



TEXAS
Health and Human
Services

Family Guide:

Children's Mental Health Services

Texas Resilience
and Recovery

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Introduction

The Texas Health and Human Services Commission (HHSC) offers an array of community mental health and substance use services for children to help them become resilient and lead healthy lives. HHSC recognizes the system can be overwhelming, so we developed this guide for Texas families. The aim of this guide is to inform and provide families the tools they need to achieve their child's full potential.

HHSC's Mental Health and Substance Use Programs, which oversees these community programs, is guided by the vision of a "resilient and healthy Texas." This vision aligns with the broader national movement to include resilience and recovery-oriented services, supports, practices, and beliefs in publicly funded mental health service delivery.

Mental health is essential, affecting how a child thinks, acts, and feels about themselves as an individual and as part of the community. Mental health informs their overall quality of life – affecting how they handle stress, relate to others, and make choices.¹ By promoting mental health and early intervention and providing quality services, together we can help children learn how to manage their mental health as they grow and mature by using a trauma-informed care approach and system of care framework.

The Texas System of Care² philosophy focuses on strengthening state and local coordination to ensure the availability of high-quality mental health care that is family-driven, youth-guided, community-based, culturally grounded, and sustainable. Many organizations who serve children with mental health needs are part of the system of care, including educational, pediatric, public health, child welfare, and juvenile justice organizations. The goal is for children's mental health needs to be identified and addressed by each system of care partner. Additionally, Texas supports a trauma-informed care approach focused on understanding the

¹ <https://www.cdc.gov/mentalhealth/index.htm>

² <https://txsystemofcare.org/about/>

impact of trauma to ensure environments and services are safe and welcoming for all people and staff.

Children express themselves in many ways. As community members and loved ones, it is important to recognize when behaviors need additional support or mental health intervention and services.

Signs and symptoms may include, but are not limited to³ the following:

- Excessive worry, anxiety, or fear
- Excessive sadness
- Confused thinking or problems concentrating and learning
- Extreme mood changes
- Avoidance of friends and social activities
- Difficulty understanding or relating to other people
- Changes in sleeping habits, increased fatigue, or low energy
- Increased or decreased appetite
- Changes in school performance
- Hyperactive behavior
- Frequent nightmares
- Frequent disobedience or aggression
- Frequent temper tantrums (younger children)

Although living with mental health challenges can be difficult, it does not define your child or your family. A child is an essential community member with unique strengths and talents.

³ National Alliance on Mental Illness, <https://www.nami.org/About-Mental-Illness/Warning-Signs-and-Symptoms>

Texas Resilience and Recovery Model

The Substance Abuse and Mental Health Services Administration defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."⁴ Current community-based mental health services use the Texas Resilience and Recovery (TRR) model as the public mental health service delivery system. The TRR model's modern framework helps guide decisions on the most appropriate services for each family and child.

⁴ <https://www.samhsa.gov/find-help/recovery>

Local Mental Health Authorities and Local Behavioral Health Authorities

Community mental health services are accessible through the local mental health authority (LMHA) or local behavioral health authority (LBHA). This network of community-based providers ensures that children with serious emotional disturbance (SED) can access a range of helpful services. HHSC contracts with 37 LMHAs and two LBHAs to deliver mental health services in communities across Texas.

What Are LMHAs and LBHAs?

LMHAs and LBHAs offer crisis services and access to specialized mental health care to underserved populations—including people who are uninsured or in need financially or are on Medicaid or Medicare. In other words, they help people who otherwise would not have access to services. LMHAs and LBHAs are safety net providers for their local communities, providing services at an office, community, school, or home. These services support families in making changes that can build strength and help children recover from mental health challenges. LMHAs and LBHAs also connect people in search of services with other community resources.

To find your LMHA or LBHA call 2-1-1 or visit [Find Your Local Mental Health or Behavioral Health Authority | Texas Health and Human Services](#).

How Do I Know if My Child Needs Crisis Services?

A child should be referred to mental health crisis services if they are:

- In imminent or immediate danger to self or others; or
- Exhibiting serious mental, emotional, or behavioral health problems.

If at any point your child is experiencing a mental health crisis and needs more support, crisis services are available 24 hours a day, 7 days a week, via the LMHA or LBHA crisis hotline. Crisis services can include in-person crisis management, crisis intervention, crisis follow-up, and relapse prevention.

Anyone can call the crisis hotline. If you contact the crisis hotline, providing accurate details on your child's situation and behavior will get your child the help they need.

To find your LMHA or LBHA crisis hotline number, go to [Mental Health Crisis Services | Texas Health and Human Services](#).

If at any time the situation becomes unmanageable and you think your child might hurt themselves or someone else, call 9-1-1. Many local communities have trained social workers or law enforcement to handle mental health crises. If you call 9-1-1, tell the emergency responder if your child is dealing with mental health challenges and your preference, if any, for treatment and support.

Additional Resources

988 Suicide and Crisis Lifeline:

- Call or Text: 988 for free and confidential support, 24/7
- Chat online: <https://988lifeline.org> for free and confidential support, 24/7
- Support for people who are deaf and hard of hearing: 1-800-799-4889

Crisis Text Line:

- Text: TX to 741741 for free, 24/7 crisis support in the United States
- Visit: <https://www.crisistextline.org/>

Trevor Project – Provides crisis intervention and suicide prevention resources for lesbian, gay, bisexual, transgender, or queer older children and young adults.

- Chat online: <https://thetrevorproject.org>

- Call: 1-866-488-7386
- Text: START to 67867

How to Find Your LMHA or LBHA

There are a few ways to find the LMHA or LBHA in your area:

Online

By computer:

- <https://mentalhealthtx.org/>
- <https://hhs.texas.gov/about-hhs/find-us/where-can-i-find-services>

By search link:

- [See a list of all the community mental health centers.](#)

By entering your resident county, city, or Zip code, you can locate your LMHA or LBHA.

By Phone

- Dial 2-1-1 and ask for the LMHA or LBHA in your area.
- Once you have identified your LMHA or LBHA, give them a call.

If you do not receive a return phone call within 48 hours, contact your rights protection officer (i.e., Client Rights Officer) for help. To find your local rights protection officer, contact the HHS Office of the Ombudsman at:

- Toll-Free: 1-800-252-8154
- Relay Texas: 7-1-1 or 1-800-735-2989

Does My Child Qualify for Mental Health Services?

If your child struggles significantly in daily life because of their emotional or behavioral problems, they may qualify for mental health services.

An LMHA or LBHA clinician will meet with you and your child to determine eligibility, mental health diagnosis, and treatment needs.

Eligibility Criteria

Children ages three to 17 may qualify for children's mental health services if they:

- Have a SED; and
- Have a serious functional impairment; or
- Are at risk of leaving their home environment because of psychiatric symptoms; or
- Are in special education because of emotional disturbance⁵.

It is important to note that children with a co-occurring need – such as substance use, intellectual or developmental disability, or autism spectrum disorder – may be eligible to receive mental health services. However, the child's mental health challenge must be the primary barrier to daily functioning to qualify for mental health services at an LMHA or LBHA. Therefore, a single diagnosis of substance use, intellectual or developmental disability, or autism spectrum disorder would not meet the eligibility criteria to receive mental health services.

If your child does not qualify for mental health services, they may still be able to use other services offered in your community. Be sure to ask your LMHA or LBHA what services might be available for your family.

⁵Performance Contract Notebook

Intake Process

First Visit: What to Expect

The LMHA or LBHA will schedule a visit with the Legally Authorized Representative (LAR) and child to determine if they qualify for mental health services, all of which are voluntary. The first visit is called an intake. If this is your first-time seeking services for your child, or if you are restarting services after a long break, remember to bring the following items to your intake:

What to Bring

- Valid photo ID (of the child's caregiver)
- Proof of income, such as your most current pay stub
- Most current insurance cards, if applicable
- Proof of residence for the last 30 days, such as a utility bill or rental agreement
- Name, address, and phone number of any physician who has treated your child
- A list of all medications your child is taking or has taken
- A list that includes dates of any psychiatric hospitalizations for your child
- If applicable, any legal court document that places the child in your custody

Call the intake office before your visit if you do not have all of these items or have questions about additional items needed during the appointment. You also may call to confirm the date and time of your visit, ask for directions to the clinic, etc.

Paying for Services

Your inability to pay for services should not be a barrier to getting your child's mental health care. At your visit, the LMHA or LBHA will complete a financial assessment. The financial assessment shows how charges for services are

determined. You may be asked to contribute to the cost of your child's care depending on your financial situation. Providers may also bill your insurance or Medicaid, as applicable.

Many LMHAs and LBHAs also have details about local resources or programs that can help you apply for benefits or pay for the cost of services.

Consent

At your intake, the LMHA or LBHA will ask you to complete documents, including a consent for services. This document authorizes the LMHA or LBHA to provide services and treat your child. The LMHA or LBHA will explain your child's rights and your rights as the LAR. The staff, LAR, and child can review additional consents with other systems, such as a primary care doctor or school district. If you have any questions about what these documents might mean for you and your family, it is important to ask at that time.

Assessment Process

During the intake, the LMHA or LBHA determines if your child qualifies for mental health services. During the visit, staff will conduct a diagnostic interview. The diagnostic interview may take up to an hour. If your child remains in services, staff will repeat the diagnostic interview once a year.

The LMHA or LBHA will also complete the Texas Child and Adolescent Needs and Strengths (CANS), an assessment tool that supports decision-making, including what level of care and recovery plan components best fit your child's needs. The CANS may take up to an hour for staff to complete. The assessment can include questions that might be uncomfortable to answer but are necessary to establish treatment needs. Your child's needs can adjust the pace of these interviews. Your intake worker can help provide support during this visit. The details you provide are kept confidential within the limits of the law. The LMHA or LBHA will complete the CANS every 90 days, at a minimum, and more frequently based on your child's circumstances. This assessment also tracks your child's progress toward their recovery and includes building personal strengths which is essential to developing lifetime resilience skills.

If your child does not qualify for mental health services at this time, your LMHA or LBHA can provide information about other community support in your area.

Participation in Services

Your participation as a caregiver impacts your child's recovery. When your child receives mental health services, LMHA or LBHA staff will ask you to participate in creating your child's recovery plan and provide details and updates about your child's strengths and challenges. The LMHA or LBHA may ask you to participate in counseling, skills training, or other services that can be helpful for your child's recovery.

Remember, you know your child best, and your participation as a caregiver is essential to help support your child's recovery and long-term mental health wellness.

What Is a Level of Care Assignment? Finding the Right Fit

If a CANS indicates your child qualifies for services, they are assigned a Level of Care (LOC). The LOC outlines an array of services available to you and your child. The CANS is intended to guide and identify the intensity and frequency of services necessary to address your child's needs and strengths. It can take time to ensure that your child's services are "just right." The intake worker or case manager and you will review the different LOCs to help determine what services will best support your child.

To learn more about the different LOCs, visit the [Utilization Management Guidelines](#).

Remember, it is natural for your child to transition between different levels, especially as they build resilience and move toward recovery. When unexpected things or major transitions arise, it is also okay to ask for additional support to help your child adjust to changes.

Setting Goals and Choosing Strategies

Developing a Recovery Plan

A recovery plan will be developed collaboratively by the recovery team, you, and your child. The plan is developed after the CANS and LOC is assigned. The recovery plan is also known as a treatment plan. During plan development, everyone will have the chance to discuss their thoughts or concerns. The development of this plan is essential to ensuring that you and your child are in the driver's seat on the road to recovery. The plan outlines your child's strengths, needs, goals, resources, and services provided to support building your child's resilience and recovery. The team will review and update the recovery plan every 90 days to help track progress.

Building Strengths and Resilience

Just as no two people are alike, everyone's path toward recovery looks different. No matter what path you might be on, you and your family are not alone. Your recovery team will help you build the skills you need to add to your family's toolbox. The skills you and your child learn will help build resilience by reducing symptoms and improving strengths.

Once you feel you have made progress and your child has shown improvement in their assessment and goals and maintained their recovery, they may be able to discharge from services. You can begin discussing discharge planning with your child's recovery team, but discharge should not abruptly occur.

The care provided within the Texas community mental health system offers resilience, hope, and recovery for people receiving services. The goal is for each person to develop tools and coping mechanisms to help them throughout their recovery process. Your local community mental health provider is always there to offer support.

Available Services

Case Management

Case management helps your child and your family gain access to necessary services. Your case manager will help coordinate services, make referrals to community resources, and help advocate for you and your child.

- **Routine Case Management:** Ongoing on-site services at your LMHA or LBHA help gain and coordinate access to necessary care and appropriate services based on existing needs.
- **Intensive Case Management (ICM):** Mental health ICM includes a focused effort to coordinate community resources and uses an evidence-based Wraparound Planning process to address a child's unmet needs. ICM helps your family access necessary care and services appropriate to these needs. The Wraparound Planning process builds upon natural supports and strengths that you identify. Linking your family to community resources will foster resilience.

To learn more about the Wraparound Planning process, visit [Wraparound Planning Process](#).

Crisis Services

Crisis Intervention Services: These services help reduce symptoms of serious mental illness or emotional disturbance. Crisis intervention services work to help your child remain safe in your home or community if they are a danger to themselves or others. These services may include safety planning interventions to attempt to reduce risk and maintain safety when suicidal thoughts emerge.

Crisis Follow-Up and Relapse Prevention: These services are provided to the child and family to improve the situation that led to the crisis, ensure stability, and prevent future crisis events.

Crisis Respite: In some areas, crisis respite services specifically for children provide short-term, community-based residential crisis treatment by LMHAs and LBHAs. These services are available to children with a low risk of harming themselves or others. They may have some functional impairment and require direct supervision and care but do not require hospitalization. Services are voluntary. Children experiencing suicidal or homicidal ideations or exhibiting behaviors that pose a risk to themselves or others would not be eligible for these services.

Depending on the child's needs and their family, crisis respite services may occur over a brief period, for a few days, or longer. The primary objective of crisis respite services is to stabilize and resolve a family's crisis.

To check if your local area offers this specific program, contact your LMHA or LBHA.

You may also check the [HHSC Crisis Services Guide](#) to see if your LMHA or LBHA offers crisis respite services in your area.

Mobile Crisis Outreach Team (MCOT): MCOT services provide a combination of crisis services, including emergent care (response within one hour), urgent care (response within eight hours), and crisis follow-up and relapse prevention to children or adults in the community 24 hours a day, seven days a week. A team goes into the community and provides psychiatric emergency care by assessing and providing recommendations for the least restrictive treatment environment. MCOT responds to calls in the community and collaborates closely with community partners, such as law enforcement and local emergency departments, to address behavioral health care needs.

Certified Family Partner (CFP)

A CFP is a parent or caregiver of a child with emotional, behavioral, or mental health challenges. In addition, a CFP receives specialized training to help parents and caregivers navigate various systems of care. The CFP shares their lived experience to help families reach their goals. CFPs can provide parents and families coaching on effective ways to address a child's mental health and the parenting skills unique to those challenges.

CFPs:

- Aid in personal and family resilience and recovery, including helping the LAR address self-care.
- Help parents or primary caregivers increase their advocacy skills.
- Provide educational support.
- Provide emotional support.
- Provide community connections and outreach.
- Promote family-driven practices.
- Support families as they navigate child-serving partners in the system of care, such as juvenile justice, mental health courts, Child Protective Services, Independent School Districts, Social Security Benefits, Community Resource Coordination Groups (CRCG), psychiatric hospitalization, residential treatment, Supplemental Nutrition Assistance Program (SNAP) Benefits, food banks, and other community resources.
- Provide support across many organizations and systems to ensure and include family-driven practices.

If you want help from a Certified Family Partner, ask your assigned clinician or caseworker for a referral.

Counseling

Counseling uses therapeutic services delivered by a counselor to empower people, families, and groups to accomplish mental health and wellness goals. Counseling can occur with a single person, a family, or a group setting and can use the therapeutic process through conversations, games, or other activities to address issues. Counseling can improve personal and family relationships or circumstances. It can also manage parent-child relationships, depression, anxiety, and traumatic events.

Some examples of different types of therapeutic services include:

- **Cognitive Behavioral Therapy:** An evidence-based practice for providing individual, family, and group therapy focused on reducing or eliminating a person's symptoms of serious mental illness and increasing the person's ability to perform activities of daily living.
- **Trauma-Focused Cognitive Behavioral Therapy:** Individual and joint-family therapy for children impacted by trauma who are experiencing significant emotional and behavioral problems and their parents or primary caregivers. This therapy is the approved counseling treatment model for children with trauma disorders, or whose functioning or behavior is affected by their history of traumatic events.
- **Play Therapy:** A method of meeting and responding to the mental health needs of children. Experts acknowledge this as an effective and suitable intervention for children's brain development. Sessions typically last 30 to 45 minutes. They may be provided individually or with groups of children, and may include various techniques such as art, clay, sand tray, music, or role-play.
- **Family Therapy:** A form of psychotherapy that seeks to reduce distress and conflict by improving the interactions between family members. This strengths-based treatment takes a family's perspective and views problems as patterns within the system that need adjusting.

Please note that the availability of counseling therapy types listed above may vary by LMHA or LBHA.

Medication Management Services

Medication Training and Support: Instruction and guidance regarding the medication your child may receive to treat their symptoms of emotional disturbance.

Pharmacological Management: Provided by a physician or other prescribing professional, focuses on using medication to treat the signs and symptoms of emotional disturbances or mental illness.

Skills Training and Development

Skills training and development teach children how to manage personal issues effectively, integrate new positive coping skills into everyday life, and develop an enhanced awareness of their thoughts and feelings. It also addresses behaviors that are symptoms of an emotional disturbance. Children build skills that improve their ability to cope with their unique symptoms. These skills help them function independently in school, at home, and the community. Skills training is also available for parents or legal guardians. This skills training goes beyond basic parenting techniques and is designed to help parents or legal guardians address their child's mental health needs.

Specialized Programs

The following services are unique programs tailored to specific needs and levels of care. To find out availability in your area and eligibility details, please call your LMHA or LBHA.

Youth Empowerment Services (YES) Waiver: The YES Waiver program partners with families and the community to ensure qualifying Texas children can access various community-based services and supports.

Children using YES Waiver services:

- Are ages three to 18;
- Have serious mental, emotional, and behavioral problems;
- Have a qualifying mental health diagnosis;
- Are at risk of being placed outside their home because of their mental health needs;
- Meet the criteria to be in a psychiatric hospital;
- Are eligible for Medicaid — parent's income does not apply; and
- Currently, live in a home setting with a legal guardian or on their own and their emancipation is legal.

YES Waiver services for children are family-centered and prevent out-of-home placement while promoting lifelong independence and self-defined success. These services work within the Wraparound Planning process to increase the family and child's well-being.

Dependent on needs, services may include:

- Alternative and creative therapies
- Help for adjusting families to unique challenges related to children's mental health needs
- Connecting families with other families with shared experiences
- Help to find your child a job
- Help with stressful situations
- Temporary breaks for caretakers
- Nonmedical transportation
- Medical support to keep a child at home
- Minor home modifications
- Helping children safely stay at home

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI): TCOOMMI contracts with LMHAs and LBHAs to provide mental health services to children on juvenile probation or parole. A specialized recovery case manager and probation officer work with the parent and child to improve compliance with court orders while the child receives mental health services.

Coordinated Specialty Care for First Episode of Psychosis (CSC): CSC is a team-based model designed to meet the needs of people between 15 and 30 years old who have experienced their first episode of psychosis within the past two years. CSC focuses on sharing decision-making and recovery, and services can include intensive case management, wraparound services, and transition into adult services. Services can continue to support the person and families throughout the duration. Depending on the person's needs, CSC services can continue for up to 36 months.

Residential Treatment Center (RTC) Project: The RTC Project is a partnership between the Department of Family and Protective Services (DFPS) and HHSC. The RTC Project provides children with mental health care in an RTC setting while the guardian keeps legal responsibility for their child.

The RTC Project aims to provide treatment and support for families with a child whose significant mental health care needs might otherwise require placement into DFPS custody. The RTC Project supports eligible families by:

- Connecting families to mental health services available in their community through their LMHA or LBHA; and
- Paying for the cost of an RTC to meet their child's mental health needs when families do not have the resources to pay for residential placement.

Admission to residential treatment through the RTC Project is not a guarantee. If your child does not get admitted to a residential treatment center through the RTC Project, your LMHA or LBHA will tell you about other mental health services in your community to support your family.

RTC Project requirements include the following:

- The child is a resident of Texas.
- The child is younger than 18 years old.
- The child has a qualifying SED.
- There is no current abuse or neglect in the household.
- The family may be placing their child into DFPS custody because of the seriousness of their child's mental health needs.
- The family will support the mental health needs of their child throughout the RTC Project treatment process.

Transition Age Youth (TAY): The purpose of TAY is to identify and help persons 16 through 20 years of age who may undergo tremendous change in all domains of life including physical, cognitive, relationships, educational, vocational, and housing. Early identification and engagement around transitions with youth and their caregivers, while promoting environments where youth and their caregivers

may obtain skills necessary for success in transition to adulthood is central to TAY services. The goal of TAY is to provide access to evidence-based assessments, treatment models, and recovery services supported by strengthening the existing service delivery structure in a wraparound approach with “transition age” youth and young adults.

Co-Occurring Psychiatric and Substance Use Disorder

It is not uncommon for people to be diagnosed with mental health and substance use disorders. Sometimes the symptoms happen simultaneously. A coordinated services approach that focuses on best practices for people with both conditions is often the most effective way to help people recover.

To learn more, visit the [Co-Occurring Psychiatric Substance Use Disorder webpage](#).

Substance Use Disorder

A substance use disorder occurs when ongoing substance use harms a person's daily life. Substance use issues can affect children from all backgrounds. Substance use services will base support for a child's recovery on their personal needs.

To learn more, visit the website: [Children's Substance Use Services](#).

How To Find Substance Use Services

Outreach, Screening, Assessment, and Referral (OSAR) centers may be the first stop for Texas residents seeking substance use services. OSAR programs are available to anyone seeking substance use services. As part of their services, the OSAR program may coordinate with community services while a person waits for a specific service. OSAR services are incorporated into multiple LMHAs and LBHAs across the state. The only eligibility requirement is the person must currently reside in Texas.

To learn more, visit [OSAR Services](#).

Various substance use prevention programs are available across the state for children, families, and communities. While some programs focus on the general population, others focus on children at increased risk for substance use. The child-focused programs include training to enhance the ability of the child to function in their environment, thus reducing the risk of substance use.

To learn more, please visit [Substance Use and Misuse Prevention](#).

For immediate and confidential help, 24 hours a day, seven days a week, please contact the local OSAR in your region. You may also call or contact [2-1-1 Texas](#). Dial 2-1-1 or call 1-877-541-7905.

Resources

Trauma-Informed Care and Practices

There is a growing awareness of trauma's impact on families. Families play a critical role in helping children recover from mental health challenges and are at the center of trauma-informed services. Healthcare professionals who actively engage with all types of families and work with others in child and family-serving systems are better partners when delivering family-centered, trauma-informed services.

The National Child Traumatic Stress Network developed these resources on families and trauma: <https://www.nctsn.org/trauma-informed-care/families-and-trauma/nctsn-resources>.

Community Resource Coordination Groups

Community Resource Coordination Groups (CRCGs) are:

- County-based groups of local partners and community members that work with parents, caregivers, children, and adults with complex needs to coordinate services and supports;
- Groups that help people whose needs cannot be met by one single agency and who would benefit from agency coordination; and
- Groups focused on meeting people's and family's needs with community-based solutions.

CRCGs are located across the state of Texas, currently covering 247 counties. CRCGs seek to find the most empowering, community-based solutions. CRCGs tell local and state systems of care about gaps and barriers to helping people and work to find creative solutions to community problems.

To learn more or to find your local CRCG:

Visit the CRCG website: <https://crcg.hhs.texas.gov> or contact the State CRCG Office at CRCG@hhsc.state.tx.us or (512) 206-5255.

HHSC's Children's Mental Health Services

To learn more or find resources:

Visit: <https://hhs.texas.gov/services/mental-health-substance-use/childrens-mental-health>

Contact: Childrens_MH@hhsc.state.tx.us

MentalHealthTX.org

This website has resources including information for people seeking mental health and substance use services, social services, mental health, and substance use awareness training modules that provide details on symptoms, treatment, recovery, and more.

Visit: <https://mentalhealthtx.org/resources/>

NavigateLifeTexas.org

This website provides resources and support for families raising children with disabilities.

Visit: <https://www.navigatelifetexas.org/en>

Suicide Prevention Resources

This website includes reference materials and quick reference guides to learn more about risk factors, warning signs for suicide, and how to help youth.

Visit: [Suicide Prevention | Texas Health and Human Services](#)

Texas Parent to Parent

Texas Parent to Parent provides support, information, and education for families of children and adults with disabilities, chronic and mental health conditions, and other health care needs.

Visit: <http://txp2p.org>

Texas Education Agency: Texas School Mental Health and Behavioral Health

The Texas Education Agency provides information to help schools to support students' mental and behavioral health.

Visit: [Mental Health and Behavioral Health | Texas Education Agency](#)

Frequently Asked Questions

1. What happens if I am concerned about the mental health care my child has been offered or is receiving?

The service providers at your LMHA or LBHA are there to help you find solutions to the challenges faced by you and your child. First, discuss your concern with someone on the recovery team (case manager, therapist, certified family partner, doctor, etc.). They will meet and discuss any concerns you have. Second, if you are not satisfied with the outcome of your conversation, ask the receptionist for the contact details for the LMHA's or LBHA's Client's Rights Officer. Client's Rights Officers are there to help you make informed choices on behalf of your child. They are there to support you if you have questions or concerns about your child's rights.

2. What happens if my LMHA or LBHA is not addressing concerns or complaints I bring to their attention?

If the Client's Rights Officer does not address your concern, you may contact the Health and Human Services Behavioral Health Office of the Ombudsman. The LAR may contact Office of the Ombudsman by:

- Phone:
1-800-252-8154 (8:00 a.m. to 5:00 p.m., Central Standard Time, Monday through Friday); or
7-1-1, or 1-800-735-2989 for a person who has a hearing or speech disability;
- Fax: 1-888-780-8099;
- Mail: HHS Office of the Ombudsman, Ombudsman for Behavioral Health, P.O. Box 13247, Austin, TX 78711-3247; or
- Online: <https://hhs.texas.gov/ombudsman>

3. What happens if my child is placed on a waitlist for services at the LMHA or LBHA?

If your child has Medicaid coverage, placing them on the waitlist for mental health services should not occur. If Medicaid does not cover your child, they *might be* on a waitlist. If your child is on a waitlist for services, a staff member from the LMHA or LBHA will contact you at least every 30 days to inquire about your child's condition while waiting for services. Contact your LMHA or LBHA if you believe their condition has worsened. If your child remains on a waitlist a full year before entering services, a staff member will contact you to schedule another full assessment to determine if their needs have changed.

At any time, if your child experiences a psychiatric crisis, they may be able to use immediate crisis services. See page 6 of this guide if you believe your child is experiencing a crisis.

4. What if my child has specific needs that my LMHA or LBHA cannot accommodate?

The LMHA's or LBHA's assessment will indicate if your child has unique needs they cannot accommodate. In that case, your case manager, family partner, or therapist can give you details about providers in the community with the qualifications, expertise, and resources to address those needs. LMHA and LBHA staff have connections to community providers and other resources. Ask them to help you identify resources.

5. How do I know if I can receive financial help?

All LMHAs and LBHAs accept Medicaid and CHIP. Ask staff for help using CHIP, Medicaid, Special Supplemental Nutrition Program for Women, Infants and Children (i.e., WIC), and other state or federal assistance programs or if they can provide details about local offices for these programs.

You may also call 2-1-1, which is an HHSC resource committed to helping Texas citizens connect with the services they need. Whether by phone or internet, the goal is to present accurate, well-organized, and easy-to-find facts from over 60,000 state and local health and human services.

Appendix A: Glossary

Assessment: A systematic process for measuring a person's service needs.

Caregiver: An adult person whom a parent has authorized to provide temporary care for a child, as defined in Texas Family Code §34.0015(1).

Case management: Services that assist and support people receiving services from a program provider in developing skills to gain access to and obtain services from needed medical, social, educational, and other service providers essential to meeting basic human needs. This function consists of assessment of needs, appropriate referrals, follow-up on referrals, and a plan of action with clear goals.

Child: A person under 18 years of age and not emancipated under state law.

Children's Health Insurance Program (CHIP): CHIP is a health care program for children without health insurance whose families earn too much to get Medicaid but cannot afford health insurance.

Clinician: A physician or other qualified person involved in the treatment and observation of living clients, as distinguished from one engaged in research.

Confidential: Spoken, written, and acted on, etc., in privacy or secrecy.

Crisis respite services: A short-term period of care for a service recipient who has mental health, intellectual, developmental, behavioral, or physical challenges. The purpose is to provide the service recipient's family or regular caregiver with a time-limited break from the routine care that they provide.

Diagnosis: The process of determining by examination the nature and circumstances of a diseased condition, or the decision reached from such an examination.

Diagnostic interview: An exam in which a licensed clinician reviews the current psychiatric diagnosis and suggestions for treatment.

Discharge plan: A written plan that addresses the patient’s current needs and goals, specifies the services to be provided and by whom. Among the areas that should be addressed in the discharge plan are: mental health services, case management, living arrangements, economic assistance, employment supports, transportation, and medication.

Evidence-based practices (EBPs): “Integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett D, 1996) EBP is the integration of clinical expertise, patient values and the best research evidence into the decision-making process for personal care.

Family: The children, parents, brothers, sisters, other relatives, foster parents, legally authorized representatives, primary caregivers, and significant others who perform the roles and functions of family members in the lives of people in services.

HHSC: Health and Human Services Commission.

Intake: A comprehensive assessment performed by a qualified mental health professional or licensed practitioner of the healing arts to identify the person’s behavioral health needs, which might include community-based as well as facility-based services.

Intervention: Action taken to improve a situation, especially a medical, behavioral, or social disorder.

Legally authorized representative (LAR): A person authorized by law to act on behalf of a person receiving services about a matter described in this guide, including, but not limited to, a parent, guardian, or managing conservator.

Level of Care (LOC): A designation given to HHSC’s standardized sets of mental health services, based on the [Utilization Management Guidelines and Manual](#), which specify the type, amount, and duration of mental health rehabilitative services to be provided to a person.

Local Behavioral Health Authority (LBHA): As defined 26 TAC Subchapter C §307.105 (relating to Definitions) an entity designated as the local mental health authority by the HHSC in accordance with Texas Health and Safety Code §533.0356.

Local Mental Health Authority (LMHA): As defined 26 TAC Subchapter G §301.303 (relating to Definitions) an entity designated as the local mental health authority by the HHSC in accordance with Texas Health and Safety Code §533.035(a).

Mental health rehabilitative services: Services that are individualized, age-appropriate, and provide training and instructional guidance that restore a person's functional deficits due to serious mental illness. The services are designed to improve or maintain the person's ability to remain in the community as a fully integrated and functioning member of that community.

Mental health services: All services concerned with prevention, and detection of mental disorders and disabilities and all services necessary to treat, care for, supervise, and rehabilitate people with a severe and persistent mental illness.

Natural supports: Relationships and abilities that already exist or can be developed. They increase the chances of success for you and your child to live healthy and happy lives in your community. Natural supports can be people (family, neighbors, and coaches, etc.); places (church, community center, school, etc.); or things (artistic ability, family pet, positive attitude, etc.).

Recovery: A process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Relapse: The return of an illness or behavior after a period of improvement.

Serious emotional disturbance (SED): A diagnosed mental health disorder that substantially disrupts a child's or adolescent's ability to function socially, academically, and emotionally.

Serious functional impairment: Having significant challenges regulating behavior or emotions at home or in the community. These emotions and behaviors disrupt normal daily functioning.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC): A nutrition program for pregnant, breastfeeding women, and families with children younger than five.

Team-based model: This collaborative approach to care can include a team lead, primary clinician, recovery coach, supported education and employment specialist, nurse, prescriber, counselor or licensed chemical dependency counselor, peer specialist, and family partner.

Trauma: "An event, series of events, or set of circumstances that is experienced by a person as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the person's functioning and mental, physical, social, emotional, or spiritual well-being."⁶

Trauma-informed: A program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in people, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

⁶ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, (2014). Publication ID. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (SMA14-4884). Retrieved from <https://store.samhsa.gov/>