Services & Discharge

TCHATT Policy

1. Purpose

This policy sets forth requirements and guidelines for providing TCHATT services to students.

2. Scope

This policy applies to all HRIs and their subcontracted partners who receive Consortium funds to provide TCHATT services. Certain sections of this policy apply to Youth Aware of Mental Health (YAM).

3. Policy

3.1 Appointment Standards

In-person appointments are not permitted for therapy, case management/care coordination, and medication management sessions.

Appointments should be offered year-round, primarily during the school day and on the school campus. School staff and space limitations and school and family preferences for time, frequency, and location should be considered when scheduling appointments such that after-hours and weekend appointments may be offered based on HRI preference. If the campus is unavailable the HRI may provide care in a secure private location with the legal guardian present.

Home-based appointments are required when a student is transferred to an HRI that does not have an MOU with the referring school district.

Parent(s)/guardian(s) should be involved in the child's care provided through TCHATT. In addition to obtaining consent, clinicians should ensure they speak with both parent(s)/guardian(s) and child as part of the initial assessment. All services must be provided in a language preferred by the family.

Billing for TCHATT-funded services – to insurance, directly to the family, or through any other means – is not permitted. HRIs should use their Consortium-approved budgeted funds to ensure no one is charged for services.

3.2 Assessments

The following assessments are required to be completed in Trayt:

- Students ages 10 and under:
    - Columbia Impairment Scale (CIS) to assess functional impairment (parent/guardian) before the first appointment
    - SCARED to assess anxiety (parent/guardian; child optional) before the first appointment
    - [Placeholder – trauma]
    - SNAP to assess ODD/ADHD (parent/guardian) before the first appointment

- Students ages 11 and older:
    - CIS to assess functional impairment (parent/guardian and child) before the first appointment
    - GAD-7 to assess anxiety (child) before the first appointment
    - [Placeholder – trauma]
    - SNAP to assess ODD/ADHD (parent/guardian) sent before the first appointment
    - CRAFFT 2.0 to assess substance use (child) before the first appointment
    - PHQ-9a to assess depression (child) on the day of the first appointment
    - Columbia Suicide Screener to assess suicide (child) on the day of the first appointment

HRIs may administer additional assessments as part of the enrollment process.

The CIS should be administered every four weeks. If a student screens positive on any other assessment except the CRAFFT and [placeholder - trauma screener], the assessment(s) should also be administered every four weeks. CRAFFT and [placeholder – trauma screener] rescreening will be determined by the clinician. HRIs may request follow-up assessments if the clinician feels it is clinically indicated but the last assessment was not positive.

HRIs must not refuse to initiate services if a family or student is unable or unwilling to complete assessments.

3.2 Documentation

A referral must be documented in Trayt and the student must be enrolled in Trayt before any student receives therapy, medication management, care coordination, or any combination thereof.

Session notes should be documented in Trayt within one business day after each session. Care coordination/case management activities that take longer than 15 minutes and occur outside of a scheduled session should be documented in Trayt within one business day after the activity occurred.

If the student is receiving medication management services through TCHATT, medications should be tracked in Trayt.

An end of care summary is required in Trayt to archive the student's case. Cases should be archived in Trayt no later than 60 days after the student's last appointment.

3.3 Treatment Approach

TCHATT services are primarily focused on short-term, individual, early intervention therapy. HRIs are required to justify continuing services every session after the fifth session. HRIs may, but are not required to, provide medication management.

If a student has multiple TCHATT providers, those team members must coordinate their efforts through a unified care plan.

HRIs should not provide services that duplicate or replace services that a school district or other governmental entity is obligated to provide.

Treatment modalities provided should be evidence based for the identified concern.

3.3.1 Intermediate Services

HRIs may, but are not required to, provide intermediate services. Intermediate services are permitted when a student's treatment plan recommends it and a documented good-faith effort to locate immediately available community-based intermediate services has been made. HRIs must not offer new intermediate services during a waitlist period. Existing enrolled students already receiving intermediate services can continue to be seen per their treatment plan when the HRI has a waitlist.

Intermediate services include specialty services for anxiety, trauma, and substance use, and bridge services when there is a wait for community-based services.

HRIs that provide intermediate services may be asked by COSH to provide coverage to another HRI's catchment area when that HRI does not provide or temporarily cannot provide intermediate services.

3.4 Care Coordination and Case Management

Care coordination through TCHATT should be available to any referred and enrolled student as needed, assuming the referral meets eligibility criteria as outlined in the Referrals & Enrollment policy. Students and their families may require care coordination at any point after they are enrolled. This includes referral to other resources and services that the student/their family may require while enrolled in TCHATT as well as services that may be needed post-TCHATT.

Care coordination should not replace therapy or medication management when the HRI has a waitlist. If the HRI has a waitlist and a student requires therapy or medication management, the Waitlist and Transfers section of this policy should be followed.

3.4.1 Welnity

HRIs should use Welnity to identify and maintain local and statewide referrals and resources for its students/their families. When students are transferred to another HRI and they require connection to resources and services, Welnity should be used to identify local options in partnership with the student's home HRI.

3.4.2 Referrals to and Collaboration with Other Providers

The Texas Education Agency promotes a multi-tiered system of mental health services for students in public schools. This means that other school-based mental health services may be available to TCHATT students. HRIs should coordinate with district and school liaisons to ensure these services are identified by the HRI and available as referral sources.

HRIs are expected to establish relationships with the Local Mental Health Authorities (LMHAs) in their catchment area so that referrals from LMHAs are facilitated when necessary and to prevent any duplication in services.

Students with severe symptoms of substance use or who require additional support following TCHATT substance use specialty services should be referred to the Outreach, Screening, Assessment, and Referral (OSAR) program in their local area.

The aftercare summary in Trayt and/or clinical notes from the HRI's electronic health record should be shared with the student's primary care provider (if they have one) before the case is archived in Trayt and if the family provides a Release of Information. Providers should be encouraged to contact CPAN for consultations and connections to resources and services.

HRIs should refer to the Research Recruitment policy before referring any student to a research study upon discharge from TCHATT services.

3.5 Waitlists and Transfers

3.5.1 Waitlists

Waitlist status will be determined by data on open referrals and processing times and reports from the HRI. If over the course of two months, 60% of referred students are not able to be enrolled and scheduled within 20 business days (including time for the parent(s)/guardian(s) to respond and complete paperwork), the HRI will be in a waitlist status.

If an HRI is approaching a waitlist, the HRI should indicate this in monthly status reports to UT System and contact COSH to mitigate delays in care.

3.5.2 Service Pauses

If an HRI is considering a pause in service, the HRI must first notify UT System and COSH, as this should be the last resort when attempting to bring capacity back up to demand. UT System will also need to notify additional stakeholders before any pause in service is implemented.

3.5.3 Waitlist Transfers

HRIs may be asked by COSH to provide coverage to another HRI's catchment area when that HRI has a waitlist for TCHATT services. Because MOUs are between a specific HRI and school district, students who are transferred to another HRI due to a waitlist should be scheduled for home-based telehealth instead of school-based telehealth.

Referral processing while in a waitlist should be prioritized in accordance with the Referrals policy.

3.5.4 Intermediate Services Transfers

Like waitlist transfers, students who are transferred to another HRI to receive intermediate services should be scheduled for home-based telehealth instead of school-based telehealth.

3.7 Education and Training

Education and training may be provided by HRIs to school staff, students, and parents/guardians. This includes group psychoeducation and resiliency-building programs such as Youth Aware of Mental Health (YAM) and Project ECHO. These services can be provided on a regular schedule or ad hoc.

Schools may request education on specific topics. HRIs are responsible for following the UT System communication policies and procedures for developing an educational presentation.

Referrals are not necessary for education and training services, however, HRIs are responsible for reporting monthly on the number of education/training sessions provided and an estimate of the number of people served.

4. Definitions

After-Hours Appointment

An appointment that occurs before or after the hours in which a student is in school.

Anxiety Specialty Services

Anxiety-specific intermediate services.

Archived Student

A student who has been discharged from TCHATT services. Students may be discharged for reasons such as completing treatment or declining further treatment. Archived students were enrolled but may or may not have been seen by a clinician.

Assessments

Evidence-based scales/screeners used to facilitate mental health diagnoses and determine the course of treatment for a student.

Bridge Services

A type of intermediate service that is provided when community-based services have been identified but there is a wait for the student to receive those services. Bridge services are provided until the community-based program can provide services to the student.

Care Coordination

The deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.

Case Management

A professional and collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs.

Catchment Area

The geographic area where an HRI is designated to provide TCHATT services.

Centralized Operations Support Hub (COSH)

The Consortium's team that provides operational support and day-to-day assistance to HRIs.

Child Psychiatry Access Network (CPAN)

A Consortium-funded program that offers peer-to-peer provider phone consults, referrals and resources, and behavioral health CMEs.

Clinician

A licensed provider of mental and/or behavioral health services who carries out an enrolled student's treatment plan.

Discharge

The process of ending care with an enrolled student.

Enrolled Student

A referred student for whom consent paperwork and assessments have been received and appointments are ready to be scheduled.

Governmental Entity

An organization controlled fully or in part by a local, state, or federal government.

Health-Related Institution (HRI)

A health-related institution of higher education that administers the TCHATT program.

Home-Based Appointment

An appointment that is held off of a student's school campus.

Individual Therapy

Therapy that involves a clinician and single student working through that student's mental/behavioral health needs.

In-Person Appointment

An appointment not provided by telehealth or telemedicine (services provided remotely via the use of technology).

Intake Appointment

The first appointment scheduled with an enrolled student and their parent(s)/guardian(s). The intake appointment should be scheduled only after consents and assessments have been received and the student has been enrolled in Trayt.

Intermediate Services

TCHATT services that go beyond 8 sessions but are typically no longer than 20 sessions. Intermediate services should only be provided when long-term community services do not exist or there is a waitlist for long-term community services.

Local Mental Health Authority (LMHA)

Regional community-based providers of mental and behavioral health services which are partially funded by governmental entities.

Long-Term Community-Based Services

A business, agency, or entity that provides mental health services to children/adolescents for two months or longer in a local area and is not a TCHATT provider.

Medication Management

A service provided to an enrolled student when the student requires prescription medication to manage their mental or behavioral health need(s).

Project ECHO

A virtual learning community of healthcare providers to increase provider capacity to care for their patients. Subject matter experts provide case-based learning and lecture presentations.

Outreach, Screening, Assessment and Referral (OSAR) Programs

Programs funded by the Texas Health and Human Services Commission for people who want help accessing substance use services. OSARS are available statewide 24 hours a day, 7 days a week and are

incorporated into multiple local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs).

Parent/Guardian
The adult(s) legally responsible for the student who has been referred.

Primary Care Provider
A licensed healthcare professional who provides the first contact for a person with a health concern and who provides continuing care for medical conditions.

Referral
A formal request for TCHATT services.

Referral Processing
The steps required to enroll a student in TCHATT after a referral has been submitted.

Referred Student
A student for whom a referral has been submitted but initial contact with the parent(s)/guardian(s) has not been made and consents and assessments have not been received.

School District
A district that operates a cluster of schools with oversight from the Texas Education Agency (TEA) and is assigned a school district code by TEA.

School Staff
Any person employed by a public, charter, private, or home school.

Session Notes
Notes entered in Trayt by an enrolled student's treating clinician which summarizes each appointment.

Short-Term Services
TCHATT services that are typically no more than 5, but up to 8, sessions. Short-term services should be the primary service offering for all TCHATT programs.

Student
A child or adolescent generally aged 4-18 who is enrolled in a PreK-12 public, charter, private, or home school program in Texas.

Subcontracted Partner
A hospital system or behavioral health provider organization contracted by an HRI to provide TCHATT services to students through an MOU with a school district.

Substance Use Specialty Services
Substance use-specific intermediate services.

Summer and Winter Breaks
The periods of time, typically in late December-early January and late May-mid-August when school is not in session.

Texas Child Access Through Telemedicine (TCHATT)

A Consortium-funded program that provides short-term, school-based mental health services to students.

Therapy

Treatment to reduce or resolve mental/behavioral health symptoms.

Transfer

When a student's TCHATT care is reassigned from one HRI to another.

Trayt

TCHATT's centralized data management system. TCHATT school liaisons submit referrals in Trayt and HRIs document referral processing and session data in Trayt.

Trauma Specialty Services

Trauma-specific intermediate services.

Treatment Plan

A written plan to resolve or reduce an enrolled student's symptoms.

Unified Care Plan

A treatment plan that is developed in collaboration with and followed by all TCHATT providers involved in the student's care.

Waitlist

The list of referrals that are unable to be processed, enrolled, and scheduled (excluding time for the parent(s)/guardian(s) to respond and complete paperwork) within 20 business days.

Weekend Appointment

An appointment that occurs on a Saturday or a Sunday.

Youth Aware of Mental Health (YAM)

An evidence- and school-based educational program delivered to students in 8th-12th grades to explore the topic of mental health through role-play and student-led discussions.

5. Related Policies & Procedures

Policy/Procedure	Link
Referrals & Enrollment	
Research Recruitment	
Procedures	

6. Other Resources

Resource	Link
OSAR Services	Outreach, Screening, Assessment and Referral | Texas Health and Human Services
LMHA Contacts	

7. Version History

Effective Date	Description of Change	Sections Changed
[Date]	New policy	All