Occupational Therapy in Children's Behavioral Health: Lessons from the Heart of Texas

Veronica Guardiola, OTR/L ; Tiffany Douglas, LMSW; Ron Kimbell, LCSW-S; David McClung, PhD · Heart of Texas Behavioral Health Network, Waco, TX

ABSTRACT

Occupational therapy (OT) has historically been limited in Texas behavioral health settings, with most services concentrated in early childhood intervention (ECI). Children and adolescents with behavioral health needs can benefit from OT through sensory regulation, functional skill development, routine building, and improved participation at home, school, and in the community.

This poster describes how the Heart of Texas Behavioral Health Network (HOTBHN) integrated OT into its continuum of care under the SMART grant, and shares lessons learned to support implementation across other LMHAs.

Funded through the Supporting Mental Health and Resiliency in Texas (SMART) Innovation Grant Program, administered by the Texas Health and Human Services Commission (HHSC). This grant supports community-based initiatives to improve early mental health identification and access to intervention for children and families across Texas.

BACKGROUND & NEED

HOTBHN serves multiple counties across the Heart of Texas region. OT services are primarily housed in Waco, with outreach to Mexia and Marlin — reflecting both the regional reach and current infrastructure limitations of this pilot.

> *Outside of Early Childhood Intervention, OT is largely absent from Texas LMHA service continuums — leaving a critical gap for school-age children and adolescents ages 4–14.*

Common functional challenges in this population include:

- Sensory processing difficulties disrupting school and home routines
- Deficits in ADLs and self-care independence
- Executive functioning barriers: planning, sequencing, self-regulation
- Limited age-appropriate social and community participation
- Environmental mismatches that escalate behavioral dysregulation

LEARNING OBJECTIVES

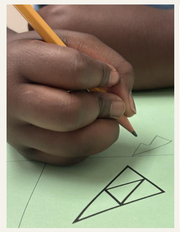
1. **Describe** the unique contributions of OT in child and adolescent behavioral health, including sensory, functional, and participation-based interventions.
2. **Analyze** the steps, challenges, and strategies involved in integrating OT into a behavioral health system using HOTBHN as a case example.
3. **Evaluate** the impact of OT on children and families through a lived-experience account and its implications for interdisciplinary practice.

HEART OF TEXAS
Behavioral Health Network
Klaras Center for Families

ROLE OF OT IN BEHAVIORAL HEALTH

OT addresses how a child's diagnosis affects engagement in meaningful daily activities. Using the Person-Environment-Occupation (PEO) model, the OT assesses and intervenes across home, school, and community, including via telehealth, which has been successfully implemented with select clients.

- SENSORY REGULATION
- EXECUTIVE FUNCTION
- ENVIRONMENTAL MODIFICATION
- ADLS & SELF-CARE
- ROUTINE BUILDING
- CAREGIVER COACHING



Occupational therapy evaluation assessments include the Beery VMI, BOT-3, Sensory Profile, COPM, and PEDI-CAT, selected based on age and referral concern. Parent carryover training is a core component of every episode of care.

> *Evidence supports OT for children with ADHD, trauma, anxiety, ASD, and mood dysregulation — all prevalent in LMHA caseloads (Arbesman et al., 2013; Pfeiffer et al., 2018).*

PROGRAM OUTCOMES

26 Children & Adolescents Served	**54** Internal Referrals Received	**4–14** Age Range (years)
37 Total Evaluations Performed	**296** Total Treatment Sessions Performed	**3** Counties Reached

> *Data reflects Spring 2025 – present. As this pilot grows, outcome data will continue to inform program development and the case for sustainable OT services within LMHAs.*

IMPLEMENTATION AT HOTBHN

Phase 1: Community Needs Assessment & Grant Award

- Community needs assessment performed and identified the absence of occupational therapy gap within the behavioral health continuum.
- SMART Innovation Grant awarded by HHSC to fund an OT pilot program within the LMHA
- Occupational therapy services established within the LMHA

Phase 2: Infrastructure & Referral Development

- Conducted region-based staff education sessions with supporting materials including presentation, referral guide, handouts, and OT strategy resources
- Built internal referral system via Microsoft Forms; eligibility requires an active core service and Klaras Center intake
- Collaborated with billing department to establish insurance authorization pathways. All OT documentation in Word as SmartCare currently does not have OT templates embedded for ages 4 to 14

Phase 3: Service Delivery

- Sessions held in community and OT clinic (Waco). Telehealth sessions have been implemented for select clients
- Re-evaluation every 6 months or per insurance requirements; discharge when goals met consistently
- Parent carryover training embedded following progress note

BARRIERS & FACILITATORS

Barriers Encountered

MEDICAID REIMBURSEMENT LIMITS	SCOPE-OF-PRACTICE CONFUSION
NOT EMBEDED IN EHR	SPACE & EQUIPMENT CONSTRAINTS
INSURANCE AUTHORIZATION CYCLES	PROFESSIONAL ISOLATION

> *SmartCare contained OT templates for ECI only (ages 0–3). No documentation existed for ages 4–14 — requiring the OT to build all templates, forms, and progress notes from scratch in Word, uploaded as attachments for billing.*

Facilitators of Success

LEADERSHIP SUPPORT	INTERDISCIPLINARY BUY-IN
REFERRAL WORKFLOWS	FAMILY ENGAGEMENT
SMART GRANT FUNDING	ACTIVE INSURANCE BILLING

FAMILY PERSPECTIVE

> *My daughter's therapy is the best. Veronica goes out of her way to help my daughter and takes her time with her. She is very involved in helping her and answers all my questions, showing me how to help my daughter at home.*
>
> *He is now willing to try new games with new people.*
>
> — Family participants, Klaras Center for Families, HOTBHN

SUSTAINABILITY & REPLICATION

- Active billing underway for eligible clients via Medicaid and private insurance; grant funds serve as fallback with physician/NP sign-off when authorization is exhausted
- Partner with OT programs for Level II fieldwork placements to develop a sustainable workforce pipeline. We have successfully completed two student fieldwork placements.

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