2026 Local Planning & Network Development Plan

Complete and submit in **Word** format (**not PDF**) to Performance.Contracts@hhs.texas.gov no later than December 31, 2024.

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Part I, which includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability, and Part III, which documents Planning and Network Advisory Committee (PNAC) involvement and public comment.

Only LMHA/LBHAs with interested providers are required to complete Part II, which includes procurement plans.

When completing the template:

- Be concise, concrete, and specific. Use bullet format whenever possible.
- Provide information only for the period since submission of the 2022 Local Provider Network Development Plan (LPND Plan).
- When completing a table, insert additional rows as needed.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Throughout the document, data is requested only for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Routine or discrete outpatient services and services provided by individual practitioners are governed by local needs and priorities and are not included in the assessment of provider availability or plans for procurement.

PART I: Required for all LMHA/LBHAs

Local Service Area

1) Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in Mental and Behavioral Health Outpatient Warehouse (MBOW), using data from the following report: The most recent MBOW data set regarding LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

Population	215,788	**Number of counties (total)**	23
Square miles	25,045.12	◆ **Number of urban counties**	0
Population density	9	◆ **Number of rural counties**	23

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Percent of Total Population
Big Spring	Howard		30,554	92	0.12%
Seminole	Gaines		22,523	152	0.07%
Snyder	Scurry		16,212	138	0.06%
Andrews	Andrews		18,664	161	0.06%
Sweetwater	Nolan		14,306	144	0.05%

Current Services and Contracts

2) *Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.*

3) *List the service capacity based on the most recent MBOW data set.*

   a) *For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC (Level of Care)-A by Center (Non-Medicaid Only and All Clients).*

   b) *For residential programs, list the total number of beds and total discharges (all clients).*

   c) *For other services, identify the unit of service (all clients).*

   d) *Estimate the FY 2022 service capacity. If no change is anticipated, enter the same information as Column A.*

   e) *State the total percent of each service contracted out to external providers in 2021. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.*

Adult Services: Complete Levels of Care	**Most recent service capacity (non-Medicaid only)**	**Estimated FY 2025 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2024***
Adult LOC 1m	0	0	0
Adult LOC 1s	1627	1700	0
Adult LOC 2	118	120	0
Adult LOC 3	48	50	0

Adult LOC 4	33	35	0
Adult LOC 5	23	25	0

Child and Youth Services: Complete Levels of Care	**Most recent service capacity (non-Medicaid only)**	**Estimated FY 2025 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2024***
Children's LOC 1	19	20	0
Children's LOC 2	198	200	0
Children's LOC 3	120	125	0
Children's LOC 4	8	10	0
Children's LOCYC	16	20	0
Children's LOC 5	0	0	0

Crisis Services	**FY 2024 service capacity**	**Estimated FY 2025 service capacity**	**Percent total capacity provided by external providers in FY 2024***
Crisis Hotline	3381	3400	100%
Mobile Crisis Outreach Team	3533	3600	0%
Other - Please list all Psychiatric Emergency Service Center	N/A	N/A	N/A

(PESC) Projects and other Crisis Services	147 individuals 3733 bed days	3800 Bed Days	100%
PESC hospital services	86 individuals 369 bed days	495 max bed days in funding	100%
Private Psychiatric Bed (PPB) hospital services	400 individuals 3935 bed days	4,000 max bed days in funding	100%
Respite	N/A - PESC	N/A	N/A

4) *List **all** your FY 2025 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.*
   a) *In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").*
   b) *List the services provided by each contractor, including full levels of care, discrete services (such as CBT, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).*

Provider Organizations	**Service(s)**
Avail Solutions	Crisis hotline and telephone Intake Screening
Laboratory Corporation of America	Clinical laboratory specimen processing
Prescription Services	Single Source Pharmacy
Rivercrest Hospital	Inpatient Psychiatric Services
Scenic Mountain Medical Center BHU	Inpatient Psychiatric Services

Oceans Abilene	Inpatient Psychiatric Services
Oceans Permian Basin	Inpatient Psychiatric Services
Oceans Lubbock	Inpatient Psychiatric Services
TWG Investment (Wood Group)	Crisis Respite Services
Stericycle	Medical Waste Management Services
Tejas Health Management	Automated Managed Care Organization Services Authorization Request
East Texas Behavioral Health Network	Utilization Management Services
Academy of Cognitive Therapy	CBT certification

Individual Practitioners	Service(s)

Administrative Efficiencies

5) Using bullet format, describe the strategies the LMHA/LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).

◆ Contract with Datis to automate resource functions including payroll
◆ Contract with Relias to automate training
◆ Contract with East Texas Behavioral Health to provide utilization management and UM Oversight
◆ Contract with Tejas to provide automated Managed Care Organization service authorization
◆ Contract with Western Behavioral Health Network to provide Managed Care Organization contract negotiations, ◆ credentialing and claims management
◆ Contract with Streamline for Electronic Health Record development

6) List partnerships with other LMHA/LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.

Start Date	Partner(s)	Functions
	East Texas Behavioral Health Network	Utilization Management
	West Texas Behavioral Health Network	Negotiating Managed Care Organizational Contracts, Credentialing, and claims management

Provider Availability

NOTE: The LPND process is specific to provider organizations interested in providing full levels of care to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.

7) Using bullet format, describe steps the LMHA/LBHA took to identify potential external providers for this planning cycle. Please be as specific as possible. For example, if you posted information on your website, how were providers notified that the information was available? Other strategies that might be considered include reaching out to YES waiver providers, Home and Community Based Services (HCBS) providers, and past/interested providers via phone and email; contacting your existing network, Managed Care Organizations (MCOs), and behavioral health organizations in the local service area via phone and email; emailing and sending letters to local psychiatrists and professional associations; meeting with stakeholders, circulating information at networking events, seeking input from your PNAC about local providers.

◆ Posted information on West Texas Centers website
◆ Regional Program Managers and Deputy Director of Behavioral Health community outreach to efforts to locate providers including: ◆ YES waiver providers, counselors, Efforts include face to face visits, brochures, phone calls
◆ Community Outreach efforts by Amy Vidal Community Relations Director, Daphne Thomas (HR), all MH Division Managers – community events, marketing, brochures and all IDD Authority & Provider Admin & Management level staff participate in marketing, service information brochures and community events.

8) Complete the following table, inserting additional rows as needed.

List each potential provider identified during the process described in Item 7 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2022 LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC website. Provider inquiry forms will be accepted through the HHSC website through September 1, 2024. ***Note:*** *Do not finalize your provider availability assessment or post the LPND plan for public comment before June 1, 2024.*

- *Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA/LBHA website, e-mail, written inquiry).*
- *Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.*

Provider	**Source of Identification**	**Summary of Follow-up Meeting or Teleconference**	**Assessment of Provider Availability, Services, and Capacity**
The Wood Group TWG Investments	Current Contractor	Contractor indicated interest in continuing current contract to provide a 16-bed adult crisis respite program	Contractor has the capacity to contract for a 16 bed Crisis Respite unit
Avail Solutions	Current Contractor	Contractor indicated interest in continuing to provide 24-hour AAS crisis hotline services	Contractor has the capacity to continue to provide contract for 24-hour AAS crisis hotline
LabCorp	Current Contractor	Contractor indicated interest in continuing to provide laboratory services	Contractor has the capacity to continue to provide contract for laboratory Services

Prescription Services	Current Contractor	Contractor indicated interest in continuing to provide Single Source Pharmacy Services	Contractor has the capacity to continue to provide contract for Single Source Pharmacy Services
River Crest Hospital	Current Contractor	Contractor indicated interest in continuing to provide inpatient psychiatric services	Contractor has the capacity to continue to provide contract for inpatient psychiatric services
Stericycle	Current Contractor	Contractor indicated interest in continuing to provide biohazardous waste disposal services	Contractor has the capacity to continue to provide contract for biohazardous waste disposal.
Oceans Behavioral Health - Abilene	Current Contractor	Contractor indicated interest in continuing to provide inpatient psychiatric services.	Contractor has the capacity to continue to provide contract for inpatient psychiatric services
East Texas Behavioral Health Network (ETBHN)	Current Contractor	Contractor indicated interest in continuing to provide utilization management services	Contractor has the capacity to continue to provide contract for utilization management services
Tejas Health Management	Current Contractor	Contractor indicated interest in continuing to provide Automated MCO Service Authorization Request	Contractor has the capacity to continue to provide Automated MCO Service Authorization Request
Oceans Behavioral Health- Midland	Current Contractor	Contractor indicated interest in continuing to provide inpatient psychiatric services	Contractor has the capacity to continue to provide contract for inpatient psychiatric services
Scenic Mountain Medical Center	Current Contractor	Contractor indicated interest in continuing to provide inpatient psychiatric services	Contractor has the capacity to continue to provide contract for inpatient psychiatric services
Oceans Behavioral Health- Lubbock	Current Contractor	Contractor indicated interest in continuing to provide inpatient psychiatric services	Contractor has the capacity to continue to provide contract for inpatient psychiatric services

Part II: Required for LMHA/LBHAs with potential for network development

Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA/LBHA must initiate procurement.

Texas Administrative Code (TAC) Title 26, Part I, Chapter 301, subchapter F describes the conditions under which an LMHA/LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.

9) Complete the following table, inserting additional rows as needed.

- *Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.*
- *State the capacity to be procured, and the percent of total capacity for that service.*
- *Identify the geographic area for which the service will be procured: all counties or name selected counties.*
- *State the method of procurement—open enrollment Request for Application (RFA) or request for proposal.*
- *Document the planned begin and end dates for the procurement, and the planned contract start date.*

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
No new provider availability has been indicated for network expansion or procurement						

Rationale for Limitations

NOTE: Network development includes the addition of new provider organizations, services, or capacity to an LMHA/LBHA's external provider network.

10) Complete the following table. Please review TAC Title 26, Part I §301, subchapter F carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

- *Based on the LMHA/LBHA's assessment of provider availability, respond to each of the following questions.*
- *If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in TAC Title 26, Part I §301, subchapter F.*
- *If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.*
- *The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.*

	Yes	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?		X	No new provider availability has been indicated for network expansion or procurement
2) Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?		X	
3) Are any of the procurements limited to certain counties within the local service area?		X	
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?		X	

11) If the LMHA/LBHA will not be procuring all available capacity offered by external contractors for one or more services, identify the planned transition period and the year in which the LMHA/LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA/LBHA's capacity).

Service	Transition Period	Year of Full Procurement
No new provider availability has been indicated for network expansion or procurement		

Capacity Development

12) In the table below, document your procurement activity since the submission of your 2020 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.

- *List each service separately, including the percent of capacity offered 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 contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."*

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)
	No new provider availability has been indicated for network expansion or procurement	

PART III: Required for all LMHA/LBHAs

PNAC Involvement

13) Show the involvement of the Planning and Network Advisory Committee (PNAC) in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.

Date	PNAC Activity and Recommendations
December 3rd 2024	2024 Mental Health Satisfaction Survey Review Results 2025 Intellectual Developmental Disabilities Survey Questions for Feedback & Approval 2025 Consolidated Local Service Plan- Review & Feedback 2025 Local Planning Network Development Plan-Review & Feedback
March 18th 2025	2025 Intellectual Developmental Disabilities Survey Results Intellectual Developmental Disabilities Program Updates Hoops, Dreams & Goals Information Sharing
June 24th 2025	Prevention of Abuse, Neglect and Exploitation Annual Training Clients Rights/Client Complaints WTC MH/IDD Community Relations Information Sharing-
August 19th 2025	WTC BH/MH Program Overview Aging & Disabilities Resource Center Presentation FY26 Quality Management Plan Overview WTC MH/IDD Community Relations Information Sharing

Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before June 1, 2022.

In the following table, summarize the public comments received on the 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. Describe the LMHA/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 explain the LMHA/LBHA's rationale for rejecting the comment.*

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale

COMPLETE AND SUBMIT ENTIRE PLAN TO Performance.Contracts@hhs.texas.gov by December 30, 2024.

Appendix A

Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA/LBHA through the LPND website or by contacting the LMHA/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/LBHA when the Provider Inquiry Form is posted.

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

The LMHA/LBHA 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 14 days of the LMHA/LBHA's initial contact, the LMHA/LBHA may conclude that the provider is not interested in contracting with the LMHA/LBHA.

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

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

Appendix B

TAC Title 26, Part I §301, subchapter F. **Conditions Permitting LMHA Service Delivery.**

An LMHA may only provide services if one or more of the following conditions is present.

(1) The LMHA determines that interested, qualified providers are not available to provide services in the LMHA'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 individuals and their legally authorized representatives can choose from two or more qualified providers.

(3) The network of external providers does not provide individuals 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, as of a date determined by the department. An LMHA 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 service capacity for each level of care identified in the LMHA's plan.

(5) Existing agreements restrict the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's plan. If the LMHA relies on this condition, the department shall require the LMHA to submit copies of relevant agreements.

(6) The LMHA documents that it is necessary for the LMHA to provide specified services during the two-year period covered by the LMHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA 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 LANAC 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 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 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

House Bill 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission Rider (139):

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. 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 third-party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to the Health and Human Services Commission 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 services.