# Today's Agenda

- Understand the role of Local Mental Health Authorities (LMHAs) / Local Behavioral Health Authorities (LBHAs) in Texas
- Navigating systems of care
- Enhance collaboration with LMHAs/LBHAs

# Session Objectives

| Describe | Identify | Navigate | Collaborate | Recognize |
| --- | --- | --- | --- | --- |
| Describe the role of Texas LMHAs/LBHAs | Identify LMHA resources for youth and families | Navigate access pathways & understand eligibility | Collaborate effectively with LMHAs | Recognize ethical and legal challenges |

# LMHAs & LBHAs

Texas Panhandle Centers
Behavioral & Developmental Health
Making Lives Better

HEART OF TEXAS
Behavioral Health Network

Camino Real Community Services
Atascosa Dimmit Frio Karnes LaSalle
Maverick McMullen Wilson Zavala
Conduit of Continuity and Care

PERMIACARE

TROPICAL
TEXAS BEHAVIORAL HEALTH

PECAN VALLEY CENTERS
FOR BEHAVIORAL & DEVELOPMENTAL HEALTHCARE

COMMUNITY HealthCORE
HEALING BEGINS HERE

metrocare.

CENTRAL COUNTIES SERVICES
MEETING BEHAVIORAL AND DEVELOPMENTAL NEEDS
A Certified Community Behavioral Health Clinic

Bluebonnet Trails
Community Services

PERMIAN BASIN COMMUNITY CTRS FOR MH/MR

Spindletop Center

LIFEPATH SYSTEMS

Emergence Health Network

mhmrtarrant
WE CHANGE LIVES

GULF COAST CENTER

the center
for health care services

The HARRIS CENTER for
Mental Health and IDD

TEXANA

integral care

NTBHA
North Texas Behavioral Health Authority

Tri-County
Behavioral Healthcare
Healthy Minds. Meaningful Lives.

StarCare
SPECIALTY HEALTH SYSTEM

betty hardwick center

DENTON COUNTY
MHMR CENTER
my health my resources

Helen Farabee
CENTERS
a commitment to caring

Hill Country
MHDD
since
1987

MHMR
Concho Valley
My Health My Resources

# Evolution of LMHAs / LBHAs

Modern day LMHAs originated in the 1960's from the ***Community Mental Health Act of 1963***

Public advocacy for deinstitutionalization

Contracted by Texas Health and Human Services Commission (HHSC) to provide services directly or through contracted providers

Responsibilities include

- Crisis intervention
- Outpatient treatment
- Case management
- Coordination with hospitals, schools, & law enforcement

# Evolution of LMHAs / LBHAs

**Local Mental Health Authorities (LMHAs)**

37 in Texas

Primary mental health diagnosis

**Local Behavioral Health Authorities (LBHAs)**

2 in Texas – Life Path & North Texas Behavioral Health Authority

Focus on mental health & substance use disorder services

Originated out of ***Senate Bill 1507*** during 84th Legislature session

- Represents 39 public Community Centers throughout Texas
- Public policy efforts to expand and improve services to local communities
  - Increasing ***access to services*** and addressing service gaps
  - Supporting ***community-based alternatives*** to intuitional care
  - ***Increasing quality of care***
  - Supporting a ***strong safety net*** of public healthcare resources

# LMHA/LBHA Structure

- Board of trustees appointed
- Local resources vary with each community
- Funding structure varies and fluctuates with legislative sessions
  - Local partners (County, City, Hospital District, etc.)
  - State funding
  - Federal funding
  - Philanthropy


- **Certified Community Behavioral Health Clinics (CCBHC)**
  - Integrated services
  - Access and quality care
  - Began in 2014
- **Commission on Accreditation of Rehabilitation Facilities (CARF)**
  - Voluntary and peer-reviewed
  - Ensures organization deliver high-quality care that improves outcomes
  - Founded in 1966

# Population Served

- ***Under / Uninsured***
- Children, adolescents, and transition age youth (up to age 21)
- Qualifying mental health diagnosis as primary
- ***Co-occurring diagnoses*** with Substance Use and Intellectual Developmental Disabilities
- Intersection with ***Systems of Care***
  - Department of Family Protective Service (DFPS)
  - Juvenile Justice
  - Schools

# Access to Services

- Enrollment process must adhere to HHSC performance contract requirements
- Qualifying diagnoses around serious mental illness as primary diagnosis
- Continuation of services requires a Children & Adolescent Needs Assessment every ninety (90) days

# Service Array

Crisis Services

Outpatient Mental Health & Substance Use Services

Person and Family Centered Treatment Planning

Peer Family Support and Counselor Services

Targeted Care Management

Outpatient Primary Care Screening & Monitoring

Psychiatric Rehabilitation Services

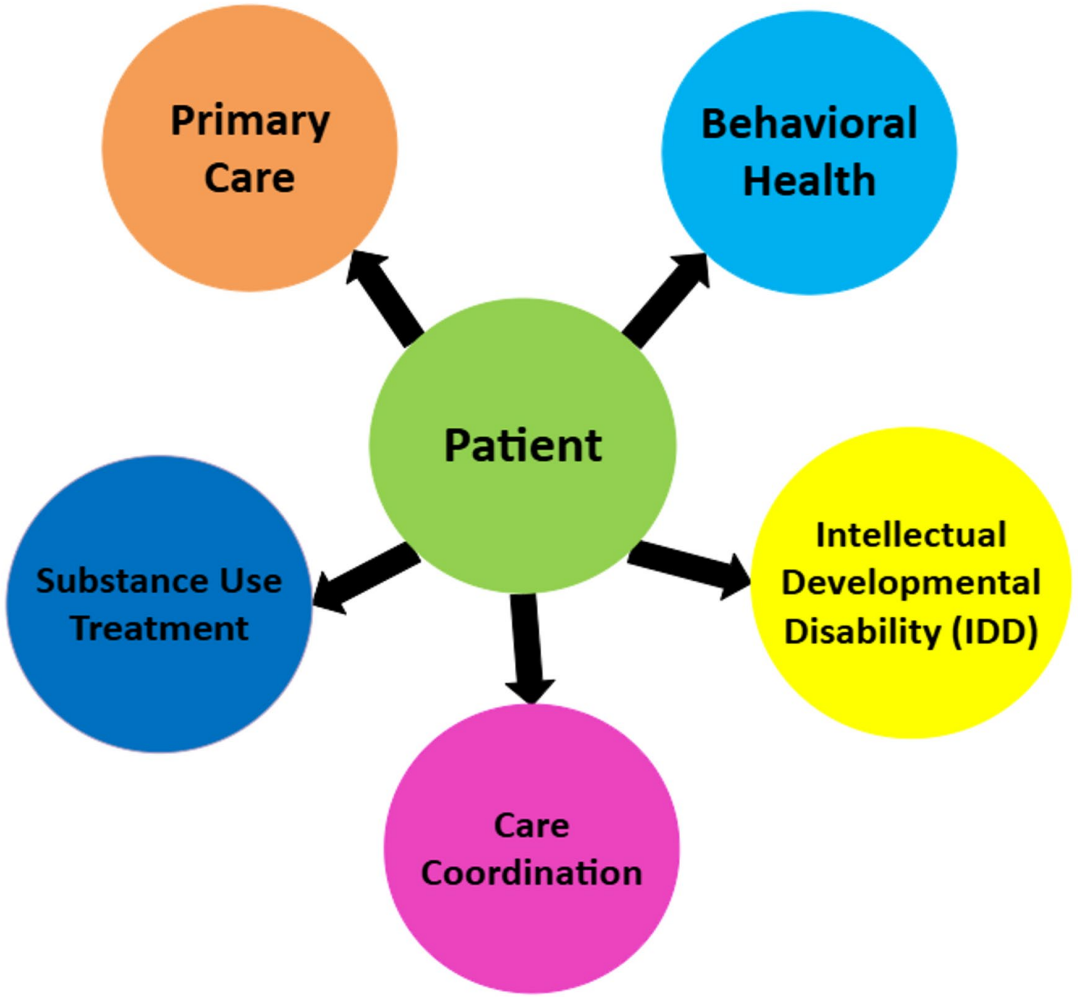
Screening, Diagnosis and Risk Assessment

# Levels of Care

Designation of mental health community services based on the uniform assessment and utilization guidelines recommending the type, amount, and duration of mental health community services.

| Level of Care | Services Provided | Hours / Month |
|---|---|---|
| **1M** | Medication Management | 0.5 hours |
| **2** | Targeted Care Management with Counseling | 3 hours |
| **3** | Medication Management & Complex Services with psychosocial rehabilitation | 5 hours |
| **4** | Intensive Family Wraparound Services | 7.5 hours |
| **Crisis** | Mobile Crisis Outreach Team, Youth Crisis Outreach Team, Crisis Stabilization | N/a |
| **Early Onset (EO)** | Comprehensive Family Services | 5.87 hours |
| **Transition Age Youth (TAY)** | Intensive Family Wraparound Services | 7.5 hours |
| **Young Child (YC)** | Supportive Family Services | 3.5 hours |
| **Youth Empowered Services (YES) Waiver** | Intensive Family Wraparound Services | N/a |

# Integration of Care




- Increases access to care using the Medical Home model
- Fosters collaboration among interdisciplinary teams
- Enhances patient engagement
- Improves overall health outcomes

# Crisis Services

- 24/7 crisis hotline
- Mobile Crisis Outreach Teams (MCOT)
- Youth Crisis Outreach Teams (YCOT)
- Walk-in crisis clinics
- Crisis respite
- Crisis stabilization units
- Private Psychiatric Beds

## Outpatient Services

- Diagnostic evaluations
- Medication management
- Therapy (individual, family)
- Skills training & psychosocial rehabilitation
- Care Coordination
- Peer Support

## Intensive Services

- Multisystemic Therapy (MST)
- Coordinated Specialty Care (CSC)
- Family partner support
- Wraparound services
- YES waiver

# Family Supports

- Parent partners (ie. Peers)
- Caregiver education
- Family-driven planning
- Systems of Care navigation and collaboration (ie. DFPS, Juvenile Justice, Schools)

# Community Collaborations

- Law Enforcement
- Juvenile Justice
- Department of Family Protective Services (DFPS)
- Schools
  - Texas Child Health Access Through Telemedicine (TCHATT)
- Academic Affiliations
- Local Hospital Districts

# What Helps Expedite Referrals

Clear reason for referral

Recent clinical notes

Safety concerns documented

Medication list

Contact info for caregivers & collaterals

# Coordination with Key Systems

**Medicaid MCOs:** authorizations, continuity

**Schools:** ARD meetings, behavior plans

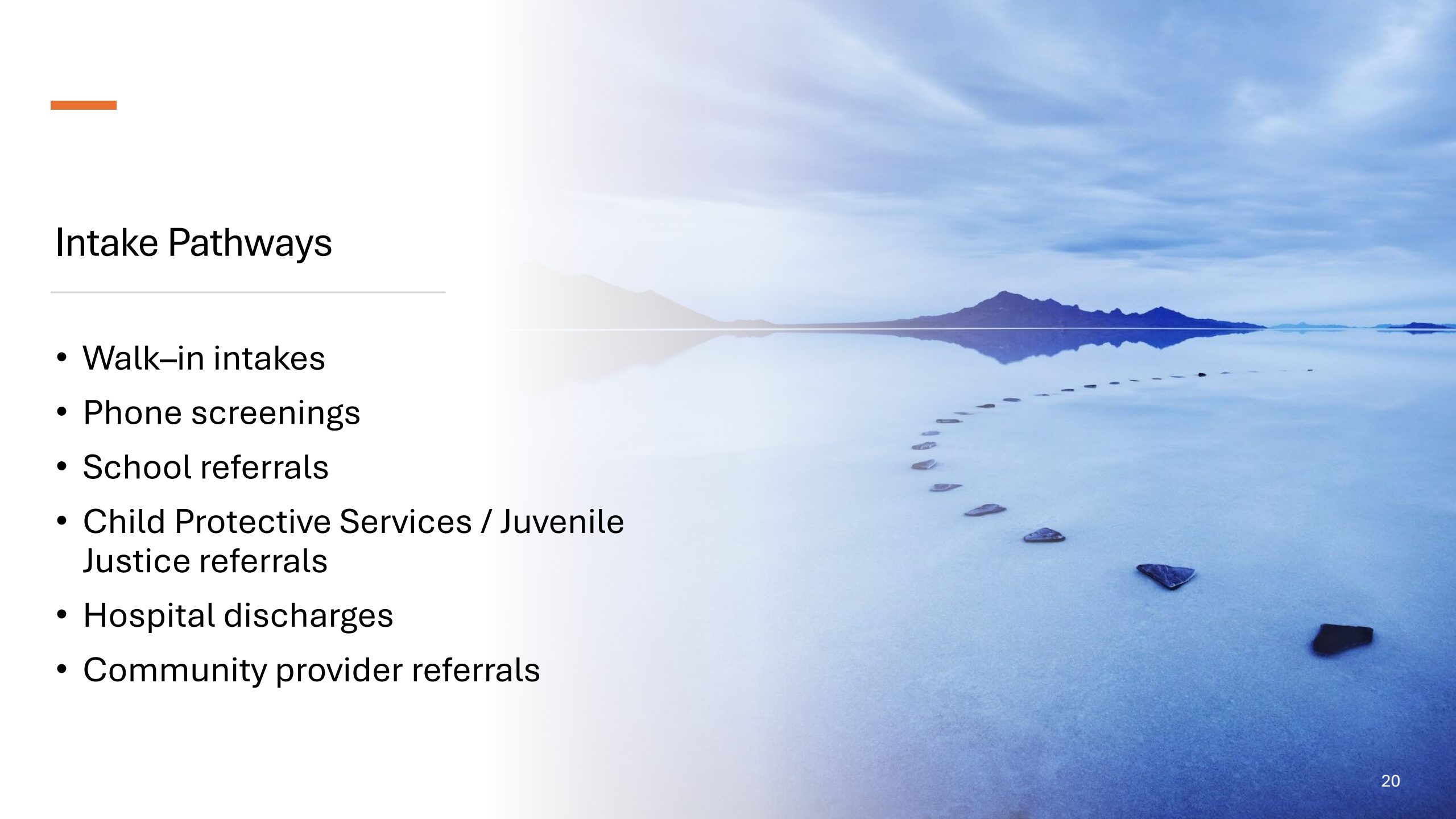
**CPS:** placement changes, consent

**Juvenile Justice:** probation requirements

**Hospitals/EDs:** discharge planning

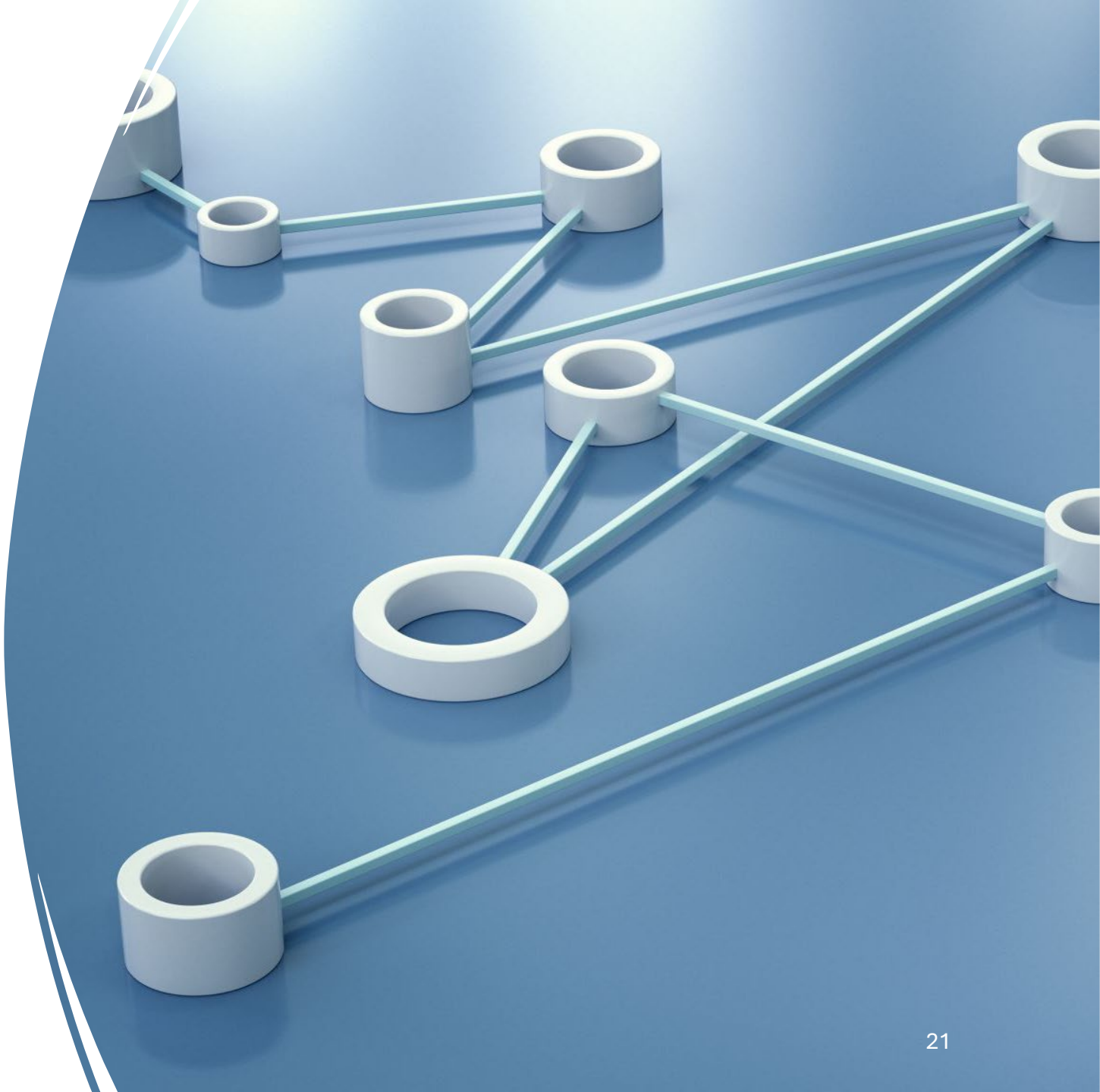
# Intake Pathways

- Walk–in intakes
- Phone screenings
- School referrals
- Child Protective Services / Juvenile Justice referrals
- Hospital discharges
- Community provider referrals



# Coordination with Medicaid MCOs

- Authorizations
- Continuity of care
- Barriers and solutions



# Coordination with Schools

- Admission, Review and Dismissal meetings (ARDs)
- Behavior plans
- Crisis response
- Re-entry planning

# Coordination with CPS and Juvenile Justice

- Consent
- Placement changes
- Probation requirements
- Trauma-informed collaborations

# Common Barriers to Access

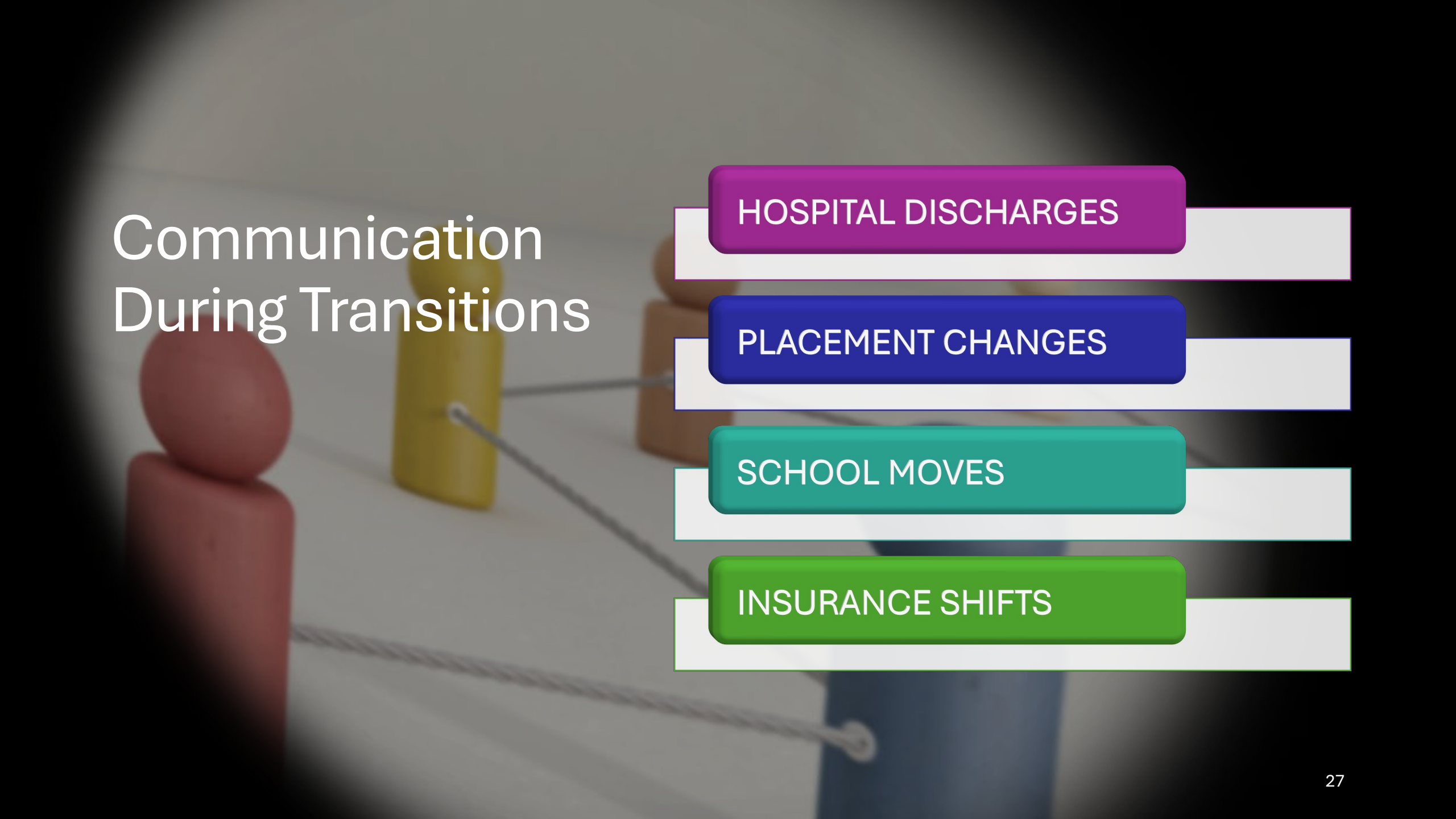
- Transportation
- Caregiver availability
- Insurance changes
- Placement instability
- Rural access

# Why Collaboration Matters

- Reduces delays in care
- Improves crisis stabilization
- Enhances continuity
- Supports high-risk youth
- Prevents unnecessary hospitalization

# Best Practices for Community Providers

| | |
|---|---|
| Provide | • Provide complete referral information |
| Maintain | • Maintain communication during transitions |
| Attend | • Attend wraparound meetings |
| Share | • Share safety plans |
| Understand | • Understand LMHA timelines & capacity |



# Communication During Transitions

- HOSPITAL DISCHARGES
- PLACEMENT CHANGES
- SCHOOL MOVES
- INSURANCE SHIFTS

# Working Together in High-Risk Situations

- Suicidality
- Aggression
- Psychosis
- Complex trauma
- Youth in unstable placements

**LMHA Role:**

- MCOT assessment
- Safety planning
- Crisis stabilization
- Coordination with hospitals

# Case Example - Jordan

**Jordan, age 16**

- First-episode psychosis
- School reports bizarre behavior
- Family unsure what to do

**LMHA Response:**

- MCOT evaluation
- Referral to Coordinated Specialty Care program
- Coordination with school counselor
- Family psychoeducation

# Case Example – CPS Involved Youth

- Placement instability
- Consent challenges
- Trauma history
- Multi-system coordination

# Case Example – a Juvenile Justice Youth

- Probation requirements
- Aggression
- School refusal
- High risk behaviors

# Consent and Assent in Texas

- Parent/guardian consent required for most services
- Exceptions: crisis, emergency detention
- CPS conservatorship rules
- Youth assent recommended

# Confidentiality and Information Sharing

- HIPAA : healthcare
- FERPA : schools
- When schools can receive information
- CPS & JJ information-sharing allowances
- Crisis exceptions

# Information Sharing with CPS and JJ

LEGAL ALLOWANCES

SAFETY CONSIDERATIONS

DOCUMENTATION

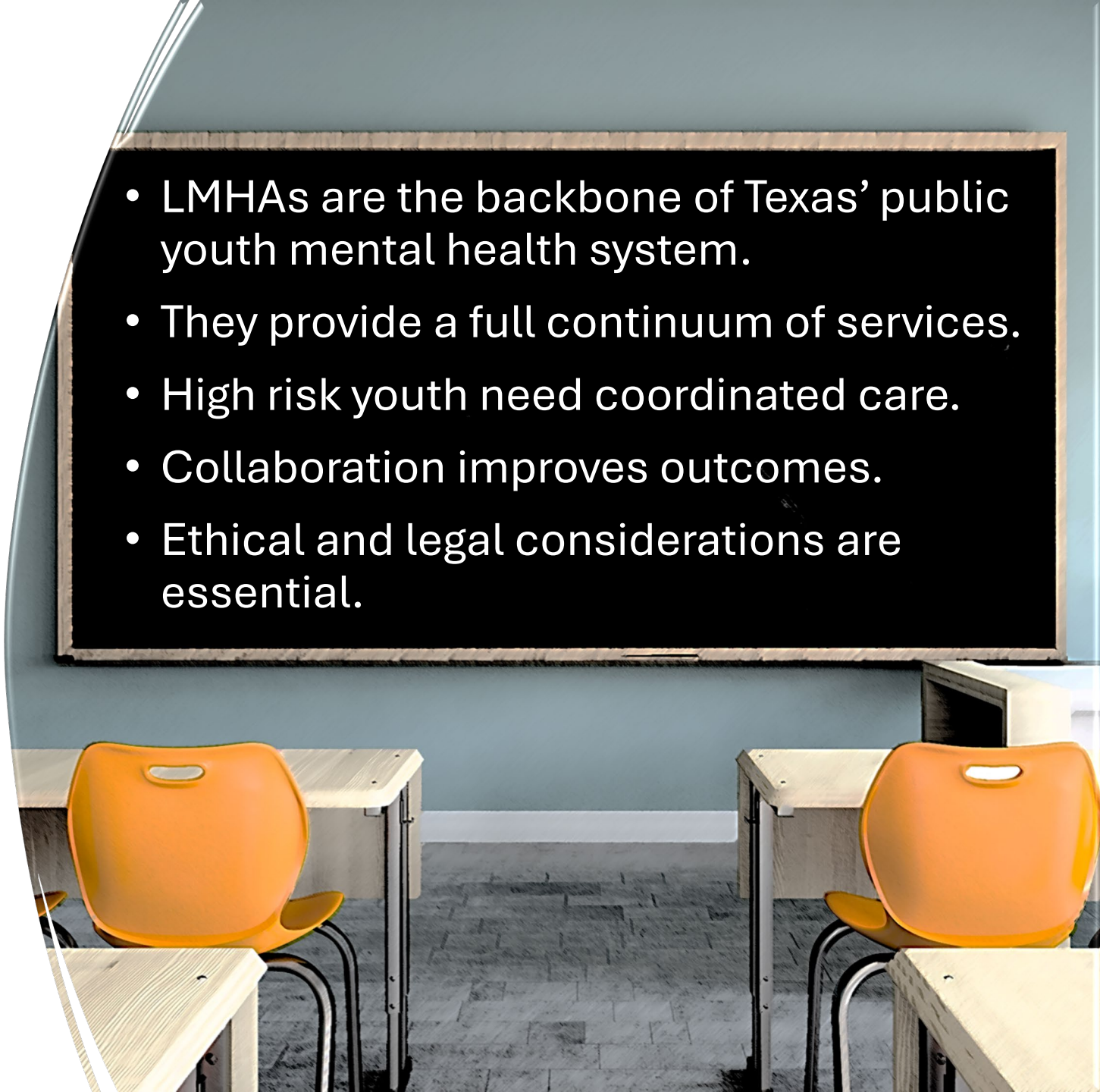
# Care Transitions & System Gaps

- Hospital to outpatient
- Aging out at 18 or 21
- Placement disruptions
- Insurance changes
- Rural access

# Ethical Dilemmas in Public Mental Health

- Balancing youth autonomy with caregiver rights
- Safety vs. confidentiality
- Mandated reporting
- Resource limitations
- Equity concerns
- Cultural considerations

# Key Takeaway's



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# Questions