

FY 2027-2028 Local Planning & Network Development Plan



Complete and submit in **Word** format (**not PDF**) to Performance.Contracts@hhs.texas.gov no later than December 30, 2026.

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)/Citizen's Advisory Committee (CAC) involvement and public comments.

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 2024 Local Provider Network Development Plan (LPND Plan).
- ♦ When completing a table, insert additional rows as needed.

NOTES:

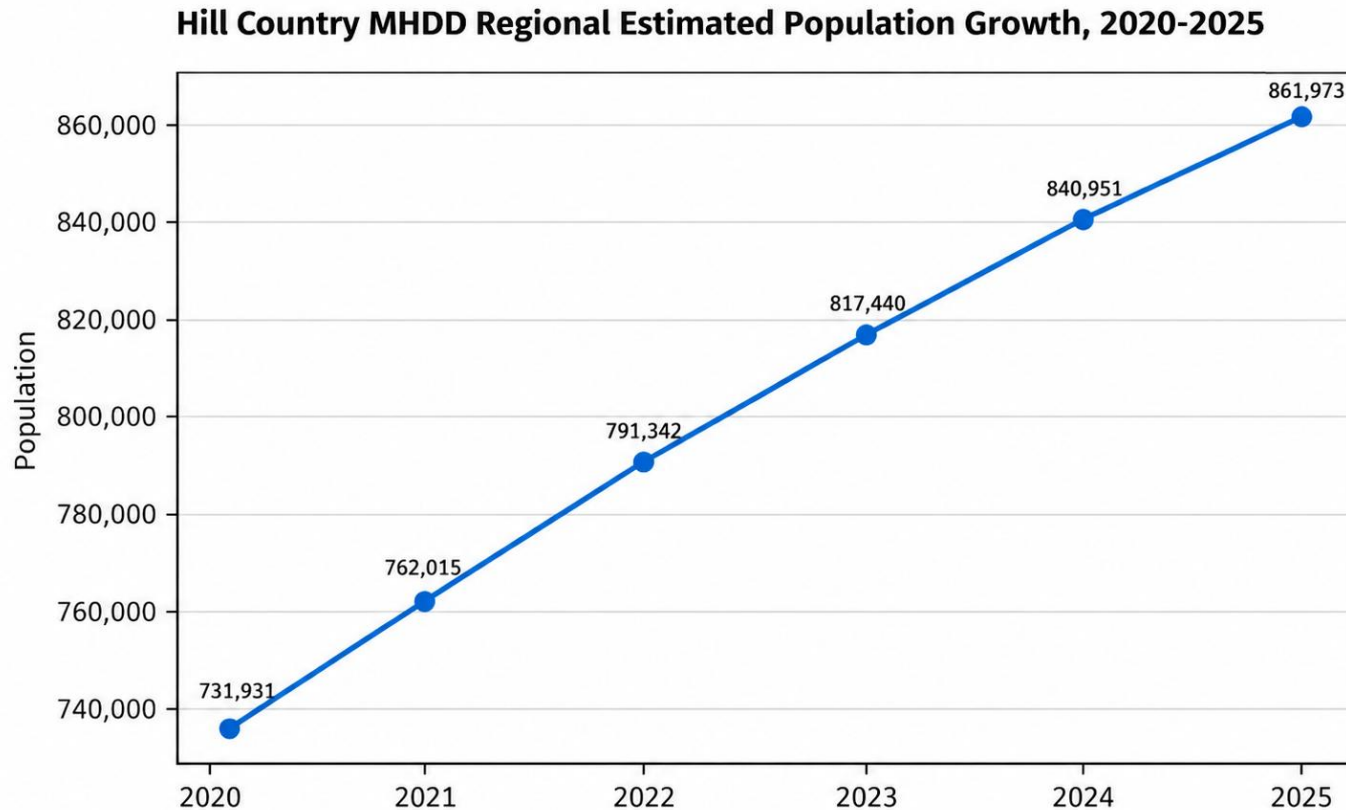
- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Throughout the document, data is requested only for the non-Medicaid population.
- The requirements for network development 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	861,973	Number of counties (total)	19
Square miles	22,714	♦ Number of urban counties	2
Population density	37.95	♦ Number of rural counties	17



Source: U.S. Census Bureau, Population Division. *Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2025 (CO-EST2025-POP), Vintage 2025*. Released March 2026. Hill Country MHDD regional totals calculated from the 19-county service area.

County	2020 Base	2020	2021	2022	2023	2024	2025	Net Growth 2020-2025	% Growth 2020-2025
Bandera	20,836	20,987	21,532	22,128	22,608	22,790	22,876	1,889	9.0%
Blanco	11,378	11,451	11,877	12,417	13,067	13,395	13,581	2,130	18.6%
Comal	161,449	163,608	174,878	184,600	193,849	201,486	209,166	45,558	27.8%
Edwards	1,424	1,421	1,432	1,427	1,401	1,381	1,370	-51	-3.6%
Gillespie	26,746	26,768	27,315	27,540	27,766	28,126	28,527	1,759	6.6%
Hays	241,064	243,984	256,100	269,554	281,883	294,339	304,390	60,406	24.8%
Kendall	44,301	44,568	46,883	49,058	50,559	51,977	53,289	8,721	19.6%
Kerr	52,595	52,696	53,195	53,782	53,922	54,014	54,037	1,341	2.5%
Kimble	4,283	4,293	4,351	4,445	4,480	4,424	4,438	145	3.4%
Kinney	3,133	3,127	3,122	3,129	3,163	3,124	3,128	1	0.0%
Llano	21,282	21,331	22,131	22,739	22,978	23,310	23,353	2,022	9.5%
Mason	3,953	3,970	3,936	3,983	3,937	4,010	3,990	20	0.5%
Medina	50,861	51,058	52,436	53,739	54,822	55,611	56,881	5,823	11.4%
Menard	1,962	1,959	1,967	1,980	1,958	1,920	1,956	-3	-0.2%
Real	2,757	2,749	2,810	2,814	2,845	2,762	2,745	-4	-0.1%
Schleicher	2,448	2,438	2,438	2,350	2,355	2,292	2,245	-193	-7.9%
Sutton	3,378	3,361	3,298	3,242	3,223	3,246	3,203	-158	-4.7%
Uvalde	24,565	24,565	24,803	24,863	24,946	24,965	24,963	398	1.6%
Val Verde	47,587	47,597	47,511	47,552	47,678	47,779	47,835	238	0.5%
REGIONAL TOTAL	726,002	731,931	762,015	791,342	817,440	840,951	861,973	130,042	17.8%

Note: Net Growth and % Growth are calculated from the July 1, 2020 population estimate to the July 1, 2025 population estimate. The 2020 Base column represents the April 1, 2020 population estimates base.

Name of City	Name of County	City Population (2025)	County Population (2025)	County Population Density*	County Percent of Total Population
New Braunfels	Comal	122,492	209,166	374	24.3%
San Marcos	Hays	77,830	304,390	450	35.3%
Del Rio	Val Verde	34,496	47,835	15	5.5%
Kerrville	Kerr	25,578	54,037	49	6.3%
Uvalde	Uvalde	15,455	24,963	16	2.9%
Boerne	Kendall	24,047	53,289	80	6.2%
Fredericksburg	Gillespie	11,893	28,527	27	3.3%

Sources: U.S. Census Bureau, Population Estimates Program, Vintage 2025. *Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2025 (CO-EST2025-POP)* and *Annual Estimates of the Resident Population for Incorporated Places: April 1, 2020 to July 1, 2025 (SUB-IP-EST2025-POP)*. County population density calculated using July 1, 2025 population estimates and 2020 Census land area. Service-area counties verified through Texas Health and Human Services (HHSC); service-area square mileage from Hill Country MHDD Centers. Data accessed September 2026.

*County population density is calculated as the July 1, 2025 county population divided by 2020 Census land area, rounded to the nearest whole number per square mile.

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 2026 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 2026. 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) FY 2026	Estimated FY 2027 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2026*
Adult LOC 1m	0	0	0
Adult LOC 1s	3,034	3,034	0
Adult LOC 2	849	849	0
Adult LOC 3	54	54	0

Adult LOC 4	61	61	0
Adult LOC 5	113	113	0

Note: Accessed MBOW on October 2026

Child and Youth Services: Complete Levels of Care	Most recent service capacity (non-Medicaid only) FY 2026	Estimated FY 2027 service capacity (non- Medicaid only)	Percent total non- Medicaid capacity provided by external providers in FY 2026*
Children's LOC 1	33	33	0
Children's LOC 2	170	170	0
Children's LOC 3	185	185	0
Children's LOCYC	4	4	0
Children's LOC 9	1	1	0

Note: Accessed MBOW on October 2026

Crisis Services	FY 2026 service capacity	Estimated FY 2027 service capacity	Percent total capacity provided by external providers in FY 2026*
Crisis Hotline	8,519	9,175	N/A
Mobile Crisis Outreach Team	6,091	6,100	N/A
Other - Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services	<ul style="list-style-type: none"> PESC – MH Deputy 	<ul style="list-style-type: none"> PESC – MH Deputy 	N/A

Crisis Services	FY 2024 service capacity	Estimated FY 2027 service capacity	Percent total capacity provided by external providers in FY 2026*
Private Psychiatric Bed (PPB) hospital services	5562 bed days, \$4,019,375	5562 bed days anticipated usage	<ul style="list-style-type: none"> • 5562 bed days, \$4,019,375 • 816 individuals served all by external providers
Respite	70	25	N/A

- 4) List **all** your FY 2026 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.
- 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").
 - 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)
<ul style="list-style-type: none"> FasPsych, LLC 	<ul style="list-style-type: none"> Contract health care professional placement services
<ul style="list-style-type: none"> Advantage Care Services 	<ul style="list-style-type: none"> Day habilitation services and Individualized Skills and Socialization (ISS)
<ul style="list-style-type: none"> Buda Brightside 	<ul style="list-style-type: none"> Day habilitation services and Individualized Skills and Socialization (ISS)
<ul style="list-style-type: none"> Texas A&M Corpus Christi 	<ul style="list-style-type: none"> Nursing clinical education
<ul style="list-style-type: none"> Genoa 	<ul style="list-style-type: none"> On-site pharmacy support / commercial sublease
<ul style="list-style-type: none"> River City Advocacy 	<ul style="list-style-type: none"> Consumer-operated service program
<ul style="list-style-type: none"> Avail Solutions 	<ul style="list-style-type: none"> Crisis hotline services
<ul style="list-style-type: none"> Austin Major Group 	<ul style="list-style-type: none"> Locum tenens health care professional services
<ul style="list-style-type: none"> Cross Creek Hospital 	<ul style="list-style-type: none"> Private psychiatric bed / crisis hospitalization services
<ul style="list-style-type: none"> Georgetown Behavioral Health Hospital 	<ul style="list-style-type: none"> Private psychiatric bed / crisis hospitalization services
<ul style="list-style-type: none"> Rivercrest Hospital 	<ul style="list-style-type: none"> Private psychiatric bed / crisis hospitalization services
<ul style="list-style-type: none"> San Antonio Behavioral Health Hospital 	<ul style="list-style-type: none"> Private psychiatric bed / crisis hospitalization services
<ul style="list-style-type: none"> Shoal Creek Ascension 	<ul style="list-style-type: none"> Private psychiatric bed / crisis hospitalization services

<ul style="list-style-type: none"> • UTHSC – SA 	<ul style="list-style-type: none"> • Medical student clinical education / placement; Nursing clinical education / internship; Forensic psychiatry clinical education / services; Psychiatry clinical education / residency services; Telepsychiatry services; Youth Recovery Community program services; Office-Based Treatment (OBT) services; Child and adolescent psychiatry fellowship / clinical services; Peer support / recovery support services
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Individual Practitioners	Service(s)
<ul style="list-style-type: none"> • Rhonda Maurer 	<ul style="list-style-type: none"> • Nurse practitioner services
<ul style="list-style-type: none"> • Deanna Kristofic 	<ul style="list-style-type: none"> • Nurse practitioner services
<ul style="list-style-type: none"> • Christina Pena 	<ul style="list-style-type: none"> • YES Waiver program services
<ul style="list-style-type: none"> • Community Brands 	<ul style="list-style-type: none"> • Software / administrative support services
<ul style="list-style-type: none"> • Adrienne Pfiester 	<ul style="list-style-type: none"> • PSA Adrienne Pfiester LVN- MHDD Center
<ul style="list-style-type: none"> • Victoria Trickett, MD 	<ul style="list-style-type: none"> • Physician consultant services
<ul style="list-style-type: none"> • Tiffanie Armendariz 	<ul style="list-style-type: none"> • YES Waiver program services
<ul style="list-style-type: none"> • Margaret J. William, MD 	<ul style="list-style-type: none"> • Physician / medical professional services
<ul style="list-style-type: none"> • Maria Teran 	<ul style="list-style-type: none"> • Host Home
<ul style="list-style-type: none"> • Belinda Herrera 	<ul style="list-style-type: none"> • Host Home

• Catherine Cleavinger	• Host Home
• Dixie Moorehead	• Host Home
• Elda Maldonado	• Host Home
• Evangeline Koog	• Host Home
• Frances Porras	• Host Home
• Guadalupe Marroquin	• Host Home
• Hermelinda Quintanilla	• Host Home
• Hilda Crispin	• Host Home
• James Wilson, Jr.	• Host Home
• Jane L. Turner	• Host Home
• Janie Borjas	• Host Home
• Julio Ramos	• Host Home
• Martha R. Garcia	• Host Home
• Mary Olivarez	• Host Home
• Miroslava Duhr	• Host Home
• Nelly Robles	• Host Home
• San Juana Ramirez	• Host Home
• Sandia Bennett	• Host Home
• Veronica Guajardo	• Host Home
• Winnie J. Morgan	• Host Home
• Barbara Simpson	• Host Home
• Catherine Martinez	• Host Home

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).*

<ul style="list-style-type: none">• Apply the requirements of Uniform Grant Management Standards when making financial decisions.
<ul style="list-style-type: none">• Use internal controls for expenditures which require a chain of approval based on monetary amounts before a payment can be processed.
<ul style="list-style-type: none">• Implemented state-of-the-art accounting and purchasing systems which have reduced both overhead and administrative costs.
<ul style="list-style-type: none">• Contracted with outside companies to audit expenses for telephone, cell phone, internet, and utilities to reduce cost and be remunerated for services that were overcharged.
<ul style="list-style-type: none">• Implemented the Datis e3 system that provides Human Resources efficiencies.
<ul style="list-style-type: none">• Implemented Relias Training Program that provides training modules and tracking that has created a more efficient training program.
<ul style="list-style-type: none">• Purchased and implemented Netsmart Electronic Medical Records.
<ul style="list-style-type: none">• Southwest Texas Regional Advisory Council (STRAC) Regional coordination of psychiatric emergency services, referrals, and access to appropriate treatment facilities.
<ul style="list-style-type: none">• Avail Solutions, Inc. Behavioral health crisis hotline, intake, referral, and coordination support, as specified in the service agreement.
<ul style="list-style-type: none">• Xerox Business Solutions SW - Document / printing equipment and support
<ul style="list-style-type: none">• Communication by Hand - Communication / interpreting support services
<ul style="list-style-type: none">• IPM - Pharmacy benefits management

- Camino Real Community Services and Border Region Behavioral Health Center - Planned coordination of referrals and access to the Uvalde Regional Crisis Center for individuals from participating service areas. The center is anticipated to become operational during Q3 of FY 2027, subject to confirmation of the project schedule.

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
• 2018	• Tejas	• Administration, Authority Functions
• 2025	• Bluebonnet Trails Community Services	• Inter Local Agreement with to collaborate in providing disaster behavioral health services following the 2025 Guadalupe River Flood.
• 2026	• Southwest Texas Regional Advisory Council (STRAC) STRAC LMHAs	• Pulsara for law enforcement navigation of mental health crisis assessments.
• 2026	• Bluebonnet Trails Community Services	• Coordination of substance use screening, assessment, and treatment referrals through the Outreach, Screening, Assessment, and Referral (OSAR) program, where applicable.

<ul style="list-style-type: none"> • 2026 	<ul style="list-style-type: none"> • Comino Real Community Services and Border Region Behavioral Health Center. 	<ul style="list-style-type: none"> • We are also building the new Uvalde Regional Crisis Center which is planned to become operational during Q3 of FY27. This program will not only serve HCMHDDC's service area, but we will also be available to serve people from these other LMHA's
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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 YOUTH EMPOWERMENT SERVICES (YOUTH EMPOWERMENT SERVICES (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.

<ul style="list-style-type: none"> • Regular communication with potential providers or providers who have expressed an interest during past planning cycles.
<ul style="list-style-type: none"> • Monitored DSHS website for potential providers who completed the registration or provider inquiry form.
<ul style="list-style-type: none"> • Posted contact information and plan on website and no response from providers.
<ul style="list-style-type: none"> • Regular communication with potential providers or providers who have expressed an interest during past planning cycles.

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 2020 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, 2026. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before June 1, 2026.*

- ♦ *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
No providers to date have expressed an interest.			

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.

8) 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
N/A: No providers to date have expressed an interest.						

Rationale for Limitations

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

- 9) *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 Youth Empowerment Services (YOUTH EMPOWERMENT SERVICES (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.*

	Youth Empowerment Services (YES)	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?		X	<ul style="list-style-type: none"> • No providers to date have expressed an interest.
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	<ul style="list-style-type: none"> • No providers to date have expressed an interest.
3) Are any of the procurements limited to certain counties within the local service area?		X	<ul style="list-style-type: none"> • No providers to date have expressed an interest.

4) Is there a limitation on the number of providers that will be accepted for any of the procurements?		X	<ul style="list-style-type: none"> No providers to date have expressed an interest.
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10) *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 providers to date have expressed an interest.		

Capacity Development

- 11) *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)
2026	No providers to date have expressed an interest.	

PART III: Required for all LMHA/LBHAs

PNAC Involvement

- 12) *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.*

During 2025 and 2026, the Community Advisory Council (CAC) evolved from meeting quarterly to meeting monthly as its role in agency planning expanded. The Council became actively engaged in development of the Strategic Plan, Community Needs Assessment, Community Needs Assessment Survey, Consolidated Local Service Plan (CLSP), and Local Provider Network Development Plan (LPNDP). Through recommendations, workgroups, and ongoing review of planning documents, the CAC strengthened stakeholder participation and supported continuous quality improvement. The Planning Network Advisory Committee (PNAC) further expanded this collaborative planning process.

Date	CAC / PNAC Activity and Recommendations
January 21, 2025	Quarterly meeting. Received updates on the Community Needs Assessment, CLSP, and LPNDP following Board approval and state submission. Discussed CCBHC recertification, community outreach, legislative priorities, and Person-Centered Thinking training. Recommended CCBHC orientation for members, legislative updates, expanded community outreach, continued planning updates, and education on agency services.
April 15, 2025	Reviewed progress on the Strategic Plan, Community Needs Assessment, CLSP, and LPNDP. Continued workgroup activities and expanded CAC participation in agency planning and community education. Recommended strengthening stakeholder engagement and public awareness.
July 15, 2025	Participated in review of planning documents and community needs data. Provided input on agency priorities, workforce challenges, behavioral health trends, and service gaps. Recommended improvements to planning documents and community outreach.
October 21, 2025	Reviewed annual planning accomplishments and prepared recommendations for the next planning cycle. Discussed recruitment, representation across the 19-county service area, and strengthening lived experience participation.
January 20, 2026	Transitioned from quarterly to monthly meetings to provide more timely input into the Strategic Plan, Community Needs Assessment, CLSP, LPNDP, and Board initiatives.
April 28, 2026	Participated in development of the FY2027 Community Needs Assessment. Reviewed survey methodology, discussed community priorities, social determinants of health, service gaps, and recommendations for community engagement.
May 2026	Reviewed Community Needs Assessment survey findings and recommended planning priorities related to access to care, transportation, workforce shortages, housing, crisis services, and strategic initiatives.

June 25, 2026	Continued review of Community Needs Assessment Findings and Strategic Plan priorities. Participated in development of CLSP and LPNDP priorities and implementation of the Planning Network Advisory Committee (PNAC).
July 1, 2026	Staff sent copy of LPNDP via email to PNAC review and comments.
July 14, 2026	Staff reported that there were no significant updates since the last CAC meeting on June 25, 2026. Data for the network plan is due from staff tomorrow, July 15, 2026. A report will be developed and forwarded to the CAC for review and recommendation. The following is the status of all plans: CLSP: In progress – due end of December 2026; LPNDP: In progress – due end of September 2026; Staff collecting data that is due July 15, 2026 Community input and engagement: Ongoing throughout the year. PNAC reviewed status and no recommendations.
August 11, 2026	Staff updated PNAC on plan and participants identified gaps affecting youth ages 10–17, counseling access, transportation, recovery housing/supports, and rural access. Bandera and Real counties were specifically requested to be considered for mobile clinic outreach.
September 8, 2026	The CAC reviewed its role in advising the Board on operations, service priorities, local network planning, and the local service plan. The community needs assessment is moving from an annual process to a four-year cycle. Transportation remains a major concern, particularly in rural western counties. Members discussed a larger December meeting with in-person and virtual options. Proposed dates are December 1 or December 15, 2026, with the Kerrville office or HCRC training room as possible locations. The event may include local planning, leadership participation, and a State of the Center presentation. The December discussion will help determine whether 2027 meetings remain virtual, become hybrid, or rotate locations. Morgan described barriers faced by families seeking disability services in Llano County, including school and insurance navigation, travel to Austin, cost, and work schedules. The CAC recognized the need to help families understand available services and advocate effectively, and identified

	Llano County and the growing Texas 71 corridor as areas needing continued attention. Rework the local planning timeline and bring the updated schedule back next meeting.
October 21, 2026	Plan sent to CAC for review and website for 30 day posting.

Overall CAC / PNAC Contributions

- Transitioned from quarterly meetings to monthly meetings to increase planning participation.
- Participated in development of the Strategic Plan.
- Participated in development of the Community Needs Assessment.
- Assisted with development and review of the Community Needs Assessment Survey.
- Reviewed and provided recommendations for the Consolidated Local Service Plan (CLSP).
- Reviewed and provided recommendations for the Local Provider Network Development Plan (LPNDP).
- Expanded community outreach and stakeholder engagement.
- Increased representation of individuals with lived experience and family members.
- Provided recommendations to the Board of Trustees on agency priorities, service delivery, and continuous quality improvement.

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, 2026.

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 31, 2026.

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.