

Gulf Coast Center Local Provider Network Development Plan Fiscal Year 2025

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) to complete the Local Provider Network Development (LPND) plan. The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Local needs and priorities govern routine or discrete outpatient services and services provided by individual practitioners, and these services are not part of the assessment of provider availability or plans for procurement.

PART I:

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). 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.

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Population	LMHA or LBHA Data	
Square miles	1,736	
Population density	1204	
Total number of counties	2	
Number of rural counties	1-Brazoria	
Number of urban counties	1-Galveston	

Table 1: Area and Population Statistics

Current Services and Contracts

The table below provides an overview of current services and contracts. The Levels of Care are specific to non-Medicaid individuals and contracts for discrete services were not used when calculating percentages.

Table 2: Service Capacity for Adult Community Mental Health Servi	ce LOCs

LOC	Most recent service capacity (non- Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Adult LOC 1m	0	0	0
Adult LOC 1s	2283	2283	0
Adult LOC 2	412	412	0
Adult LOC 3	180	180	0
Adult LOC 4	57	57	0
Adult LOC 5	28	28	0

Table 3: Service Capacity for Children's Community Mental Health ServiceLOCs

LOC	Most recent service capacity (non- Medicaid only)	Estimated FY 2025 service capacity (non- Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Children's LOC 1	31	31	0
Children's LOC 2	180	180	0
Children's LOC 3	49	49	0
Children's LOC 4	4	4	0
Children's LOC YC	5	5	0
Children's LOC 5	52	52	0

 Table 4: Service Capacity for Crisis Services

Crisis Service	FY 2024 service capacity	Estimated FY 2025 service capacity	% total capacity provided by external providers in FY 2024
Crisis Hotline	1470	1470	100
Mobile Crisis Outreach Teams	2246	2246	0
Private Psychiatric Beds	1519 Funded 1396 Occupied 131 Total Discharges	1519 Funded	100
Community Mental Health Hospital Beds	3125 Occupied	6570 Funded	100
Contracted Psychiatric Beds (CPBs)	3350 Funded 2495 Occupied 214 Total Discharges	2730 Funded	100
Extended Observation Units (EOUs)	0	1104 Funded	0
Crisis Residential Units (CRUs)	0	0	0
Crisis Stabilization Units (CSUs)	0	0	0
Crisis Respite Units (CRUs)		3834 Funded	100

The table below provides an overview of current services contracts.

Table 5: Provider Organizations

Provider Organization	Service(s)
Southwest Key Programs, Inc.	Evidence-based intensive family-and community-based treatment program known as Multisystemic Therapy® services to at-risk youth with intensive needs and their families.
 Ann & Agnes Healthcare Solutions Agency, LLC. The University of Texas Medical Branch at Galveston d/b/a UTMB Health Voyages of Sugar Land, LLC Brazoria County Community Supervision and Corrections Kingwood Hospital Family Service Center 	Memorandum of Understandings for Care Coordination
Galveston County Clubhouse	a member-run community or Clubhouse that provides a restorative environment for people living with severe mental illness
University Of Texas Medical Branch (UTMB)	Outpatient Physician/psychiatric services for child and adolescent services, SUN Hospital physician inpatient services, PBB physician services and COPSD program services (physician service only), CPWE Medical Director Agreement.
ETBHN	Telemedicine, authorization service, and pharmacy services
The Wood Group	Crisis respite services at Texas City locations; Emergency evacuation
VitalCore Health Strategies, LLC	Comprehensive psychiatric and mental health and pharmacy services in the Galveston County Jail
Houston Behavioral Healthcare Hospital	Inpatient Services on an as needed basis for children and adolescents
SUN Behavioral Houston	Inpatient Services: designated unit; Inpatient services on an as needed basis for children and adolescents; PPB Services

Provider Organization	Service(s)
Medical Behavioral Hospital of Clear Lake	Private Psychiatric Beds PPB Services (10 Beds)
J Allen and Associates of Texas, LLC	Comprehensive psychiatric/telepsychiatric, mental health services and pharmacy services in the Brazoria County Jail
Coastal Health & Wellness	MOU coordinating referrals, resources, training, and technical assistance
NAMI Gulf Coast	MH family and consumer education, support and training services; and community education, training and partnerships; and Mental Health First Aid training coordination
The Harris Center for Mental Health and IDD	Crisis Intervention Hotline/Suicide Hotline services
Stephen F. Austin Community Health Network	MOU coordinating referrals, resources, training, and technical assistance for Integrated Primary and Behavioral Health Care services
Youth Advocate Programs Inc.	Coordinating referrals and resources for the provision of specific Youth Empowerment Services (YES) Waiver Services
Quality of Care LLC	Coordinating referrals and resources for the provision of specific Youth Empowerment Services (YES) Waiver program for youths
Bridging Lives LLC	Youth Empowerment Services (YES) Waiver program for an Out-of-home respite camp located in Harris County
Cornerstone Family Resource Center	Youth Empowerment Services (YES) Waiver program
Compelling Therapy Services, Inc.	Youth Empowerment Services (YES) Waiver program
Meraki Music LLC.	Youth Empowerment Services (YES) Waiver program

Provider Organization	Service(s)	
Citrus Medical Inc.	Youth Empowerment Services (YES) Waiver program	
Houston Empowering Minds Youth Services (HEMYS)	Youth Empowerment Services (YES) Waiver program	
Clear Creek Independent School District	 Collaboration to expand the number of school personnel trained and certified in Mental Health First Aide ILA coordinating referrals, resources, skills training and case management services in order to assist youth at risk of placements or returning from placement who attend Clear Creek ISD 	
Alvin Community College	Collaborative working agreement for when a catastrophic event or disaster occurs	
Galveston College	Collaborative working agreement for when a catastrophic event or disaster occurs	
Consilium Staffing LLC	Behavioral health clinical coverage for Psychiatry-Outpatient services	
Dean's Professional Services	Phlebotomists services	
Genoa Healthcare, LLC	Onsite Pharmacy Services	
Southside Pharmacy	Provide and deliver injectable medication directly to GCC Facilities	
Integrated Prescription Management	Provides pharmacy benefit management for hospital and jail discharges and times when medications are needed same day.	
Brazoria County	Implementation of the Brazoria County Crisis Co-Response (CCRT) Team, pairing Gulf Coast Center qualified mental health professionals with Brazoria County mental health deputies for co-response to crisis in the County jurisdiction.	

Provider Organization	Service(s)
	Implementation of the Compassionate Open Access to Services and Treatment (COAST)
	Team, pairing Gulf Coast Center qualified mental health professionals with Galveston
	police officers and emergency medical technicians for a multi-disciplinary response to crisis in the city jurisdiction.
Decignee Colia Prennen a cortified instructor	Trainer for Mental Health First Aide ("MHFA") for Law Enforcement

Table 6: Individual Practitioners

Individual Practitioner	Service(s)
	Trainer for Mental Health First Aide ("MHFA") for adults and/or youth
5	Trainer for Mental Health First Aide ("MHFA") for adults and/or youth
Alyssa Hightower	Trainer for Youth Mental Health First Aide ("MHFA")

Administrative Efficiencies

The Gulf Coast Center continues to utilize the following strategies to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature as exemplified below:

- Continued membership in ETBHN (see below) resulting in the benefits and efficiencies of consolidation and standardization of various activities
- Continued participation in group purchasing contracts such as DIR, The Interlocal Purchasing System (TIPS-TAPS) of the Region VIII Education Service Center, HGAC, TxShare and BuyBoard
- Actively pursues grants and funding related to enhancing and increasing service provisions, employee recruitment and retention, AI integration and IT/cybersecurity infrastructure.

• Actively seeks collaboration with local agencies, community partners and providers, as well as ETBHN, in seeking major grant and funding opportunities

Table 7: LMHA or LBHA Partnerships related to planning, administration,purchasing, and procurement or other authority functions, or service delivery

Start Date	Partner(s)	Functions
2001 (on-going)	East Texas Behavioral Healthcare Network (ETBHN): Members currently include: • ACCESS • Andrews Center • Bluebonnet Trails Community Center • Burke Center • Community Healthcore • Gulf Bend Center • Gulf Coast Center • Lakes Regional Center • Pecan Valley Center • Spindletop Services • Tri-County Services	
2008 (on-going)		Provides the Center's crisis hotline/Suicide Hotline services.

Provider Availability

The LPND process is specific to provider organizations interested in providing full LOCs to the non-Medicaid population or specialty services. The Gulf Coast Center took the following steps to identify potential external providers for this planning cycle:

- Provider Interest notice posted on Center's website (www.gulfcoastcenter.org) and social media page providing information for interested providers to go to the Center's website for more information.
- On November 4, 2024, Center's website updated to include the NOTICE: Mental Health Provider Network Development, Fiscal Year 2025 Average Caseload by Authorized Level of Care for Non-Medicaid Client Only, and GCC Provider Inquiry Form for LPND
- Continuous review of emails (including junk mail) for correspondence from HHSC website specific to Potential Interested Provider Profiles; no emails received.
- *Review of current contractors for potential expansion of services*

*Since the implementation of LPND in 2008, The Center has received minimal to no interested providers. A factor which may contribute to this is our rural locale and proximity to Houston which would presumably have more robust opportunities. The Center's IDD services are provided mostly by contract provider (utilizing the open enrollment process) with the exception of service coordination.

NOTE: Table 8 provides a list of each potential provider identified during the process described above including all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of the fiscal year 2023 LPND plan.

Table 8: Potential Providers: The following table represents those potential providers who expressed interest in joining the Center's Provider Network by December 1, 2024. There was no external interest in Mental Health Services/Behavioral Health Services from outside providers this planning cycle.

Provider	Source of Identification	Summary of Follow- up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity	
No provider interest received by December 1, 2024				

Part II: Required only for LMHAs and LBHAs with potential for network development

Due to the Center NOT receiving inquires from interested providers to provide a full level of care to the non-Medicaid population serviced, Part II is not required and has been omitted.

PART III: Required for all LMHAs and LBHAs

PNAC Involvement

The ad hoc PNAC and RPNAC activities are depicted below and include input into the development of the plan and/or review of the draft plan as well as any of the committee's recommendations.

Table 13: PNAC Involvement

Date	PNAC Activity and Recommendations
December 10, 2024	The Regional Planning and Network Advisory Committee (RPNAC) is comprised of Members representing each of the ten participating Centers of ETBHN, appointed by the Local Authority Board / Governing Body of each respective Member Center.
	Every two years, the Community Center's Local Plan is developed as required by the Performance Contract with Texas Health and Human Services. Each Center engages in procurement of providers of comprehensive behavioral health services in their service area in an effort to afford client choice. The Plans are posted for public comment and input, and approval by the RPNAC is required.
	On December 10, 2024, information pending. RECOMMENDATIONS:

Stakeholder Comments on Draft Plan and LMHA or LBHA Response

The Center's LPND Draft plan was posted for public comment November 13, 2024 through end of day December 15, 2024.

Table 14 summarizes the public comments received on the LMHA's or LBHA's draft plan. If no comments were received, state "none". Use a separate line for each major point identified during the public comment period and identify the stakeholder group(s) offering the comment. Add additional lines as needed. Describe the LMHA's or LBHA's response, which might include:

- Accepting the comment in full and making corresponding modifications to the plan;
- Accepting the comment in part and making corresponding modifications to the plan; or
- Rejecting the comment. Please provide explanation for the LMHA's or LBHA's rationale for rejecting comment.

Table 14: Public Comments

Comment	Stakeholder Group(s)	LMHA or LBHA Response and Rationale
Pending review		

Complete and submit entire plan to <u>Performance.Contracts@hhs.texas.gov</u> by **December 31, 2024**.

Appendix A: Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA or LBHA through the LPND website or by contacting the LMHA or LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA or LBHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA or LBHA to contact potential providers to schedule a time for further discussion. This discussion provides both the LMHA or LBHA and the provider an opportunity to share information so both parties can make a more informed decision about potential procurements.

The LMHA or LBHA must work with the provider to find a mutually convenient time for an informational meeting. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA's or LBHA's initial contact, the LMHA or LBHA may conclude that the provider is not interested in contracting with the LMHA or LBHA.

If the LMHA or LBHA does not contact the provider, the LMHA or LBHA must assume the provider is interested in contracting with the LMHA or LBHA.

An LMHA or LBHA may not eliminate the provider from consideration during the planning process without evidence the provider is no longer interested or is not qualified of specified provider services in accordance with applicable state and local laws and regulations.

Appendix B: Guidance on Conditions Permitting LMHA and LBHA Service Delivery

In accordance with <u>26 TAC Section 301.259</u> an LMHA or LBHA may only provide services if one or more of the following conditions is present.

- 1. The LMHA or LBHA determines that interested, qualified providers are not available to provide services in the LMHA's or LBHA's service area or that no providers meet procurement specifications.
- 2. The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if a person and their legally authorized representative(s) can choose from two or more qualified providers.
- 3. The network of external providers does not provide people with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA or LBHA, as of a date determined by the department. An LMHA or LBHA relying on this condition must submit the information necessary for the department to verify the level of access.
- 4. The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's or LBHA's service capacity for each level of care identified in the LMHA's or LBHA's plan.
- 5. Existing agreements restrict the LMHA's or LBHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's or LBHA's plan. If the LMHA or LBHA relies on this condition, the department shall require the LMHA or LBHA to submit copies of relevant agreements.
- 6. The LMHA and LBHA documents that it is necessary for the LMHA or LBHA to provide specified services during the two-year period covered by the LMHA's or LBHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA or LBHA relying on this condition must:
 - a) Document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those

identified by the PNAC and the department at the beginning of each planning cycle;

- b) Document implementation of appropriate other measures;
- c) Identify a timeframe for transitioning to an external provider network, during which the LMHA or LBHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and
- d) Give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA or LBHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

Appendix C: Legislative Authority

2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 139)

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. HHSC shall ensure that LMHAs, LBHAs and local intellectual disability authorities that receive allocations from the funds appropriated above to HHSC shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of thirdparty billing opportunities, including to Medicare and Medicaid.

Funds appropriated above to HHSC in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID^a services.

^a ICF/IID - Intermediate Care Facilities for Individuals with an Intellectual Disability