TCHATT to LMHA Coordination Pilot

Purpose

Design, implement, and evaluate a pilot to reduce/remove barriers to referring Texas Child Health Through Telemedicine (TCHATT) students to Local Mental Health Authorities (LMHAs)/Local Behavioral Health Authorities (LBHAs) so that students are connected to community-based mental health services.

Background/Problem Statement

Texas has a statewide shortage of child and adolescent mental health providers, resulting in delays in appropriate referral and care of those with mental illness. TCHATT was developed to help address this challenge, however, it was designed to be a short to intermediate intervention and not to provide long-term care to students referred to its programs. Instead, TCHATT staff work to coordinate and transition the long-term care of these students to a local mental health provider. Unfortunately, due to the shortage of mental health providers in their community, rapid and appropriate transfer of care for many is delayed. The Texas Child Mental Health Care Consortium (TCMHCC) has decided to continue the care of these students until an appropriate provider is identified, but this practice does not align with intent for TCHATT to provide short-term services and has resulted in decreased capacity to serve newly referred students.

LMHAs/LBHAs provide services to children and adolescents who meet requirements for "Severe Emotional Disturbance," a subset of children served within TCHATT. There are opportunities to strengthen and problem-solve barriers to the efficient transition of these students to the LMHA/LBHA for the long-term care of these students, many of which already partner with the TCMHCC in a variety of ways such as through the Community Psychiatry Workforce Expansion (CPWE) initiative. LMHAs/LBHAs also partner with local school districts.

Understanding the breadth of this issue and determining the true level of need/gaps in care with the TCHATT population is limited to how the data is currently structured and entered in the Trayt data management system. Aftercare referrals are tracked, but it is unknown if families referred to an LMHA/LBHA are enrolled. Furthermore, because LMHAs/LBHAs partner with local school districts, districts may refer students directly to the LMHA/LBHA instead of to TCHATT.

Outcomes

A pilot initiative between select health-related institutions (HRIs) and LMHAs/LBHAs is expected to increase efficiency and effectiveness in facilitating referrals from TCHATT to LMHAs/LBHAs.

Activities and Timeline

Some preliminary work to understand current collaborations between select HRIs and LMHAs/LBHAs has already begun (see appendix). The design of the pilot may be informed by and/or refine these practices in other areas of the state.

1. September - October 2024:
    a. Engage HHSC mental health leadership in the development of the pilot plan
    b. Present pilot plan to TCMHCC Executive Committee for approval
    c. Review available data and establish baselines to understand the breadth of the issue
    d. Identify 2-3 pilot HRI/LMHA sites
        i. Define criteria for identifying potential pilot sites
        ii. Identify HRIs and LMHAs with the capacity and interest to participate
        iii. Develop an HRI/LMHA workgroup with pilot sites
2. August - October 2024: Identify barriers and best practices for referring from TCHATT to LMHAs
    a. Discussion with HRIs with the lowest and highest referral rates to LMHAs
    b. Determine the feasibility of presumptive eligibility/define criteria for an appropriate referral case
    c. Determine how to leverage CPWE and associated partnerships
    d. Provide feedback on HHSC and TCMHCC policies that could hinder or enhance coordination
3. November 2024 – January 2025:
    a. Define workflow and triggers to initiate LMHA referral
    b. Define evaluative data/develop evaluation plan
4. January 2025 – May 2025:
    a. Implement pilot
    b. Provide ongoing feedback to HHSC mental health leadership
    c. Provide ongoing feedback to the TCMHCC Executive Committee
5. June 2025: Evaluate pilot
    a. Measure progress toward achieving outcome
    b. Identify implementation challenges; create and test solutions
    c. Brief HHSC mental health leadership on the results of the pilot
    d. Present final findings to the TCMHCC Executive Committee
    e. If the pilot is successful, develop a plan to expand the initiative to additional areas of Texas

Partners

- HRI pilot sites
    - Participate in planning workgroup
    - Implement pilot
    - Provide input on the effectiveness of the pilot
- COSH
    - Convene planning workgroup
    - Establish workflow
    - Provide implementation support during the pilot
- Texas Council of Community Centers
    - Provide input on LMHAs with the capacity and interest to participate
    - Participate in planning workgroup
- Participating LMHAs
    - Participate in planning workgroup
    - Implement pilot
    - Provide input on the effectiveness on the pilot
- Texas Health and Human Services Commission

    - Participate in planning workgroup
    - Provide feedback on feasibility of recommended state policy changes identified during pilot
- CPWE Committee
    - Assist in identifying best practices
    - Provide recommendations on pilot implementation, including how best to incorporate CPWE into the workflow
- UT System
    - Develop the project plan and seek input from other partners
    - Seek TCMHCC Executive Committee support to implement the pilot
    - Provide overall support to ensure the project progresses
    - Develop and seek approval for TCMHCC policies resulting from the pilot
- Internal Evaluation
    - Analyze data to recommend HRIs for pilot participation
    - Perform evaluation activities to determine outcomes of the pilot
    - Perform evaluation activities to determine the feasibility of statewide expansion

Funding

Costs to implement this pilot will be covered with existing funding for HRIs and LMHAs; no new funding will be provided. Best practices that include the use of TCHATT funds for LMHA costs associated with referrals or vice versa must be approved by the TCMHCC Executive Committee and HHSC before implementation to ensure alignment with statute and program goals.

Appendix

Memo – CPWE Workgroup Findings

September 13, 2024

To: David Lakey, MD
Chair, TCMHCC Executive Committee

From: Steven R. Pliszka MD
Chair, CPWE Work Group

RE: Pilot for Transition of TCHATT patients to Local Mental Health Authorities (LMHA)

This memo reviews current discussions about achieving a smooth transition of patients from the Texas Child Health Access Through Telemedicine (TCHATT) program to programs operated by Local Mental Health Authorities (LMHA). It may inform the discussion of this issue planned for the TCMHCC Executive Committee in September 2024.

The CPWE Workgroup (consisting of representative Health Related Institutions [HRIs] with CPWE as well as a committee consisting of University of Texas System and other relevant stakeholders, have been meeting in parallel to discuss how TCHATT patients would be identified by their HRI TCHATT program as needing longer term care would

be transitioned to LMHAs. Over the course of our discussions, we became aware that two of our HRIs (Dell Medical School and UT Health Houston) have developed processes with several of the LMHAs they are affiliated with. These processes may serve as a model for other HRI-LMHA partnership.

The affiliations discussed were:

Health Related Institution	Local Mental Health Authority
UT Health Houston	Harris Center
	Burke
Dell Medical School	Integral Care
	Bluebonnet Trails Community Services

In general, several themes evolved regarding these processes:

- The TCHATT 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.
- TCHATT staff are knowledgeable of the intake processes at the LMHA and TCAHTT staff often perform these assessments.
- Medical records from TCHATT 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 expediate 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 TCHATT staff have adjusted to each of these variations.

The CPWE workgroup itself has NOT delved into the issue of “Presumptive Eligibility”, that is determining what parts of TCHATT assessments/records might allow LMHAs to use as evidence of eligibility for a defined period of time to streamline the overall process required by HHSC for initial admission of a child referred by TCHATT to LMHA services. This will need ongoing discussion.

There may be a need for a special workgroup to move the processes to its next step, including stakeholders from TCHATT, LHMAs, HHSC and others.

APPENDIX

See attached documents outlining the process used at Dell Medical School and UT Health Houston

Harris Center Process

Care Coordination Referral Process for Harris Center- Local Mental Health Authority

- Clinician/Psychiatrist discuss referring patient to Harris Center and complete referral with family
- Referral for Harris Center is sent to Care Coordinator via email
- Care Coordinator obtains ROI for The Harris Center
- Care Coordinator will obtain all psychiatry/therapy notes from EPIC to create a digital packet
- Care Coordinator will forward Referral (received by clinician and psychiatrist) and packet (notes from EPIC) attached and send to CASreferrals@TheHarrisCenter.org
- Harris Center sends a confirmation email to the Care Coordinator

Integral Care Workflow

1) TCHATT clinician or TCHATT care coordinator submits Internal Care Referral for Integral Care
2) TCHATT care coordinator uploads ROI into Athena (EMR) and leaves in review to TCHATT Integral Care Coordinator
3) TCHATT Integral Care Coordinator notifies Wendy (Integral Care) and inputs student into SharePoint; care coordinator creates pt case in Athena (EMR) to schedule within 2 weeks
4) TCHATT operations schedules intake with Integral Care
5) Sharepoint updated to confirm completion of appointment, next visit and services student will receive.
6) If student does not qualify into services, TCHATT resumes care and connects to a community provider (very rare)

Burke Care Coordination Referral Process

Care Coordination Referral Process to Burke- Local Mental Health Authority

When a patient enrolled in TCHATT needs long-term mental health services through Burke, the following is the procedure:

- Patient enrolled in TCHATT is identified to need referral to Burke (LMHA)
- TCHATT Care Coordinator will introduce Burke to family, discuss services and referral process (can use website, handouts, etc)
- TCHATT Care Coordinator will obtain ROI from family for Burke (ROI is bilateral)
- TCHATT Coordinator will send an encrypted email that includes completed ROI and referral information to Burke Coordinator (Monica Oliver,
- monica.oliver@myburke.org and Stephany Riley, stephany.riley@myburke.org)
- Referral information to include:
    - Patient Name and DOB
    - Guardian Name, Guardian phone, Guardian email
    - Patient/Guardian preferred language spoken
    - School District/School Name
    - Any insurance information
    - Reason for referral/Identified Problem areas
- Burke Staff will let Care Coordinator know appointment date
- Burke Staff will provide intake packet to Care Coordinator. Care Coordinator will give to family (Care Coordinator will help family complete if needed) to bring in at first appointment. Care Coordinator can ask for assistance from the referring school counselor in printing the Intake Packet
- Patient is discharged from TCHATT when connected to Burke

Bluebonnet Trails Process