Local Provider Network Development Plan: Fiscal Year 2027

Local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) are required annually to complete the Local Provider Network Development Plan (LPND). The plan is in accordance with Texas Health and Safety Code, Chapter 533, and Texas Administrative Code, Chapter 301, Subchapter F, requirements and applicable HHSC performance contract provisions.

Complete the template below and submit it to HHSC by the due date listed in Information Item S.

Submissions can be sent by email to performance.contracts@hhs.texas.gov, with a courtesy copy (cc) to the contract manager.

SUBMISSION IDENTIFICATION BLOCK	
LMHA or LBHA Name	Heart of Texas Behavioral Health Network
Submission Date	
LMHA or LBHA Webpage Link With Prior Cycle LPND Plan	https://hotbhn.org/about/service-plans/
LMHA or LBHA Contact for LPND Inquiries	ContractsManagement@hotbhn.org

Section 1: Applicable to All LMHAs and LBHAs

1.1 Local Service Area

Use Table 1 to summarize the local service area (LSA), including its geography, demographics, rural and urban areas, and any other relevant characteristics.

Table 1: Local Service Area

LSA Characteristics	LMHA or LBHA Response
Total population (approximate)	392,738
Square miles	5549
Number of counties	6
Brief narrative description of LSA characteristics	Service areas include McLennan, Hill, Bosque, Limestone, Freestone, and Falls County. McLennan County is the urban center with the largest population with Hill County second. All counties besides McLennan are rural counties.

1.2 Service Capacity

Use Tables 2 through 7 to show the LMHA's or LBHA's projected service capacity for each level of care (LOC) and specialized service, basing the projection on service data from the previous fiscal year.

Table 2: Service Capacity for Adult Community Mental Health Service LOC

Adult LOC	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
LOC-1M	0	0	0
LOC-1S	1147	1147	0
LOC-2	27	27	0
LOC-3	102	102	0
LOC-4	3	3	0

Adult LOC	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
Adult EO	12	12	0
Adult TAY	7	7	0
LOC-5	21	21	0

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

Children's LOC	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
LOC-1	15	15	0
LOC-2	162	162	0
LOC-3	49	49	0
LOC-4	1	1	0
LOC-YC	9	9	0
LOC-EO	9	9	0
LOC-5	5	5	0

Table 4: Service Capacity for Crisis Services

Crisis Service	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
Crisis Hotline	6763 Calls	6770 Calls	100%
Mobile Crisis Outreach Teams	707 Served	700 Served	0
Youth Mobile Crisis Outreach Team	300 Served	300 Served	0
Private Psychiatric Beds	3033 Days	3033 Days	100%
Community Mental Health Hospital Beds	0	0	0
Contracted Psychiatric Beds	0	0	0
Extended Observation Units	123 Discharges	125 Discharges	0
Crisis Residential Units	640 Discharges	640 Discharges	0
Crisis Stabilization Units	NA	NA	NA
Crisis Respite Units- 16 beds	258 Discharges	260 Discharges	100

Crisis Service	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
Youth Crisis Respite- 9 beds	40 Discharges	40 Discharges	0

Table 5: Service Capacity for Adult Substance Use Treatment Services

Adult Substance Use Treatment Service	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
Residential Intensive	0	0	0
Residential Supportive	0	0	0
Outpatient	0	0	0
Residential Withdrawal Management	0	0	0
Ambulatory Withdrawal Management	0	0	0
HIV Residential	0	0	0

Table 6: Service Capacity for Specialized Female Substance Use Treatment Services

Specialized Female Substance Use Treatment Service	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
Residential Intensive	0	0	0
Residential Supportive	0	0	0
Women and Children Residential Intensive	0	0	0
Women and Children Residential Supportive	0	0	0
Outpatient	0	0	0
Residential Withdrawal Management	0	0	0
Ambulatory Withdrawal Management	0	0	0

Table 7: Service Capacity for Youth Substance Use Treatment Services

Youth Substance Use Treatment Service	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
Residential Intensive	0	0	0
Residential Supportive	0	0	0
Outpatient	0	0	0
Prevention	0	0	0

1.3 Network Development Evaluation

LMHAs and LBHAs must evaluate the potential for network development, which exists if an LMHA or LBHA has one or more provider organizations interested in providing routine outpatient or specialized services.

Describe the process used to evaluate the potential for network development and summarize the results of that evaluation, including information relating to specific services or populations.
HOTBHN website has a page dedicated to network development and includes information and instructions for interested providers including a Provider Inquiry Form. This page has been in operation since the last planning cycle and stays up continuously. Interested providers may contact HOTBHN at any time to inquire about becoming a contract provider. Two provider organizations responded via the Provider Inquiry form. There does not appear to be potential for network development at this time due to lack of interested providers with the resources necessary to provide the full range of services with the required credentialed staff. HOTBHN has not had interested providers in a number of years.

Use Table 8 to list each provider organization the LMHA or LBHA considered during the network development evaluation. Include how the provider showed interest, the LMHA's or LBHA's contact efforts, the qualifications review and the final planning decision.

Table 8: Network Development Provider Evaluation

Provider Organization	Provider Evaluation
Hill Country Community Action Association	Provider expressed interest in LOC YC via the HOTBHN website Provider Inquiry form. HOTBHN responded via email to clarify which services/types of staff required in LOC YC and there was no response. Second attempt 14 days later and no response.
Building Boundaries Counseling Services LLC	Provider expressed interest in providing all full levels of care via the HOTBHN website Provider Inquiry form. HOTBHN responded via email to clarify the services/types of staff required. Response was favorable. HOTBHN met with provider to discuss LPND process, LMHA responsibilities retained and overhead costs, GR funding structure, overhead and service considerations for provider, RFP process. Professional qualifications are appropriate. After continuing to explore the opportunity and requirements, provider decided not to proceed citing that they are not in a position to fully support all required service components with the credentialed staff necessary to meet program expectations.

1.4 External Providers

The LMHA or LBHA must maintain a current list of external providers on its website. The list must include the name of each organization or private practitioner and the services provided. The list must include the number of contracts and agreements with peer support provider organizations, but not the names of individual peer support providers, unless written consent has been obtained.

Table 9: External Providers

Provider Name	Provider Type	Contract or Agreement Effective Date (Current or Previous Fiscal Year)	Services Provided
Alina Telehealth/TPsychiatry	Organization	FY 2026	Telemedicine services for Crisis Diversion Center
Alina Telehealth/TPsychiatry	Organization	FY 2026	Telemedicine Services For KCF
Alina Telehealth/TPsychiatry	Organization	FY 2026	Telemedicine Services For Juvenile TCOOMMI
Alina Telehealth/TPsychiatry	Organization	FY 2026	Telemedicine Services For YCOT
Canyon Creek Behavioral Health	Organization	FY 2026	Crisis inpatient hospitalization services
Cedar Crest Hospital and RTC	Organization	FY 2026	Crisis inpatient hospitalization services
Circle Drug	Organization	FY 2026	Pharmacy Services

Provider Name	Provider Type	Contract or Agreement Effective Date (Current or Previous Fiscal Year)	Services Provided
Clinical Pathology Labs Inc.	Organization	FY 2026	Lab Tests
East Texas BHN	Organization	FY 2026	Telemedicine Services for SB292
East Texas BHN	Organization	FY 2026	Telemedicine Services for OCR
East Texas BHN	Organization	FY 2026	Pharmacy Services and Medication Disposal
East Texas BHN	Organization	FY 2026 (partial)	Medical Director Services
Heart of Texas Therapeutic Riding Center	Organization	FY 2026	Equine therapy for Y.E.S. program
Global Professional Search, Inc. dba Jeenie	Organization	FY 2026	Mobile and web-based Language Interpreter Services
McLennan County	Organization	FY 2026	Mental Health Deputy services

Provider Name	Provider Type	Contract or Agreement Effective Date (Current or Previous Fiscal Year)	Services Provided
Myndfit Mental Health LLC	Organization	FY 2026	All YES Waiver Services
Oceans Behavioral Health	Organization	FY 2026	Crisis inpatient hospitalization services
Georgetown Behavioral Health Hospital	Organization	FY 2026	Crisis inpatient hospitalization services
Omnicare	Organization	FY 2026	Pharmacy Services
Centauri Healthcare Pharmacy	Organization	FY 2026	Pharmacy Services
Paladin Investigations and Security	Organization	FY 2026	Secure transportation services and security
Pharmacy Plus	Organization	FY 2026	Pharmacy Services
Pill Box	Organization	FY 2026	Pharmacy Services

Provider Name	Provider Type	Contract or Agreement Effective Date (Current or Previous Fiscal Year)	Services Provided
RecessAbility, Inc.	Organization	FY 2026	Recreational, Music and Art Therapy for Y.E.S. program
Tarrant County My Health My Resources	LMHA	FY 2026	ICARE Crisis Hotline
Texas Language Connection	Organization	FY 2026	In person Sign Language interpreter services
TWG Investments (The Wood Group)	Organization	FY 2026	Crisis Respite services
Lee Carter	Private Practitioner	FY 2026	Psychological Evaluations for OCR
Steven Mark	Private Practitioner	FY 2026	Psychological evaluations for OCR

Number of Individual Peer Support Provider Contracts or Agreements: None

Section 2: LMHAs or LBHAs with Potential for Network Development

Complete this section only if the LMHA or LBHA identifies potential for network development.

2.1 Procurement Plan

LMHA and LBHA procurement plans should include all opportunities for network development, except for those limited by applicable conditions permitting LMHA or LBHA service delivery. This may include opportunities to add new services, add new provider organizations or procure for additional capacity. If the LMHA or LBHA chooses to procure for discrete services, explain how the LMHA or LBHA will ensure the integrity of levels of care and effective service coordination.

Describe the LMHA's or LBHA's plans for procurement when identifying the potential for network development.

2.2 Rationale for Limitations

LMHAs and LBHAs must provide a rationale for any provision that would limit individual choice or prevent procurement of all available capacity offered by external provider organizations.

Explain how the rationale supports the proposed level of restriction, including the volume of services to be provided by the LMHA or LBHA.

2.3 Strategies to Maximize Available Funds

LMHAs and LBHAs must maximize available funds to provide services by minimizing overhead and administrative costs and achieving purchasing efficiency.

Describe the strategies the LMHA will use to maximize funds available to provide services.

2.4 Summary of Procurement Activities

Summarize procurement activities from past network development planning cycles and the results of those efforts.

2.5 Procurement of External Providers

If the LMHA or LBHA is not procuring all available capacity offered by external provider organizations, provide the timeframe and steps for achieving full procurement of the external provider capacity identified in the network development evaluation, not to exceed the LMHA's or LBHA's capacity.

External Provider Procurement

Section 3: Public Comment and Plan Submission

LMHAs and LBHAs must post the draft LPND plan on their website and invite public comments for at least 30 days. LMHAs and LBHAs must also send notice of the opportunity for comment to key stakeholders, including local consumer and advocacy groups, all licensed psychiatric hospitals in the LMHA or LBHA service area, and all providers identified in the network development evaluation. Use Table 10 to provide information on posting the draft LPND plan.

Table 10: Draft Plan Posting

Plan Post Date	Public Comment Period Dates	Summary of Instructions Provided for Submitting Comments

3.1 Public Comments

LMHAs and LBHAs must submit proposed LPND plans to HHSC with a summary of the public comments received and the LMHA's or LBHA's response to those comments. LMHAs and LBHAs must acknowledge and consider all comments received during the public comment period and make any revisions they deem appropriate. Document public comments received in Table 11.

Table 11: Public Comments

Commenter	Date Received	Summary of Comment, LMHA or LBHA Response and Any Plan Revision Made

3.2 Planning and Network Advisory Committee

The Planning and Network Advisory Committee (PNAC) must be actively involved in developing the plan.

Describe PNAC involvement, including input on the LPND plan development and review of the draft plan. Briefly describe each activity and the committee's recommendations.
4/21/2026-QM Director reviewed LPND with PNAC and suggested moving Provider Inquiry Form to a more prominent place such as a Procurement page on the website instead of with Center Plans. PNAC agreed with this suggestion. (This is pending an overall website update.) QM Director answered PNAC questions about if providers have to provide all the services or if they can provide certain ones and if we are required to have a certain number of providers. QM Director reviewed history of not having any interested providers typically due to funding levels or none operating in our area.
10/20/2026-QM Director reviewed planning requirements with the PNAC. Informed PNAC that we have had 3 inquiries in the space of two weeks. One of three providers remains interested. Staff will meet with the provider to review requirements and assess viability. A selected provider would need to deliver the required services throughout the six-county area, except Center-retained functions such as crisis services and case management. Requirements may include licensed and prescriber staff, rehabilitation and skills training QMHP-CS staff, family partner services, data and technology compliance, training, insurance and liability coverage, adequate financial resources, and quality-performance accountability. General-revenue funding is fixed, supporting a target of approximately 1,831 people while the Center serves about 2,400; no additional funding would accompany a private-provider arrangement. Because clients must retain provider choice and no client volume can be guaranteed, implementation would likely be gradual. Before advancing, the committee recommended reviewing the provider's résumé, leadership and supervisory experience, business plan, financial statements and cash-flow capacity, staffing and retention plan, geographic coverage, insurance and liability information, and ability to meet all service and performance requirements. To protect continuity and quality of care, the Center should proceed only after a provider has demonstrated operational and financial capacity and a full understanding of the scope, delayed-payment risk, and compliance obligations.

3.3 Certification of Compliance

After HHSC approves the LPND plan, LMHAs and LBHAs must post the approved version on their website and conduct procurement as described in the approved plan.