

# Family Guide: Children's Mental Health Services



Texas Resilience and Recovery



MENTAL HEALTH &  
SUBSTANCE ABUSE

This Family Guide to Children’s Mental Health Services was created to help you navigate the Children’s Mental Health System under the Department of State Health Services in Texas.



#### Introduction:

“Hope, Resilience, and Recovery for Everyone” is the vision statement of the Mental Health and Substance Abuse Division (MHSA) of the Department of State Health Services (DSHS).

Having resilience means having the ability to overcome challenges and adapt to stressful or life-changing situations.

Everyone is on a continuum of mental health. For example, some children do not have a diagnosis of mental illness or a serious emotional disturbance, but it does not necessarily mean they are mentally healthy. Even though some children or youth *have* been given a diagnosis of a serious emotional disturbance, they can achieve mental wellness and function well in their families and community.

The resilience a child or youth has depends on a lot of things. Often children, youth, and their families can benefit from extra support. We believe that the services and supports provided in the community mental health system help identify and build upon the supports and strengths children, youth, and families already have. As the strengths of the child, youth, and their family get stronger, so does their ability to overcome challenges and adapt to stressful or life-changing situations.

When a child or youth has the resilience they need, they can achieve mental wellness and achieve their dreams and potential. We know you have these hopes for your child—and so do we. And by working together, we believe they can happen.

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# Your Child's Mental Health Needs



Your child is more than his/her mental health needs. Your child is a part of your family, a student at school, an important member of the community. He/she has friends, hobbies and interests. He/she is important to other people, and other people play an important role in his/her life; teachers, friends, neighbors, relatives, etc.

Many children and youth experience life events, biological, environmental and developmental changes that impact their mental health. Some experience changes in behavior, feelings, social relationships, and academic achievement in school. These changes could be a sign of the need for additional support or the need for mental health services.

Having mental health needs is very common. National statistics show that one out of four children or youth will have a mental illness or serious emotional disturbance during childhood. Early identification and treatment increases resilience and the possibilities of a prompt recovery.

Formal supports (also known as services) address mental health needs and should help to develop natural supports and strengths. The more natural supports and strengths your child has, the less he or she will need formal supports. With a little help from us in the beginning, your child will be able to use his/her strengths to overcome challenges and adapt to stressful or life-changing situations across his/her entire life.



**First identify your local community mental health center**, also known as a Local Mental Health Authority (LMHA). Each LMHA provides services to designated counties. There are several ways to locate the Local Mental Health Authority in your area:

- By computer: <http://www.dshs.state.tx.us/mhservices-search/>  
This site will allow you to locate your Local Mental Health Authority by entering your county, city or zip code.
- By phone: Dial 211 and ask for the Local Mental Health Authority in your area

Once you have identified your local center, give them a call. See the next page for more information about what to expect once you call.

### **What if my child is in crisis?**

If your child is in crisis:

- Call the crisis hotline at your Local Mental Health Authority; or
- Dial 911

### **How do I know if my child needs crisis services?**

A child/youth is in need of mental health crisis services if the child/youth:

- is an immediate danger to self or others; or
- is at risk of serious mental or physical deterioration; or
- believes that they present 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 Prevencion del Suicidio  
1-888-628-9454



# Your Child's Mental Health Needs

## Reaching Out For Help

### Screening

Staff at the Local Mental Health Authority (LMHA) will briefly screen to determine if your child meets the requirements to receive services. This screening may take place over the phone or the LMHA might request that you come in person.



### Who is eligible for services?

Children and youth ages 3-17 who:

- have a diagnosis of mental illness (other than a diagnosis of substance abuse, autism, intellectual disability [IDD] or pervasive developmental disorder); and
- exhibit serious emotional, behavioral or mental disorders; and
  - have a serious functional impairment; or
  - are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
  - are enrolled in a school system's special education program because of serious emotional disturbance.



### What do I need for the screening?

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

- Your child's Social Security number
- Medicaid, CHIP, or other insurance information
- Date of Birth of the child/youth
- Residential address



If your child is eligible for mental health services at the LMHA, staff will schedule an intake appointment. At intake a complete assessment will be provided to identify your child's mental health needs. This assessment helps determine which level of care and types of services best meet his/her needs.

If your child is not eligible for services at this time, your LMHA can provide information about other community supports in your area.

# First Appointment

If this is an intake appointment (to enroll your child 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 (last 30 days; 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;
- Any behavioral issues identified by school personnel (behavioral reports, referrals, suspensions, etc.);
- If necessary, any legal court document that places the child in your custody; and
- Any court orders from the juvenile justice system

## Participation in Services

Your participation as a caregiver impacts your child's treatment. You will provide information and participate in the creation of a recovery plan for your child, and may be asked to take part in counseling, skills training, or other services. These services can help support the recovery of the child and can help support you.

## Consent

At your first appointment, you will complete paperwork including "consent for services." This is how you give permission to us to provide services and treat your child. Your child's rights and your rights as a parent/caregiver will be explained at this time.

## Identifying Mental Health Needs



### Diagnostic Interview

A licensed clinician will meet with you and your child to evaluate his/her mental health diagnosis and treatment needs. The diagnostic interview will be completed at least every year.

### Assessment

You and your child will meet with an intake worker and participate in an interview that uses an assessment tool called the "Child and Adolescent Needs and Strengths," named the CANS for short. The CANS is very detailed and might ask questions that make you and/or your child uncomfortable or embarrassed to answer, but the questions are important to ask. The answers help identify all of your child's areas of need and which available services are most likely to meet those needs. The information you provide is kept confidential within the limits of the law.

This assessment is done at least every 90 days to be aware of any changes that might have happened. This also helps track progress your child has made towards his/her recovery, including the building of strengths which are essential to developing the resilience he/she will need throughout life.

# Determining Level of Need

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

Children are unique and so are their mental health needs. Some children have intense and/or complex needs. They should be provided an intense level of care with a complex array of services. When the children/youth build resilience and have less intense and less complex needs, they will require a less intense level of care.

The Children's Mental Health system has designed Levels of Care (LOCs) that respond to the intensity and complexity of the child/youth's identified needs. Below is a description of the primary Levels of Care your child might be authorized after the assessment is completed and the child meets eligibility.

### Level of Care 4: Intensive Family Services

This is the highest level of care available in outpatient services for children/youth. This level of care is designed for children/youth whose mental health needs have led to negative involvement in other child serving systems such as juvenile justice, alternative education, or child welfare. At this level of care there is an emphasis on the approach taken to service coordination. This approach uses the Wraparound Planning Process. The Wraparound process is designed to help children and youth who are at risk for being removed from their preferred community. A Wraparound facilitator will lead this process using a team approach in which you and your child play an equal role as members of the team. Formal supports like counseling and skills training are also available to address emotional and/or behavioral needs. All of your formal supports –and more importantly natural supports and strengths– will be assembled to work together on one team. The solutions that come from the team will have a lasting impact on your family's ability to recover from the difficulties your child is facing. And the natural supports and strengths make it possible to maintain that resilience and recovery for a lifetime.



### Level of Care 3: Complex Services

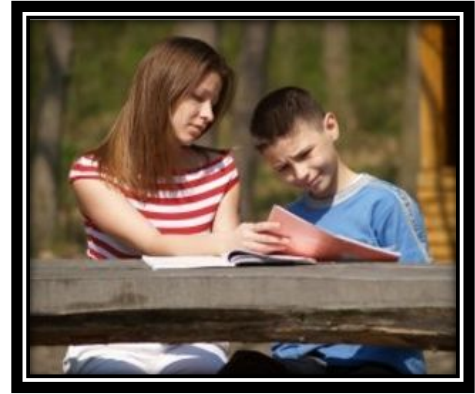
This level of care is designed to provide a complex array of services that target complex needs or symptoms. In this level of care, children/youth have symptoms that have a negative impact on both their emotional health and their behavioral health. Children/youth in this level of care are provided counseling to help with their emotional needs and skills training to address their behavioral needs. This level of care would also be ideal if your child was participating in counseling and you were able to participate in skills training

for parents –designed to help you as a parent to address your child's mental health needs. The formal supports provided will help your child to better manage the complex symptoms affecting his/her mental health. Over time he/she will need less of these services or may be able to discontinue them. This will indicate that he/she requires a less intense level of care because he/she has built up their strengths and resilience. There is hope that things can keep getting better!



**Level of Care 2: Targeted Services**

This level of care is designed to provide services that target specific types of needs or symptoms. In this level of care children/youth have a set of symptoms that either have a negative impact on their emotional health or their behavioral health. Counseling will likely be offered as a treatment option first for those children/youth with emotional needs. For those children/youth with behavioral needs, skills training will likely be the service offered. However, counseling and skills training are not “one size fits all.” During the review of your child’s recovery plan, it may be determined that a different type of service should be tried. Once your child builds the necessary resilience and increases his/her natural strengths, he/she will be able to discontinue these formal supports and move to a lower level of care. All of the hard work you all have been doing is really starting to pay off!



**Level of Care: Young Child Services**

This level of care is not based on intensity of need. Instead, it has services that are developmentally appropriate for children ages 3-5. For this age group, the evidence based practices are designed to improve the parent-child relationship as the strength of that relationship is critical to your child’s present and future success. Services might include skills training designed to help you as a parent to address your child’s mental health needs. They might also include counseling with both you and your child to improve your connection and relationship and help you address your child’s emotional, behavioral, and social needs. Wraparound



may also be appropriate for your family, where a team approach will be used to identify and build natural supports to meet the needs of your family. The skills you and your child develop in this level of care will directly impact the lifelong resilience of you, your child, and your family.

**Level of Care 1: Medication Management**

This is the lowest level of care and, therefore, has a very limited array of services. It is designed for children/youth who have already developed a high degree of resilience and who are stable in their recovery. This means that they may have needed a more intense level of care in the past, but through the skills they learned, services completed, and strengths they have developed, they are able to navigate their world with fewer formal supports. Formal supports like counseling and skills training are not available in this level of care. If your child is recommended for this level of care, he/she has been prescribed psychiatric medication and will continue to take the medication to manage symptoms of their emotional disturbance or mental illness. If medication is either no longer needed or if it is needed and a prescribing physician can be found in your community, discharge from services at the mental health center may be discussed. Way to go, this is what you and your child have been working towards!



# Available Services

## Key Terms

- **Natural Supports and Strengths:** 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.).
- **Formal Supports:** Professional services provided by a formal structure, agency, network, etc. Examples of formal supports include counselors, special education, medical care, etc.
- **Evidence-Based Practices:** Evidence-Based Practices (EBPs) are programs or practices that combine the best research with clinical expertise, cultural competence, and the values of the individuals receiving the service. These should be provided the way they are designed in order to get the most improvement of your child's mental health symptoms.

**Diagnostic Interview Examination:** A licensed clinician will meet with you and your child to evaluate his/her psychiatric diagnosis and treatment needs.

**Assessment:** You and your child will participate in an interview that uses a tool called the "Child and Adolescent Needs and Strengths" assessment, named the CANS for short. This is a detailed assessment that helps identify all of your child's areas of need. This assessment is done at least every 90 days to be aware of any changes that might have happened. This also helps track progress your child has made towards his/her recovery, including the building of strengths which are essential to developing the resilience he/she will need throughout life.

**Engagement Activity:** Short activities with your child and/or you that create a trusting relationship or explain how the services being offered can help. Engagement activities emphasize the important role you and your abilities play in meeting your child's mental health needs. Of course, children and youth are also equal partners in their care and should also have their voices heard by those providing formal supports.

**Case Management:** Services that assist your child and your family in gaining access to necessary services. Your case manager will help coordinate your services, make referrals to community resources, and help advocate for you and your child.

**Family Partner Supports:** Family Partners are individuals who have experience navigating a child-serving system such as the mental health system as the parent or legal guardian of a child with a serious emotional disturbance. They have received special training to provide supports to other parents. These supports may include sharing their personal story of their child's resilience and recovery; introducing you to the treatment process; helping you advocate for your child; teaching skills specific to parenting a child with an emotional disturbance; and helping you identify the natural supports in your life.





**Counseling:** Counseling can take place in an individual, family, and/or group setting. A therapist will use a therapeutic process through conversations, therapeutic activities, or games to address personal, family, and situational issues. Counseling can improve individual and family relationships or circumstances. It can also address parent-child relationships, depression and/or anxiety, or traumatic events.

**Skills Training:** Skills training is used to address negative behaviors that are symptoms of emotional disturbance. Someone will work with your child to build skills that improve his/her ability to cope with his/her unique symptoms. These skills will help your child function independently in school, at home, and in the community. Skills training is also available for parents. This goes beyond basic parenting techniques and is specifically designed to help parents address their child's mental health needs.

**Wraparound:** A planning process that uses a team approach and follows a series of steps. This approach brings everyone involved in your child's life to the same table to achieve the same goal: your child's success! Your Wraparound team will have both formal and natural supports, and you and your child are essential team members. The Wraparound process helps your child and family build upon natural supports and strengths to achieve resilience and meet your positive vision for the future. This process is designed for children/youth that may need extra support to remain in their preferred community.



**Medication Training and Support:** Instruction and guidance regarding the medication your child is prescribed to treat his/her symptoms of emotional disturbance.

**Parent Support Group:** Regularly scheduled meetings where parents find support and/or information regarding having a child with a severe emotional disturbance.

**Crisis Intervention Services:** These services may be provided if your child is a danger to him/herself or others due to his/her emotional disturbance. Crisis Intervention Services are intended to help your child remain safe in your home or community.

# Setting Goals and Choosing Strategies

## Key Terms

**Child Centered:** Child/youth centered means that children and youth should be engaged as equal partners in their care. They should have their voices heard throughout the process.

**Family Focused:** Family focused means that caregivers also have a primary decision-making role in the care of their children/youth.

## Developing a Recovery Plan

After your child has completed an assessment and been assigned to the level of care that best meets his/her needs, a recovery plan will be created. This plan outlines your child's strengths, needs, goals, and resources and describes the services that will be provided to best support building their resilience and recovery. Both you and your child should help in the development of this plan and discuss any concerns you have as the plan is implemented. The recovery plan is continuously adjusted to meet your child's needs and is formally reviewed every 90 days.

## Receiving Services from Your Recovery Team

Once a recovery plan for your child has been developed, a recovery team of professionals will be assigned that can provide the services/formal supports to you and your child. Sometimes one person might be providing a few different types of services.

Below are some of the people who might be on your child's recovery team, in addition to yourself:

**Psychiatrist-** A Physician who specializes in psychiatry. He/she will assess for and provide a mental health diagnosis, prescribe medications, and provide psycho-education.

**Case Manager-** Your case manager will coordinate services, keep track of progress on the recovery plan, make referrals to community resources, and advocate for you and your child.

**Certified Family Partner-** Family partners are the parents or legal guardian of a child with mental health needs. They have completed a certification process to fill this role. Through their lived experience and specialized training, Certified Family Partners are able to provide assistance and support to parents navigating the child serving systems.

**Skills Trainer-** This person has received special training in a variety of evidence-based practices that help address behavioral needs related to your child's mental health diagnosis. They are also trained to provide skills training curriculums that help parents manage their child's mental health needs.

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

**Wraparound Team-** Lead by a trained facilitator, this team will consist of you, your child, other members of the recovery team, other formal supports involved in your child's life, and all the natural supports (the people you turn to in times of need) in your family's life.





# Building Strengths and Resilience



## 90 Day Evaluation/Reassessment

The Child and Adolescent Needs and Strengths (CANS) assessment is done every 90 days. The questions will be the same that were asked at your intake and someone from your recovery team will be able to perform this assessment. Completing the assessment identifies which services best meet your child's ongoing needs and helps track the progress your child has made towards his/her recovery goals. Progress includes a reduction in symptoms and the improvement of strengths, both of which are essential to building the resilience your child will need throughout life.

## Discharge

It is the hope of the Department of State Health Services that the care provided within the Texas mental health system fosters resilience, hope, and recovery in all those participating in care. Each individual can develop a healthy sense of identity and well-being, and can succeed in school, the family, and in the community. If your child has the necessary natural supports and strengths that support their ongoing resilience and recovery, it may be possible that your child no longer needs the formal 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 mental health care my child has been offered or is receiving?
  - The service providers at your Center are very interested in helping you find solutions to the challenges faced by your child and family. First, try speaking to someone on your child’s recovery team (case manager, therapist, certified family partner, 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 with the Clients Rights Officer. Each Center has a Clients Rights Officer to help individuals resolve concerns related to your child’s care.
  
- What happens if my center is not addressing my concerns or complaints that I have brought to their attention?
  - If speaking with the Center’s Clients’ Rights Officer does not address your concern, you may contact the Department of State Health Services (DSHS) Client’s Rights Office in Austin for further assistance:
    - Rights Protection Officer  
Texas Department of State Health Services Office of Consumer Services and Rights Protection  
Mail Code 2019  
P.O. Box 12668  
Austin, TX 78711-2668  
1-800-252-8154
  
- What happens if my child is placed on a waitlist for services?
  - If your child has Medicaid coverage, he or she may not be placed on a wait list to receive mental health care at the Center. If your child is not covered by Medicaid he or she might be placed on a wait list.
  - ***At any time if your child experiences a psychiatric crisis, he or she is eligible for immediate crisis services. See page 5 of this guide if you believe your child is experiencing a crisis.***
  - If your child is placed on a wait list for services, a staff member from the Center will contact you at least every 30 days to check in on your child’s condition while waiting for services. Contact your Center if you believe his or her condition has worsened.
  - If your child remains on a wait list a full year before entering services, a staff member from the Center will contact you to schedule another full assessment to determine if his or her needs have changed.

- What if my child has specific kinds of needs that cannot be addressed at my LMHA?
  - If the assessment done by the Center shows that your child has special types of needs that cannot be addressed at the Center, your case manager, family partner, 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 I am eligible for financial help?
  - All the Centers accept Medicaid and CHIP insurance. Ask if your Center offers assistance in accessing CHIP, Medicaid, WIC and 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”: a program of the Texas Health and Human Services Commission is 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 information from over 60,000 state and local health and human services programs.
  - Community Resource Coordination Groups (CRCGs):
    - Community Resource Coordination Groups (CRCGs) are local interagency groups comprised of public and private agencies. Together, they develop service plans for individuals and families whose needs can be met only through interagency coordination and cooperation.
    - CRCGs make it more likely for individuals and families to get the help they need before the situation becomes unsolvable. In many communities, CRCGs identify service gaps in their area and help plan for appropriate resources to meet their clients’ needs. As a result, more people get the services and support they need.
    - There are CRCGs for children/youth available to all Texas counties. To find a CRCG in your area:
      - Call the State CRCG Office at (512) 206-4658; or
      - Via internet at [http://www.hhsc.state.tx.us/CRCG/Local\\_CRCGs/local\\_NEW.html](http://www.hhsc.state.tx.us/CRCG/Local_CRCGs/local_NEW.html).

NOTES: