Understanding LMHAs

What Are LMHAs?
Local Mental Health Authorities (LMHAs) are state-funded public mental health centers under the Health and Human Services Commission (HHSC) that offer services and treatment for mental health and substance use conditions. For the majority of people who access services from LMHAs, the centers are the first point of contact to those who qualify as medically indigent, living at or below 200 percent of the Federal Poverty Level, have no private insurance, or those who may or may not meet Medicaid eligibility criteria. Based on the criteria above and their diagnosis, children and adults are deemed eligible for services through the LMHA.

What Do LMHAs Do?
LMHAs provide mental health services, coordinate treatment options, and contract with providers for any other services they are unable to provide. Treatment for substance use disorders is available through the LMHAs through a program called Outreach, Screening, Assessment, and Referral (OSAR). OSARs are co-located at most LMHAs across the state and offer or coordinate treatment options including counseling, inpatient and residential treatment, case management, medication-assisted therapy, and peer support. Not all of these treatment options are available via LMHA, but may be contracted out to the nearest available provider. Pregnant women, those who inject drugs, or those who receive a referral from the Department of Family and Protective Services due to an allegation of child abuse or neglect are all considered priority populations, and should receive expedited services.

What Are the Barriers to Achieving Their Mission?
While Texas seeks to provide sufficient community mental health services to its residents, waitlists continually plague the mental health and substance use system — demand consistently outpaces the capacity to provide services, especially as the population in Texas continues to boom. Without increased funding to keep pace, and future planning to address workforce development, the shortage of psychiatrists and mental health professionals will contribute to increased length of time patients spend on waitlists. LMHAs work to provide services for the overflow of vulnerable patients who do not have access to mental health services through Medicaid or private insurance, but suffer the same limitations of capacity.

Recommendations
1. In order to better understand how physicians can coordinate with their LMHAs, HHSC should survey and inventory LMHA demand and capacity. This will help communities identify additional needs based on the gaps in mental health services available, and help LMHAs determine how to best allocate resources based on those gaps.
2. Develop outreach plans to help LMHAs connect with physicians and health care groups throughout their service area to collaborate and strengthen the bond between medicine and public health. More outreach is needed to ensure that physicians know which clients may be referred to an LMHA and are eligible for needed services.
3. Physicians and health care providers should have access to materials developed by HHSC that explain what services each LMHA offers, who qualifies for services, what treatment includes, and distribute these materials among providers within each service area.