

TEXAS Health and Human Services

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	Abilene Regional MHMR Center dba Betty Hardwick Center
Submission Date	TBD
LMHA or LBHA Webpage Link With Prior Cycle LPND Plan	Center Documents - Betty Hardwick Center
LMHA or LBHA Contact for LPND Inquiries	Jenny Goode

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)	193,081
Square miles	4554
Number of counties	5
Brief narrative description of LSA characteristics	Taylor county is home to Abilene, a mid-sized West Texas county, and a hub for this service area. The region is home to Dyess Air Force Base, 3 private universities, Texas Tech Health Science Center, TSTC and Cisco College. Several AI plants are in construction in these counties, resulting in rapid growth and strain on public services and housing costs. Overall, the area is considered medically underserved.

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	4	4	0
LOC-1S	1134	1134	0
LOC-2	26	26	0

Adult LOC	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
LOC-3	44	44	0
LOC-4	20	20	0
LOC-5	1	1	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	7	7	0
LOC-2	73	73	0
LOC-3	60	60	0
LOC-4	6	6	0
LOC-YC	2	2	0
LOC-5	0	0	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	24/7 capacity	24/7 capacity	100%
Mobile Crisis Outreach Teams	24/7 capacity	24/7 capacity	n/a
Private Psychiatric Beds	1865 beds or 5.1/day	1286 beds or 3.52/day	100%
Community Mental Health Hospital Beds	0	0	n//a
Contracted Psychiatric Beds	1042 beds or 3.13 day	1143 beds or 2.85 day	100%
Extended Observation Units	0	0	n/a
Crisis Residential Units	0	0	n/a
Crisis Stabilization Units	0	0	n/a
Crisis Respite Units	4,380 beds or 12 bed/day	4,380 beds or 12 bed/day	100%

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			
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

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
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

Youth Substance Use Treatment Service	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
Outpatient	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.
Regarding mental health services, the Center has identified several crisis and YES waiver services for which contractors are available and willing to serve as network providers and have established contracts detailed in this plan. However, this has not been true for adult and youth LOC services. Regarding substance use services, the Center receives no state funding for adult, specialized or youth services, therefore, we do not have capacity to contract with others. As a CCBHC, we bill Medicaid or Insurance for patients that require substance use treatment and have some limited local funding to provide a limited capacity of service for uninsured clients. We do hope at some future point to reapply for state funded SUD treatment funding. We have local planning documents posted on our website and seek to build relationships with local providers of behavioral health services. We rarely receive contacts from potential providers but are responsive when that occurs and even when contracting is not possible, but providers have ability to serve clients funded by other sources, we seek to establish MOUs/care coordination agreements with agencies who wish to receive referrals.

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
Perimeter Hospital	Responded to RFA, was contracted for inpatient hospital beds for FY25-FY26

Provider Organization	Provider Evaluation
BriTanya Brown, Our Loving Village LLC	Reached out to ask for YES RFA for Respite. We provided a copy of the RFA and a link to the website. Provider did not wish to enroll under the RFA.
Arabesque Conservatory of Music	Reached out to inquire about opportunities to partner for music and art lessons. We shared the RFA and discussed Music and Art Therapy, but further discussion resulted in a determination that this group would be an Adaptive Aids provider for individual clients who may elect to receive this service.

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.

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Table 9: External Providers

Provider Name	Provider Type	Contract or Agreement Effective Date (Current or Previous Fiscal Year)	Services Provided
Red River Hospital	CPB and PPB		Private psychiatric beds
Rivercrest Hospital	CPB		Private psychiatric beds
Shannon Hospital	CPB		Private psychiatric beds
Integrated Prescription Management	Pharmacy Benefit Management		Pharmacy Benefits Manager
Southwestern Music Therapy	YES Music Therapy		YES Music Therapy
Complete Therapies	YES Recreation Therapy		YES Recreation Therapy
North Star Therapy	YES Music Therapy		YES Music Therapy
Dr. Patrick Young	Psychiatry		Psychiatry

Provider Name	Provider Type	Contract or Agreement Effective Date (Current or Previous Fiscal Year)	Services Provided
Dr. Preeti Sodhi	Psychiatry		Psychiatry
Britanny Lundeen	YES Recreation Therapy		YES Recreation Therapy
Lindsey Wilson	CMH Counselor		TRR and YES Counseling for Children/Youth

Number of Individual Peer Support Provider Contracts or Agreements:

The Center does not have any individual peer support provider contracts or agreements.

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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.
Currently, the Center has an open RFA for YES Waiver Provider Services. Additionally, we are utilizing individual in-home respite providers in the YES program, based upon family request and identification of provider. There are no additional procurement plans scheduled at this time.

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.
Currently, we have no indication of interested, qualified providers for other services, resulting in limited potential for further network development.

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.
The Center seeks to minimize overhead and administrative cost as much as possible for all agency operations. We seek to maximize available reimbursement for all services provided. We partner with other agencies to reduce costs for some administrative activities like utilization management (ETBHN), technology staff support (DATROO), and utilize technology tools that can reduce workload (TEJAS). For purchasing, we follow purchasing guidelines, seek the most competitive bids, use DIR or other purchasing agreements for government, when possible.

2.4 Summary of Procurement Activities

Summarize procurement activities from past network development planning cycles and the results of those efforts.
The Center has almost continuously had an open enrollment opportunity for YES Waiver providers. These efforts have resulted in contracts with several providers listed in this document – including North Star Therapy. In 2025 we completed an RFP for Pharmacy Services, received three proposals and contracted with Integrated Prescription Management. In 2025, we published an open enrollment opportunity to procure inpatient psychiatric providers and that resulted in a contract in Fy25-26 with Perimeter hospital in Arlington, Tx. In 2026, we informally reached out to hotline service providers in the state to inquire about interest in expanding and none were interested, so we continue to utilize Avail as a sole source contractor. Similarly, for the Wood Group, our Adult MH Respite provider.

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
Outside of the services already contracted, and the YES Provider services for which we have open enrollment, we have not planned further contracts to external providers or determined capacity to do so.

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
11/6/26	11/6/26 – 12/7/26	Plan was posted on website with note offering an email address for submitting comments and questions.

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
TBD		

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.
On October 13, 2026, the PNAC received a copy of the prior year template, with updated data for advance review. During the October 28th meeting the PNAC reviewed the draft LPND plan during their monthly meeting and reviewed a presentation of all current contracted services. At their November 18th meeting, the PNAC reviewed the newly revised template from HHSC with differences noted from prior plan, was advised of Board discussion, any public comments and provided final review.

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.

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