

THE GULF COAST CENTER PROVIDER NETWORK DEVELOPMENT PLAN

Local Service Area

The Counties of Galveston and Brazoria jointly agreed in 1969 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.

Population	612,988
Square miles	1845
Population density	332
Number of counties (total)	2
♦ Number of urban counties	0
♦ Number of rural counties	2
♦ Number of frontier counties	0

Major populations centers:

Name of City	Name of County	City Population	County Population	County Population Density	County Population Percent of Total
Alvin	Brazoria	21,413	319,043	221	52%
Angleton	Brazoria	18,130	319,043	221	52%
Galveston	Galveston	57,247	293,945	728	48%
Texas City	Galveston	41,521	293,945	728	48%

Significant information about the Galveston and Brazoria County service area which is relevant to provider network development is indicated below. It includes population characteristics that are atypical and differentiate the Galveston and Brazoria County services area from most other LMHAs.

- ◆ The service area is located on the Texas Gulf Coast making it prone to natural disasters. Being a Center provider may require the provider to be available to provide community mental health support in response to a storm.
- ◆ The service area is wrought with refinery risks which is a deterrent for some providers and may be an unchangeable factor that effects a providers desire to relocate to the area.
- ◆ A big competitor for qualified providers is UTMB at Galveston.
- ◆ Unknown economic effect of the oil leaks/disasters in the Gulf Coast.
- ◆ The Galveston Island community has a highly visible transient population.
- ◆ The Brazoria community is such a rural service area that it makes for a great deal of inconvenient travel to meet the needs of the County.

Provider Availability

1) Provider Recruitment

Listed below are the steps the Gulf Coast Center took to identify and recruit external providers over the past two years. This includes but is not limited to procurement associated with the 2008 planning cycle.

- ◆ February 5, 2010 held an Open House at the Mainland Community Service Center. Event published in local newspaper.
- ◆ February 12, 2010 held an Open House at the Southern Brazoria Community Service Center. Event published in local newspaper
- ◆ Published RFP for Physician/Pharmacological Services (Adult & Child) in August 2009 due to lack of response republished in February 2010
- ◆ Published RFA for Cognitive Behavioral Therapist in August 2009 due to lack of response republished in February 2010.
- ◆ Published RFP for Crisis Respite Services in November 2009
- ◆ In FY09 started media ads in local newspaper to increase the community, as well as provider knowledge of and interest in the Center and its services. Media outreach also included billboards in both Galveston and Brazoria County.

2) Provider Availability

Listed below is each potential provider identified during the process described in Item 1 of this section. Included are all current contractors, providers who registered on the DSHS website, and providers who submitted written inquiries over the past two years.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
US Scripts	Email to ED 2/5/10	Called twice: left message on Thursday, February 11, 2010 explaining GCC’s relationship with ETBHN and its pharmacy. Requested Melissa Daniels call back for further discussion.	

Peppertree Complete Care	Email 10/23/09	Phone conversation with provider to discuss RFP # MHCR 10-09 for crisis respite services.	Currently a Provider in GCC's MR/IDD Open Enrollment Network. Not currently staffed to provide service during timeframe.
Aubrey Colbert	Phone Call 8/3/09	Phone calls and emails to discuss the RFA for CBT services published in August 2009.	Currently not certified to provide services at the GCC.
Telecare Corporation	DSHS Website	Phone conversation with provider 3/31/10. Discussed potential of ACT Team procurement.	Currently providing ACT services in SA. References checked. Plan to publish an RFI for ACT Svc.
Avail Solutions	DSHS Website	April 6, 2010 spoke with Janie Harwood. Avail provides crisis hotline services and intake screening. GCC is currently contracting this service which does not expire until end of 2011. Will discuss procurement opportunities at that time.	Currently providing crisis hotline services to several MHMRs.
The Wood Group	DSHS Website	June 16, 2010 spoke with Jerry Parker. Explained areas of primary need and interest thus far has been for Children Services and SP4 which he is not interested. Recently awarded bid for Crisis Respite Program in Brazoria County. Would like to expand into more crisis services. Nothing specific sought at this time.	Currently providing crisis respite services for GCC in Galveston and Brazoria Counties. Will include Wood Group in future discussions regarding additional crisis services.
RediMD, LLC	Email	Phone conversation regarding RFP#MHPM06-09. Copy of RFP emailed. Responded to RFP for adult services only using telemedicine. 4/6/10 spoke with R. Zetino explained need for physical person. Center still exploring options for potential utilization.	Response was for telemedicine services; the need is for a physical face to face MD. Reviewing options for potential utilization.

Local Planning

Guidelines for Gathering Community Input

- CONDUCT THE PROVIDER ASSESSMENT BEFORE GATHERING INPUT FROM THE COMMUNITY.
- The scope and focus of community input will depend on the availability of external providers.
- Seek guidance on network development based on your knowledge of provider availability at the time.

- Information presented in this section of the plan should be specific to the network development plan. Ensure that stakeholders understand the statutory mandate to develop the provider network when qualified providers are available. Community input should be focused on how to use available external capacity based on local needs and priorities.
- If an LMHA has no interested providers, community input should be focused on other elements of the plan (e.g., reducing identified barriers to new providers, on potential strategies for attracting external providers, improving consumer access and choice)
- When gathering input, use the previous plan as the starting point for discussion, including the plans for procurement and the results.
- Before finalizing your plan, review the DSHS website to identify any additional potential providers.

3) Status of provider availability assessment

Does the final assessment of provider availability documented above match the information about provider availability on hand at the time of community input?

Yes No

4) Community Engagement

The chart below shows the process used to provide information and solicit input about provider network development from stakeholders. Included are specific events as well as activities that take place over a period of time, such as surveys.

Description, Location/Format, and Date or Timeframe	Participating Organizations (List)	Summary of Input Briefly summarize input relating to the network development plan. If the LMHA has identified interested providers, include recommendations for how the LMHA should implement the mandate to develop the provider network.	Number of Individuals		
			Consumers	Family	Other
LPND Survey Galveston May 11 – June 12, 2010	Galveston Island CSC	The 39 Galveston County residents who responded indicated that they primarily want a provider who is convenient to home as well as has all services at the same location. They want counseling and more doctor services. While more than 50% of respondents indicated choice was very important, they had no comments in regards to potential procurement of ACT services or the other 2 providers who have shown interest.	36	0	3
LPND Survey Texas City May 11 – June 12,	Mainland Community service Center	The 78 Galveston County residents who responded indicated the 3 most important factors when choosing a provider are close location to home, access to all services in one location and the cost of the services. They primarily want more doctor and counselor choices. In regards to procurement there were no negative comments raised in regards to	66	6	6

2010		potential procurement of ACT services. No comments regarding crisis hotline. Still want to procure for more docs and counselors.			
LPND Survey Alvin May 11 – June 12, 2010	Northern Brazoria CSC	The 36 Brazoria County, 4 Galveston County and 1 Fort Bend County respondent identified convenient location, cost of service, and clean environment as the primary factors in choosing a provider. Since the hotline is already contracted they did not see a need to procure it any further, they preferred the Center remain a provider choice for ACT in case they <i>don't like the new provider</i> . Procuring for counselor/counseling options was repeatedly requested.	40	1	0
LPND Survey Angleton May 11 – June 12, 2010	Southern Brazoria CSC	The 125 Brazoria County, 2 Galveston County, and one other County resident identified convenient location, cost of service and wait time to see the doctor as the most important factors in choosing a provider. They want more doctor services and counseling options. No negative comments regarding procurement of ACT services. Main comment regarding procurement involved.. <i>the Center remaining a choice as a provider</i> .	116	8	5
LPND Survey Texas City May 11 – June 12, 2010	Galveston County Children & Adolescent Services	23 Galveston County residents identified convenient location and access to all services in one location as the most important factors in choosing a provider. They would like youth job placement services and more parent education. The main barriers to services included transportation issues and time spent for appts.	9	14	0
LPND Survey Angleton May 11 – June 12, 2010	Brazoria County Children & Adolescent Services	21 Brazoria County residents identified convenient location, reputation of the provider, and cost of service as the most important factors in choosing a provider. They would like a pool of providers for counseling and psychiatrist services. Obstacles to services included the distance to the clinic, lack of availability to late clinic appts, and transportation issues. They desire a face to face doctors visit (currently Brazoria County utilizes telemedicine), parent support/groups, and more counseling	1	19	1
LPND Survey emailed May 11 – June 12, 2010	Mental Health Deputies Sante Fe ISD UTMB NAMI Mental Health Task Force	These stakeholder groups from Galveston and Brazoria Counties identified transportation availability, length of appointment and wait time to see the doctor as primary factors when choosing a provider. They also wanted more respite services. For these stakeholders procurement of ACT services, crisis hotline are not as important as crisis transportation, respite, and more inpatient beds as well as more children's services.	0	2	6

Public Forum Angleton, TX May 26, 2010 5:30-6:30p	Open to public	More providers needed in Southern Brazoria. Pleased the Wood Group has crisis respite in Angleton. (minimal attendance beyond that of Center Staff and Board Members).	0	3	10
Open Meeting Angleton, TX June 2, 2010 9:30am	Brazoria County Commissioner's Court	Reviewed previous procurement cycle. Discussed the 3 providers who have shown interest. Judge King thanked the Center for all of its services throughout the years. There were no objections to the Center evaluating the <i>possibility</i> of procuring ACT services and crisis hotline (upon contract expiration w/ current provider).	0	0	6+
Open Meeting Galveston, TX June 8, 2010 9am	Galveston County Commissioner's Court	Reviewed previous procurement cycle. Discussed the 3 providers who have shown interest and potential procurement. Requested we continue to attempt procurement of psychiatrist and counselors as indicated in the surveys returned.	0	0	6

5) PNAC Involvement

The involvement of the Planning and Network Advisory Committee (PNAC) is shown in the table below. PNAC activities include input into the development of the plan and review of the draft plan.

Date	PNAC Activity and Recommendations
Mar. 11, 2010	ETBHN RPNAC met to review LPND timelines for this planning cycle.
May 12, 2010	ETBHN RPNAC completed a SWOT analysis to assist in local planning as well as identify gaps in services.
June 28, 2010	RPNAC members mailed a copy of Draft plan for review prior to face to face meeting for input and comments.
July X, 2010	RPNAC meeting to make recommendations for draft plan.

Provider Network Development

6) Contract Expenditures

Complete the table below. Total DSHS funding is the amount described as Total Allocation from Section VIII Budget of the DSHS Performance Contract. The Federal Rehab is equal to the amounts received as 100% payment from Medicaid less the General Revenue that is State match. These

amounts should be added to arrive at the total for Adult MH and Child/Adolescent MH Services. For FY 2010 data, provide information from the first six months of the year (September 2009 through February 2010).

SERVICE CATEGORY	Total DSHS funding and Federal Rehab 2007*	External provider contract expenditures 2007		Total DSHS funding and Federal Rehab 2008*	External provider contract expenditures 2008		Total DSHS funding and Federal Rehab 2009*	External provider contract expenditures 2009		Total DSHS funding and Federal Rehab 2010* (6 months)	External provider contract expenditures 2010 (6 months)	
		Dollars	%		Dollars	%		Dollars	%		Dollars	%
Adult MH Services	\$9,297,834	\$3,098,536	94%	\$9,354,443	\$2,807,263	94%	\$9,291,632	\$2,111,121	91%	\$5,628,698	\$1,645,255	93%
Child/Adol MH Services	\$1,270,484	\$182,978	6%	\$1,138,335	\$191,402	6%	\$1,115,028	\$201,276	9%	\$670,562	\$124,813	7%
TOTAL MH Services	\$10,568,318	\$3,281,514	100%	\$10,492,778	\$2,998,664	100%	\$10,406,660	\$2,312,397	100%	\$6,299,260	\$1,770,068	100%
Breakout of CONTRACTED SERVICES:												
Medication and Labs		\$486,556	15%		\$252,457	8%		\$173,702	5%		\$88,935	3%
Physician Services**		\$623,379	19%		\$515,424	16%		\$757,683	23%		\$599,440	18%
Counselor Services**		\$0	0%		\$0	0%		\$0	0%		\$0	0%
Crisis Services		\$0	0%		\$20,755	1%		\$38,310	1%		\$19,200	1%
Residential Services		\$0	0%		\$3,285	0%		\$5,900	0%		\$0	0%
Inpatient Services		\$2,024,900	62%		\$2,024,900	62%		\$839,833	26%		\$752,460	23%
Other (list):			0%		\$0	0%		\$0	0%		\$0	0%
Family Partner		\$2,005	0%		\$2,436	0%		\$0	0%		\$0	0%
Clinical Jail Services		\$144,673	4%		\$154,000	5%		\$168,000	5%		\$84,833	3%
UM Authorization		\$0	0%		\$17,408	1%		\$27,776	1%		\$13,500	0%
CIT Training		\$0	0%		\$8,000	0%		\$12,000	0%		\$6,000	0%
MH Crisis Respite		\$0	0%		\$0	0%		\$280,270	9%		\$179,000	5%
MH Adult Hospital Transport		\$0	0%		\$0	0%		\$8,924	0%		\$26,700	1%
TOTAL		\$3,281,514	100%		\$2,973,256	91%		\$1,983,427	100%		\$1,544,868	100%

* Total DSHS funding and Federal Rehab amounts includes funding for the Authority functions of the LMHA, as well as the state match for Case Management, which may not be performed by any entity other than the LMHA.

** Include only contracts for physician and counselor services with no other associated services. These will generally be contacts with individual practitioners or groups of individual practitioners. List contracted service packages separately, even though they include physician and counseling services.

7) FY 2010 Provider Contracts

Below are the Gulf Coast Center's FY 2010 Contracts. The Provider Type column specifies whether the provider is an organization or an individual practitioner.

Provider	Service(s)	Provider Type	Dollars Allocated
Dr. Lee Emory	♦ medical, psychiatric and mental health services	Individual	\$45,000.00 per FY
Judith Forbrich	♦ consumer peer support and education, family education and/or training services	Individual	\$6,740.00 per FY
NAMI Gulf Coast	♦ Family education and training services ♦ Crisis Intervention Training ♦ Consumer peer support groups	Advocacy Organization	\$16,000.00 per FY \$12,000.00 per FY \$12,000.00 per FY
JSA Health LLC	♦ Telemedicine/telepsychiatry services	Organization	
Correctional Medical Services	♦ psychiatric and pharmacy services to the Galveston County Jail	Organization	\$170,000.00 per FY \$14,166.67 per month
UTMB Galveston	♦ psychiatric and pharmacy services to the Brazoria County Jail	Organization: Agency of the State	\$12,000 plus med cost per FY
UTMB Galveston	♦ physician services at regional hospital (SJMC)	Organization: Agency of the State	\$.00 per FY
UTMB Galveston	♦ commitment hearings	Organization: Agency of the State	\$18,720.00 per FY
UTMB Galveston	♦ child psychiatrist for children/adolescent services	Organization: Agency of the State	\$135,000.00 per FY
MHMRA of Harris County	♦ crisis intervention helpline	Organization: Agency of the State;	\$62,880.00 per FY
ETBHN	♦ clinical authorizations for services	Organization: Interlocal of 11 community Centers	\$2,240.00 per month
ETBHN	♦ medical director services provided by Dr. Mark	Organization: Interlocal of	\$124/hr

	Janes	11 Centers	
Jackson & Coker	♦ temp physicians for medical, psychiatric and mental health services	Organization	Utilization only
Medical Doctors Associates	♦ temp physicians for medical, psychiatric and mental health services	Organization	Utilization only
St. Joseph Medical Center	♦ 20 bed regional hospital services (inpatient services)	Organization	\$1,839,600.00.00
The Wood Group	♦ 8 bed crisis respite services in Brazoria County ♦ 10 bed crisis respite in Galveston County	Organization	\$346,678.00 \$358,000.00

8) Current and Planned Network Development

Complete the following table. Leave cells blank if the percent is 0.

- *Column A: Document current capacity for all service packages, regardless of past or planned contracting. Current service capacity is the average monthly capacity based on service data from FY 2009 and FY 2010 through the most recent closed quarter for services controlled by the DSHS contract. Capacity for service packages is expressed as the number of clients served; use the following DSHS data warehouse report to determine current service capacity: PM Service Target LPND (Enterprise: CA Utilization Mgt: UM Service Delivery: PM Service Target LPND). If projected capacity is significantly different than current capacity, insert a footnote noting the projected capacity.*
- *Column B: State the percent of total capacity contracted to external providers in FY 2009. This is the maximum capacity to be served by external provides according to the terms of the contract.*
- *Column C: Document the percent of capacity served by contractors in FY 2009; this is the actual capacity served by contractors.*
- *Column D: State the current percent of total capacity contracted to external providers for FY 2010. This is the maximum capacity to be served by external provides according to the terms of the contract. .*
- *Column E: Document the percent of capacity served by contractors in the first six months of FY 2010 (September 2009 through February 2010); this is the actual amount paid to external providers during this period. When calculating percentages, use six month figures in both the numerator and denominator.*
- *Columns F and G: If you will be procuring complete service packages in the next biennium, state the percent of current capacity planned for contract in 2011 and in 2012.*
- *Column H: Note the number of available providers based on your provider assessment documented in the previous section.*
- *Column I: Use the following list to identify the number of the applicable condition that justifies the level of service the LMHA will continue to provide internally. Include all conditions that apply. Refer to the Appendix B for complete language as specified in 25 TAC §412.758.*
 1. *Willing and qualified providers are not available.*
 2. *The external network does not provide minimum levels of consumer choice. Use this condition if only one external provider is interested in contracting with the LMHA, and the LMHA will therefore provide up to 50% of the service. This condition does not justify the LMHA providing more than 50% of services.*

3. *The external network does not provide equivalent access to services. Use this condition if access is the only reason the LMHA will not use all of the available external capacity. Applicability of this condition will probably be made after procurement.*
4. *The external network does not provide sufficient capacity. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity.*
5. *Critical infrastructure must be preserved during a period of transition. Use this condition if the LMHA will not use all of the available external provider capacity. Instead, the LMHA plans a phased transition to full utilization of external provider capacity, increasing the volume of contracted services over two or more planning cycles.*
6. *Existing agreements restrict procurement or existing circumstances would result in substantial revenue loss. Use this condition if an external restraint is the controlling factor limiting full use of external provider capacity.*

PAST and CURRENT						PLANNED			
	A	B	C	D	E	F	G	H	I
Service	Current service capacity	Percent of total capacity contracted in FY 2009	Percent total capacity served by contract providers in FY 2009	Percent of total capacity contracted in FY 2010	Percent total capacity served by contract providers in FY 2010 (6 mo)	Percent of total capacity planned for contract in FY 2011	Percent of total capacity planned for contract in FY 2012	Number of available providers	Applicable condition
Adult Service Packages									
Adult RDM SP 1	1962							0	1
Adult RDM SP 2	18							0	1
Adult RDM SP 3	120							0	1
Adult RDM SP 4	29					100	100	1	n/a
Adult RDM SP 0	8							0	1
Adult RDM SP 5	27							0	1
TOTAL Adult Services	2164								
Child Service Packages									
Children's RDM SP 1.1	73							0	1
Children's RDM SP 1.2	20							0	1
Children's RDM SP 2.1								0	1
Children's RDM SP 2.2	7							0	1

Children's RDM SP 2.3	2							0	1
Children's RDM SP 2.4	2							0	1
Children's RDM SP 4	133							0	1
Children's RDM SP 0	3							0	1
Children's RDM SP 5	1							0	1
TOTAL Children's Services	241								

Use the following table to list any discrete routine services or crisis services with contracting activity (2009, current, or planned) OR interested providers.

- Leave cells blank if the percent is 0.
- Current service capacity is the average monthly capacity based on service data from FY 2009 and FY 2010 through the most recent closed quarter for services controlled by the DSHS contract. Capacity for discrete services is expressed as units of service delivered.

	PAST and CURRENT					PLANNED			
	A	B	C	D	E	F	G	H	I
DISCRETE ROUTINE SERVICES And CRISIS SERVICES	Units of service delivered in 2009	Percent of total capacity contracted in FY 2009	Percent total capacity served by contract providers in FY 2009	Percent of total capacity contracted in FY 2010	Percent total capacity served by contract providers in FY 2010	Percent of total capacity planned for contract in FY 2011	Percent of total capacity planned for contract in FY 2012	Number of available providers	Applicable Condition
Crisis Respite Services	1531 bed days	100	100	100	100	100	100	1	n/a
Crisis Intervention Hotline Services	2444 calls	100	100	100	100	100	100	2	n/a
Inpatient services	2898 bed days	100	100	100	100	100	100	1	n/a
Pharmacological Mgmt/psych eval (Adult physician svc SP1-SP5)	3014.52 hours	25	25	25	25	25	25	0	1
Pharmacological Mgmt (Children Svc)	614.52 hours	100	100	100	100	100	100	2	n/a
CBT Counseling – Adult SP2	2 hours					100	100	0	n/a

Telemedicine/Telepsychiatry: urgent, emergent, per diem psychiatric consult.	86 hours	100	100	100	100	100	100	2	n/a
--	----------	-----	-----	-----	-----	-----	-----	---	-----

9) Rationale for LMHA Service Delivery

- a) *Describe the rationale for your plan for network expansion, including the services to be procured and the volume of services to be procured. If only selected services are identified for procurement, explain why those services are being offered for contracting and others are not. Discuss services for adults and for children and adolescents separately.*
- Adult Services will attempt to continue to meet its local communities’ desires as expressed in surveys, forums and meetings and once again attempt to procure for additional psychiatrist and counseling services. Unfortunately procurement for both failed during the previous planning cycle. The volume of 100% is identified for procurement of CBT as the goal would be to have an open enrollment network of providers. The volume of 25% is identified for procurement of Pharmacological Management as it may be a more obtainable goal since recruiting physicians has proven to be extremely challenging. This planning cycle Providers have expressed interest in Crisis Hotline Intervention and SP4 services.
 - Due to an existing contract for crisis hotline services, the Center plans on re-evaluating the interest of AVAIL prior to contract expiration at the end of 2011. If still interested, a RFP will be published for FY12 for a single provider of service.
 - As a means to ensure successful procurement of SP4 the Center will first publish an RFI in attempts to have more precise details of interested providers’ capabilities to assist in tailoring the final RFP. Since there is currently on 29 individuals in the service package, it is not financially viable to the provider to have more than one provider for this service thus a single provider of service will be sought.
 - Unfortunately there were no providers who expressed interest in any children and adolescent services. Children Services will continue to contract for psychiatrist. Child psychiatrist are difficult to obtain and the Center continues to be open to contracting or hiring such an individual if one presents.
- b) *If the LMHA will continue to provide one or more services because the external network does not provide equivalent access (Condition 3), describe how this determination was made, including the source of data. NOTE: The LMHA must have supporting documentation that can be submitted to DSHS when requested.*
- NOT APPLICABLE
- c) *If the LMHA will continue to provide one or more services because the external network does not provide sufficient capacity (Condition 4), complete the following table. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity. External provider capacity is usually determined through the follow-up contacts that take place during the provider availability assessment.*

Service	Capacity	External Provider	Information and Method Used to Determine External Network
---------	----------	-------------------	---

	Needed	Capacity	Capacity
NOT APPLICABLE			

- d) *If the LMHA will continue to provide the specified capacity of one or more services in order to preserve critical infrastructure to ensure continuous provision of services (Condition 5), identify the planned transition period and the year in which the LMHA anticipates procuring the full external provider capacity currently available. If the same transition period is planned for all services, only one entry is required. When different transition periods are planned, list each separately.*

NOTE: The rule states that this condition can be used only when the LMHA identifies a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. This timeframe is the LMHA’s best estimate based on the limited information currently available, and does not represent a firm commitment. The timeframe will be reassessed during each planning cycle based on the results of procurement, provider performance, and new information. The current estimate should assume that proposed procurement plans are successful and the contractors prove to be stable providers and meet established performance standards.

Service	Transition Period	Year of Full Procurement
NOT APPLICABLE		

- e) *If the LMHA will continue to provide one or more services because existing agreements restrict procurement or existing circumstances would result in substantial revenue loss (Condition 6), briefly describe each of them, including the end date of any agreement. Describe any steps taken to amend the agreements or alter the conditions to allow contracting. NOTE: LMHA may be asked to submit copies of agreements or other supporting documentation.*

- NOT APPLICABLE

10) Rationale for Volume of Services Provided by the LMHA to Preserve Financial Viability

If the percentage listed for any service is based on a determination that the service provision by the LMHA would not be financially viable at a lower level, explain the budget analysis used to arrive at the specified volume. Enter NA if you have no interested providers or if the volume of services to be provided by the LMHA is not higher than it would otherwise be to ensure financial viability. NOTE: Supporting documentation may be requested.

- NOT APPLICABLE

11) Strategies to Protect Critical Infrastructure

In bullet format, briefly describe the strategies will you implement to protect critical infrastructure and promote a stable, successful provider network. Enter NA if you have no interested providers.

- Due to the minimal interest currently being shown in the Center’s service area, critical infrastructure is not presently in jeopardy. Critical infrastructure will need protection once multiple service packages are successfully procured. The current provider assessment does not support a successful procurement of multiple service packages in Adult or Children services.

12) Time to Re-establish Lost Service Capacity

Estimate the amount of time needed to re-establish the service volume lost if a contract is terminated. If time varies depending on the service type, list each separately. Enter NA if you have no interested providers.

Service(s)	Time Needed to Re-establish Service Volume
Pharmacological Mgmt /psychiatric evaluation	90 Days
SP4: ACT Team Services	30 Days
CBT/Counseling	180 Days
<p>In general The Gulf Coast Center has established a ninety-day period to reestablish all services. Historically when clinical staff leaves, The Center works quickly to continue services often by shifting existing staff and contracting for additional help including locum tenens doctors and contracting with recruiting firms in certain cases. Such efforts create added workloads and unexpected costs. One of the challenges when contracting out larger portion of services in rural areas of Texas is the ability to reestablish services, particularly when the size of the provider side of Center is smaller to provide choice for additional external providers. Our experience over the last two years in hiring for LPHA is an average of 12 weeks and for Physicians is an average of 4-6 months. This has the added feature of potential financial penalties paid to DSHS when the Center’s collective effort fails to meet contractual minimums. Therefore until a strong base of external providers is established that can assist the Center in covering unexpected lapses in service, this will remain a challenge and is not fully reflected in a “90 day standard to reestablish services”.</p>	

Procurement

13) Structure of Procurement(s)

In the table below, describe how the 2012 procurement will be structured, making a separate entry for each service or combination of services that will be procured as a separate contracting unit. Enter NA if you have no interested providers.

- Note the method of procurement: competitive procurement (RFP) or open enrollment (RFA).
- Identify the geographic area(s) in which the service will be procured, and the percent of your clients living in the designated geographic area. Specify whether an external provider will be required to cover the entire area. If an external provider will be permitted to contract for services in only a portion of the identified area, note how the area may be partitioned.
- Describe the rationale for how the procurement will be structured. In the rationale the following issues must be addressed:
 - Method of procurement (competitive vs. open enrollment)
 - procurement of discrete services rather than service packages (provide a separate rationale for each discrete service)

- *bundling of services or service packages*
- *service area (whether the entire local service area is included or only selected counties, and choice of individual counties)*

Date(s)	Method (RFA or RFP)	Service or Combination of Services to be Procured	Geographic Area(s) in Which Service(s) will be Procured	Percent of Clients	Rationale
	RFI RFP	SP4: ACT Team Services	Brazoria & Galveston County	100%	Limited number of consumers (29) dispersed throughout both counties. Currently have one potential provider interested but will publish an RFI on or before October 1, 2010 in attempts to have more specific info in order to have successful procurement. In the event RFI substantiates interest and RFP will be published within following 6 weeks. Seeking one provider for entire service area with the best value thus RFP will be utilized.
	RFP	Pharmacological management/psychiatric evaluation	Brazoria & Galveston County	25%	Previous procurement unsuccessful in this area. Center still desires multiple (at least 2) providers in Brazoria County. Goal is to obtain a child psychiatrist as well as a provider in Lake Jackson or Freeport to give greater access to individuals residing on that end of the County. However, due to limited MD availability and recruitment, procurement shall be for both counties as more MD time and/or choice is always desired.
	RFA	CBT/Counseling	Brazoria & Galveston County	100%	Previous procurement unsuccessful in this area. Counseling was indicated as one of the top areas to initiate choice. A respondent can provide services in one or both counties. Open Enrollment was decided in an attempt to get a greater pool of providers.
	RFI RFP	Crisis Intervention Hotline Services	Brazoria & Galveston County	100%	Center currently contracts this service to an external provider whose contract terminates at the end of 2011. Due to an additional provider showing interest, prior to expiration of current agreement, the Center will publish an RFI to garner whether additional provider(s) have retained interest to support further procurement.

14) Fidelity and Continuity of Care (complete only if discrete services will be procured).

If you plan to procure discrete services (rather than full service packages), describe how you will maintain fidelity and continuity of care in the provider network. The content of this section describes what changes or additions will be made to your standard process to address the additional fragmentation that can occur when services for a single consumer are provided by multiple contractors, often in multiple locations. Enter NA if you have no interested providers or plan to procure service packages only.

Fidelity is accomplished over time through training, supervision, and continuous reassessment to prevent movement away from principles and practices for the duration of the provision of service(s). In order to ensure that consumers receive the necessary services from within the designated service package, Providers shall be required to attend specified quarterly mandatory meetings, staffings, and/or training programs. The Provider will be notified by the Center of such meeting or training program 15 days prior to the date of the meeting or training program. The Provider will be notified by the Center of any staffing 30 days prior to the date of the staffing. Notwithstanding the meetings and trainings, the Provider shall be subject to on-site audits, desk reviews, provider assessments, surveys and profiling, credentialing and compliance with applicable federal and state laws.

Case Managers will work to ensure continuity of care by monitoring services provided by external providers. They shall be responsible for ensuring that individuals are receiving services from within the designated service package that are appropriate to their level of need.

15) Enhanced Staff Qualifications

Do you require any individual practitioners to meet higher standards than those described in the DSHS performance contract?

Yes No

Consumer Choice

16) Single Provider

List all services to be provided by a single provider (regardless of provider availability) and the reason(s) for not offering consumers a choice of providers. Identify any economic factors involved in the decision. Enter NA if you have no interested providers.

Service to be Provided by a Single Provider	Reason(s) for Limiting Client Choice
Crisis Respite Services	Choice of providers is not given as only one provider is necessary to effectively provide this service. Galveston County has 10 bed facility and Brazoria County has 8 beds.

Crisis Hotline Services	Choice of providers is not given as only one provider is necessary to effectively provide this service.
Inpatient Services	Choice is limited due to the Legislatures intent that monies designated be used for the Regional Hospital on the UTMB Galveston Campus.
ACT Team (SP4)	While the goal is always to give those we serve a choice in who provides his/her service, at the time of this writing, the Center had 29 consumers receiving ACT support, and there is no concentration in any one vicinity. Therefore, it appears to contract out this service to multiple providers would not be financially viable to any single provider team. Center consumers that are eligible for this service are dispersed throughout the service area. The Center has received interest from a qualified provider, procurement will be initiated within this 2nd planning cycle.

17) Choice and Access

Below are the Gulf Coast Center’s plans for maximizing consumers’ choice of providers and access to services, including relevant procedures, procurement specifications, and contract provisions.

- The Center will make more attempts to increase the number of external providers in certain service areas to increase the choice of providers.
- While we may not initially be successful in developing a large external provider network during this planning cycle, we are cognizant that choice can also occur and be maximized at least at an organizational level. Strategies to increase choice at the organizational level include:
 - Having more than one physician available at each major clinic facility. This may be accomplished through the utilization of Telemedicine/Telepsychiatry in the event finding a “physical” person to provide psychiatric services is fruitless.
 - Allowing consumers input into his/her service coordinator/case manager instead of being auto assigned to a caseload. There may still be a limitation of choice as staffs caseloads fill.
 - Allowing consumers to have access to Clinic listings and choosing which facility is preferred instead of being auto-assigned to the facility assumed closest and most convenient. (Example if you live in Texas City you are automatically assigned to the Texas City Clinic however in a few instances consumers preferred to receive services in Galveston due to work location.)
 - Allowing consumers to switch internal or external providers at any time by request.
- ◆ With regards to access and the External Provider Network, the Center shall ensure that:
 - Services hours are the same if not greater than the Centers. The Center operates Monday through Friday from 8:00a.m. to 5 p.m. External Providers shall have the same or extended hours.
 - At a minimum clinic locations shall remain in the geographic areas of Galveston, Texas City, Alvin and Angleton. There are no clinics in the most rural areas of Brazoria County such Lake Jackson, Freeport, or West Columbia. A clinic in one of those geographic service areas would be considered when selecting a service provider.
 - Procurement of services shall not cause individuals who receive services to have a decreased level of access to services. Access to services shall be equivalent to or better than the level of access currently provided by Center services.

18) Diversity

The Gulf Coast Center shall ensure its provider network meets the diverse cultural and linguistic needs in the local community as indicated below.

External Providers

- CULTURAL AND LINGUISTIC COMPETENCY ASSESSMENT completed by all external providers. The assessment, which is required in the provider's contract, inquires into the provider's written policies, staffing patterns, use of interpreters, written translation materials and grievance procedures. This assessment is the tool utilized to ensure that external providers are accepting and respectful of cultural differences and that they have the resources and flexibility within the service models to meet the needs of a diverse population. The assessment is reviewed annually with each contract renewal and recommendations made to the Board of Trustees when warranted.

Internal Providers

- As with many entities, bi-lingual staff are sometimes difficult to recruit. Human Resources does have the authority to initiate a pay incentive for hiring purposes to assist in alleviating this barrier. Unfortunately the need on occasion is greater than our internal resources thus we have a contract in place for interpreter services as well as translation services when needed. The Center proactively tries to ensure that care and information is received in the individual's preferred language.
- Staff also access several training modules to ensure competency in this area:
 - Cultural Diversity - This course is an introduction to understanding the various components of cultural competence and how they apply to providing mental health and other human services to various groups of people and to individuals from within those groups.
 - General Clinical Cultural Issues in Mental Health Treatment - This course reviews the confluence of clinical, social, cultural, organizational and financial reasons for minority groups being underserved by the mental health and human services systems. It discusses the ethnic and racial groups that constitute underserved populations and describes their changing demographics. The course reviews five culturally-specific psychiatric syndromes or idioms of distress and discusses the epidemiology and utilization of mental health services among the major racial/ethnic groups. The course also discusses social and cultural barriers to accessing mental health and human services.
 - Direct Support Providers/DD Clients Cultural Competency for the DSP - This course discusses the concept of cultural diversity and the effects of prejudice and stereotyping and provides an overview of the direct support professional's role in responding to cultural diversity in clients and co-workers.

Capacity Development

19) Cost Efficiency

The following are steps taken the past two years to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies.

- ♦ 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, and BuyBoard.
- ◆ Actively seeks collaboration with local agencies and providers, as well as ETBHN, in seeking major grant and funding opportunities.

Listed below are partnerships with other LMHAs related to planning, administration, purchasing and procurement or other authority functions, or service delivery. Include current, ongoing partnerships (regardless of date established) and time-limited activities that occurred over the past two years.

Start Date	Partner(s)	Functions
	ETBHN: Members include ACCESS Andrews Center Bluebonnet Trails Community MHMR Center Burke Center Community Healthcore Gulf Bend MHMR Center Gulf Coast Center Lakes Regional MHMR Center Pecan Valley MHMR Region Spindletop MHMR Services Tri-County MHMR Services	<ul style="list-style-type: none"> • Utilization Management Authorization for Center services • Medical Director leadership and consultation services • Sharing of IT personnel for consultation, training, and programming services. • Pharmacy Services which provides cost containment of medication costs, as well as provides needed oversight and monitoring assistance • Regional Planning and Advisory Committee comprising of 11 member Centers • Regional purchase of electricity – which results in a group purchase of power; and provides assurance of stable electricity costs • Regional Informational Technology purchasing and projects • Consultation and training in areas such as fundraising, financial wellness, assessment tools, etc are available to Member Centers. • Seek major grants and other funding opportunities

Identify any current efforts and plans to develop new opportunities for working jointly with other LMHAs.

- ◆ As a member of East Texas Behavioral Healthcare Network (ETBHN) the Center works jointly with several LMHA’s and members continue to evaluate the plausibility of additional joint efforts, other than those identified in the table above, in multiple areas.

20) Previous Network Development Efforts

In the table below, document your procurement activity over the past two years.

- ◆ *List each service separately, including the percent of capacity and the geographic area in which the service was procured.*

- ◆ *State the results, including the number of providers obtained and the percent of service capacity under contract. If no providers were obtained as a result of procurement efforts, please note under results.*

Procurement (Service, Capacity, Geographic Area)	Results (Providers and Capacity)
Physician/Pharmacological Management services in Brazoria County via an RFP (100% Capacity)	Procurement unsuccessful in August 2009. Plan to attempt procurement again no later than February 28, 2009 as previously approved.
Cognitive behavioral therapy via RFA (100% capacity)	Procurement unsuccessful in August 2009. Plan to attempt procurement again no later than February 28, 2009 as previously approved.
8 Bed Crisis Respite Program in Brazoria County via RFP	One response submitted for November 2009 RFP. The Wood Group has been awarded the bid.

List the comments you received after posting the draft procurement documents during the 2008 planning cycle, and how you responded to the comments, including any modifications made to the procurement document.

Comment or Suggestion	LMHA Response
No comments, suggestions or recommendations received regarding draft procurement documents.	n/a

In bullet format, list specific steps taken over the past two years to develop the LMHA’s internal capacity to develop and manage the external provider network. The scope of activity should be appropriate to the level of interest from external providers.

- ◆ Due to the fact that the Center’s previous plan procurement failed, other than crisis respite services which are one provider, the Center has not had to increase its internal capacity due to Network Development. Each crisis respite program in Galveston and Brazoria County has a staff liaison located at each facility.

21) Barriers

Identify the barriers you encountered when trying to recruit external providers, including any local circumstances that make recruitment difficult. Describe how you plan to address each barrier or reduce its impact during the 2012 procurement.

Barriers	Plans
Shortage of Providers	Continue to partner with other local agencies including UTMB’s Dept of Psychiatry; further explore the expansion of telemedicine

Rates not attractive to external providers	Continue supporting legislation and lobbying efforts to improve funding
1,845 square miles of service areas	Possibly expand telemedicine services to alleviate provider travel expense
Providers reluctant to meet DSHS Contract Requirements	Continue to work with DSHS regarding contract requirements and potential to streamline regulations
Limited Public Transportation	The Center continuously seeks additional funding for the Connect Transit program
Coastal/Environmental Risk Factors: Hurricanes, Refinery Risks, Flood Plains, dependency on Ferry Operations	Continue to work collaboratively with county and other local agencies regarding disaster preparedness

22) Long Term Planning

- The Center will continue to be responsive to the needs and desires of the community and seek additional psychiatrist and counseling choices as provider interest in our service area grows.
- Procuring provisions of Children Services which currently contracts 100% of its Pharmacological Management/Psychiatric Services. The desire is to have at least one potential interested and available provider to provide service package 4 as a means of choice to those we serve.
- Procurement of either Adult Service Package 1-3 in Brazoria County if an interested provider is qualified and available.
- Provider choice is a challenge in rural Brazoria County where provider availability is currently limited. In the event entire service packages are not supported by provider interest, the Center will seek to procure discrete services as indicated by consumer and stakeholder input as well as provider availability.
- In 2012, at a minimum procure an additional 20-25% of mental health service provisions (inclusive of adult and child). Ideally, we aspire for the additional service procurement to be inclusive of service packages not just discrete service provision. As provider interest and availability increases and minimum levels of choice and access are achieved, the Center shall continue to make a good faith effort to increase its Network of external providers and strengthening its role as an Authority and Network Manager.

23) Public Comment

Using bullet format, list the steps you will take to publicize and get public comment on the draft network development plan. Include outreach and activities directed to consumers, local advocacy groups, and potential providers.

- ◆ published on its website (www.gcmhmr.com)
- ◆ emailed directly to local NAMI group
- ◆ emailed directly to local Mental Health Task Force members
- ◆ emailed directly to individuals who requested an email copy
- ◆ mailed to RPNAC members prior to review meeting.

- ♦ hard copy available at the Center’s Adult Mental Health Clinics in Galveston, Texas City, Alvin and Angleton
- ♦ hard copy available at the Center’s Children’s Services Clinics in Texas City and Angleton

Implementation

24) Procurement Timeline

The procurement timelines are indicated in the following table. Allow at least 14 days for public comment to the draft procurement instrument. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). Enter NA if you have no interested providers.

Date	Key Activities and Milestones
September 13, 2010	Draft procurement document (RFA/RFP) posted for public comment (at least 14 days)
October 1, 2010	Publication of final procurement including RFI for SP4, RFP for Pharmacological Management and RFA for CBT
October 21, 2010	Due date for procurement responses
November 15, 2010	Award date
January 1, 2011 or as otherwise agreed	Contract start date

25) Consumer Transition

Provide your consumer transition timeline in the following table. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). Enter NA if you have no interested providers.

Timeframe for CBT Transition	Key Activities and Milestones
At least 30 days prior to contract initiation	Date provider list will be posted to website and distributed to consumer and advocacy groups
Starts 30 days prior to contract initiation	Timeframe for hosting provider forums to allow providers to share information with consumers

At least 30 days prior to contract initiation or at next appointment	Date to begin offering consumers choice of providers in the new network
	Period of time given to consumers to select provider
Maximum of 45 days after contract initiation	Timeframe for transitioning current clients to new providers
Timeframe for ACT Team	Key Activities and Milestones
Upon Contract signing	Date provider list will be posted to website and distributed to consumer and advocacy groups
Not applicable only one provider	Timeframe for hosting provider forums to allow providers to share information with consumers
Services will transition January 1, 2011 or as otherwise agreed by Center and Provider	Date to begin offering consumers choice of providers in the new network
Not applicable only one provider	Period of time given to consumers to select provider
Services will transition January 1, 2011 or as otherwise agreed by Center and Provider	Timeframe for transitioning current clients to new providers

Appendix A

LPND Potential Interested Provider Contact Steps

1. Provider Interest Inquiry form is submitted for posting on DSHS web site.
2. DSHS Staff review information and post form
3. Provider and LMHA are notified via e-mail from DSHS staff that the form has been posted.
4. LMHA contacts provider to schedule a teleconference or site visit.
5. The LMHA may conclude that a provider is not interested in contracting with the LMHA if the provider does not participate in a teleconference or in-person meeting (whichever is requested by the LMHA) within 45 days of the initial LMHA contact.

Through the DSHS website, a provider can submit a Provider Inquiry Form to register interest in contracting with an LMHA. DSHS will notify both the provider and the LMHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA to review posted information and contact potential providers to schedule a time for further discussion. This discussion, which can take place in person or by phone, provides both the LMHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

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

The LMHA may request a teleconference or an in-person meeting, and must work with the provider to find a mutually convenient time. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 45 days of the LMHA's initial contact, the LMHA may conclude that the provider is not interested in contracting with the LMHA.

An LMHA is not obligated to go through procurement if no providers have demonstrated interested in contracting with the LMHA.

Appendix B

25 TAC §412.758 LMHA Provider Status.

1) The LMHA shall provide services only under one or more of the following conditions.

- a) The LMHA determines that interested qualified providers are not available to provide services in the LMHA's service area or that no providers met procurement specifications.
- b) The network of external providers does not provide the minimum level of consumer choice. A minimal level of consumer choice is present when consumers and their legally authorized representatives can choose from two or more qualified provider organizations in the LMHA's provider network for service packages and from two or more qualified individual practitioners in the LMHA's provider network for specific services within a service package.
- c) The network of external providers does not provide consumers of the LMHA's service area with access to services that is equivalent to or better than the level of access as of a date to be determined by DSHS. Any LMHA relying on this condition shall submit to DSHS information necessary for DSHS to verify level of access. DSHS will use the latest healthcare access technology available to the agency to measure access.
- d) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each RDM service package as identified in the LMHA's local network development plan.
- e) The LMHA documents that it is necessary for the LMHA to provide certain services specified by the LMHA during the two-year period covered by the LMHA's local network development plan in order to preserve critical infrastructure to ensure continuous provision of services. Under this condition, the LMHA will identify a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. The LMHA shall give up its role as a service provider at the end of the transition period when the network has multiple external providers if the LMHA determines that external providers are willing and able to provide sufficient added service volume within the timeframe specified by the LMHA in its approved local network development plan, as provided in §412.756(g)(8)(F) of this title (relating to Local Network Development Plan), to compensate for service volume lost should any one of the external provider contracts be terminated.
- f) Existing agreements impose restrictions on the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's local network development plan, or existing circumstances would result in the loss of a substantial source of revenue that supports service delivery during the two-year period covered by the plan. If the LMHA invokes this condition, DSHS may require the LMHA to provide DSHS with a copy of the relevant agreement(s). Examples of such agreements and circumstances include:
 - (1) grants or other sources of funding that require direct service provision by the LMHA and that cannot be amended;
 - (2) buildings or other physical infrastructure that are not reasonably expected to be sold, leased, or otherwise disposed of;
 - (3) tax-exempt government bonds or other long-term financing that place restrictions on the LMHA's ability to meet its financial obligations, either in whole or in part; and
 - (4) leases or contracts that cannot be terminated.