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Texas Child Mental
Health Care Consortium

TCHATT and LMHA/LBHA Pilot Evaluation

*TCMHCC Executive Committee Meeting
Texas Institute for Excellence in Mental Health
The University of Texas at Austin
June 8, 2026*

Overview of TCHATT and LMHA/LBHA Pilot



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Goal of the Pilot: To establish or strengthen partnerships between HRIs and LMHAs/LBHAs so that students who need longer term services are easily referred to community mental health services.

Participants: UTS, HHSC, Texas Council
Dell Medical School – Central Counties Services
Texas Tech Univ. HSC – StarCare
Texas Tech Univ. HSC – West Texas Centers
Univ. of North Texas HSC – MHMR of Tarrant County
UT Health San Antonio – Center for Health Care Services

Methods: Changes were made through a *learning collaborative*, bringing together participants to revise and document local procedures, gather and report data to understand impact, and engage in shared peer-to-peer learning.

Dates: April 2025 – April 2026

Evaluation of the TCHATT and LMHA/LBHA Pilot



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Evaluation Questions:

- What new practices have been put in place?
- Are these practices viewed as feasible, helpful, sustainable?
- Is there an increase in the number of students referred to LMHA/LBHAs?
- What are the most common barriers?

Methods:

- (1) Review of products developed in pilot (e.g., protocols)
- (2) Direct reporting of referrals, outcome of referrals, and barriers to access care
- (3) Review of TCHATT assessment and service data in Trayt
- (4) Interviews of participating organizations at initiation and conclusion of pilot project

Common Activities within Collaboration

- HRI and LMHA/LBHA identified the characteristics of students or families who are most likely to be eligible for services within the public mental health system
- HRI and LMHA/LBHA specified the mental health services available within the LMHA/LBHA and any current limits on capacity (e.g., wait list)
- LMHA/LBHAs identified the information that is most important to communicate in a referral to facilitate access
- All referral procedures began after guardian provided consent to share information with LMHA/LBHA – “Release of Information”
- HRI and LMHA/LBHA each identified liaisons and established regular communication channels

Examples of Referral Procedures

- Referral information was sent through a dedicated channel:
 - Directly through EHR workflow
 - Dedicated email at LMHA/LBHA
 - Shared tracking spreadsheet
- Expectations set for LMHA to contact guardian to establish intake within certain number of days
- Indicator of need for urgent access – triage to intake appointment in 3 days (specific to 1 partnership)
- Communicate confirmation of established appointment
- TCHATT discharge after confirmation of successful referral

Finding 1: Referrals to LMHA/LBHAs were lower than expected.

Data reflects student archived between April 2025 – March 2026

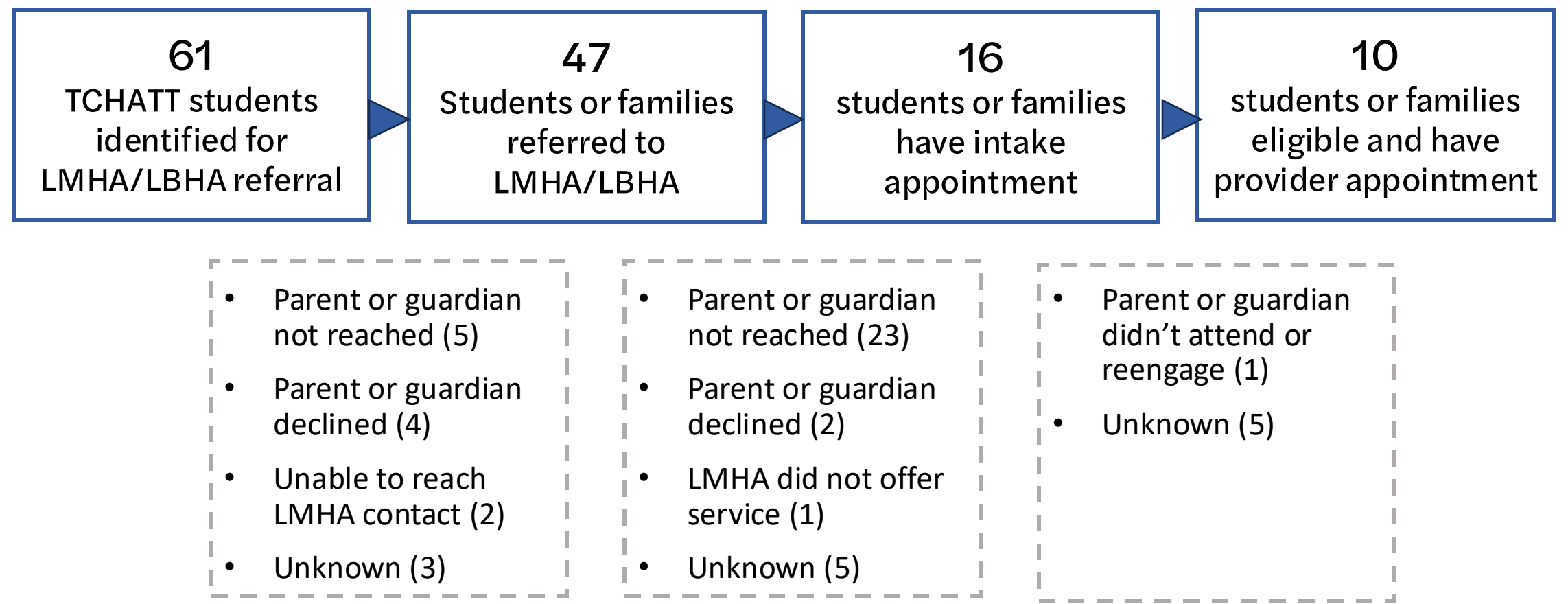
Partnerships (anonymized)	Students Archived	Students Referred for Mental Health Services (% of all archived)	Students Identified for Referral to LMHA/LBHA (% of all referred for MH)
Partnership A	2,182	1,680 77%	6 0.4%
Partnership B	3,745	379 10%	14 4%
Partnership C	3,404	1,164 34%	35 3%
Partnership D	991	354 36%	6 2%

Note: HRIs have partnered with an LMHA/LBHA that has a specified catchment area. Some archived students may not be located within the catchment area of the partnered LMHA/LBHA. Some archived students may have been referred to an LMHA/LBHA not participating in the pilot project.

Finding 2: Therapy is the primary referral need following TCHATT.

- 80% of referrals following TCHATT services are for individual therapy
- Therapy is not a primary service in child and adolescent services and some participating LMHAs had limited capacity for individual, group, and family therapy.
- Participating HRIs generally found that there were community referrals for therapy available outside of LMHA/LBHA (may not be a finding in some regions).
- Some TCHATT providers may have less information about other types of services offered by LMHA/LBHAs because they are not widely available in other settings.

Finding 3: Primary barriers to access occurred during the transition from TCHATT referral to intake appointment.



Finding 4: Both HRIs and LMHA/LBHAs found value in regular meetings, key contacts, and formalized referral procedures.

- Having a contact on both sides – people who were very responsive – was found to be very helpful to both HRIs and LMHAs/LBHAs.
- Referrals were less challenging than in the past because a specific process was put in place.
- There continued to be some misinformation or miscommunication on what services LMHAs offer and the characteristics of child/family that make a “good” referral. Some clarifications were made, but participants felt that some misinformation still existed and further communication was needed.
- Both HRIs and LMHA/LBHAs reported that pilot wasn’t fully successful in closing the loop consistently for referrals.

Recommendations

1. Provide additional information and training to HRI staff responsible for planning or making referrals to ensure adequate understanding of specialty populations or services provided by LMHA/LBHAs and the levels of care.
2. Developing direct communication pathways was a low-burden way to communicate referral information in a timely manner and should be replicated in other HRI-LMHA pairings.
3. HRIs should continue or initiate regular meetings with their LMHA/LBHAs to foster greater understanding of services and capacity, as well as problem solve specific student referrals.
4. The TCMHCC leadership, including HHSC and Texas Council, should explore opportunities to strengthen navigation support for families transitioning to the public mental health system (e.g., family peer partner).