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	Texoma Community Center
Submission Date	12/31/2026
LMHA or LBHA Webpage Link With Prior Cycle LPND Plan	https://texomacc.org
LMHA or LBHA Contact for LPND Inquiries	Lori Marshall, 903-957-4874

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)	197,339
Square miles	2,698
Number of counties	3
Brief narrative description of LSA characteristics	2 rural counties and 1 urban county.

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	580	580	0%
LOC-2	17	17	0%
LOC-3	66	66	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
LOC-5	0	0	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	3	3	0%
LOC-2	30	30	0%
LOC-3	26	26	0%
LOC-4	0	0	0%
LOC-YC	1	1	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	1868	1868	0%

Crisis Service	Previous Fiscal Year Service Data	Projected Service Capacity	Percentage Total Capacity Provided by External Providers in Previous Fiscal Year
Mobile Crisis Outreach Teams	1983	1983	0%
Private Psychiatric Beds	235	235	0%
Community Mental Health Hospital Beds	0	0	0%
Contracted Psychiatric Beds	0	0	0%
Extended Observation Units	0	0	0%
Crisis Residential Units	0	0	0%
Crisis Stabilization Units	0	0	0%
Crisis Respite Units	27	0	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%

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.
No interested providers

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
N/A	N/A

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
	N/A		

Number of Individual Peer Support Provider Contracts or Agreements:

N/A

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.
N/A

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.
N/A

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.
N/A

2.4 Summary of Procurement Activities

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

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
N/A

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
11/23/2026	11/23/2026 – 12/26/2028	Please submit any feedback to lmarshall@texomacc.org

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.
PNAC will be provided with a copy of the plan drafted by staff, there will be a special meeting held for the committee to ask questions and provide input.

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.