

[Print This Page](#)

Agency Name: Galveston County

Grant/App: 4703604 **Start Date:** 9/1/2026 **End Date:** 8/31/2027

Project Title: Mental Health Specialty Court Enhancement Project

Status: Application Pending Submission

Eligibility Information

Your organization's Texas Payee/Taxpayer ID Number:

17460009081010

Application Eligibility Certify:

Created on:12/22/2025 10:30:32 AM By:Mark Henry

Profile Information

Applicant Agency Name: Galveston County

Project Title: Mental Health Specialty Court Enhancement Project

Division or Unit to Administer the Project: Mental Health Court

Address Line 1: 722 Moody Avenue

Address Line 2: 2nd Floor

City/State/Zip: Galveston Texas 77550-2317

Start Date: 9/1/2026

End Date: 8/31/2027

Regional Council of Goverments(COG) within the Project's Impact Area: Houston-Galveston Area Council

Headquarter County: Galveston

Counties within Project's Impact Area: Galveston

Grant Officials:

Authorized Official

Name: Mark Henry

Email: mark.henry@co.galveston.tx.us

Address 1: 722 Moody

Address 1:

City: Galveston, Texas 77550

Phone: 409-766-2244 Other Phone: 409-765-2639

Fax: 409-766-4582

Title: The Honorable

Salutation: Judge

Position: County Judge

Financial Official

Name: Sergio Cruz
Email: sergio.cruz@galvestoncountytx.gov
Address 1: 722 Moody Avenue
Address 1: 4th Floor
City: Galveston, Texas 77550
Phone: 409-770-5398 Other Phone:
Fax:
Title: Mr.
Salutation: Mr.
Position: County Auditor

Project Director

Name: Willie Lacy
Email: willie.lacy@co.galveston.tx.us
Address 1: 600 59th Street
Address 1: 4th Floor
City: Galveston, Texas 77550
Phone: 409-770-5509 Other Phone:
Fax: 409-765-2699
Title: Mr.
Salutation: Mr.
Position: Drug Court Administrator

Grant Writer

Name: Ahmad Adams
Email: ahmad.adams@galvestoncountytx.gov
Address 1: 722 Moody Ave
Address 1:
City: City of Galveston, Texas 77590
Phone: 409-770-5543 Other Phone:
Fax:
Title: Mr.
Salutation: Mr.
Position: Grant Coordinator I

Grant Vendor Information

Organization Type: County
Organization Option: applying to provide services through a Community Supervision and Corrections Department (CSCD)
Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID):
17460009081010
Unique Entity Identifier (UEI): DRP9KU1PVJN4

Narrative Information

Introduction

The purpose of this funding is to support specialty court programs as defined in Chapter 121-126 and Chapter 129-130 of the Texas Government Code.

Program-Specific Questions

Court Name and Number

Court name and number as registered with the Office of Court Administration (OCA).

Mental Health Court 301

Participant Fees

Does this specialty court collect participant fees pursuant to Sec. 123.004 of the Texas Government Code?

Yes

No

If yes, what is the current dollar amount charged to participants?

0

In the last fiscal year, how many participants were charged a fee?

0

Risk Assessment Tools

List the risk assessment tool(s) and clinical assessment tools(s) that are utilized by this specialty court? Please provide: 1) The name of each assessment tools used; 2) Why the assessment tools were selected for this specific program and the role it plays in this specialty court's case management process; and 3) The position title(s) of the team member(s) responsible for conducting each assessment. If there are any factors limiting the use of additional assessment tools such as the cost associated with an assessment, familiarity with available assessments, etc., please make note of these factors.

We utilize four different assessments: We utilize the Adult Needs and Strengths Assessment (ANSA) no less than twice annually to determine intensity of services (level of care) and guide recovery planning for each participant of the Mental Health Specialty Court Enhancement project. We utilize the PHQ-9 on an ongoing basis to screen, diagnose, monitor and measure the severity of the depression for each participant of the Mental Health Specialty Court Enhancement project. We utilize the Columbia-Suicide Severity Rating Scale (C-SSRS) on an ongoing basis to assess the severity and lethality of suicidal behaviors and ideations, establish suicide risk, and monitor treatment outcomes for each participant of the Mental Health Specialty Court Enhancement project. We utilize Psychosocial Diagnostic Evaluations to make DSM-5-TR Diagnoses that aid in determining Mental Health Specialty Court Enhancement program participant eligibility from a mental health standpoint.

Certifications

In addition to the requirements found in existing statute, regulation, and the funding announcement, this program requires applicant organizations to certify compliance with the following:

Constitutional Compliance

Applicant assures that it will not engage in any activity that violates Constitutional law including profiling based upon race.

Information Systems

Applicant assures that any new criminal justice information systems will comply with data sharing standards for the Global Justice XML Data Model and the National Information Exchange Model.

Program Income

Applicant agrees to comply with all federal and state rules and regulations for program income and agrees to report all program income that is generated as a result of the project's activities. Applicant agrees to report program income through a formal grant adjustment and to secure PSO approval prior to use of the program income. Applicant agrees to use program income for allowable costs and agrees to expend program income immediately after PSO's approval of a grant adjustment and prior to requesting reimbursement of funds.

Deduction Method - Program income shall be deducted from total allowable costs to determine the net allowable costs. Program income shall be used for current costs unless PSO authorizes otherwise.

Program income which the grantee did not anticipate at the time of the award shall be used to reduce the PSO award and grantee match rather than to increase the funds committed to the project.

Asset Seizures and Forfeitures - Program income from asset seizures and forfeitures is considered earned when the property has been adjudicated to the benefit of the plaintiff (e.g., law enforcement entity).

Twelve-Step Programs

Grant funds may not be used to support or directly fund programs such as the Twelve Step Program which courts have ruled are inherently religious. OOG grant funds cannot be used to support these programs, conduct meetings, or purchase related materials.

Specialty Court Certifications

If the applicant is a specialty court operated under Ch. 121 of the Texas Government Code, the following certifications apply:

1. The specialty court will develop and maintain written policies and procedures for the operation of the program.
2. The applicant will submit a copy of any project evaluations, evaluation plans, recidivism studies, or related reports that are completed during the grant period to PSO.

Adoption of Adult Drug Court Best Practice Standards

Applicants operating an adult drug court certify that they are working towards full compliance with and

adoption of Vol. I & II of the Adult Drug Court Best Practice Standards.

Adoption of Family Drug Court Best Practice Standards

Applicants operating a family drug court certify that they are working towards full compliance with and adoption of the Family Treatment Court Best Practice Standards.

Veterans Treatment Programs

Applicants providing mental health services to veterans or veterans' families must demonstrate a) prior history of successful execution of a grant from the Office of the Governor; and b) that the entity provides training to agency personnel on military informed care or military cultural competency or requires those personnel to complete military competency training provided by any of the following: the Texas Veterans Commission; the Texas Health and Human Services Commission; the Military Veteran Peer Network; the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services; the U.S. Department of Defense; the U.S. Department of Veterans Affairs; or a nonprofit organization that is exempt from federal income taxation under Section 501(a), Internal Revenue Code of 1986, by being listed as an exempt entity under Section 501 (c) (3) of that code, with experience in providing training or technical assistance to entities that provide mental health services to veterans or veterans' families.

Resolution from Governing Body

Applications from nonprofit corporations, local units of governments, and other political subdivisions must submit a fully executed resolution with the application to be considered eligible for funding. The resolution must contain the following elements (see [Sample Resolution](#)):

- Authorization by your governing body for the submission of the application to the Public Safety Office (PSO) that clearly identifies the name of the project for which funding is requested;
- A commitment to provide all applicable matching funds;
- A designation of the name and/or title of an authorized official who is given the authority to apply for, accept, reject, alter, or terminate a grant;
- A designation of the name and/or title of a financial officer who is given the authority to submit financial and/or performance reports or alter a grant; and
- A written assurance that, in the event of loss or misuse of grant funds, the governing body will return all funds to PSO.

Cybersecurity Training Requirement

Local units of governments must comply with the Cybersecurity Training requirements described in Section 772.012 and Section 2054.5191 of the Texas Government Code. Local governments determined to not be in compliance with the cybersecurity requirements required by Section 2054.5191 of the Texas Government Code are ineligible for OOG grant funds until the second anniversary of the date the local government is determined ineligible. Government entities must annually certify their compliance with the training requirements using the [Cybersecurity Training Certification for State and Local Government](#). A copy of the Training Certification must be uploaded to your eGrants application. For more information or to access available training programs, visit the Texas Department of Information Resources [Statewide Cybersecurity Awareness Training](#) page.

Criminal History Reporting

Entities receiving funds from PSO must be located in a county that has an average of 90 percent or above on both adult and juvenile dispositions entered into the computerized criminal history database maintained by the

Texas Department of Public Safety (DPS) as directed in the *Texas Code of Criminal Procedure, Chapter 66*. The disposition completeness percentage is defined as the percentage of arrest charges a county reports to DPS for which a disposition has been subsequently reported and entered into the computerized criminal history system.

Counties applying for grant awards from the Office of the Governor must commit that the county will report at least 90% of convictions within five business days to the Criminal Justice Information System at the Department of Public Safety.

Uniform Crime Reporting (UCR)

Eligible applicants operating a law enforcement agency must be current on reporting complete UCR data and the Texas specific reporting mandated by 411.042 TGC, to the Texas Department of Public Safety (DPS) for inclusion in the annual Crime in Texas (CIT) publication. To be considered eligible for funding, applicants must have submitted a full twelve months of accurate data to DPS for the most recent calendar year by the deadline(s) established by DPS. Due to the importance of timely reporting, applicants are required to submit complete and accurate UCR data, as well as the Texas-mandated reporting, on a no less than monthly basis and respond promptly to requests from DPS related to the data submitted.

Entities That Collect Sexual Assault/Sex Offense Evidence or Investigate/Prosecute Sexual Assault or Other Sex Offenses

In accordance with Texas Government Code, Section 420.034, any facility or entity that collects evidence for sexual assault or other sex offenses or investigates or prosecutes a sexual assault or other sex offense for which evidence has been collected, must participate in the statewide electronic tracking system developed and implemented by the Texas Department of Public Safety. Visit [Sexual Assault Evidence Tracking Program](#) website for more information or to set up an account to begin participating. Additionally, per Section 420.042 "A law enforcement agency that receives evidence of a sexual assault or other sex offense...shall submit that evidence to a public accredited crime laboratory for analysis no later than the 30th day after the date on which that evidence was received." A law enforcement agency in possession of a significant number of Sexual Assault Evidence Kits (SAEK) where the 30-day window has passed may be considered noncompliant.

Compliance with State and Federal Laws, Programs and Procedures

Local units of government, including cities, counties and other general purpose political subdivisions, as appropriate, and institutions of higher education that operate a law enforcement agency, must comply with all aspects of the programs and procedures utilized by the U.S. Department of Homeland Security ("DHS") to: (1) notify DHS of all information requested by DHS related to illegal aliens in Agency's custody; and (2) detain such illegal aliens in accordance with requests by DHS. Additionally, counties and municipalities may NOT have in effect, purport to have in effect, or make themselves subject to or bound by, any law, rule, policy, or practice (written or unwritten) that would: (1) require or authorize the public disclosure of federal law enforcement information in order to conceal, harbor, or shield from detection fugitives from justice or aliens illegally in the United States, 8 U.S.C. § 1324(a)(1)(A)(iii); (2) impede federal officers from exercising authority under 8 U.S.C. § 1226(a), § 1226(c), § 1231(a), § 1357(a), § 1366(1), or § 1366(3); (3) encourage or induce an alien to come to, enter, or reside in the United States in violation of law, 8 U.S.C. § 1324(a)(1)(A)(iv); (4) result in the illegal transport or movement of aliens within the United States, 8 U.S.C. § 1324(a)(1)(A)(ii). Lastly, eligible applicants must comply with all provisions, policies, and penalties found in Chapter 752, Subchapter C of the Texas Government Code.

Each local unit of government, and institution of higher education that operates a law enforcement agency, must download, complete and then upload into eGrants the [CEO/Law Enforcement Certifications and Assurances Form](#) certifying compliance with federal and state immigration enforcement requirements. This Form is required for each application submitted to PSO and is active until August 31, 2027 or the end of the grant period, whichever is later.

Overall Certification

Each applicant agency must certify to the specific requirements detailed above as well as to comply with all requirements within the PSO Funding Announcement, the *Guide to Grants*, the *Grantee Conditions and Responsibilities*, any authorizing or applicable state and federal statutes and regulations to be eligible for this program.

X I certify to all of the application content & requirements.

Project Abstract :

It is the vision and mission of the Galveston County GCMHC to improve the quality of life for people with serious mental illnesses charged with qualifying crimes, divert these individuals to needed specialized mental health treatment and wrap around services and make more effective use of the community's limited criminal justice and mental health resources. It is our goal to reduce recidivism, improve the safety of our citizens, and reduce the costs associated with incarceration and re-arrest by identifying offenders with serious mental illnesses, addressing the mental health disorders contributing to their criminal offenses, and then returning those offenders to society as productive and successful members of this community. Our target population is adult male and female persons with a diagnosed serious mental illness. (PTSD and anxiety disorder as a secondary co-occurring disorder may be considered on a case by case basis. The participant may also have a secondary co-occurring substance abuse disorder). In accordance with our Community Plan, Galveston County will work with local treatment agencies to provide recovery services for GCMHC participants as prescribed by the GCMHC team to provide the tools and wrap around services needed to successfully complete this program. The Commissioner's Court of Galveston County has approved representatives from the following agencies and departments to serve on the GCMHC Steering Committee in guiding the development and implementation of the Galveston County GCMHC Program.

- Galveston County Commissioners' Court ;
- Galveston County Criminal District Courts;
- Galveston County Courts at Law;
- Galveston County Criminal District Attorney;
- Galveston County Community Supervision and Corrections Department;
- Galveston County Sheriff's Department;
- Galveston County Justice Administration for District and County Courts;
- The Gulf Coast Center;
- Galveston County ITS Department;
- Galveston County Finance Department;
- Galveston County Veteran's Service;
- Galveston County National Alliance On Mental Health;
- Community Representative

• Galveston County Criminal Defense Bar The Steering Committee is comprised of executive level personnel from participating agencies who will initially developed the following based on evidenced-based practices as outlined by the NCSC and the TASC:

- Policies, Procedures, & Structure of the Program;
- Mission statement for the GCMHC Program;
- Goals and objectives of the GCMHC Program;
- Members of the GCMHC Team;
- Target population;
- Eligibility and disqualification criteria;
- Phases of the GCMHC Program;
- Sanctions and incentives;
- Protocols for supervision, counseling, and drug testing;
- and
- Evaluation methods.

The duties and functions of the Steering Committee are to review, discuss and advise the judge and MHC Team in the following areas: the performance and financial management of GCMHC, how well the GCMHC is operating according to the industry best practices and standards as established by the NCSC and the TASC, program policies and procedures in order to meet our objectives, appointing new members to the GCMHC Team and improvements for the GCMHC based on the results of independent evaluations. The Steering Committee is also to promote the GCMHC Program concept within the community. The Steering Committee meets on at least a quarterly basis. The GCMHC has a designated court room and office space at the Galveston County Justice Center and hears cases on a weekly basis. Guidelines for our program are included in the policies and procedures approved by the GCMHC Steering Committee. Our current case load capacity allows up to 30 participants at any one time in our GCMHC program. Our program partners with various community treatment agencies and with the licensed personnel necessary to help participants through the program by providing psychiatric evaluations, individual psychiatric counseling and treatment, residential & intensive outpatient psychiatric counseling, drug testing, substance abuse evaluation, educational, housing and employment assistance. We expect the average length for a participant to successfully complete the program to be eighteen months for felonies. The GCMHC Team is comprised of representatives from each agency involved with carrying out daily casework tasks specific to the GCMHC. The Team meets on a weekly basis to formulate effective recommendations to assist the GCMHC Judge in making treatment adjustments for individual participants as needed, promoting participants to advanced phases, and deciding upon sanctions when necessary. The GCMHC Team is appointed by the Judge with recommendations from the Steering Committee and, at a minimum, may consist of the following members or their designees:

- GCMHC Judge
- GCMHC Program Director/Coordinator
- GCMHC Prosecutor
- GCMHC Defense Counsel
- GCCSD Supervision Officer
- Court Clinician
- Peer Support Specialist
- Any other agency representative involved in the daily casework of GCMHC participants and approved by the Steering Committee or its designee.

The GCMHC Team develops guidelines to ensure the Program efficiently utilizes its resources on those participants with the highest need while avoiding placing participants into the Program who have needs the Court is unable to effectively address. The GCMHC Team, using a non-adversarial staffing process, addresses:

- participants' positive and negative behaviors;
- participants' recovery progress and regress;
- sanctions and rewards;
- participants' mental health needs;
- participants' housing and employment needs;
- participants' graduation dates;
- and
- any other action deemed important by Team members.

Each member of the GCMHC Team is responsible for providing input according to their professional expertise on all GCMHC participants in order to help create effective decisions regarding participants' performances. The GCMHC is designed as a post-conviction program, prioritizing candidates who exhibit a mental health illness and meet the following requirements:

- Pending felony case(s) including defendants currently on the GCCSD's Mental Health caseload.
- Primary diagnosis of Major Depressive Disorder; Bipolar Disorder or Schizophrenia/Schizoaffective Disorder. (PTSD and anxiety disorder as a secondary co-occurring disorder may be considered on a

case by case basis. Defendant may also have a secondary co-occurring substance abuse disorder.) • Must be Mentally Competent to plead guilty • Be 17 years of age or older; • Be eligible for community supervision; • Display a willingness to enter GCMHC, be committed to long-term treatment; and be open-minded towards counseling for mental health or other related issues; • Be willing to enter a residential treatment facility, if recommended; • Be willing to commit to a minimum 14 month program; • Willing to plead guilty • Voluntarily enter program • Willing to undergo a clinical evaluation and risk needs assessment • Willing to adhere to an individualized Re-Entry Plan • Willing and able to comply with terms of Community Supervision or PTIP • Willing and able to participate in frequent Court appearances • Be referred for participation by a District Court Judge hearing criminal cases; • Agree to complete a pre-plea orientation for GCMHC to determine readiness for and commitment to the Program; • Have approvals of the District Attorney for participation in the Program. GCMHC encompasses four phases. Movement from one phase to the other is not automatic and is determined by GCMHC Team members after review of participants' progress in the Program. Participants in GCMHC are supervised by the GCMHC Team. The GCMHC CSO provides the GCMHC Program Judge accurate information regarding the progress of participants in the Program as well as addresses any public safety issues that arise while participants are in the Program. Pro-active supervision enhances public safety and addresses treatment issues of participants in a timely manner. Time In Phase and Advancement Phase advancement is considered an incentive and is awarded to participants when they have earned such an incentive by meeting specific benchmarks in recovery. Phase advancements are awarded based upon the listed phase advancement criteria outlined in the Program Policies & Procedures. The decision on advancement rests with the GCMHC Team. The GCMHC CSO makes the recommendation for advancement. Though individual requirements will vary, GCMHC participants will meet the following criteria for successful completion of the GCMHC Program and graduation: • Long term management of medication regimen ? As evidenced by continued adherence to medication regimen during the last six (6) consecutive months of GCMHC Program participation • Abstinence from illicit drugs and alcohol ? As evidenced by clean, random UA's during the last six (6) consecutive months of GCMHC Program participation • Successful completion of GCMHC recommended goals ? As evidenced by maintaining stable housing; steady income (benefits/employment); and identified educational, vocational, and socialization needs have been addressed • No new encounters with the Criminal Justice System ? As evidenced by no new arrests, charges or motions to revoke probation within the last six (6) consecutive months of GCMHC Program participation • Completed Personal Crisis Directive, Wellness Action Plan and Application for GCMHC Graduation.

Problem Statement :

There is considerable evidence that the Galveston County area's mentally ill population is at increased risk for legal involvement and incarceration and that the county jail has become a primary provider of mental health care. FY 2018 data available through the Texas HHSC data warehouse shows that 30% of the bookings to area county jails that year had previously received state mental health care. At least 34% of our area county jail bookings had a positive Texas Commission on Jail Standards screening for mental health or intellectual disability. Additionally, at least one third of the state-funded psychiatric beds allocated to the Galveston County area had to be utilized for criminal justice related treatment in FY 2019. Most persons arrested with mental health issues do not have health insurance or the personal financial resources to take advantage of the privately-run mental health treatment programs in the southeast Texas region. The GCMHC program is designed to use the authority of the court to enhance motivation for treatment as a cost-effective way to reduce criminal behavior in non-violent offenders with serious mental illnesses. In addition to mental illness and justice problems, the GCMHC program is designed to address co-occurring disorders including substance abuse, PTSD and emotional disorders. The GCMHC also addresses educational and medical needs. The GCMHC program works with local treatment agencies in the Texas Gulf Coast Center provider network to guide offenders through the processes of obtaining assistance in family issues, living accommodations, education, on-going counseling, child care, financial assistance, employment and other community issues that will aid the offender in creating a life beneficial to their selves, their family and the community.

Supporting Data :

Unfortunately, mentally ill offenders who are released from our county jail have considerable barriers to accessing and complying with follow-up community treatment to avoid continued legal involvement. The local statistics indicate a trend for jail releases to have very low adherence to continuity of care with the Local Mental Health Authority (LMHA). Only 29% of our area county jail releases with state mental health histories

completed follow up service with the LMHA at release in 2018. The consequences of this non-adherence for the jail releases are concerning. Approximately 11.75% of the county jail releases in 2018 were seen in crisis by the LMHA within a year of their jail release. The average time post jail release to the first crisis episode was 140 days. Consequently, at least 59% of the jail releases that were seen in crisis required psychiatric in-patient admissions. The following are statistics from the Galveston County Jail from January 2024 to December 2024:

- Total number of assessments for mental illness or intellectual or developmental disability—2133
- o Number of those that are “priority population” (diagnosed with SMI, PTSD or serious functional impairment)—65%
- o A breakdown of those numbers according to felony and misdemeanor charges is as follows:
- Number of assessments for felonies only—974 = 46%
- o Number of those that are “priority population”— 559 = 57%
- Number for misdemeanors only—806 = 38 %
- o Number of those that are “priority population” —614 =76%
- Number for felonies with misdemeanors—353 = 17%
- o Number of those that are “priority population” —206 = 58%

For this section below, I am not sure how this number was estimated so I didn't change anything... An estimation of the above number of “priority population” that would be eligible for the GCMHC is as follows:

- Felonies only/or with Misdemeanors offenses—97 = 40%
- Misdemeanors only offenses—134 = 70%

Project Approach & Activities:

Integration of Services County. The program has established memoranda of agreement with The Gulf Coast Center (our LMHA), treatment providers throughout Galveston County and uses a continuum of services from outpatient to intensive outpatient treatment and residential treatment in order to meet the needs of clients with mental health issues and those with co-occurring substance abuse disorders. The presiding Judge Wayne Mallia is involved in planning for the treatment needs of each participant. **Non-Adversarial Approach** The GCMHC Team is composed of representatives from each agency involved in the criminal justice process as well as representatives from our treatment providers. The district attorney's office and the defense attorney work together in a non-adversarial way to support evidence-based practices and solutions to the challenges encountered by each individual GCMHC participant. The recommendations from treatment providers and probation are considered by the team in reaching decisions affecting the progress of participants through the program. **Prompt Placement** The referrals to the program come from probation personnel, prosecutors, defense attorneys, and a potential client may refer themselves. Once the referral is screened for legal eligibility by the District Attorney's office and the home court judge approves the transfer to GCMHC, appointments with the GCMHC Program Director/Coordinator and clinician are arranged to assess suitability and eligibility. Both then submit their recommendations to the GCMHC Judge who determines whether to accept or decline the applicant into the program. This all takes place in a timely and efficient manner. Our goal is to ensure prompt placement of any eligible participant in the program. **Access – For GCMHC:** The GCMHC Program Director/Coordinator, Clinician and the Probation Officer have relationships with a variety of mental health and alcohol and drug treatment services subcontracted with the Gulf Coast Center to help offset costs to the program. An assessment of needs is completed prior to placement in the GCMHC program. The GCMHC Team reviews each client's treatment needs and determines the best approach to ensure mental and emotional stability and sobriety leading to successful completion of the program. The initial treatment program may comprise a continuum of services from residential treatment to intensive and supportive outpatient mental illness counseling and, possibly substance abuse counseling. The participant will move through the continuum depending on their commitment to the program, pace of mental health recovery, social and emotional stability and sobriety. **Abstinence Monitoring** Maintaining abstinence is necessary for successful completion of the GCMHC program. Participants meet with their probation officer weekly and submit to daily randomized drug screening. Urinalysis testing is utilized through a variety of testing options including regular onsite urine & oral screening and multiple randomized panel screens verified by an independent lab. Drug patches are utilized and other devices such as SCRAM, remote breath, and ignition interlock are available depending on the individual needs of the participant. **Compliance Strategy** The GCMHC team meets weekly to assess the progress of each participant and to monitor the compliance with conditions of supervision and treatment recommendations. During these non-adversarial staffings, rewards, incentives, treatment adjustments and sanctions are utilized to assist in recovery, encourage compliance and discourage non-compliance with treatment and supervision goals. **Judicial Interaction** Judge Wayne Mallia meets weekly with the GCMHC team and interviews each participant reporting for court that week. Judge Mallia interacts with each program participant asking them about life in general, how they are doing and addresses any problems they are encountering with possible solutions. Judge Mallia also encourages them to express and vocalize their progress in the program while motivating their continued compliance with team goals. The Judge is a leader in the GCMHC team and communicates this with the participants. **Evaluation** The GCMHC Program Director/Coordinator maintains the records and statistics regarding referrals to the program and ongoing program data used to track the demographics of the program and the success of participants. The GCMHC Program Director communicates with the Steering Committee

quarterly with updated program data. The GCMHC Program Director also provides program data to an outside evaluator in order to monitor the effectiveness of the program. The Program Director will schedule a Process Evaluation to be performed after the first year of operation by an independent evaluator with experience in evaluating mental health courts. After 3 years of operation the Program Director will schedule an Outcome Evaluation by an independent evaluator.

Capacity & Capabilities:

Organizational Background. The Galveston County Commissioners' Court recognizing the need to address diverting individuals with mental illnesses out of our county jail appointed Judge Wayne Mallia to plan and implement a mental health court. The Commissioners' Court chose Judge Mallia based on over 30 years experience as a first assistant criminal district attorney and district court judge and his experience in planning and implementing other specialty courts in Galveston County. Judge Mallia visited judges and mental health court team members in Harris, Montgomery and Fort Bend counties and researched best practices for mental health courts. Judge Mallia has based the GCMHC plan and policies and procedures mainly on Harris County's because Harris County's Mental Health Court has been in operation for approximately ten years. During those ten years, the Harris County Mental Health Court has had an independent evaluator conduct one Process Evaluation and two Outcome Evaluations. After each of those evaluations, the evaluator held joint meetings with the HCMHC Team and its Steering Committee to discuss the results. The HCMHC Team and Steering Committee then took actions to expand on the strengths and address and cure the weaknesses found in the evaluations. Judge Mallia also took certain components of Montgomery County's plan and policies and procedures that fit better with Galveston County being a smaller county. The GCMHC plan and policies and procedures contain the best practices for mental health courts, the nine legally required characteristics set out in the Texas Government Code and the ten essential elements set out by the Bureau of Justice Assistance. The GMHC plan and policies and procedures were devised with the assistance and input of a committee comprised of criminal justice, mental health and community stake holders. The overall years of experience of this committee in criminal justice and mental health was over 300 years. The GCMHC plan and budget was unanimously approved by the committee and then unanimously approved by the Commissioners' Court. Also, as evidenced by a cooperative working agreement, the GCMHC has the full support of the Galveston County Community Supervision and Corrections Department, the GC Personal Bond and Collections Office, the GC County Courts at Law, The GC Criminal District Courts, the GC Criminal Defense Bar, the GC Criminal District Attorney, the GC Justice Administration, The GC Sheriff's Office, The Gulf Coast Center (our LMHA) AND the GC District Clerks Office. The GCMHC plans on starting sometime between the end of February to the beginning of March, 2020. GCMHC Team. Judge Wayne Mallia, Senior District Court Judge, is the presiding Judge over the GCMHC. Judge Mallia presides over the GCMHC proceedings and makes appropriate sanctions and incentives for each participant. He also reviews each participant's compliance/progress with treatment, drug test results, and progress in mental health stability and, if necessary, towards abstinence of drug and/or alcohol use. Judge Mallia develops a strong rapport with participants through frequent interactions during court appearances. The Judge will determine the program outcome of graduation or unsuccessful discharge from the program for each participant. Judge Mallia attended the Correctional Management Institute's Annual Mental Health Conference in 2019 and 2022 and Texas Judicial Commission on Mental Health Summit in 2019, 2020, 2021, 2022, 2023, 2024. He attended the TASC Conferences in 2021, 2022, and 2023. He attended the RISE Conference in 2023. He has attended a 4 hour seminar on How Being Trauma Informed Improves Criminal Justice Response. Finally, Judge Mallia has attended the following webinars: Criminal Practice in Mental Health Specialty Court (1 hour), Texas Specialty Courts by NADCP (5 hours), 2020 Texas Tech Mental Health Law Symposium (4.5 hours), The Future of Treatment Courts (1.25 hours), What You Need To Know About Competency Restoration (1 hour), Law & Process of JBCR (1 hour), Options for People Deemed Unrestorable (1 hour), Dynamic & Effect of Victims of Child Abuse & Neglect (1 hour), Understanding Protective Order in Texas (1 hour), Firearm and Family Violence (1 hour), Neurobiology of Trauma (1 hour). Our GCMHC Program Director/Coordinator is Ms. Charlotte M Jones who will oversee the GCMHC budget and resources for the program. She also manages contracts, weekly GCMHC dockets, prepares semi-annual and annual statistical data to CJD of the Governor's Office, maintains the policy and procedure and updates them as necessary with the approval of the Judge and Team and reviewed by the GCMHC Steering Committee, coordinates graduation ceremonies, collects, maintains, and organizes program records. Ms. Jones meets with the GCMHC Steering Committee quarterly to give updates on budget funding and program statistics. She also actively participates in court staffing and assures consistency of incentives and sanctions for each participant. Ms. Jones training includes: specialized substance abuse caseload training, TRAS certification, and she has attended the TASC Conference in 2021- 2024, the Mental Health Conference from 2015-2024, and the Judicial Summit on Mental Health in 2021-2024. Casey Kirst, Assistant Criminal District Attorney. Ms. Kirst reviews all potential participants for eligibility and actively participates in weekly staffing's. She will monitor the participants' progress and makes recommendations regarding sanctions. If a participant is re-arrested

Ms. Kirst will review/investigate the new case and determine if the defendant will be able to continue participating in the program. Ms. Kirst training includes MH1: Mental Health Part one 2024/2025. Katy -Marie Lyles serves as the defense counsel for participants in the program. Ms. Lyles informs the GCMHC participants about the rigors of GCMHC, preserves all constitutional/legal rights of the client, advocates for fair and equal treatment of each client, participates in team meetings as a member to reach consensus on addressing client behavior; attends non-adversarial court proceedings, maintains attorney client privilege of confidentiality, and represents the clients' stated objective as a zealous advocate. She has attended the TASC Conference in 2022, and 2023. Ms. Lyles has also attended the Texas Judicial Commission on Mental Health Summit in 2022 ,2023 and 2024. Kelly Warner, GCMHC Community Supervision Officer. Her duties include: conducting the initial TRAS assessment and reassessments on an annual basis, coordinating/providing case management, case planning, making necessary referrals to meet participants' treatment plan, administering random drug tests on participants', and making monthly field visits. Ms. Warner's duties differ from a standard probation officer working at CSCD because she is responsible for supervising high risk/needs participants in the program on an intensive level of supervision for a period of 18 months who were evaluated with a severe mental health disorder. Participants report on a weekly basis in phase I, bi-weekly basis in phase II, & monthly basis in phase III. She also communicates weekly with treatment providers pertaining to participants' progress in treatment, prepares weekly staffing reports, and makes recommendations regarding sanctions and incentives. Ms. Warner attended the Correctional Management Institute's Annual Mental Health Conference in 2019, 2020, 2021, 2022, 2023, 2024 and Texas Judicial Commission on Mental Health Summit in 2020, 2021, 2022 and 2023. She also attended the TASC Conferences in 2021, 2022,2023, 2024 as well as, the Texas Association of Pretrial Services in 2022 and 2023. Christy Dobbs Perez, LCSW-S is the Program Manager for Forensic Services for Galveston County from Gulf Coast Center and also serves as the GCMHC Clinician. Ms. Dobbs Perez determines whether referred individuals are eligible to participate in GCMHC by conducting a comprehensive bio-psychosocial diagnostic assessment. She develops, implements, monitors and adjusts participant treatment plans and assesses and addresses the on-going psychosocial needs of the participants. Ms. Dobbs Perez maintains contact with the participants treatment providers and provides clinical recommendations to the team through the participant's enrollment in GCMHC. Ms. Dobbs Perez is a Licensed Clinical Social Worker with 12 years of experience in forensic mental health. Ms. Dobbs Perez's trainings include participation in the TASC Conference 2020-2022 and CMIT Mental Health Conference 2020-2022. Tiffany Ford LPC, NCP, QMHP-CS is the clinician for the Galveston County Mental Health Court. Ms. Ford determines whether referred individuals are eligible for participation in the GCMHC by conducting a comprehensive bio-psychosocial diagnostic assessment. She develops, implements, monitors and adjusts participant treatment plans and assesses and addresses the on-going psychosocial needs of the participants. Ms. Ford maintains contact with the participants Ms. Ford is a Licensed Professional Counselor with 4 1/2 years experience with Mental Health. She has been a Mental Health Therapist with Life Balance Therapy, Brightside Health, HOPE Therapeutic Alliance and San Antonio Behavioral Health Hospital. Ms. Ford will attend the Mental Health Conference in 2024. The Mental Health team will be attending the TASC Conference in March 2025.

Performance Management :

The goals of the GCMHC Program are to improve public safety, decrease the recidivism rate of participants in the Galveston County MH Court, increase access to and continued utilization of community resources (especially mental health treatment) for Galveston County MH Court participants. The Galveston County GCMHC Program uses the authority of the Court to enhance motivation for treatment as a cost-effective way to inspire individuals with serious mental illnesses charged with crimes to consistently take their medication and regularly attend appropriate levels of treatment to stabilize their mental illness, reduce chances of re-arrests and improve their quality of life. In addition to addressing mental health issues, the GCMHC is designed to address co-occurring disorders including substance abuse and PTSD. Additionally, the GCMHC will be able to address emotional and educational disabilities along with medical or neurological impairments. GCMHC also works with local agencies to guide offenders through the process of obtaining assistance in family issues, living accommodations, education, on-going counseling, child care, financial assistance, employment and other community issues that will aid offenders in creating a life beneficial to participants, their families, and the community. Objective 1: Reduce the recidivism rate of GCMHC participants. A multisite study reported in the Archives of General Psychiatry 2011; 68(2):167-172 showed a significant decline in recidivism among almost all of the mental health courts in the study. The study found that 49% of MHC participants were arrested within 18 months compared to the control group with 58% arrested within 18 months. The study concluded: "Mental health courts meet the public safety objectives of lowering post treatment arrest rates and days of incarceration. Both clinical and criminal justice factors are associated with better public safety outcomes for MHC participants." Arch Gen Psychiatry. 2011; 68(2):167-172. Published online October 4, 2010. doi:10.1001/archgenpsychiatry.2010.134 A summary of the Process &

Outcome Evaluation of the Harris County Felony Mental Health Court (FMHC) conducted by Clete Snell, Ph.D., Professor, Department of Criminal Justice, University of Houston Downtown, is as follows: Comparisons in new criminal charges were made between: 1) FMHC participants and those who were denied or refused to participate; 2) FMHC graduates and those who were denied or refused to participate; and 3) FMHC graduates and discharged clients. Comparisons in new criminal charges were also made at 12, 18, and 24-month intervals. The results indicate that FMHC participants and graduates had significantly fewer new arrests. Moreover, success in the FMHC was a stronger predictor of desistance from criminal behavior than prior criminal history. • FMHC participants had significantly fewer new charges at 12-month, 18-month, and 24th month intervals. • FMHC participants had on average significantly fewer new charges after referral (1.32) than those who declined to participate (2.43). • In a recent multi-site study of mental health courts on arrests, 49% of mental health court participants were rearrested 18 months after participating in the court (Steadman et al., 2011). By comparison, 32% of Harris County Felony Mental Health Court participants were rearrested 18 months after participation. • Only 7 or 14% of FMHC graduates have been charged with a new offense. • In a multivariate analysis, FMHC graduates were significantly less likely to commit new offenses regardless of age, gender, race, or the extent of their criminal history. The measure of Objective 1 will be to record any new offenses committed by GCMHC participants during their participation in GCMHC and at post-graduate intervals of one year, eighteen months and two years. These re-arrest rates will compared to those individuals who were either excluded from participation or chose not to participate in GCMHC at the same intervals. This is the same measure as the multisite study and Harris County FMHC evaluation mentioned above. Objective 2: Our second objective is to improve the quality of life of all GCMHC participants. Part of the Harris County FMHC's evaluation is to measure the quality of life of its participants. The California Quality of Life (CA-QOL) scale was administered to Felony Mental Health Court participants at the time of entrance in the program and at graduation. The scale includes the following categories: 1) living situation; 2) daily activities and functioning; 3) family; 4) social relations; 5) finances; 6) legal and safety; 7) health; and 8) an overall global rating. Scale items ranged from 1-7 and included terrible, unhappy, mostly dissatisfied, mixed, mostly satisfied, pleased, and delighted. This scale allowed for the calculation of pre-test and post-test scores.

Target Group :

The GCMHC is aimed at adult male and female offenders 17 years and older who have: • Pending felony or misdemeanor case(s) including defendants currently on the GCCCSD's Mental Health caseload. • Primary diagnosis of Major Depressive Disorder; Bipolar Disorder or schizophrenia/Schizoaffective Disorder. (PTSD and anxiety disorder as a secondary co-occurring disorder may be considered on a case by case basis. Defendant may also have a secondary co-occurring substance abuse disorder.) Our program specially focuses on high risk/high need individuals who are likely to reoffend due to their mental illnesses and are on the verge of being sentenced to TDCJ. The figures in our "Supporting Data" above support Galveston County's need for a mental health court. In addition, the most cost-effective and socially-effective approach for the GCMHC is to focus our efforts on reducing mentally ill offenders who are repeat offenders and are most costly – both financially and victim-wise – to our community.

Evidence-Based Practices:

In 2014, the NCSC conducted a review of states' efforts to create governing rules for all problem-solving courts, including mental health courts. Based on that review, the GCMHC will be designed and implemented accordingly: Team Composition: Each team member should understand their role and responsibility to the court and to the clients they serve. Learning these roles and responsibilities and keeping abreast of the latest evidence for administering specialty courts requires on-board training and yearly continuing education training as well. Each GCMHC member will be required to complete the Developing a Mental Health Court curriculum training as provided by the Justice Center of the Council of State Governments, offered free online: <http://learning.csgjusticecenter.org/>. In addition, all team members will attend the annual TASC conference for continuing education training in MHC best practices. Target Population: As a team, MHC members need to understand the current state of research of who benefits from mental health courts and be unified in the selection of a local target population that best fits the best practice criteria. Traditionally, new upstart specialty courts have tended to target less risky misdemeanor defendants whose service needs are relatively minor. This approach largely stems from a philosophical approach that considers which defendants most "deserve" some form of jail diversion. While defendants with minor offenses are assumed will improve a court's success rate and are politically less risky, focusing on such clients is an

inefficient use of state resources and an ineffective use of the specialty court model which is designed to target persons who are at the highest risk for reoffending and who have the most severe and unmet mental healthcare needs. In fact, intensive supervision for low-risk individuals has been shown to actually increase recidivism. MHCs that target high risk/high need defendants reduce crime approximately twice as much as those serving less serious offenders (Cissner et al., 2013; Fielding et al., 2002; Lowenkamp et al., 2005) and "return approximately 50% greater cost savings to their communities" (Bhati et al., 2008; Carey et al., 2008, 2012; Downey & Roman, 2010). In addition to seeking defendants who are highest risk/highest need, MHCs need to also consider their community's local treatment capabilities and capacity. It is in the overlap of these two considerations that an MHC should define its target population. The GCMHC will use these considerations to develop its target population and eligibility and exclusion criteria. The GCMHC will also review these criteria biannually to assess whether the eligibility and exclusion criteria are resulting in a successful reach of the target population. Policies and Procedures: For establishing policies and procedures, MHCs should rely on three main criteria. Those are: 1) protection of the legal rights of the clients; 2) establishing a referral process for mental healthcare and substance abuse services; and 3) establishing criteria for determining an individual's length of participation in the program. The GCMHC includes key components recommended by the National Center for State Courts (NCSC) and the Council of State Governments. The NCSC components have been studied and researched. Effective MHC programs include a selection process that includes the evidenced based use of an assessment of the criminogenic risk of defendants as well as a clinical assessment of their mental health treatment needs. In addition, the GCMHC has a very attentive jurist who provides meaningful judicial interaction. Other components include intensive monitoring and supervision by the supervision officer, graduated sanctions and incentives, outpatient and residential mental health treatment, and when appropriate, various rehabilitation services related to the defendant's substance abuse. Case Planning: The foundation of an individual's participation in an MHC is an individualized case plan based off of a validated mental health assessment tool administered by a qualified mental healthcare professional. Potential GHMHC clients will be assessed by a dedicated court clinician using the XXXX tool. People with serious mental illnesses, particularly those who become involved in the criminal justice system, have extensive and complicated needs. Typically, they have co-occur-ring substance abuse disorders and complicating medical conditions. They are more likely than the general population to be homeless and may lack resources to pay for treatment and other basic needs. These needs include: • Psychiatric hospitalization • Inpatient mental health treatment (crisis stabilization) • Outpatient mental health treatment • Substance abuse treatment • Medication and symptoms management • Housing (including supported housing) • Benefits (e.g., Medicaid, SSI, SSDI, veterans) • Transportation • Employment and job-finding assistance Case plans are essential to ensure treatment fidelity. The case manager, mental healthcare professionals and family supports should be involved in formulating the treatment plan, along with the participant and her or his sponsor if in a recovery program. Case plans should have buy-in from all these stakeholders, formulated with five basic steps (Bureau of Justice Assistance, 2005): 1. Identifying the clinical diagnosis: clinicians must identify the most significant problems interfering with the defendant's functioning. Having a smaller, more manageable number of problems keeps the treatment plan focused. 2. Defining the problem: the way in which the clinical diagnosis is manifested in the defendant's behavior should be clearly articulated. 3. Setting Goals: broad, long-term goals should describe how the mental health condition will be managed and how the problem behaviors will be resolved. 4. Specifying Objectives: specific and measurable steps for attaining each treatment goal should be listed, along with expected dates of completion. When appropriate, this section may also be used to discuss signs of relapse and to provide the defendant with specific strategies for avoiding common triggers. 5. Identifying Interventions: specific interventions will vary according to each defendant's needs and the clinician's expertise, but will generally include a combination of cognitive, psychodynamic, behavioral, pharmacological, and family-oriented therapies; medical care; assistance with housing, employment, or education; peer-based supports; and concrete supports such as transportation and child-care. The people responsible for providing the various interventions should be clearly identified. Facilitating Success: The success of MHC participants relies upon the courts use of evidence-based practices for monitoring and interacting with program participants, including the use of incentives and sanctions, to increase their likelihood of meeting program requirements and progressing toward recovery. The Council of State Governments has identified 7 essential elements of MHC design and implementation shown to enhance participant motivation, adherence and compliance with their treatment plans. One key principle underlies the 7 essential elements: collaboration among the criminal justice, mental health, substance abuse treatment, and related systems. True cross-system collaboration is necessary to realize any of these elements and, for that matter, to successfully operate a mental health court. 1. Timely participant identification and linkage to services. Participants who are promptly identified, referred, and accepted into MHCs, and then quickly linked to community-based services fare much better than persons who experienced timely delays at each step of the process. 2. Clearly Identified Terms of Participation. Terms of participation should be clear, promote public safety, facilitate the individual's engagement in treatment, be individualized to correspond to the level of risk that the defendant presents to the community, and provide for positive resolution of legal problems for participants who successfully complete the program. 3. Informed

Choice and Consent. Defendants should fully understand the program requirements before agreeing to participate in an MHC. They should be provided legal counsel to inform this decision and subsequent decisions about program involvement. Clearly articulated procedures should address, in a timely fashion, concerns about a defendant's competency whenever they arise. 4. **Evidence-based Treatment Services.** MHCs should connect participants to comprehensive and individualized treatment supports and services in the community. They should strive to use—and increase the availability of—treatment and services that are evidence-based. 5. **Confidentiality.** Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing. 6. **Collaborative Monitoring.** Both criminal justice and mental healthcare staff should collaboratively monitor participants adherence to court stipulations and the treatment plan, offer individualized and graduated incentives and sanctions, and modify treatment as necessary to promote public safety and the participant's recovery. 7. **Program Evaluation (Sustainability).** Data should be collected and analyzed to demonstrate the impact of the MHC, and its performance should be assessed annually or biannually. Court procedures and participation criteria should be modified accordingly as needed after each review, to ensure fidelity to the court's stated goals, target population, community treatment capabilities and capacity, and best practices.

Project Activities Information

Introduction

This section contains questions about your project. It is very important for applicants to review their funding announcement for guidance on how to fill out this section. Unless otherwise specified, answers should be about the EXPECTED activities to occur during the project period.

Selected Project Activities:

ACTIVITY	PERCENTAGE:	DESCRIPTION
Specialty Court - Mental Health	100.00	The project will fund two positions within the Galveston County Mental Health Court program. One Case Manager who assesses and identifies the nature and degree of GCMHC participant service needs, develops, implements and monitors the efficacy of the Court Re-Entry & Treatment Plan, and links participants with appropriate rehabilitative services, including mental health and substance abuse treatment, housing, food, transportation and other community resources. In addition, the Case Manager monitors participant's compliance with the treatment plan by maintaining contact with treatment providers and providing peer counseling and affirmation to assist participants with non-compliance. In addition, the Case Manager serves as a liaison with the GCMHC participant, community service providers, and Court Team. One Galveston County Mental Health Court Clinician who will be responsible for conducting initial mental health assessments for potential program candidates as well as serving on the GCMHC Treatment Advisory Committee to determine appropriate individualized treatment and court actions for each participant. The GCMHC Clinician will administer the treatment recommendations of the Treatment Advisory Committee and monitor progress of each participant.

CJD Purpose Areas

PERCENT DEDICATED	PURPOSE AREA	PURPOSE AREA DESCRIPTION
-------------------	--------------	--------------------------

Measures Information

Objective Output Measures

OUTPUT MEASURE	TARGET LEVEL
Number of carry-over individuals participating.	20
Number of individuals NEWLY participating.	8

Objective Outcome Measures

OUTCOME MEASURE	TARGET LEVEL
Number of individuals who will successfully complete the program.	10

Custom Output Measures

CUSTOM OUTPUT MEASURE	TARGET LEVEL

Custom Outcome Measures

CUSTOM OUTCOME MEASURE	TARGET LEVEL

Lobbying

For applicant agencies requesting grant funds in excess of \$100,000, have any federally appropriated funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan, or cooperative agreement?

Select the appropriate response:

- Yes
- No
- N/A

For applicant agencies that selected either **No** or **N/A** above, have any non-federal funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress in connection with this federal contract, loan, or cooperative agreement?

Select the appropriate response:

- Yes
- No
- N/A

Debarment

Each applicant agency will certify that it and its principals (as defined in 2 CFR Part 180.995):

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
- Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in the above bullet; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.

Select the appropriate response:

I Certify
 Unable to Certify

If you selected **Unable to Certify** above, please provide an explanation as to why the applicant agency cannot certify the statements.

Fiscal Capability Information

Section 1: Organizational Information

*** FOR PROFIT CORPORATIONS ONLY ***

Enter the following values in order to submit the application

Enter the Year in which the Corporation was Founded: 0

Enter the Date that the IRS Letter Granted 501(c)(3) Tax Exemption Status: 01/01/1900

Enter the Employer Identification Number Assigned by the IRS: 0

Enter the Charter Number assigned by the Texas Secretary of State: 0

Enter the Year in which the Corporation was Founded:

Enter the Date that the IRS Letter Granted 501(c)(3) Tax Exemption Status:

Enter the Employer Identification Number Assigned by the IRS:

Enter the Charter Number assigned by the Texas Secretary of State:

Section 2: Accounting System

The grantee organization must incorporate an accounting system that will track direct and indirect costs for the organization (general ledger) as well as direct and indirect costs by project (project ledger). The grantee must establish a time and effort system to track personnel costs by project. This should be reported on an hourly basis, or in increments of an hour.

Is there a list of your organization's accounts identified by a specific number (i.e., a general ledger of accounts)?

Select the appropriate response:

Yes
 No

Does the accounting system include a project ledger to record expenditures for each Program by required budget cost categories?

Select the appropriate response:

Yes
 No

Is there a timekeeping system that allows for grant personnel to identify activity and requires signatures by the employee and his or her supervisor?

Select the appropriate response:

- Yes
- No

If you answered 'No' to any question above in the Accounting System section, in the space provided below explain what action will be taken to ensure accountability.

Enter your explanation:

Section 3: Financial Capability

Grant agencies should prepare annual financial statements. At a minimum, current internal balance sheet and income statements are required. A balance sheet is a statement of financial position for a grant agency disclosing assets, liabilities, and retained earnings at a given point in time. An income statement is a summary of revenue and expenses for a grant agency during a fiscal year.

Has the grant agency undergone an independent audit?

Select the appropriate response:

- Yes
- No

Does the organization prepare financial statements at least annually?

Select the appropriate response:

- Yes
- No

According to the organization's most recent Audit or Balance Sheet, are the current total assets greater than the liabilities?

Select the appropriate response:

- Yes
- No

If you selected 'No' to any question above under the Financial Capability section, in the space provided below explain what action will be taken to ensure accountability.

Enter your explanation:

Section 4: Budgetary Controls

Grant agencies should establish a system to track expenditures against budget and / or funded amounts.

Are there budgetary controls in effect (e.g., comparison of budget with actual expenditures on a monthly basis) to include drawing down grant funds in excess of:

a) Total funds authorized on the Statement of Grant Award?

- Yes
- No

b) Total funds available for any budget category as stipulated on the Statement of Grant Award?

- Yes
- No

If you selected 'No' to any question above under the Budgetary Controls section, in the space provided below please explain what action will be taken to ensure accountability.

Enter your explanation:

Section 5: Internal Controls

Grant agencies must safeguard cash receipts, disbursements, and ensure a segregation of duties exist. For example, one person should not have authorization to sign checks and make deposits.

Are accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, receipts, invoices)?

Select the appropriate response:

- Yes
- No

Is there separation of responsibility in the receipt, payment, and recording of costs?

Select the appropriate response:

- Yes
- No

If you selected 'No' to any question above under the Internal Controls section, in the space provided below please explain what action will be taken to ensure accountability.

Enter your explanation:

Budget Details Information

Budget Information by Budget Line Item:

CATEGORY	SUB CATEGORY	DESCRIPTION	OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL	UNIT/%
Personnel	Counselor and/or Therapist (licensed)	CLINICIAN: Tiffany Ford. The Galveston County Mental Health Court (GCMHC) Clinician conducts initial mental health assessments for potential program candidates and serves on the GCMHC Treatment Advisory Committee to determine appropriate individualized treatment and court actions for each participant. The GCMHC Clinician also	\$115,098.32	\$0.00	\$0.00	\$0.00	\$115,098.32	100

		administers treatment recommended by the Treatment Advisory Committee and monitors progress of each participant. Salary: \$86,871.72, plus fringe benefits \$28,226.60, total= \$115,098.32.						
Personnel	Case Manager	CASE MANAGER: Rashica Bennett- The Galveston County Mental Health Court (GCMHC) Case Manager assesses and identifies the nature and degree of GCMHC participant service needs, develops, implements and monitors the efficacy of the Court Re-Entry & Treatment Plan, and links participants with appropriate rehabilitative services, including mental health and substance abuse treatment, housing, food, transportation and other community resources. In addition, the Case Manager monitors participant's compliance with the treatment plan by maintaining contact with treatment providers and providing peer counseling and affirmation to assist participants with non-compliance. In addition, the Case Manager serves as a liaison with the GCMHC participant, community service providers, and Court Team. Salary \$58,247, plus fringe benefits \$19,628.35, total = \$77,875.35.	\$77,875.35	\$0.00	\$0.00	\$0.00	\$77,875.35	100
Contractual and Professional Services	Substance Abuse-Related Case Management, Counseling, Outpatient, and/or Treatment Services	Bay Area Recovery Center: provides intensive residential substance abuse treatment for program participants experiencing severe substance use disorders. The cost of residential treatment is \$90 per day per participant. Mental Health Court funding will cover up to 30 days of treatment, totaling \$2,700 per participant. Funding is available to support a total of six (6) participants annually, for a total cost of \$16,200 per year. Any costs incurred above \$16,200 will be covered using County CCP funds.	\$16,200.00	\$0.00	\$0.00	\$0.00	\$16,200.00	0

Contractual and Professional Services	Substance Abuse-Related Case Management, Counseling, Outpatient, and/or Treatment Services	ADA House provides intensive residential substance abuse treatment for program participants experiencing severe substance use disorders. The cost of residential treatment is \$96 per day per participant. Drug Court funding will cover up to 30 days of treatment, totaling \$2,880 per participant. Funding is available to support a total of six (6) participants annually, for a total cost of \$17,280 per year. Any costs incurred above this amount will be covered using County CCP funds.	\$17,280.00	\$0.00	\$0.00	\$0.00	\$17,280.00	0
Contractual and Professional Services	Drug Analysis or Employee Drug Testing Services	Smartox provides the program with 14-panel instant urine testing cups that include ETG/alcohol screening. Each 14-panel instant urine test cup costs \$3.75, and the program will utilize approximately 30 tests per month. The total annual cost for the 14-panel instant urine cups with ETG/alcohol testing is \$1,350. Lab confirmation testing is billed at \$15 per drug, with an estimated 20 tests per month (\$300 per month). K2/Spice confirmation testing is \$50 per test, with an estimated 2 tests per month (\$100 per month). Adulterant testing is \$15 per test, with an estimated 10 tests per month (\$150 per month). The total annual cost for laboratory confirmation testing is \$7,950. Program will not request reimbursement in excess of \$7,950 for this budget line item. Any costs incurred above this amount will be covered using County CCP funds.	\$7,950.00	\$0.00	\$0.00	\$0.00	\$7,950.00	0
Contractual and Professional Services	Drug Analysis or Employee Drug Testing Services	Recovery Healthcare: provides the program with 5 panel drug patch testing (includes lab confirmation) @ \$45 each. Soberlink devices are also provided to monitor and detect alcohol use at a daily rate of \$6. Program will utilize these services/items as needed. Total cost will not exceed \$1,000. Any costs	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0

		incurred above \$1,000 amount will be covered using County CCP funds.						
Contractual and Professional Services	Vehicle Transportation-Related Services	Transportation services from Greyhound Transport Company will only be utilized when treatment facilities are located out of county. These transportation services are only utilized for verified participants of the SC program. Please note - the county is directly paying Greyhound Transport Company. No funds are going to the participant. The average bus ticket cost \$40.00 one way. Estimated trips per year 6. Total cost: 6 trips X \$40 = \$240.	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	0
Travel and Training	In-State Registration Fees, Training, and/or Travel	The following seven (7) Galveston County Mental Health Team Members will attend the annual TASC Conference. Dates and location are TBD. Specialty Courts Administrator (Tomi West), MH Court Judge (Wayne Mallia), MH CSO (Genesis Montiel), Case Manager (Rashica Bennett), Clinician (Tiffany Ford), MH Defense Attorney (Katy-Marie Lyles), and Bailiff (Christopher Howell). The conference focuses on best practice standards for Specialty Court programs to be effective for participants through substance abuse, mental health treatment, and drug and alcohol testing. Training provided delineates each Drug Court team member's role and emphasizes the importance of continuing education. Registration fee for TASC is \$350 per attendee (cost = \$350 x 7 attendees = \$2,450). The attendee will request reimbursement for meals upon providing proof of original receipts (maximum of \$64 per day will be reimbursed; total max meal reimbursement for 3 days = \$192). The attendee will request reimbursement for mileage at a rate of \$0.725 per mile (500 miles round trip; 500 miles x	\$9,402.75	\$0.00	\$0.00	\$0.00	\$9,402.75	0

		\$0.725= \$362.50). The attendee will request reimbursement for lodging at the state rate of \$125 per night for a hotel room (\$125 x 3 nights = \$375 + \$63.75 (18.76% taxes) = \$438.75). Total cost for seven (7) attendees the = \$9,402.75						
Travel and Training	In-State Registration Fees, Training, and/or Travel	In-State Registration Fees, Training, and/or Travel - Case manager and Clinician will attend the Annual Mental Health Conference. Dates and location TBD. Registration fee for the Annual Mental Health Conference is \$300 per attendee (cost = \$300 x 2 attendees = \$600). Meal allowance is \$68 per day per attendee (cost = \$68 x 2 attendees x 5 days = \$680). Mileage allowance is \$0.725 per mile (cost = \$0.725 x 498 miles round trip x 2 attendees = \$722.10). Lodging allowance is \$125 per night + 6% state hotel tax & 3% local hotel tax (cost = \$125 + \$11.25 taxes x 4 nights x 2 attendees = \$1,090). Total cost = \$600 + \$680 + \$722.10 + \$1,090 = \$3,092.10.	\$3,092.10	\$0.00	\$0.00	\$0.00	\$3,092.10	0
Travel and Training	In-State Incidentals and/or Mileage	In-State Incidentals and/or Mileage - Case Manager and Clinician will conduct monthly field visits for all participants in the program. Case manager and Clinician will each travel separately, approximately 100 miles per month per year. Mileage allowance is \$0.725 per mile (cost = \$0.725 x 90 miles x 12 months x 2 travelers = \$1,566).	\$1,566.00	\$0.00	\$0.00	\$0.00	\$1,566.00	0
Supplies and Direct Operating Expenses	Cellular, Fax, Pager, and/or Office Telephone	Cellular, Fax, Pager, and/or Office Telephone - Case Manager and Clinician use mobile phone service to communicate with program participants via phone calls and text messaging. Phone service costs \$25 per month per line. Total annual cost = \$25 x 2 service lines x 12 months = \$600.	\$600.00	\$0.00	\$0.00	\$0.00	\$600.00	0
Supplies and Direct	Office Supplies (e.g., paper,	Office Supplies (e.g., paper, postage, calculator) - Printer paper, highlighters, hand	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	0

Operating Expenses	postage, calculator)	sanitizer, pens, clipboard, scissors, mesh organizers, tape dispenser, planner, hole punch, and post-its. Grand Total Cost = \$2,000.					
--------------------	----------------------	---	--	--	--	--	--

Source of Match Information

Detail Source of Match/GPI:

DESCRIPTION	MATCH TYPE	AMOUNT

Summary Source of Match/GPI:

Total Report	Cash Match	In Kind	GPI Federal Share	GPI State Share
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Budget Summary Information

Budget Summary Information by Budget Category:

CATEGORY	OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
Contractual and Professional Services	\$42,670.00	\$0.00	\$0.00	\$0.00	\$42,670.00
Personnel	\$192,973.67	\$0.00	\$0.00	\$0.00	\$192,973.67
Supplies and Direct Operating Expenses	\$2,600.00	\$0.00	\$0.00	\$0.00	\$2,600.00
Travel and Training	\$14,060.85	\$0.00	\$0.00	\$0.00	\$14,060.85

Budget Grand Total Information:

OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
\$252,304.52	\$0.00	\$0.00	\$0.00	\$252,304.52

Condition Of Fundings Information

Condition of Funding / Project Requirement	Date Created	Date Met	Hold Funds	Hold Line Item Funds

You are logged in as **User Name:** JudgeHenry