

# Friends and Family Guide to Adult Mental Health Services

*Hope, Resilience, and Recovery for Everyone*



The Behavioral Health Services Section of the Texas Health and Human Services Commission created this guide to help you navigate adult mental health services in Texas.

February 2017

[This page intentionally left blank to allow for 2-sided printing.]

## Table of Contents

<b><u>Introduction</u></b>	5
<b><u>What if My Friend or Family Member Is in Immediate Danger to Self or Others?</u></b>	7
<b><u>Reaching Out for Help</u></b>	8
<u>How to Contact Your LMHA</u>	8
<u>Screening</u>	8
<u>What Information Do I Need to Have Available?</u>	8
<b><u>Eligibility for Services</u></b>	9
<u>Administrative Criteria</u>	9
<u>Financial Criteria</u>	9
<u>Diagnostic Criteria</u>	10
<b><u>First Appointment</u></b>	11
<u>What Do I Need to Bring?</u>	11
<u>Diagnostic Interview</u>	11
<u>Assessment</u>	11
<b><u>Determining Level of Care</u></b>	12
<u>Level of Care Assignment (Responding to the Level of Need)</u>	12
<u>Level of Care 0: Crisis Services</u>	12
<u>Level of Care 1M: Medication Management</u>	12
<u>Level of Care 1S: Skills Training</u>	12
<u>Level of Care 2: Counseling</u>	13
<u>Level of Care 3: Intensive Services with Team Approach</u>	13
<u>Level of Care 4: Assertive Community Treatment</u>	14
<u>Level of Care 5: Transitional Services</u>	14
<b><u>Available Services</u></b>	15
<u>Crisis Services</u>	15
<u>Medical Services</u>	16
<u>Counseling Services</u>	16
<u>Rehabilitative Services</u>	17
<u>Collaborative Services</u>	17
<u>Financial Services</u>	19
<u>Forensic Services</u>	19
<b><u>Setting Goals and Choosing Strategies</u></b>	20
<u>Developing a Recovery Plan</u>	20
<u>Receiving Services from The Recovery Team</u>	20
<b><u>Building Strengths and Resilience</u></b>	21
<u>180-Day Evaluation/Reassessment</u>	21
<u>Discharge</u>	21

<b><u>Frequently Asked Questions</u></b>	22
<b><u>Appendices</u></b>	24
<u>Appendix A: Glossary</u>	24
<u>Appendix B: Monthly Ability-to-Pay Fee Schedule</u>	27



## Introduction

Having mental health needs is very common. National statistics show an estimated 18.5 percent of all Americans ages 18 and older — almost one in five adults — experience mental illness in a given year (National Alliance on Mental Illness, 2017).

We are all on a scale of mental health ranging from mentally healthy to [serious mental illness](#). Some people have a mental health [diagnosis](#) and are being treated to reach mental wellness. Some people do not have a mental health diagnosis, but still need help.

Your friend or family member is more than his or her mental health needs. He or she is a part of a family, a co-worker, an important member of the community. He or she has friends, hobbies, responsibilities and interests. He or she is important to other people, and other people play an important role in his or her life.

At some point, most people experience life events or changes that impact their mental health. This can lead to negative changes in behavior, feelings, relationships, and job performance. This could be a sign additional support or mental health services are needed. Early identification and treatment increases [resilience](#) and the possibility of a quick recovery.

**Hyperlinks (underlined words appearing in blue or purple print) are used throughout this document to provide easy access to sources of information, as well as definitions of terminology with which the reader may be unfamiliar. Access the information by holding down the "Ctrl" button and clicking once on the hyperlink. For those using a paper copy of this document, a glossary appears at the end.**

Having resilience means being able to face challenges and adjust to stress or life-changing situations in a healthy way.

We at HHSC believe the services and supports given in the community mental health system build upon the supports and strengths people already have. Services address mental health needs and should help develop natural supports and strengths. The more natural supports and strengths your friend or family member has, the less he or she will need services. At the HHSC Intellectual and Developmental Disabilities and Behavioral Health Services Section, our vision statement is, "To ensure that Texans have access to behavioral health and IDD services at the right time and place." With a little help from us in the beginning, your friend or family member will be able to use his or her strengths to overcome challenges and adapt to stressful or life-changing situations across his or her entire life. With resilience, your loved one can achieve mental wellness and reach his or her dreams and potential.

However, understanding and accessing available services can be challenging, and dealing with mental health issues can be a new and scary thing. This booklet is designed as a step-by-step guide to help you navigate adult mental health services in order to get your friend or family member the help he or she needs.

# What if My Friend or Family Member Is in Immediate Danger to Self or Others?



If your friend or family member is in crisis:

- Call the crisis hotline at your local mental health authority (LMHA); or
- Dial 911.

## **How do I know if my friend or family member needs crisis services?**

An individual is in urgent need of mental health crisis services if he or she:

- Is an immediate danger to self or others;
- Is at risk of serious mental or physical [deterioration](#); or
- Believes he or she presents an immediate danger to self or others.

**If you or a family member is contemplating suicide, please call:**

- **National Suicide Prevention Helpline: 1-800-273-TALK (8255);**
- **TTY: 1-800-799-4TTY (4889)**
- **Red Nacional de Prevención del Suicidio: 1-888-628-9454**

# Reaching Out for Help

## **How to Contact Your LMHA**

First identify your Local Mental Health Authority (LMHA), also known as a local community mental health center. Each LMHA provides services to those counties in its assigned area. Several counties in the Dallas-Ft. Worth Metropolitan Area are served by two agencies designated as a Local Behavioral Health Authority (LBHA). The LBHAs serve the same function as an LMHA. There are several ways to locate the LMHA/LBHA in your area:

- By computer:  
[www.dshs.state.tx.us/mhservices-search/](http://www.dshs.state.tx.us/mhservices-search/)  
This site will allow you to locate your LMHA by entering your county, city or zip code.
- By phone: Dial 211 and ask for the LMHA in your area.

Once you have identified your LMHA, give them a call. See [page 11](#) for more information about what to expect once you call.

## **Screening**

Staff at the LMHA will briefly gather information to determine if your friend or family member meets the requirements to receive services. This [screening](#) may take place over the phone, or the LMHA might request that you meet in person.



## **What Information Do I Need to Have Available?**

Try to have the following items with you to answer some of the screening questions over the phone or in person:

- Your friend or family member's Social Security Number
- Medicaid or other insurance information
- Date of birth
- Home address

If your friend or family member is eligible for mental health services at the [LMHA](#), staff will schedule an intake appointment. At intake, your friend or family member will be assessed to determine his/her specific mental health needs. This assessment helps determine which [level of care](#) and types of services best meet his or her needs.



# Eligibility for Services

## Administrative Criteria

For an individual to be eligible for services, the individual must meet the following criteria. He or she:

- Must be a **Texas resident**, although there is no requirement that the individual prove Texas residency. His or her statement is sufficient.
- Does not need to be a citizen of the United States to qualify to receive services. However, Medicaid does not pay for services used by non-citizens. Again, there is no requirement that the individual prove United States citizenship. Citizenship status is established as part of the Medicaid eligibility determination process.
- Must qualify for a **level of care** (LOC) as determined by the uniform assessment tool. This includes LOCs 1M, 1S, 2, 3, 4, and 5.
- Must meet the diagnostic criteria, as explained on the following page.



## Financial Criteria

The State of Texas is the payor of last resort for all mental health services. HHSC will first try to pay for services with federal Medicare or Medicaid funds, or bill a third-party resource such as employer-funded or private health insurance. But if not possible, HHSC will utilize General Revenue funds designated by the Texas Legislature.

An individual may be asked to contribute to the cost of his or her care, depending on his or her financial situation. Persons are charged for services based on their ability to pay. See the [Monthly Ability-to-Pay Fee Schedule](#), in the appendices section of this document.

An individual **cannot** be asked to pay toward his or her cost of care if he or she has full Medicaid coverage.

## **Diagnostic Criteria**

Individuals with a serious mental illness (SMI) are eligible for mental health services. In accordance with [Health and Safety Code §533.0354](#), as amended by House Bill 3793, 83<sup>rd</sup> Texas Legislature, an adult may be considered to have a [serious mental illness](#) (SMI), and may receive mental health services, if he or she is experiencing significant functional impairment due to a mental health disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5), including:

- Major depressive disorder, including single episode or recurrent major depressive disorder;
- Post-traumatic stress disorder;
- Schizoaffective disorder, including bipolar and depressive types;
- Obsessive compulsive disorder;
- Anxiety disorder;
- Attention deficit disorder;
- Delusional disorder;
- Bulimia nervosa, anorexia nervosa, or other eating disorders not otherwise specified; or
- Any other diagnosed mental health disorder.

A single diagnosis of substance abuse, intellectual development disorder, development disorder (e.g., autism), or other organic condition (e.g., head injury, dementia) does not meet the SMI standard.



**If your friend or family member is not eligible for services at this time, your LMHA can provide information about other community supports in your area.**

# First Appointment

## What Do I Need to Bring?

If this is an [intake](#) appointment (to enroll your friend or family member in services for the first time or to re-enroll them after a long break), please bring the following with you to the appointment:

- Photo ID
- Proof of income (most current pay stub)
- Most current Medicaid Card (if applicable)
- Proof of residence for last 30 days (utility bill or rental agreement)
- Name, address, and phone number of any physician who has treated your friend or family member
- A list of all medications your friend or family member is taking or has taken
- A list that includes dates of any psychiatric hospitalizations for your friend or family member

## Diagnostic Interview



A licensed [clinician](#) will meet with your friend or family member to determine his or her mental health diagnosis and treatment needs. This process will be repeated at least once a year.

## Assessment

Your friend or family member will meet with an intake worker who will interview him or her using an [assessment](#) tool called the “Adult Needs and Strengths Assessment” (referred to as “ANSA” for short). The ANSA is very detailed and may ask questions that make your friend or family member uncomfortable or embarrassed. But the questions are important to ask. The answers help identify his or her areas of need and which services are most likely to meet those needs. The information provided is kept [confidential](#) within the limits of the law.

This assessment is done at least every 180 days to ensure any changes that might have happened are included in the [recovery](#) plan. This also helps track progress your friend or family member has made towards his or her recovery. This includes building strengths that are essential in developing the [resilience](#) he or she will need.

# Determining Level of Care

## Level of Care Assignment (Responding to the Level of Need)

All individuals are unique, and so are their mental health needs. Some have intense and/or complex needs; they should be provided an intense level of care with a complex array of services. When an individual builds resilience and has less intense and less complex needs, he or she will require a less intense level of care.

The adult mental health system has designed Levels of Care (LOCs) that respond to the intensity and complexity of an individual's identified needs. Below is a description of the primary LOCs to which your friend or family member may be assigned after the assessment is completed and eligibility is determined.

### Level of Care 0 (LOC-0): Crisis Services

The services in this level of care (LOC) are brief interventions provided in the community to improve the crisis situation. The goal is to resolve the crisis and avoid further intervention or relapse.

### Level of Care 1M (LOC-1M): Medication Management

This LOC is for people who have shown great improvement, and are ready to leave the mental health system. The only delay is the lack of resources available (e.g., no available doctors in the community, no prescription drug resources available). This level of service works with those community services that improve the person's recovery, social life, and independence.

The goal of this service is to prevent the individual from getting worse. This is done mainly through medication, until he or she is able to access services in the community. Treatment is provided in the clinician's office and is limited to medication therapy, medication training and support, and routine case management.



### Level of Care 1S (LOC-1S): Skills Training

Individuals in this LOC are at very low risk of harm to themselves or others. They have supports available to them, and their conditions do not require higher LOCs. These services focus on aiding recovery by:

- Reducing or stabilizing symptoms;
- Improving the level of functioning;
- Preventing the person's condition from getting worse; and
- Developing other supports to help the person move out of the mental health system.

Services are most often provided in the clinician's office, and are mainly limited to medication, [case management](#) services, and skills training education.



### **Level of Care 2 (LOC-2): Counseling**

Services in this LOC are intended for people:

- Who are at very low risk of harm to themselves or others;
- Whose condition does not require intensive levels of care; and
- Who can benefit from [Psychotherapy](#).

The goal of this LOC is to improve the individual's condition or keep it from getting worse so work towards [recovery](#) can continue. Clinicians develop supports to help the person move out of the mental health system. Services are usually provided in the office, and include psychotherapy services in addition to those offered in LOCs 1S.

### **Level of Care 3 (LOC-3): Intensive Services with Team Approach**

In LOC-3, the treatment team focuses on assisting the person in his or her recovery efforts. Goals include:

- Calming the symptoms that cause problems in the person's life;
- Improving the person's condition;
- Helping the person recognize and take care of his or her own needs;
- Increasing the use of community services; and
- Sustaining improvements made in more intensive LOCs.

The team focuses on using the person's own strengths to bring about:

- Improvement of problem areas by training the person to manage his or her symptoms;
- Independent living;
- Self-reliance;
- Employment [interventions](#) that are not job-task specific;
- Impulse control; and
- Effective interaction with others.

Services in this level are provided in the community and are for people with moderate to severe needs. These people require intensive [rehabilitation](#) to help them live in the community. This may include maintaining the current level of functioning.

A rehabilitative case manager can assist the person in finding housing and employment. The case manager can also provide [Co-Occurring Psychiatric and Substance Abuse Disorders](#) (COPSD) services, if indicated.

### **Level of Care 4 (LOC-4): Assertive Community Treatment**

Assertive Community Treatment (ACT) provides a complete program to deliver treatment, rehabilitation, and support services to certain individuals with SMIs. Persons receiving ACT services may have a [diagnosis](#) of [schizophrenia](#), [bipolar disorder](#), or other SMI. Many have experienced many psychiatric hospital admissions.

The ACT team uses the talent of the treatment team to provide a wide range of services to the person in [recovery](#) in his or her home. Because of the many talents of the treatment team, individuals are seldom referred to other programs for treatment, rehabilitation, and support services.

### **Level of Care 5 (LOC-5): Transitional Services**

LOC-5 provides continuing care for those who do not meet eligibility requirements for LOCs 1M, 1S, 2, 3, and 4. The major focus for this LOC is to provide flexible services to help people:

- Maintain stability;
- Prevent further crisis;
- Become or remain involved in treatment; or
- Help the person find the community services he or she needs.



Services in this LOC can vary greatly depending on each person's needs. It is available for up to 90 days.



# Available Services

The following is not an all-inclusive list of services. Nor are all services available in all service locations. Contact your LMHA for specific service details.

## **Crisis Services**

**Crisis Follow-up and [Relapse Prevention](#):** Services provided to people who are not in imminent danger of harm to self or others, but need help to avoid recurrence of the crisis event. The service helps:

- Improve the individual's reaction to the situation that led to the crisis event;
- Ensure stability; and
- Prevent future crisis events.

Ongoing assessments determine crisis status and needs. It also provides up to 30 days of brief, solution-focused [interventions](#) to individuals and families. It provides help in developing problem-solving techniques to let the person adapt and cope with the situation and stressors that led to the crisis event.

**Crisis Intervention Services:** Interventions in response to a crisis used to reduce symptoms of serious mental illness or emotional disturbance and to prevent admission to a more restrictive environment.

**Crisis Residential Treatment:** Short-term, residential treatment close to home for people with some risk of harm to self or others. These people may have fairly severe functional impairment and require direct supervision and care, but not hospitalization.

**Crisis Stabilization Unit:** Short-term residential treatment used to reduce acute symptoms of mental illness. Services are provided in a safe environment. Treatment is delivered by clinical staff supervised by a psychiatrist.

**Crisis Transportation:** Transporting people receiving crisis or crisis follow-up and relapse prevention services from one location to another. In accordance with state laws and regulations, transportation is provided in by law enforcement personnel or, when appropriate, by ambulance or qualified staff.

**Extended Observation:** Up to 48 hour emergency and crisis stabilization service. It provides emergency stabilization in a safe environment with clinicians (including medical and nursing professionals), supervised by a psychiatrist. There is immediate access to urgent or emergency medical evaluation and treatment, and individuals are transferred to a higher LOC when needed.



**Mobile Crisis Outreach Team (MCOT):** Medical and mental health professionals, respond immediately to where a psychiatric crisis is occurring. MCOT is available 24/7 and responds to calls from the home, school, street, or clinic.

## **Medical Services**

**Mental Health Hospitals:** Psychiatric treatment facilities that provide psychiatric evaluation, [rehabilitation](#) and prescription drug services, and full [discharge planning](#) for people who are in crisis. This service is available in all service levels.

**Inpatient Hospitalization Services:** Services provided by medical and nursing professionals who provide 24-hour monitoring, supervision, and assistance in a safe environment. Staff provide intensive [interventions](#) to relieve acute psychiatric symptomatology and restore the person's ability to function in a less restrictive setting. This service is available in LOCs 0 and 5.

## **Counseling Services**

**Assertive Community Treatment (ACT):** An [evidence-based practice](#) (EBP) using the practices of [the person-centered recovery planning](#) model. Individuals who receive ACT services have [SMIs](#) that get in the way of living a quality life. Most have not improved after using traditional outpatient programs. ACT's goal is to facilitate community living, [psychosocial](#) rehabilitation, and [recovery](#). This service is available in LOC-4.



**Counseling - Cognitive Behavioral Therapy (CBT):** Individual, family, and group therapy used to lessen a person's symptoms of mental illness. It is also used to increase the individual's ability to perform activities of daily living. CBT is the preferred treatment for adult counseling. This service includes recovery/treatment planning to improve recovery and resiliency. This service is available in LOCs 2, 4, and 5. [Learn more about CBT.](#)

**Counseling - Cognitive Processing Therapy (CPT):** Individual therapy that aims to reduce or eliminate a person's symptoms of [post-traumatic stress disorder](#) (PTSD). CPT is the favored treatment for adults with PTSD, including military veterans. This service includes [recovery](#)/treatment planning to improve recovery and resiliency. This service is available in LOCs 1S, 2, 3, 4, and 5.

**Illness Management and Recovery (IMR):** IMR is designed to help people with [serious mental illness](#) work with professionals to reduce their susceptibility to the illness and cope with their symptoms. IMR helps people discover, or rediscover, their strengths and abilities for pursuing personal goals, and developing a sense of identity. This allows them to grow beyond their mental illness. This service is available in LOCs 1S, 2, 3, 4, and 5.



**Person-Centered Recovery Planning (PCRP):** Person-centered recovery planning uses a collaborative process in developing the recovery plan between the person, the treatment provider, and person's natural supports. The goal of PCRP is to help the person achieve his or her goals along the journey to recovery. Available in all service levels.

## **Rehabilitative Services**



### **Medication Training & Support Services:**

Information about medications and their possible side effects. This service is available in LOCs 1S, 2, 3, 4, and 5.

**Pharmacological Management:** This service, provided by a physician or other prescribing professional, deals with the management of [psychoactive](#) drugs to treat the signs and symptoms of mental illness. This is available in all service levels.

**Psychosocial [Rehabilitative](#) Services:** Social, educational, vocational, behavioral, and cognitive [interventions](#) provided by members of a person's treatment team that help improve a person's ability to develop and maintain:

- Relationships;
- Occupational or educational achievement;
- Independent living skills; and
- Housing.

This service includes recovery/treatment planning to facilitate recovery. It is available in LOCs 1S, 2, 3, 4, and 5.

**Skills Training & Development:** Training that deals with SMI and symptom-related problems that interfere with his or her functioning. It provides opportunities for the person to acquire and improve skills needed to function appropriately and independently, and facilitates his or her community integration. This service is available in LOCs 1S, 2, 3, 4, and 5.

## **Collaborative Services**

**Healthy Community Collaborative:** The Healthy Community Collaborative program has services and supports for homeless people with a mental illness. Partners work together to help people get quality care. Partners work together so people understand their care too. Services are for all levels of care.

**Project Access:** This housing program is administered by the Texas Department of Housing and Community Affairs (TDHCA) in partnership with HHSC. It provides 10 Housing Choice Vouchers (tenant-based rental assistance) and support services provided by the LMHA to

people residing in, or recently discharged from, a state-funded psychiatric hospital bed. Available in all service levels.

**Permanent Supported Housing:** Activities to assist individuals in choosing, getting, and keeping regular housing in the community. Services consist of assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by individuals with SMI) and affordable housing. Supported housing includes:

- Housing Assistance - Funds for rental assistance. To receive rental assistance, the person must apply for Section 8 public housing assistance or have a plan to increase his or her income so he or she can afford housing without assistance. Housing assistance without services and supports cannot be counted as supported housing.
- Services and Supports - Assistance finding, moving into, and maintaining regular integrated housing that is habitable. This includes treatment to facilitate recovery.



**Projects for Assistance in Transition from Homelessness (PATH):** PATH offers:

- Outreach;
- Screening, [diagnostic](#) assessment and treatment;
- Habitation and [rehabilitation](#);
- Community mental health services;
- Outpatient alcohol or drug treatment (for individuals with SMI);
- Case management;
- Referral for primary health services, job training, educational services, human immunodeficiency virus (HIV) prevention activities, and relevant housing services;
- Assistance in obtaining income support services, including [Supplemental Security Income](#) (SSI) and representative payee per appropriate regulations;
- Housing services, including planning for housing;
- Technical assistance in applying for housing assistance; and
- Coordination of housing and services (improvement in coordinating these services).

Available in all service levels. [Learn more about PATH.](#)

## **Financial Services**

**Consumer Benefits:** People receiving services are routinely referred to the [LMHA's](#) consumer benefits office. The benefits officer helps the person apply for [SSI](#) or [Supplemental Security Disability Income](#) (SSDI). He or she helps people in the claims process, reviews the claims, takes notes, and offers feedback to help people get the benefits they need. This service is available in all service levels.

**Supported Employment:** Intensive services designed to assist the person in keeping a job and providing assistance in choosing, getting, and keeping employment in regular community jobs. Includes activities such as:

- Assisting the individual in finding a job;
- Helping the person fill out job applications;
- Advocating with potential employers;
- Assisting with learning job-specific skills; and
- Negotiating with current employers.

This service is available in LOCs 1S, 2, 3, 4, and 5. [Learn more about Supported Employment.](#)

## **Forensic Services**

### **Outpatient Competency Restoration (OCR):**

Provides community-based services designed to restore competency for people who have been found by the court to be incompetent to stand trial. These people must also have been found by the court not to be a danger to others. Those found appropriate for OCR are eligible for the full range of services available to other individuals receiving mental health services. Available in LOCs 3 and 4. [Learn more about OCR.](#)



### **Texas Correctional Office on Offenders with Medical or Mental Impairments**

**(TCOOMMI):** The Texas Correctional Office on Offenders with Medical or Mental Impairments contracts with LMHAs to provide mental health services to people on probation or parole. The LMHAs work closely with parole and probation officers to help the person comply with the conditions of his or her release, specifically, as it pertains to engaging in mental health treatment. Available in LOCs 3 and 4.

# Setting Goals and Choosing Strategies

## **Developing a Recovery Plan**

After your friend or family member completes an assessment and is given a [level of care](#) to meet his or her needs, a [recovery](#) plan will be created. This plan outlines your friend or family member's strengths, needs, goals, and resources. It also describes the services that will be provided to support building his or her resilience and recovery.

Your friend or family member will help put the plan together, and discuss any concerns. The recovery plan is continuously updated to meet the individual's needs and is reviewed at least every 180 days.



## **Receiving Services from the Recovery Team**

Once a recovery plan for your friend or family member is developed, a recovery team of professionals is assigned to provide the services and supports. Sometimes one person might provide a few different types of services. Below are some of the people who might be on the recovery team:

Psychiatrist - A physician who specializes in psychiatry. He or she will provide a mental health [diagnosis](#), prescribe medications, and provide [psychoeducation](#).

Case Manager - The case manager coordinates services, keeps track of progress on the recovery plan, makes referrals to community resources, and advocates for your friend or family member.

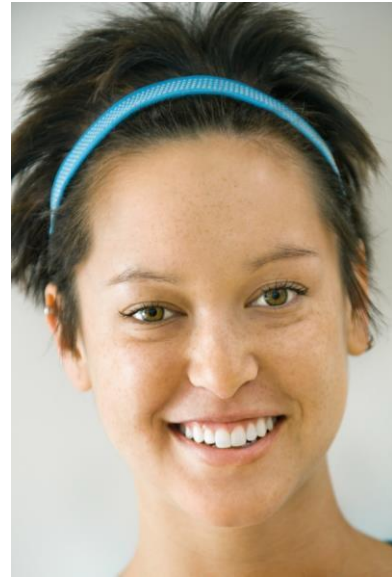
Skills Trainer - This person received special training in a variety of evidence-based practices that help address behavioral needs related to your friend or family member's mental health diagnosis.

Therapist - Therapists are licensed mental health clinicians who received training in therapies that address emotional needs related to your friend or family member's mental health diagnosis. They are usually Licensed Professional Counselors, Licensed Clinical Social Workers, or Licensed Marriage and Family Therapists, among others.

# Building Strengths and Resilience

## **180 Day Evaluation/Reassessment**

The Adult Needs and Strengths Assessment (ANSA) assessment is completed every 180 days. The questions are the same ones asked at your friend or family member's [intake](#), and someone from his or her [recovery](#) team will complete this assessment. The assessment identifies which services best meet your friend or family member's ongoing needs and helps track the progress he or she has made towards his or her recovery goals. Progress includes a reduction in symptoms and the improvement of strengths, both of which are essential to building the [resilience](#) your friend or family member will need throughout life.



## **Discharge**

We hope the care provided within the Texas mental health system provides resilience, hope, and recovery in those receiving care. Each person can develop a healthy sense of identity and well-being, and can succeed in the workplace, the family, and in the community. If your friend or family member has the necessary supports and strengths that support recovery, it may be possible he or she no longer needs supports provided in the mental health system. We will be here if you need us again!



# Frequently Asked Questions

- What happens if I have a concern about the care my friend or family member was offered or is receiving?
  - The service providers at your LMHA or local community mental health center (“center” for short) are very interested in helping you find solutions to the challenges faced by your friend or family member. First, try speaking to someone on the [recovery](#) team (case manager, therapist, doctor, etc.) about your concern. He or she will be happy to sit down and discuss any concerns you have.
  - If you are not satisfied with the outcome of your conversation, ask the receptionist at your center to connect you to their Clients Rights Officer. Each LMHA has a Clients Rights Officer to help individuals resolve concerns related to your friend. or family member’s care.
- What happens if my LMHA is not addressing my concerns or complaints I have brought to their attention?
  - If speaking with their Clients Rights Officer does not address your concern, you may contact the HHSC Office of Consumer Services and Rights Protection in Austin for further assistance:

Rights Protection Officer  
Texas Health and Human Services Commission,  
Office of Consumer Services and Rights Protection  
Mail Code 2018  
P.O. Box 149347  
Austin, TX 78714-9347  
1-800-252-8154

- What happens if my friend or family member is placed on a wait list for services?
  - If your friend or family member has Medicaid coverage, he or she **may not** be placed on a wait list to receive mental health care at the LMHA. If your friend or family member is not covered by Medicaid, he or she might be placed on a wait list.
  - **At any time your friend or family member experiences a psychiatric crisis, he or she is eligible for immediate services. See page 7 of this guide if you believe your friend or family member is experiencing a crisis.**
  - If your friend or family member is placed on a wait list for services, a staff member from the LMHA will contact you at least every 30 days to check in on your friends or family member’s condition while waiting for services. Contact the LMHA if you believe his or her condition has worsened.

- If your friend or family member remains on a wait list a full year before entering services, a staff member from the LMHA will contact you to schedule another full assessment to determine if his or her needs have changed.
- What if my friend or family member has specific kinds of needs that cannot be addressed at my LMHA?
  - If the assessment done by the LMHA shows that your friend or family member has special types of needs that cannot be addressed at the center, your case manager or therapist will likely give you information about providers in the community with the qualifications, expertise, and resources to address those needs. If center staff do not offer community provider referrals, just ask. They will be happy to help you identify resources.
- How do I know if my friend or family member is eligible for financial help?
  - All the LMHAs accept Medicaid. Ask if your center offers assistance in accessing other state/federal assistance programs or if they can provide information about local offices for these programs.
- Community resources you may find helpful:
  - Dial "211": This program is committed to helping Texans connect with the services they need. Whether by phone or internet, the goal is to present accurate, well-organized, and easy-to-find information from over 60,000 state and local health and human services programs.



# Appendices

## **Appendix A: Glossary**

Assessment – a systematic process for measuring an individual's service needs.

Bipolar disorder – a mental illness characterized by periods of elevated mood and periods of depression.

Clinician – a physician or other qualified person who is involved in the treatment and observation of living patients, as distinguished from one engaged in research.

Confidential – spoken, written, and acted on, etc., in strict privacy or secrecy.

Co-occurring psychiatric and substance abuse disorder (COPSD) – A [diagnosis](#) that includes both substance abuse and substance dependency problems, as well as psychiatric diagnoses

Deteriorate – to become worse.

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

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, vocational training, transportation, and medication.

Evidence-based practice (EBP) – EBP means “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 individual care.

Intake – a comprehensive assessment performed by a competent mental health professional or licensed practitioner of the healing arts to identify the individual's behavioral health needs, which may include community-based as well as facility-based services.

Intervention – action taken to improve a situation, especially a medical, behavioral, or social disorder.

Level of care (LOC) – A designation given to the HHSC standardized sets of mental health services, based on the uniform assessment and utilization management guidelines referenced in the [Texas Administrative Code, Title 25, Part 1, §416.17](#) (relating to guidelines), which specify the type, amount, and duration of mental health [rehabilitative](#) services to be provided to an individual.



Local Mental Health Authority (LMHA) – An entity to which HHSC delegates its authority and responsibility within a specific region for the planning, policy development, coordination, resource development and allocation, and for supervising and ensuring the provision of mental health services to people with mental illness in one or more local service areas. In several counties within the Dallas-Ft. Worth Metropolitan Area, two agencies designated as a Local Behavioral Health Authority (LBHA) serve the same function as an LMHA.

Licensed practitioner of the healing arts (LPHA) – This term shall have the meaning set forth in the [Texas Administrative Code, Title 25, Part 1, §412.303](#) (relating to Definitions).

Motivational interviewing (MI) – a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. It is an empathic, supportive counseling style that supports the conditions for change. Practitioners are careful to avoid arguments and confrontation, which tend to increase a person's defensiveness and resistance.

Person-centered recovery planning (PCRP) – A collaborative process between the individual, the treatment provider, and the individual's natural supports. The goal of this collaboration is develop and implement a plan of action to assist the individual in achieving his or her unique, individual goals along the journey to [recovery](#).

Post-traumatic stress disorder (PTSD) – a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Psychosocial – relates to one's psychological development in, and interaction with, a social environment.

Psychoactive medication – a [chemical substance](#) that crosses the [blood-brain barrier](#) and acts primarily upon the [central nervous system](#) where it affects brain function, resulting in alterations in perception, mood, [consciousness](#), [cognition](#), and behavior.

Psychoeducation – education offered to individuals with a mental health condition and their families to help empower them and deal with their condition in an optimal way.

Psychotherapy – a therapeutic interaction or treatment contracted between a trained professional and a client, patient, family, couple, or group.

Qualified mental health professional – community services (QMHP-CS) – A staff member who meets the definition of a QMHP-CS set forth in [The Texas Administrative Code, Title 25, Part 1, §412.303](#) (relating to Definitions).

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

Rehabilitation – a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

Relapse - the return of an illness or behavior after a period of improvement.

Resilience – having the ability to overcome challenges and adapt to stressful or life-changing situations.

Schizophrenia – a mental disorder often characterized by abnormal social behavior and failure to recognize what is real.

Screening – the initial contact between a clinician and potential client for the purpose of gathering demographic data and other information, as necessary, to determine eligibility and need for services.

Serious mental illness (SMI) – In accordance with Health and Safety Code Section 533.0354, as amended by House Bill 3793, 83<sup>rd</sup>. Texas Legislature, an adult may be considered to have a serious mental illness (SMI), and may receive mental health services, if he or she is experiencing significant functional impairment due to a mental health disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5), including:

- Major depressive disorder, including single episode or recurrent major depressive disorder;
- Post-traumatic stress disorder;
- Schizoaffective disorder, including bipolar and depressive types;
- Obsessive compulsive disorder;
- Anxiety disorder;
- Attention deficit disorder;
- Delusional disorder;
- Bulimia nervosa, anorexia nervosa, or other eating disorders not otherwise specified; or
- Any other diagnosed mental health disorder.

A single diagnosis of substance abuse, intellectual development disorder, development disorder (e.g., autism), or other organic condition (e.g., head injury, dementia) does not meet the SMI standard.

Supplemental Security Disability Income (SSDI) – This program is the largest of several Federal programs that provide assistance to people with disabilities. It is administered by the Social Security Administration and only individuals who have a disability and meet medical criteria may qualify for benefits.

Supplemental Security Income (SSI) – A Federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind, and disabled people who have little or no income. It also provides cash to meet basic needs for food, clothing, and shelter.

Symptomology (also, symptomatology) – The set of symptoms characteristic of a medical condition or exhibited by a patient.

## Appendix B: Monthly Ability-to-Pay Fee Schedule

Annual Gross Income	Monthly Gross Income	Maximum Monthly Fee By Family Size								
		1	2	3	4	5	6	7	8	9+
11,880	990	0	0	0	0	0	0	0	0	0
17,820	1,485	37	0	0	0	0	0	0	0	0
19,890	1,658	44	0	0	0	0	0	0	0	0
21,960	1,830	52	0	0	0	0	0	0	0	0
24,030	2,003	60	37	0	0	0	0	0	0	0
26,100	2,175	68	44	0	0	0	0	0	0	0
28,170	2,348	77	52	0	0	0	0	0	0	0
30,240	2,520	87	60	37	0	0	0	0	0	0
32,310	2,693	97	68	44	0	0	0	0	0	0
34,380	2,865	108	77	52	0	0	0	0	0	0
36,450	3,038	120	87	60	37	0	0	0	0	0
38,520	3,210	132	97	68	44	0	0	0	0	0
40,590	3,383	144	108	77	52	0	0	0	0	0
42,660	3,555	157	120	87	60	37	0	0	0	0
44,730	3,728	171	132	97	68	44	0	0	0	0
46,800	3,900	185	144	108	77	52	0	0	0	0
48,870	4,073	200	157	120	87	60	37	0	0	0
50,940	4,245	215	171	132	97	68	44	0	0	0
53,010	4,418	231	185	144	108	77	52	0	0	0
55,080	4,590	247	200	157	120	87	60	37	0	0
57,150	4,763	264	215	171	132	97	68	44	0	0
59,220	4,935	281	231	185	144	108	77	52	0	0
61,290	5,108	299	247	200	157	120	87	60	37	0
63,360	5,280	318	264	215	171	132	97	68	44	0
65,430	5,453	337	281	231	185	144	108	77	52	0
67,500	5,625	357	299	247	200	157	120	87	60	37
69,570	5,798	377	318	264	215	171	132	97	68	44
71,640	5,970	398	337	281	231	185	144	108	77	52
73,710	6,143	419	357	299	247	200	157	120	87	60
75,780	6,315	441	377	318	264	215	171	132	97	68
77,850	6,488	463	398	337	281	231	185	144	108	77
79,920	6,660	486	419	357	299	247	200	157	120	87
81,990	6,833	510	441	377	318	264	215	171	132	97
84,060	7,005	534	463	398	337	281	231	185	144	108
86,130	7,178	558	486	419	357	299	247	200	157	120
88,200	7,350	584	510	441	377	318	264	215	171	132
90,270	7,523	609	534	463	398	337	281	231	185	144
92,340	7,695	636	558	486	419	357	299	247	200	157
94,410	7,868	662	584	510	441	377	318	264	215	171
96,480	8,040	690	609	534	463	398	337	281	231	185
98,550	8,213	718	636	558	486	419	357	299	247	200
100,620	8,385	746	662	584	510	441	377	318	264	215
102,690	8,558	775	690	609	534	463	398	337	281	231
104,760	8,730	805	718	636	558	486	419	357	299	247
106,830	8,903	835	746	662	584	510	441	377	318	264
108,900	9,075	866	775	690	609	534	463	398	337	281
110,970	9,248	897	805	718	636	558	486	419	357	299
113,040	9,420	929	835	746	662	584	510	441	377	318
115,110	9,593	961	866	775	690	609	534	463	398	337
117,180	9,765	994	897	805	718	636	558	486	419	357
119,250	9,938	1,028	929	835	746	662	584	510	441	377
121,320	10,110	1,062	961	866	775	690	609	534	463	398
123,390	10,283	1,096	994	897	805	718	636	558	486	419
125,460	10,455	1,131	1,028	929	835	746	662	584	510	441
127,530	10,628	1,167	1,062	961	866	775	690	609	534	463
129,600	10,800	1,203	1,096	994	897	805	718	636	558	486
131,670	10,973	1,240	1,131	1,028	929	835	746	662	584	510

SOURCE: Department of State Health Services, April 1, 2016. ([25 TAC Chapter 412, Subchapter C, §412.110](#))

[This page intentionally left blank to allow for 2-sided printing.]



Texas Health and Human Services Commission,  
February 2017