related condition pursuant to Section 1919(e)(7) of the Social Security Act;
- A child who is eligible for early childhood intervention (ECI) services through HHSC; or
- An individual diagnosed by an authorized provider as having a pervasive developmental disorder or Asperger disorder through a diagnostic assessment completed before November 15, 2015.

The determination of eligibility for the priority population must be made using assessments and evaluations performed by qualified professionals. Individuals who are members of the priority population are eligible to receive IDD services identified in the Description of IDD Services and the Service Definition Manual, as appropriate for the individual's level of need, eligibility for a particular service, and the availability of that service. Since resources may be insufficient to meet the service needs of every individual in the priority population, GR Services should be provided to meet the most intense needs first. Intense needs are determined as follows:

- an individual is in danger or at risk of losing his or her support system, especially the living arrangement or support needed to maintain self;
- an individual is at risk of abuse or neglect;
- an individual's basic health and safety needs not being met through current supports;
- an individual is at risk for functional loss without intervention or preventive or maintenance services; or
- an individual demonstrates repeated criminal behavior.

The LIDDA may serve individuals who have resided in a SSLC on a regular admission status, but who may not be in the priority population.

GCC follows the statutory definitions for intellectual disability, developmental disability, and related conditions. GCC places applicants on relevant interest or wait lists (e.g. HCS / TxHmL) and manages the statewide interest list via its intake system. Because resources are limited, prioritization is given to individuals with the most intense needs (e.g. risk of loss of supports, health & safety risk, behavioral challenges). The contract (amendment) requires that the LIDDA maintain and provide the interest list (for General Revenue-funded services) in a format approved by HHSC. All services will be founded on a person-centered process, and the LIDDA supports the individual's right to prefer living environments. All services will be offered, planned and delivered in the least restrictive environments.

IDD Service Array

Screening – Gathering information to determine a need for services. This may be in-person or by phone. For people not eligible or who decline services, GCC will provide referral to alternate resources or supports.
GCC will identify veterans and service members during intake and eligibility activities, provide referrals to available veteran resources including the Texas Veterans Commission and Texas Veterans Portal, provide information regarding services available to women veterans when applicable, and maintain required records and reporting in accordance with HHSC requirements

Eligibility Determination - an interview and assessments or an endorsement of a previous eligibility determination conducted in accordance with THSC Section 593.005, and 26 TAC Chapter 304, Diagnostic Assessment. The diagnostic assessment is commonly referred to as a Determination of Intellectual Disability (DID). An assessment (or endorsement) typically includes an interview with the person, the person's legally authorized representative (LAR), or, if the person doesn't have an LAR, others who are actively involved with the person. This service also may be requested as part of a formal petition for guardianship.

Service Coordination - Assistance in accessing medical, social, educational, and other appropriate services and support that will help a person achieve a quality of life and community participation acceptable to the person as described in the plan of services and supports. The plan of services and supports is based on a person-centered process that is consistent with the Person-Centered Planning Guidelines and describes the person's desired outcomes and the services & supports, including service coordination, to be provided to the person, with specifics concerning frequency and duration. This service is provided to individuals receiving Medicaid Waiver services, such as Home and Community Based Services, Texas Home Living, General Revenue and Community First Choice Medicaid Services

Service coordination performed in accordance with 26 TAC Chapter 331

- Assessment - to identify an individual's needs and the services and supports that address those needs as they relate to the nature of the individual's presenting problem and disability.
- Service planning and coordination - activities to identify, arrange, advocate, collaborate with other agencies, and link for the delivery of outcome-focused services and supports that address the individual's needs and desires.
- Monitoring- activities to ensure that the individual receives needed services, evaluates the effectiveness and adequacy of services, and determines if identified outcomes are meeting the person's needs and desires; and
- Crisis prevention and management- activities that link and assist the individual to secure services and supports that will prevent or manage a crisis

*The plan of services and support is based on a person-directed discovery process that is consistent with HHSC's Person and Family Directed Services Planning Guidelines and describes the individual's:

- Desired outcomes
- Services and supports including service coordination services to be provided to the individual to meet the desired outcomes.
- Potential health and safety risks

Community First Choice (CFC) - LIDDA responsibilities primarily involve assessment, eligibility determination and enrollment activities, Service Coordination, resources, managed care organization (MCO) communication, reassessments and information and assistance with applying for individuals who meet the criteria CFC. This service may be included in the waiver services but can be the only service connected to LIDDA services. Gulf Coast Center is committed to working collaboratively with the MCO.

GCC will maintain collaborative relationships and agreements with Managed Care Organizations (MCOs) serving the local service area to support eligibility determination, assessment, care coordination, enrollment, reassessment, and ongoing service planning activities related to Community First Choice (CFC) services. GCC will coordinate with MCOs to promote timely access to services, continuity of care, efficient referral processes, and person-centered planning. Individuals and legally authorized representatives will be offered the opportunity to include MCO representatives in service planning meetings when desired.

Continuity of Services - Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a person achieve a quality of life and community participation acceptable to the person as described in the plan of services and supports. This service category includes the following:

- transition planning for a person residing in an SSLC whose movement to the community is being planned or for a person who formerly resided in a state facility and is on community-placement status. Refers to responsibilities listed in 26 TAC Chapter 904, Continuity of Services-State Facilities; or
- providing assistance to a person who is interested in admission to the ICF/IID Program including assistance with eligibility determination, enrollment activities, and other activities that may assist in maintaining person's placement or assist in locating another placement for the person. Refers to responsibilities listed in 26 TAC Section 331.7, 26 TAC Section 261.244, and THSC Section 533.0355;
- discharge planning for a person receiving services in a state hospital who is anticipating discharge to the community in order to identify and secure services necessary to prepare for successful transition to the community with needed services and supports. Refers to responsibilities listed in 26 TAC Sections 306.163 and 306.201; or
- providing assessment of needs for services and supports for a person with IDD who has been identified by the Texas Law Enforcement Telecommunications System (TLETS) as being incarcerated. GCC will respond to TLETS notifications in accordance with HHSC contract requirements, including timely assessment, continuity-of-services planning, coordination with correctional and community partners, and initiation of required follow-up activities within applicable contract timeframes. Refers to responsibilities listed in the LIDDA Performance Contract and the LIDDA Handbook regarding continuity of services for individuals identified through the TLETS system.

Permanency Planning – conducts and documents that permanency planning for persons under the age of 22 years who are enrolling in or currently residing in an ICF/IDD or HCS

residential setting and is completed in accordance with HHSC rule 26 TAC, Chapter 263, Subchapter J (HCS) and 26 TAC, Chapter 261, Subchapter E – ICF/IDD

Habilitation Coordination - Assistance for a person residing in a nursing facility to access appropriate specialized services necessary to achieve a quality of life and level of community participation acceptable to the person and their LAR on the person's behalf. Habilitation Coordination is required in Title 26. HHS, Part 1. HHSC, Chapter 303. This service includes regular in-person contacts, coordinating specialized services, planning for transition out, supporting community integration

PASRR Evaluations – This requirement is to identify those individuals with IDD in Nursing Facilities that need additional advocacy and support to assure they receive the services they need and to transition from the nursing facility to a community setting by Title 26. HHS, Part 1. HHSC, Chapter 303, the PASRR IDD Handbook and the FY2023- 2024 HHSC Performance Contract to complete Level 2 PASRR Evaluations for individuals residing in Nursing Facilities who are identified as possibly eligible for IDD Specialized Services.

PASRR LIDDA Specialized Services – Independent Living Services for individuals living in nursing facilities -- individualized activities for individuals residing in a nursing facility that are consistent with the habilitation service plan and provided in an individual's residence and at community locations (e.g., libraries and stores).

Enhanced Community Coordination (ECC) (Money Follows the Person Funding) Service Coordination -- For an individual diverting or transitioning from an NF to the HCS Program or another community Medicaid program or from an SSLC to the HCS Program or a setting other than HCS

Crisis Intervention Services - Crisis intervention specialist – The lead crisis intervention specialist (CIS) is a full-time employee or contract employee who oversees all activities required by the LIDDA Handbook. The LIDDA must ensure that the lead CIS is not assigned responsibilities, duties, or tasks other than those described in the LIDDA Handbook. Additional staff may be assigned to support the lead CIS.
Consistent with the LIDDA Performance Contract, Gulf Coast Center maintains procedures for immediate response to HHSC Notifications of Potential Threats to Health and Safety. These procedures ensure timely assessment, coordination of appropriate interventions, documentation of actions taken, and an in-person visit with the individual within two business days when required by HHSC correspondence

Crisis Respite Services - Crisis respite out-of-home - therapeutic support provided in a safe environment with staff on-site providing 24-hour supervision for up to 14 calendar days to assist a person who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out-of-home crisis respite is provided in the following settings: an ICF/IID, an HCS group home, an HHSC-authorized crisis respite facility, crisis residential facility or a LIDDA-operated facility.

Respite – Respite is either planned or emergency short-term relief provided by trained staff to the person's unpaid caregiver when the caregiver is temporarily unavailable. If enrolled in other services, the person continues to receive those services as needed during the respite period. Respite is typically defined by the family and provided by a trusted person or entity in the community. Community inclusion is a priority for Gulf Coast Center.

Community Support -- Community supports are individualized activities that are provided in the person's home and at community locations, such as libraries and stores. This service is available to individuals who live on their own in the community with minimal support and do not qualify for Medicaid.

Optional Supports for Community Integration

GCC may provide or contract for the following (depending on resources and local capacity):

- Supported Employment / Employment Assistance
- Behavioral Supports / Behavior Consultation
- Day Habilitation (for individuals residing in nursing facilities or needing structured day activities)
- Nursing / Health Support Services (if tied to IDD services and medical needs)
- Other services or supports as defined in individual PDPs

The choice, frequency, and duration of services are defined within the PDP and implementation plans.

Benefits Eligibility – Provides assistance with completing applications, approval and appeal as needed to acquire and/or maintain Medicaid if eligible. Service Coordinators and Benefit Advisors will work to assist individuals from application through the appeals process. GCC does not refuse services solely based on inability to pay; for non-Medicaid services, GCC may use a sliding scale for fees.

Quality Assurance, Monitoring and Performance Outcomes

- GCC will maintain a Quality Management Plan to monitor provider performance, compliance, outcomes, and implement continuous quality improvement.
- GCC sets performance metrics aligned with HHSC's contractual targets (e.g. utilization rates, crisis diversion, timeliness, transitions) and monitors them internally.
- GCC will conduct audits, provider reviews, corrective action plans, and ensure data validity.
- GCC will report required data and metrics to HHSC per contract requirements (interest lists, service utilization, outcome metrics).
- GCC will maintain procedures for tracking, reporting, and analyzing consumer complaints and inquiries, including monitoring resolution timeliness, identifying trends,

informing quality improvement activities, reporting data to HHSC as required, and ensuring individuals and legally authorized representatives have access to complaint resolution processes and HHSC Office of the Ombudsman information.

GCC will maintain procedures for immediate response and action related to HHSC Notifications of Potential Threats to Health and Safety. In accordance with the LIDDA Performance Contract, actions taken will ensure the individual is seen in person within two business days of notification, and that appropriate health and safety follow-up activities are completed and documented

Provider Network and Workforce Development

- GCC will assemble and manage a provider network that offers individual choice to the extent possible, in compliance with the HHSC amendment.
- GCC will promote and protect an individual's right to informed choice by maintaining a provider network that supports access to multiple qualified providers whenever available. Individuals and legally authorized representatives will be provided information regarding available service options and providers and will be supported in making informed decisions based on their preferences, needs, strengths, and desired outcomes. GCC will not restrict provider choice except as permitted by applicable state or federal requirements.
- GCC will post provider interest notices, maintain provider inquiry forms, and follow procurement / credentialing processes.
- Where external provider capacity is limited, GCC may provide services internally or temporarily until external capacity builds.
- GCC commits to provider training, oversight, credentialing, contract monitoring, and capacity building.
- GCC will monitor gaps (e.g. in rural/underserved areas) and target recruitment efforts accordingly.
- GCC will utilize partnerships with local agencies, community organizations, colleges, or workforce development entities to expand provider capacity.
- GCC will maintain a comprehensive subcontractor oversight program that includes written SOPs, annual review of executed Data Use Agreements (DUAs), verification of cybersecurity training and security requirements for subcontractors with access to state systems or confidential information, routine monitoring of contractual and regulatory compliance, implementation of corrective actions when needed, and continuous oversight to ensure subcontractors meet all HHSC performance, privacy, security, and quality expectations.

Emergency Provider Closure Preparedness

GCC will maintain Emergency Provider Contract Decertification, Involuntary Provider Contract Closure, and Voluntary Provider Contract Closure plans in accordance with HHSC contract requirements. These plans will include after-hours leadership contact procedures, immediate response protocols, crisis prevention and management activities, health and safety monitoring, coordination of alternative placements and services, and ongoing communication with HHSC until all affected individuals have safely transitioned and continuity of services has been established.

IDD Community Outreach

- GCC will inform the public, potential clients, families, providers, and stakeholders about IDD services via its website, printed materials, brochures, social media, community events, and provider outreach. (GCC posts its Local Plans and network development plans publicly)
- GCC will collaborate with Mental Health Services both within the Gulf Coast Center and throughout the community to secure assessments that identify and address co-occurring disorders, ensuring whole-person, wraparound care.
- GCC will distribute explanation of services / supports documents, intake information, and processes to individuals, families, and prospective clients.
- GCC will conduct outreach to school districts, hospitals, nursing homes, advocacy groups, and providers to improve awareness of eligibility and supports.
- GCC will provide training and informational materials to families, first responders, community agencies, and providers about interacting with individuals with IDD, crisis de-escalation, etc.
- GCC will participate in local Community Resource Coordination Groups (CRCG)

Gulf Coast Center Goals, Key Initiatives and Strategies

Achieving operational excellence, through efficient and effective operations, results in consistent superior performance. This effort requires a well-trained workforce, relentless focus on customer service, state-of-the-art financial and technology systems, quality infrastructure and performance measurement. These systems enable success in current and future business initiatives. Achieving our mission requires an engaged community. Gulf Coast will be a leader in the community on education of the needs of individuals living with mental illness, substance use disorders, intellectual disabilities, and developmental disabilities. We will collaborate with community partners and our elected representatives to achieve the vision of better community healthcare promoting healthy living.

Key Initiatives & Business strategies

IDD –

- Gulf Coast Center will continue partnerships and ongoing education with the justice system and law enforcement through the IDD Intake (GATES), Continuity of Services and Crisis Intervention Specialist to educate on diverting to community services for success on community living. Additional education will be consistently communicated to utilize least restrictive environments first to divert individuals from the criminal justice system. IDD Crisis Respite will be utilized if needed to ensure health and safety while in transition to community living.
- Collaboration between IDD Crisis Intervention Staff and EOU Crisis Respite to increase crisis access and provide training and support in the Crisis Respite Programs.
- IDD Guiding Coalition/Brazoria County to increase resources for individuals and families.
- Gulf Coast Center will continue partnerships and ongoing education with the local school districts through the IDD Intake (GATES), Continuity of Services and Crisis Intervention Specialist to provide continuity of care between the educational system and community services.
- Regional LIDDA Collaboration for IDD Summitt, Quarterly LIDDA/Provider Meetings with Texana, Harris Center and Tri-County Community Centers.
- Surveys, meetings and open dialogue with individuals, families and community partners to rank community needs and satisfaction of services.
- NCQA Accreditation: Increased structured services, data-driven and person-centered accountability including quarterly performance audits in compliance with HHSC contract standards.
- Community Engagement: Increase community events such as IDD Awareness Day, family/partner meetings, celebration events and collaboration with community partners such as student worker collaboration with College of the Mainland, Student Accessibility Services
- Increased Quality Management: Improve IDD SmartCare Electronic Health Record forms project and reduce administrative overhead costs by streamlining documentation and using collaborative documentation.
- Internal Collaboration: Same Day/Next Days standards in IDD Services for referrals from internal program partners to continue to decrease intake waiting times.
- Workforce Development: Strengthen onboarding, refresher training, and staff growth initiatives to promote empowerment and ensure all Gulf Coast Center staff receive IDD-specific training that supports high-quality, accessible, and person-centered services.

CCBHC - Certified Community Behavioral Health Center

- Implement Ambulatory Detox, Level One Program Design.
- Update Needs Assessment for recertification of CCBHC in 3 years.
- Start cosmetic and capital improvements of facilities.
- Advance Revenue Cycle Management Operations and Training.
- Complete Disaster Response Operational Procedure Manual.
- Add revised policies and procedures and contracts to SharePoint.
- Update content for patient education provided via lobby monitors and social media.
- Develop and implement expanded customer satisfaction survey.
- Improve Open Access and Revenue Cycle Management Processes.
- Organize peer services collaboration through established Peer Summit.
- Renew Care Coordination Memorandum of Agreements with community partners.
- Incorporate CQI written plans to address incidences of suicide attempts, death by suicide, 30-day hospital re-admission, and operational changes.
- Develop parameters necessary to create reports to drive clinical practices.
- Evaluate productivity measure practice; consider change from quantity approach to outcome measures.
- Implement a shuttle route between Alvin & Angleton for patient care.
- Implement Kempner/Moody Transportation Grant.
- Further develop an experiential crisis training for staff to develop a mature crisis response system in partnership with key roles within our local communities

Staff Recruitment & Retention

- Improve internal customer service training for new staff and provide a version of the training to existing staff; training to include a diversity and inclusion focus.
- Develop leadership trainings specifically crafted for frontline managers.
- Establish connections with local colleges and universities for recruitment purposes.
- Redesign Exit Questionnaire into a digital format that will provide analytics.
- Conduct quality assurance activities to ensure compliance with CCBHC training requirements; support on-going growth of organization as a CCBHC.
- Develop electronic feedback survey regarding on-boarding and new employee orientation.
- Increase awareness and accessibility of employee Life Assistance Program for staff.
- Promote benefits of retirement plan and opportunity for education on retirement planning.
- Implement a collaboration between senior leadership and Human Resource Services to develop strategies that will foster leadership growth and development of frontline staff.

Community Outreach

- Standardize brochures to mirror website; available in English and Spanish; available electronically on website and hard copies in a folder.
- Expand and improve community presentations. Incorporate tabletop exercises and story-telling through lived experience.
- Fully implement Zero Suicide initiatives.
- Support local county efforts to establish jail-based competency restoration.
- Expand discussions with community partners and county officials on Multi-Disciplinary Response Teams (MDRT) and Extended Observation Unit (EOU).
- Complete State Hospital Learning Collaborative.
- Explore Jail Based Competency Restoration Services in collaboration with Galveston County.

Disaster Services

- Complete Disaster Response Manual.
- 211 - Helpline for all social and community services

Information Technology

- Develop meaningful dashboards necessary to achieve operational excellence.
- Expand SmartCare to include widgets, customized service notes, and consents.
- Add recently completed SmartCare Upgrade to version 314; future initiatives are to add Patient Portal, E&M Progress Note, and Medication Consent.
- Work with an Electronic Health Record vendor to develop a plan to implement a patient portal.
- Engage access as a member of Greater Houston Health Information Exchange.
- Finance
- Improve Revenue Cycle Management processes through evaluation, training, and implementation of efficacy and efficiency plans.
- Fully implement budget software to improve Financial Data Management.
- Conduct new software and budget training for leadership staff.
- Engage program manager and senior leadership in regular and consistent financial planning, preparing, and strategizing.
- Engage with Texas Council and community centers to fully understand, prepare, and implement funding strategies identified to extend and replace 1115 Extension Waiver.
- Pursue grant funding to augment operating budget.
- Pursue additional county and state funding to augment operating budget.
- Pursue value-based payment options negotiated with Managed Care Organizations to augment operating budget.