



**tcmhcc**

Texas Child Mental  
Health Care Consortium

**TCHATT**

Texas Child Health Access  
Through Telemedicine

# TCHATT 2.0: Referrals & Enrollment Policy

TCMHCC Executive Committee Meeting

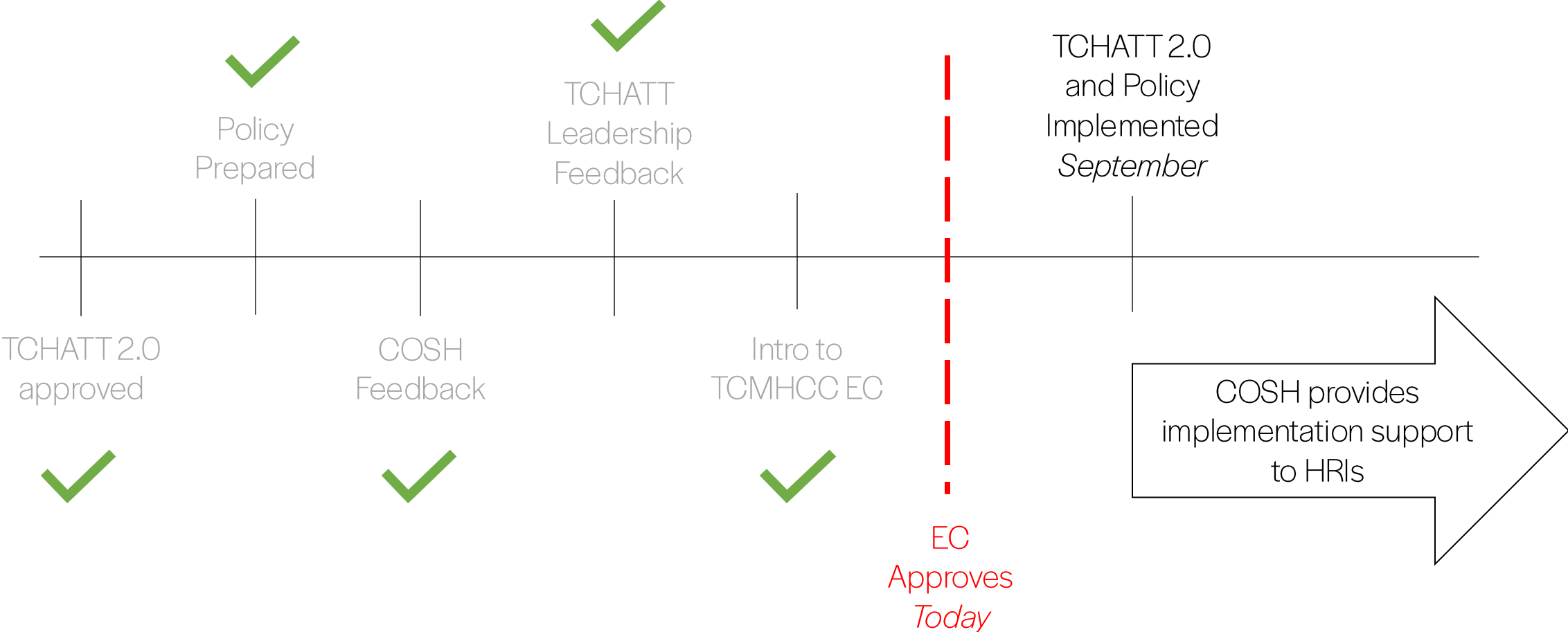
September 16, 2024

# Key Changes

- Referrals for 3-year-olds may be processed at the HRI's discretion if the district offers a Pre-K program for this age group.
- Only referrals submitted by schools in districts with active MOUs should be accepted. Referrals directly from providers (including CPAN referrals) and referrals from community-based organizations and parents/guardians (unless the child is home schooled) should not be accepted or processed at any time.
- Home school referrals may be accepted provided the HRI does not have a waitlist.
- Referral processing should include triaging the referral.
- At least 90% of referrals should be processed within 15 business days.
- If 60% of referrals contacted are not enrolled/first appointment scheduled within 20 business days for two consecutive months, waitlist support will be provided by COSH.
- HRIs are responsible for obtaining consent documents.



# Timeline





**tcmhcc**

Texas Child Mental  
Health Care Consortium

**TCHATT**

Texas Child Health Access  
Through Telemedicine

# TCHATT 2.0: Services & Discharge Policy

TCMHCC Executive Committee Meeting

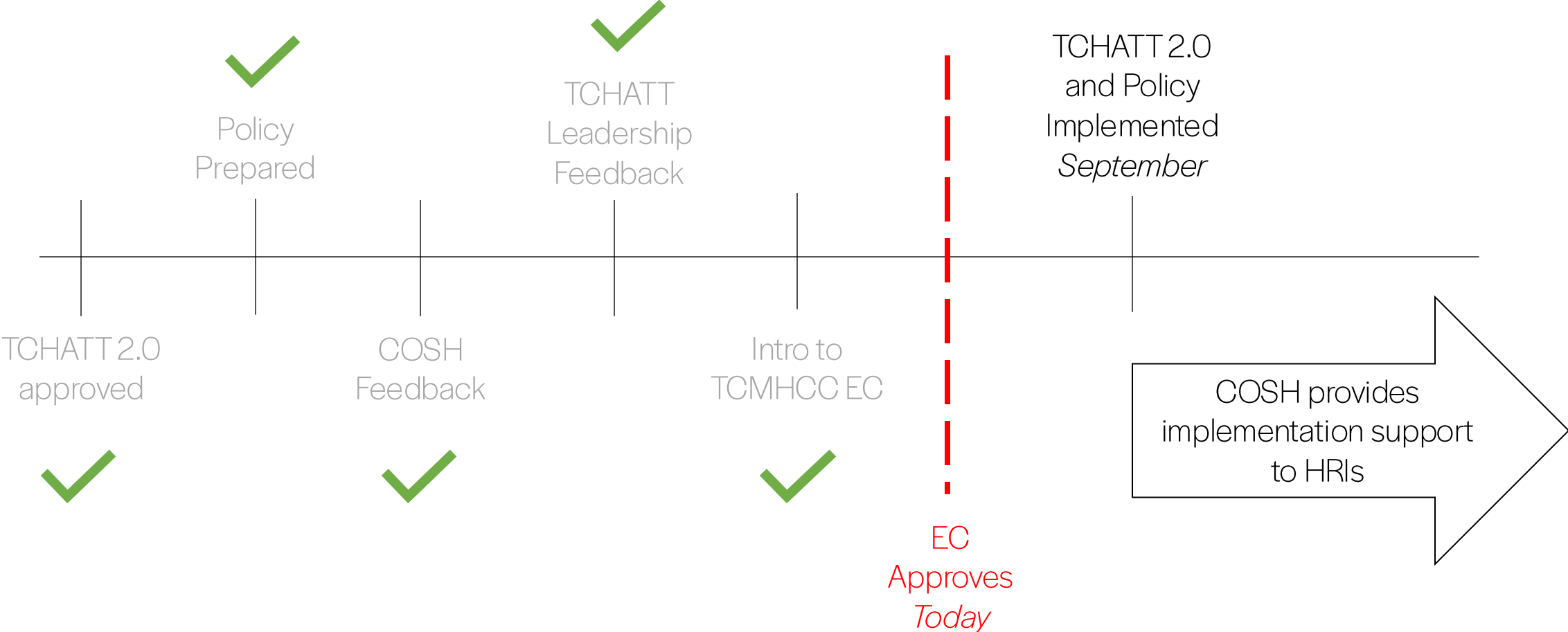
September 16, 2024

# Key Changes

- In addition to obtaining consent, clinicians should ensure they speak with both parent(s)/guardian(s) and child as part of the initial assessment.
- Billing for TCHATT-funded services is not permitted.
- Certain assessments are required to be completed in Trayt.
- HRIs may provide intermediate services.
- Care coordination is available for students who meet eligibility criteria in the Referrals & Enrollment policy.
- Students with severe symptoms of substance use or who require additional support post-TCHATT should be referred to the Outreach, Screening, Assessment, and Referral (OSAR) program in their local area.
- Aftercare summaries/clinical notes should be shared with the student's PCP.



# Timeline





**tcmhcc**  
Texas Child Mental  
Health Care Consortium

**TCHATT**  
Texas Child Health Access  
Through Telemedicine

# TCHATT LMHA/LBHA Coordination Pilot

TCMHCC Executive Committee Meeting  
September 16, 2024

# Overview

The plan was prepared with input from COSH, Internal Evaluation, Dr. Pliszka (CPWE), Texas Council for Community Centers, and HHSC.

- Issue: A shortage of mental health providers has led to longer treatment durations in TCHATT. Before intermediate services are offered through TCHATT, HRIs should attempt to locate available community-based services to refer students to.
- Opportunity: LMHAs/LBHAs serve children and adolescents who meet requirements for severe emotional disturbance, a subset of the TCHATT population.
- Plan: Implement a pilot to evaluate best practices that reduce/remove barriers to transitioning long-term care from TCHATT to LMHAs/LBHAs.





# CPWE Workgroup findings

- The TCHAT program devoted personnel to identifying families likely to benefit from and meet eligibility for programs at the LMHA
- There is a clearly identified contact within both the TCAHTT program and the LMHA who coordinates possible transfers.
- TCHAT staff are knowledgeable of the intake processes at the LMHA and TCAHTT staff often perform these assessments.
- Medical records from TCHAT are sent (with parental permission) in advance to the LMHA.
- At the present time, no changes to the Eligibility requirements have been adjusted; the LMHAs performed all the currently required assessments (Financial, residency requirements, CANS, etc.) but the HRI helps to expedite these processes.
- In particular, Harris Center schedules a family with a provider (particularly the psychiatric provider) on the same day as the Eligibility Assessment, reducing the burden on the family.
- Dell and UT Houston both noted marked differences among the LMHAs they work with and the TCHAT staff have adjusted to each of these variations.



# Pilot Timeline

- Now – October
  - Review available data to understand the breadth of the issue
  - Identify barriers and best practices for referring from TCHAT to LMHAs
  - Identify 2-3 pilot HRI/LMHA sites
- November – January
  - Define workflow and triggers to initiate an LMHA referral
  - Define evaluative data/develop evaluation plan
- January – May
  - Implement pilot
- June
  - Evaluate pilot

