

**A Report to the Governor and the 80th Legislature
on the
Community Resource Coordination Groups
of Texas**



Children and Youth



Adults



Families

Making a Difference ... One at a Time

Fiscal Years 2005 and 2006

**Compiled by the
Office of Program Coordination for Children and Youth
Texas Health and Human Services Commission**

*A report compiled by the Office of Program Coordination for Children and Youth,
in partnership with:*

Texas Health and Human Services Commission

Texas Department of Family and Protective Services

Texas Department of State Health Services

Texas Department of Assistive and Rehabilitative Services

Texas Department of Aging and Disability Services

Texas Correctional Office on Offenders with Medical or Mental Impairments

Texas Department of Criminal Justice

Texas Department of Housing and Community Affairs

Texas Education Agency

Texas Juvenile Probation Commission

Texas Workforce Commission

Texas Youth Commission

*The Office of Program Coordination for Children and Youth would like to extend a Special Thank You to
members of CRCGs who provided their expertise in the development of this report.*

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EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC), in conjunction with Community Resource Coordination Group (CRCG) agency partners, respectfully submits the 2005-2006 CRCG biennial Report to the Governor and 80th Legislature, on the eve of the 20th anniversary (2007) of the CRCG program. This document reflects the activities, services, successes, and challenges CRCGs report in their efforts to provide a coordinated approach to service delivery for children, youth, adults, and families with multiagency needs. The CRCGs report that the local collaboration developed through the CRCG process has resulted in improving the access and provision of services. Additionally, CRCGs report that professional networks have been strengthened through this interagency process, resulting in:

- More effective services for individuals and families due to networking with providers and partners outside of the CRCG meetings, and
- Increased capacity of CRCG members to serve clients by connecting them with appropriate resources as a result of the additional experience and information gained regarding local community resources.

As the data in this report reveals, a majority of referrals to CRCGs that serve *children and youth* are related to behavioral health issues. These referrals are most often generated by independent school districts (ISDs), juvenile probation departments (JPDs), and mental health (MH) providers; these same agencies are primarily responsible for the majority of service plans created for this population. These children and youth require a vast array of intensive services such as skill development, mental health care, family support, social interaction, basic needs, self-sufficiency, substance abuse, and education.

CRCGs for *families* report that families require all of the same services as children and youth, but also need physical health and functioning services and employment services.

Services for *adults* referred to CRCGs are those revolving around the fulfillment of basic needs such as self-sufficiency, housing, transportation, utility assistance, and home repair. Additionally, they require mental health care, physical health and functioning assistance, skill development, family support, and substance abuse services. Referrals to CRCGs for adults originate from advocacy organizations, local MH centers, and private providers. Agencies providing services to them include private sector organizations, MH providers, and adult protective services (APS).

As reflected by the statewide data and individual reports from CRCGs, the major challenge faced by these groups is their ability to provide behavioral health (inclusive of mental health and substance abuse) services to children, youth, adults, and families within their communities. The feedback indicates a high demand for available, affordable, and intensive community-based services that can be customized to meet individual children, youth, and adults' behavioral health needs. These types of services delivered in a timely manner can prevent more costly treatment or intervention services within child and adult welfare settings, or in congregate care facilities, including juvenile and criminal justice settings.

The major challenge that CRCGs report is meeting the demand for behavioral health services to children, youth, adults, and families.

BACKGROUND OF COMMUNITY RESOURCE COORDINATION GROUPS

Over the past 19 years, Texans who have complex needs have had a resource through the Community Resource Coordination Groups. CRCGs are county-based interagency groups comprised of public and private agencies that partner with children, families, or adults with complex multiagency needs in order to develop customized, integrated, individual service plans. Together, representatives from schools, public and private sector health and human services (HHS) agencies, faith-based organizations, local criminal justice organizations, and other organizations, assist individuals and families to identify and coordinate needed resources and services in their communities.

Initial legislation passed in 1987, drove the development of CRCGs to collaboratively serve children and youth across the state. Since 1996, CRCGs have been serving children and youth in all 254 counties in Texas. Currently, 139 CRCGs cover these 254 counties. A state-supported demonstration of the CRCG

“Our collaboration with the Senior Ambassadors Coalition has been a tremendous asset, with recent funding support for our CRCGA annual budget from this organization”
~from Potter/Randall Counties’ CRCG serving Adults

approach to serve adults began in six pilot sites in 1999. There are now 161 counties, or 63 percent of the state, working to meet the service needs of adults through the CRCG process.

Some areas of the state use the CRCG model that combines the CRCG for Children and Youth with a CRCG for Adults, creating a CRCG for Families that serves children, youth, families, and adults. Thus, there are three types of CRCGs in Texas:

- CRCGs – serving *children and youth* (birth to age 22);
- CRCGAs – serving *adults* (age 18 and older); and
- CRCGFs – serving *families* and individuals of any age.

Currently, the CRCG program is authorized under legislation passed by the 77th Legislature, Regular Session, in 2001, and codified in Texas Government Code §531.055. This legislation directed the development of the *Memorandum of Understanding (MOU) on Services for Persons Needing Multiagency Services*. This action renewed the commitment to CRCGs for Children and Youth, and added a requirement for agency participation in building the capacity to serve adults through a CRCG. The current MOU has been revised to reflect the consolidation of HHS agencies required by House Bill (H.B.) 2292, 78th Legislature, Regular Session, 2003 (See Attachment A).

State level coordination of the CRCG process previously included two State CRCG Teams, one team focusing on children and youth, and the other targeting adults. The State CRCG Teams provided oversight and served as state level points of contact to respond to regional or state level concerns of local CRCGs, including identifying representation and/or mediation among the local CRCG process. Presently, a CRCG State Workgroup, consisting of the legislatively mandated state agency members, meets periodically to provide oversight to specific state level coordination activities. This includes the revision of the CRCG MOU, the development of the biennial CRCG legislative report, additional CRCG actions such as the analysis and reporting from the statewide data collection system, and support for the extension adult-serving CRCGs to additional counties.

The State CRCG Office is housed at HHSC in the Office of Program Coordination for Children and Youth (OPCCY). Funding is included in the HHSC budget and is used to support travel to provide on-site technical assistance to CRCGs, and support for web-based and telephone technical assistance for CRCG teams.

To date, funding has not been appropriated for local CRCG operations, but several CRCGs have obtained funds through grants or through local/county-based funding. CRCGs select a chairperson who volunteers to serve in a leadership role. Information on agencies and organizations serving in local CRCG leadership roles may be obtained from the annual CRCG data report available at the state CRCG website:

http://www.hhsc.state.tx.us/crcg/CRCGData/2005_DataReport/2005_CRCGData_Report_072406.pdf.

A few CRCGs have successfully secured funding for a part-time or full-time dedicated CRCG coordinator position. Each CRCG defines the coordinator's specific job responsibilities and duties that typically include an intensive cross-agency case management or service coordination function. With budget challenges over the past four years, CRCGs have faced difficulties in maintaining interagency resources for a CRCG coordinator, and as a result, several of these positions have been discontinued.

DATA

CRCGs voluntarily submit basic demographic data and other information that helps to identify services and resources that are available in that location, agencies that participate in the CRCG, and any gaps or barriers that may prevent service needs from being fully addressed. The CRCGs also voluntarily submit monthly meeting reports, service plan data, and follow-up information to OPCCY, either by mail, fax, or through the CRCG web-based data collection system.

- In calendar year 2005, approximately 56 percent of all the CRCGs serving *children and youth* submitted data, which totaled 710 initial service plans. Twenty-seven percent of the CRCGs serving *adults* submitted data that totaled 21 initial service plans. Fifty percent of the CRCGs serving *families* submitted data, totaling 151 initial service plans.
- From calendar year 2004 to 2005, there was approximately a ten percent reduction in data submissions. In calendar year 2004, 723 initial service plans were submitted by CRCGs serving *children and youth*, 79 initial service plans were submitted by CRCGs serving *adults*, and 176 initial service plans were submitted by CRCGs serving *families*. The CRCGs attribute the reduction to several factors: (1) the time and effort involved with reporting, (2) changing of staff and reorganization, and (3) the reduction in part-or full-time CRCG coordinator positions that dedicated a portion of time to complete and submit data.

Due to the fact that service plan data is voluntarily submitted (and that not all CRCGs submit data), the following information does not represent the total of all CRCG service planning and activities, yet common trends can be inferred from historical data. A comprehensive report of the data, including historical data, may be obtained from the state CRCG website:

http://www.hhsc.state.tx.us/crcg/CRCGData/CRCG_Data_Home.html.

POPULATIONS SERVED MOST OFTEN BY CRCGS

- Agencies making the most referrals to CRCGs serving *children and youth* were independent school districts, local juvenile probation departments, and local community MHMR centers.
- Agency participation is greater and referrals are higher for those agencies serving children with behavioral health issues.
- Agencies making the most referrals to CRCGs serving *adults* were advocacy organizations, local MHMR centers, and private/other providers.

FAMILY, CONSUMER, CAREGIVER PARTICIPATION

Attendance and participation by the family, adult, or caregiver served by the CRCG are highly important components for successful outcomes of the CRCG process.

- Family members of a child/youth being served by the CRCG attended service planning meetings approximately 57 percent of the time.
- Adults served by the CRCG attended the CRCG service planning meeting less frequently, approximately 33 percent of the time.

“The family attends the CRCG and is asked what they want to see as an outcome, then we work together to find what can be provided that most closely resembles what they want and what services they need as a family.”

~Navarro County CRCG serving Children/Youth

CRCGs report that sometimes clients are embarrassed and do not want to attend; therefore, there is a need to educate individuals about the CRCG process in order to promote their attendance and involvement in this collaboration. CRCGs are increasingly choosing not to conduct a CRCG service planning meeting without the family member of a child/youth, or the adult being served, present at the meeting.

PRIORITY SERVICE NEEDS/RESPONSIBLE AGENCIES

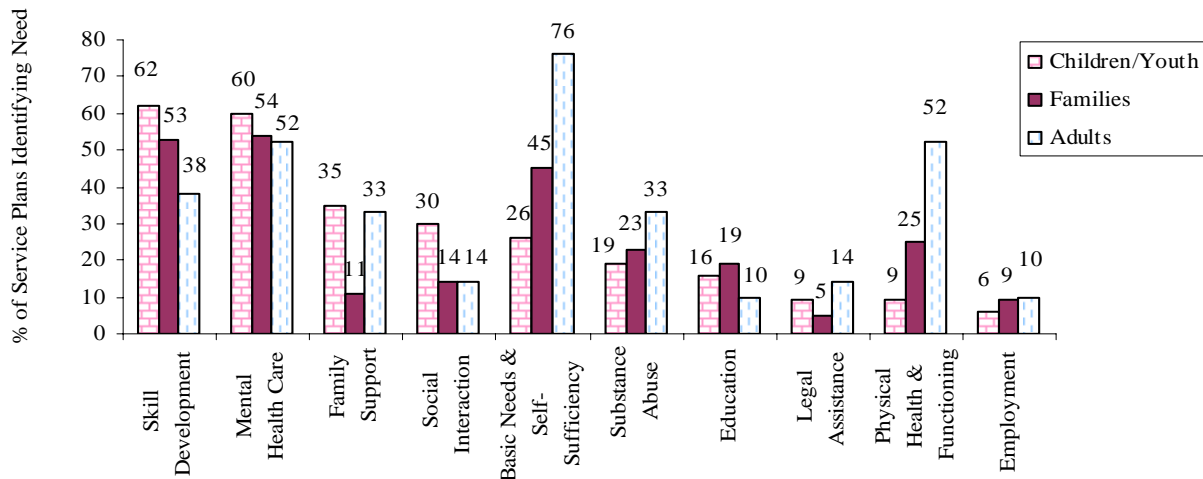
Prior to being referred and served by CRCGs, individuals, children, and families have typically encountered some type of barrier(s) to receiving needed services and supports. The most frequent service needs cited on CRCG service plans reflect many of those barriers that people had previously experienced.

- For *children and youth*, the service needs identified most frequently are skill development, MH care services, family support, social interaction, basic needs and self-sufficiency, substance abuse, and education.
- For *adults*, the priority service needs identified most frequently are related to basic needs and self-sufficiency (such as housing, transportation, utility assistance, and home repair/modification), MH care, physical health and functioning, skill development, family support, and substance abuse.
- For *families*, the service needs identified most often are mental health care, skill development, basic needs and self-sufficiency, physical health and functioning, substance abuse, education, social interaction, family support, and employment services.

Individuals (most often) referred to CRCGs are those with a behavioral disability or co-occurring disorder (substance abuse/mental health).

~CRCG serving children and youth

Service Needs Identified by CRCGs



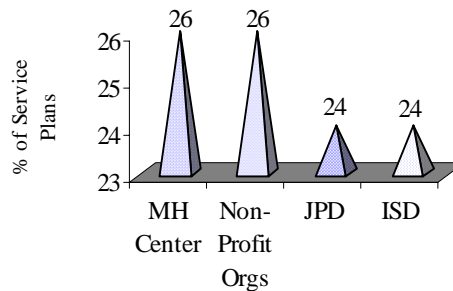
The top three agencies responsible for the provision of services in the plans developed by CRCGs that focus on *children and youth* include:

- Mental health providers,
- Local independent school districts, and
- Juvenile probation departments.

The four agencies that most often assumed the lead responsibility for CRCG service plans targeting *families* include:

- Mental health providers and the local mental health centers,
- Non-profit organizations,
- Local independent school districts, and
- Juvenile probation departments.

Responsibility for Implementation of Service Plans for CRCGs serving Families



The top three agencies that most frequently assumed the lead responsibility for CRCG service plans focusing on *adults* include:

- Private sector organizations,
- Mental health providers, and
- Adult protective services.

OUTCOMES - CRCG SERVICE PLAN FOLLOW-UP

Referrals to CRCGs typically reflect difficult situations in which agencies or providers were unable to address or coordinate all of the individual's service needs prior to the CRCG process. The outcomes of follow-ups to the service plans developed by the CRCGs are outlined as follows:

- The overall goals were met in 59 percent of service plans submitted by CRCGs serving *children and youth* in the first 6 months following the initial CRCG service plan.
- For CRCGs serving *adults*, 44 percent of outcomes were achieved in the first 6 months following the initial CRCG service plan.
- For CRCGs serving *families*, overall goals were met 24 percent of the time at the 4-6 month follow-ups.

It is important to note that the data does not include outcomes partly achieved. For example, if an individual is placed on a waiting list for services, the data will not reflect this service as being met. Additionally, the data cannot illustrate the overall improvements in service coordination occurring beyond or outside the meeting as a result of the relationships and networking developed through the CRCG process. CRCG participants regularly cite anecdotal information to support the importance of these networking experiences in ultimately producing positive outcomes with goals having been met for the individuals or families being served.

CRCGs suggest several reasons for not meeting all the outcomes of goals established in CRCG service plans, including: the lack of follow-through of the service plans, the timeliness in implementing the service plan is not monitored by any one agency, and often times there are waiting lists for persons to obtain services recommended by the CRCG team. In addition, the availability of services was noted as a frequent barrier to meeting the goals set forth in CRCG service plans.

The top challenge to attendance and involvement of families or consumers at the CRCG is reliable transportation and the expense of travel and child care to be able to participate. Separate money needs to be allocated for this.

~reported by several CRCGs

LESSONS LEARNED FROM CRCGs ON ACCOMPLISHMENTS AND CHALLENGES

CRCGs can, and do, represent a positive resource for innovative and creative thinking within and among counties. As collaborative groups, CRCGs build on significant successes and continue to work to address numerous challenges, resulting in many notable accomplishments. Information on challenges (such as lack of funding, service delivery gaps, and barriers to service) encountered by CRCGs as well as their accomplishments (such as obtaining local funding and extensive community support), is gathered through regional leadership meetings, surveys and on-going feedback with one another and the State CRCG Office.

CRCGs ACCOMPLISHMENTS

Improved Efficiency: CRCGs reported that increased networking, collaboration, making new contacts, and working as a team have all resulted in positive outcomes for children, youth, adults, and families within their communities. Participation on a CRCG has helped divert cases from going through a full, formal CRCG process or a specific agency's due process, as a result of the

relationships developed within the CRCG. Consequently, members are more knowledgeable about the services and better equipped to make the necessary contacts prior to a crisis situation.

Reunification: CRCGs note that reunifications with families have been successful due to increased networking among agencies, and that prevention of institutionalization has occurred as a result of collaboration within the CRCG framework.

Mobilizing community supports: CRCGs have been able to increase participation by non-profits and faith-based organizations and as a result, have increased their ability to provide a broader array of non-traditional services (i.e., mentoring) for individuals and families.

The following is an example of the CRCG collaboration of a rural community in Floyd County. (All family stories referenced in this document have names changed to protect their privacy.)

F A M I L Y	<p><i>Patrick, a 14-year old, moved to a rural county to live with his dad and step-mother after he and his two sisters were removed by Child Protective Services (CPS) from his biological mother's home in an urban area, due to her neglect and sexually inappropriate behavior with boyfriends in front of the children. Patrick's father and stepmother had moved to their new home in this rural community just before Patrick's move there. Patrick and his sisters had not seen their father in two years. Patrick did not adjust well to the move and appeared to be depressed; he began acting out by stealing money from his parents, which led to involvement with the juvenile probation department. His parents indicated they had attempted to find help for Patrick, but were not pleased with the outcomes. The entire family was in need of support, direction, and information. Patrick's parents were unaware of where to go in the community to get assistance, and the few places they did find, did not provide adequate supports. The family was invited to participate at a CRCG meeting, along with multiple community agencies including CPS, JPD, a neighborhood organization, the local high school and grade school, as well as a couple of family support organizations. Discussion at the meeting revealed that some of the agencies had been involved or had contact with the family, but were unaware of the depth of the situation. When everyone was at the table, a more accurate, extensive understanding of the family's need was recognized, and the team members were able to link Patrick and his family to appropriate resources without duplication. As a result, Patrick avoided adjudication that would have been costly to the family and county court system, and the school was able to identify the educational needs not only for Patrick, but for his two siblings as well. They were also able to assist Patrick in finding a way to make some money by shredding paper for one of the agencies. Additionally, when the family later made a move to another rural county, the current CRCG member representing special education contacted the new school district, and all attended a meeting with the family's consent to plan for the transition. His family has reflected about how beneficial the CRCG intervention was to Patrick within his family and the family feeling supported and significant within not one, but two new communities.</i></p>
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Leveraged funding: Strong CRCG partnerships have resulted in providing several communities the foundation for the successful application of federal, state, and local grant funding to implement an enhanced integrated service delivery approach. Some examples include:

- State dollars from the Texas Integrated Funding Initiative (TIFI) ranging from \$40,000-\$75,000 annually to four sites awarded the last five years to develop a local mental health care system for children and youth at risk of long term out-of-home placement due to mental health needs.
- Recent multi-million dollar federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded to Harris County to implement a system of care approach for children with severe emotional disturbances.
- Federal dollars for “system change” *Real Choice* grant from the Center for Medicaid and Medicare Services (CMS) was awarded to several communities in Texas. The Texoma Council of Governments (COG) and Heart of Texas COG worked closely with their area adult-serving CRCGs and family-serving CRCGs by successfully demonstrating the benefit of system navigators for persons needing service coordination across multiple systems.

Below is an example that describes the work from the State “Real Choice” grant in Texoma.

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Y** *Regina, a deaf female in her late 30’s, had been involved with multiple state agencies for 12 years due to her complex physical and behavioral health needs. She is the mother of three children including Joseph, who had severe Attention Deficit Disorder (ADD). Regina had been in and out of various systems including law enforcement, housing authorities, APS, CPS, Texas State Department of Health Services, Area Agency on Aging, state hospital, and emergency rooms. Regina’s situation was deteriorating and was costing the state and her family*

“I was sitting in the dark staring at nothing and signing away to no one. My friends were worried about my kids-they found us in a filthy roach-infested house. They were hungry and there was no food in the house.”
~ Regina, a mother with deafness

more money due to continuous hospitalizations and incarcerations. The critical component that assisted moving Regina and her situation out of continual crisis was the Real Choice “Navigator.” The Navigator’s role was to coordinate and stay updated on agencies’ responsibilities to ensure no barriers would further prevent Regina and her family from receiving the

services they needed, and to end their cycle of hopelessness. A CRCG for Adults was convened and the meeting was conducted to develop a workable plan for the family and multiple agencies involved. However, Regina’s cycle of not being able to manage her medications began again, after discharge from a 30-day state hospital stay. Circumstances grew worse when Regina threatened to burn down her aunt’s house. Additionally, her youngest child, Joseph, became increasingly destructive and disappeared for a week, and her teenage daughter was frequently out all night. Her oldest son was trying desperately to help keep the family together, and had given up his position on the high school football team in order to find a job to support the family. With support from the state leadership, APS

and CPS, a “Family Group Conferencing” was convened with agencies, friends, and family members present. The plan resulted in:

- *The older son moving in with an aunt in another city to finish high school in hopes of getting a football scholarship,*
- *The youngest boy moving in with his father and step-mother, and living ten minutes away from Regina, where she moved into a living facility for the deaf in Fort Worth, and*
- *The teenage daughter moving in with an aunt in Denison.*

Regina’s family and children are grateful, and Regina is relieved that her family is together within supportive extended family.

Hurricane disaster relief: Solid, established CRCG partnerships assisted families in obtaining critical services with hurricane disaster relief efforts. For example: HOPE (Helping Out People Efficiently) CRCG in Val Verde County was at the forefront in setting up a plan of action to meet the needs of those families that arrived in Del Rio while fleeing Hurricane Katrina. HOPE CRCG collaborated with multiple agencies to set up protocols and a tracking system for 30 families who sought refuge in Del Rio. The HOPE CRCG followed each family to assure that all family members’ physical and emotional needs were met.

Creative community supports: A few examples of how CRCGs continue to be creative in their efforts to obtain and to sustain community partnerships, include CRCGs that have: worked with local district attorneys offices, partnered with senior coalitions, funded families at holidays, brokered for non-traditional services from local churches, and boys/girls clubs. They have also hosted meetings including non-traditional service providers, such as inviting housing code enforcement personnel, poison control responders, and handlers of search and rescue dogs (for working with clients with Alzheimer’s).

STATE-LEVEL SUPPORT FOR CRCGS

In order to assist CRCGs in their efforts to deliver and sustain services to individuals, children/youth, and families, the State CRCG Office offers technical assistance and collaborates with other state agencies and stakeholders to support local CRCGs. The results of their efforts for this biennium include:

Adult-Serving CRCGs: Extended support to expand CRCGs serving adults. To date, adult-serving CRCGs cover 63 percent of Texas counties.

Family/Person-Centered Approach: Promoted a more family/person-centered approach by increasing community and family/caregiver representation on CRCGs to assist families receiving services.

Technical Assistance: Coordinated and facilitated CRCG regional meetings in HHS regions 3, 6, and 7, thus meeting the goal set in 2002 to provide direct training and technical assistance to all 11 HHS regions. (Technical assistance was provided by State CRCG Office, Office of Program Coordination for Children and Youth to other regions prior to the current biennium.)

Partnerships: Increased participation of faith-based and private sector organizations as CRCG members statewide.

Resources: Expanded the role of the CRCG to assist families in accessing non-educational community-based support funds (funding through the Texas Education Agency) for specialized services, such as respite and mentors.

CHALLENGES FACED BY CRCGS

CRCGs describe many challenges in collaboratively serving children, youth, adults, and their families. In a recent survey of CRCGs (July 2006), the most often cited challenges include the following:

Provider Capacity: Community providers available and able to fulfill individual CRCG service plans are limited in their abilities to deliver services to meet the needs of individuals/families served through the CRCG process.

Staff Capacity: High staff turnover within agencies and time constraints by agency members limits the ability to participate in CRCGs, and thus staff are not able to sustain effective agency involvement.

Funding: The lack of insurance, inadequate funding, and lack of flexible funding have been identified as barriers. Flexible funding is often not available to address the non-categorical service needs of persons served through the CRCG process. Frequently, persons referred to CRCGs are not eligible for services or funds in the existing agency's categorical funding streams, and in order to develop customized or individualized service plans, flexible funds are needed to produce positive outcomes.

“If they have insurance coverage, then most places will not accept their particular insurance. If they don’t have insurance, they are refused services anyway and have no money to pay for services.”

~ CRCG serving children/youth

Customers/Families as Full Partners: Families' inability to attend CRCG meetings (frequently due to lack of reliable transportation) reduces the opportunity for full participation in the treatment process.

Access: Lack of knowledge (by families and the public) as to what services are available can result in clients “falling through the cracks.”

Waiting Lists: Waiting lists (for Medicaid waiver services, substance abuse treatment, and open beds in residential facilities) may create crisis situations for clients in need of immediate services.

Participation: Consistent participation, attendance, and referrals for individual service planning from the CRCGs are challenging, even for those agencies legislatively mandated to participate. As reported by CRCGs, individual local providers are required to cover more service areas and

the need to ensure that their time and effort are charged through “billable hours” or “contract hours” becomes more and more challenging. Interagency activities or collaborative meetings frequently do not fall into categories that warrant reimbursement or payment, although CRCGs report that this collaborative service planning is invaluable.

Allow flexible funding dollars to be allocated to permit CRCGs to fund local operations and direct services.

*~recommendations from
CRCGs serving families*

Specialized Services: There continues to be limited resources to serve specific populations, such as youth with long-term intensive needs related to severe emotional disturbances, individuals with traumatic brain injury, undocumented individuals, and disaster relief assistance.

Leadership: Based on the fact that in most counties of the state the volunteer chairpersons are key to the success of a CRCG, support for voluntary leadership is essential to the prevention of “burn out” in positions within the CRCGs.

Public Awareness: A need exists to increase public awareness within local communities regarding the work of the CRCG.

Documentation: Routine and more comprehensive documentation and data collection are crucial to demonstrating the overall success and cost effectiveness of the CRCG system.

CRCG COLLABORATION AND COORDINATION WITH OTHER INTERAGENCY INITIATIVES

As fiscal year 2006 began, state level CRCG coordination continues to operate within the Office of Program Coordination for Children and Youth of HHSC’s Health Services division. The CRCG effort within OPCCY affords the opportunity to work along side complementary initiatives within that office, as well as with external programs.

A complementary interagency effort includes the Texas Integrated Funding Initiative, an initiative for children with severe emotional disturbance, based on the *System of Care* philosophy that is supported under the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The TIFI mission is to restructure and enhance the funding processes for children’s MH services and supports at the community level. Through four funded sites, TIFI supports and encourages agencies, families, and community groups to collaborate by pooling their resources in order to serve children more efficiently and cost-effectively. Strong CRCGs existed in the four areas prior to the state funding of these sites, and all four TIFI supported sites continue to have a strong partnership with their CRCG. Further expansion of TIFI will include a partnership with the CRCG. Reference: <http://www.hhsc.state.tx.us/tifi/>

The 77th Legislature, Regular Session, 2001 enacted S.B. 368 to strengthen **permanency planning** for children with developmental disabilities in Texas. Within three days of a child being placed in an institution, the institution must notify several entities of the placement, including the CRCG in the

“Permanency planning has had a tremendous impact in the service planning for the youth and families that we work with by the collaborative work of everyone involved to find solutions to meet the needs of the youth and families served.”

~Hale County CRCG serving children/youth

county of residence of the child's parent/guardian. The CRCG may contact the child's parent/guardian to ensure that the parent/guardian is aware of services and supports that could provide alternatives to placement of the child in the institution, available placement options, and opportunities for permanency planning. Reference: http://www.hhsc.state.tx.us/crcg/RelatedLegislation/Permanency_Planning.html

The following is an example of a family assisted by the Hale County CRCG for successful permanency planning.

F A M I L Y	<p><i>Sue, a 15 year-old with mood and behavioral problems had a history of self-inflictive behavior (cutting herself), and had two hospitalizations prior to a CRCG meeting. As a result of the CRCG meeting, the plan of care, included:</i></p> <ul style="list-style-type: none">• <i>Sue volunteering at a nursing home, to give her a sense of belonging to her community,</i>• <i>Sue organizing a special project at her school for youth to send care packages to soldiers overseas to increase her self-esteem,</i>• <i>Increased involvement for Sue with her school choir and to encourage her use of singing,</i>• <i>Linking the family to housing assistance, and</i>• <i>Enrolling in Medicaid to assist Sue's sister with needed eye surgery.</i> <p><i>These services proved to be very beneficial to Sue and her family. These interventions increased Sue's positive behaviors and reduced the risk of more costly or expensive interventions or possible out of home placement.</i></p>
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SUPPORTING AND ENHANCING THE WORK OF CRCGs

Training and Technical Assistance

The last state-funded Statewide CRCG Conference was held in October 2002. The event offered training and networking opportunities that were well received by the approximately 250 participants from across the state. Between November 2002 and August 2003, the State CRCG

<p>Conduct CRCG statewide or regional meetings/conferences/trainings. <i>~ recommendations of several CRCGs</i></p>
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Office conducted a series of local leadership training sessions for CRCG leaders in 8 of the 11 HHS regions. The purpose of the leadership training sessions was to facilitate and improve local capacity and expertise, recognizing the

importance of successful local leadership. Budget constraints have prevented the continuation of either statewide or regional training conferences. This past biennium, staff was able to attend and provide technical assistance at regional meetings with CRCG leadership in the three remaining HHS regions. Participant responses were positive, and there has been an increase in the number of persons interested in implementing adult-serving CRCGs in the areas visited. Additionally, there was an increase in the number of CRCGs submitting data in the recently visited regions.

The lack of on-going interagency statewide or regional conferences to promote intra- and inter-regional interaction and collaboration, decreases the opportunities for broader networking in sharing ideas, the ability to develop and maintain consistent systems, the capability to cultivate efficient and effective reporting mechanisms, and the potential to identify innovative and non-

traditional resources and promote best practices. Staff continues to participate in and promote complementary conferences relative to the interagency service planning work of CRCGs.

Statewide Data Collection System

In order to mitigate historic problems in obtaining data, a revised CRCG data collection system was implemented in March 2004. The integrated system provides a streamlined web-based mechanism for collecting CRCG service plan and follow-up information. Fine-tuning enhancements for the collection system are planned for calendar year 2007.

CRCG Website

In addition to telephone contact with OPCCY staff, the CRCG website provides a viable means to provide statewide CRCG technical assistance, and to exchange information about and among the CRCGs. The CRCG website is continually revised to provide up-to-date information, easy access for the public, and for CRCG members to locate materials and information concerning the work of CRCGs in assisting individuals and families with complex, multiagency challenges.

Reference: <http://www.hhsc.state.tx.us/crcg/crcg.htm>

CRCG - PLAN FOR THE FUTURE

The State CRCG Office and the partner CRCG agencies consistently research methods and seek opportunities to support and enhance the work of CRCGs. Areas to be targeted include:

Training and Technical Assistance: Training and technical assistance that promotes promising practices such as strength-based collaborative service planning through wraparound, permanency planning, family group conferencing, and person-directed planning. Computer based training or video teleconferencing for training and technical assistance, including the development of a “field guide” that identifies promising practices in financing. Utilizing regional CRCG liaisons, “experts” may be cultivated to mentor area groups and assist with information flow from the state level to the 161 CRCGs, thus encouraging networking and peer-to-peer relationships.

“Develop a “Best Practices” handbook with examples of successful service plans for clients through CRCG intervention. Distribute to all CRCGs.”
~ recommended by local adult-serving CRCG

Participation: Identification of strategies to encourage consistent local level participation, attendance, and referrals for individual service planning by the legislatively mandated agencies. As individual local providers are increasingly directed to cover more service areas, the lack of “billable hours” or “contract hours” created by participating in interagency activities becomes more and more challenging.

Flexible Funding: Flexible funding options should be promoted within the CRCG process to address the non-categorical service needs of persons served through the CRCG. Frequently, persons referred to CRCGs are not eligible for services or funds in the existing agency’s categorical funding streams, and in order to develop customized or individualized service plans, flexible funds are needed to produce positive outcomes.

Specialized Services/Resources: Identifying resources to serve targeted populations in need, such as youth with long-term intensive needs related to severe emotional disturbances, individuals with traumatic brain injury, undocumented individuals, and disaster relief assistance.

Leadership: Support for CRCG leaders, who are key to the success of a CRCG, in order to prevent “burn out”.

Documentation: Increasing CRCG data collection without imposing unwieldy reporting or operating requirements of the local CRCGs.

Awareness: Sharing promising practices among CRCGs regarding public awareness activities within local communities about the work of the CRCG.

Partnerships: Partnership with complementary programs and initiatives to leverage resources.

SUMMARY

CRCGs consistently report the benefits of improved local coordination and collaboration. CRCG members become more aware of all appropriate services and supports available and of on-going changes in their communities. Positive experiences networking within and outside of the CRCG mandated agencies’ process results in the ability of members to serve individuals or families more efficiently and effectively. Concurrently, community service providers gain additional information, professional contacts, and experience and are better able to serve all of their clients by more efficiently connecting them with appropriate resources to meet their needs. Clients and families benefit as their needs are examined and addressed through a comprehensive and systematic approach, saving time and money, and preserving family relationships and community resources. The state benefits as well, because scarce and often expensive resources are better coordinated and directed to areas where they are needed most.

The CRCG activities at both the state and local level are a constant “work in progress.” The parameters of this collaborative process are present, but there is ongoing work to continue enhancements through sharing demonstrated national, state, and community promising practices to meet customers’ needs identified in this report. This work will include efforts to meet the increased need for behavioral health services. State and local CRCG partners will continue to strive towards achieving a coordinated system of service delivery that is efficient, effective and accountable, and that will best serve the residents of this state.

For inquiries about any information contained in this report, please contact:

Texas Health and Human Services Commission
Health Services Division
Office of Program Coordination for Children and Youth
P.O. Box 13247 • BH-4100 • Austin, TX 78711
(512) 424-6963 • Fax: (512) 424-6591 • E-mail: crcg@hhsc.state.tx.us
or visit the website at:
Website: www.hhsc.state.tx.us/crcg/crcg.htm

**Memorandum of Understanding for
Coordinated Services to Persons Needing Services from More Than One Agency
Revised March 2006**

A. Overview

Pursuant to the Texas Government Code, Subchapter B, Chapter 531, Section 531.055, this memorandum of understanding ("the Memorandum") has been developed by the following member agencies, hereinafter referred to as "the agencies," in consultation with the Texas Health and Human Services Commission (HHSC), and advocacy and consumer groups. The agencies include:

Texas Health and Human Services Commission (HHSC) and other health and human agencies:
Texas Department of Aging and Disability Services (DADS),
Texas Department of Assistive and Rehabilitative Services (DARS),
Texas Department of Family and Protective Services (DFPS),
Texas Department of State Health Services (DSHS), and partnering agencies:

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI),
Texas Department of Criminal Justice (TDCJ),
Texas Department of Housing and Community Affairs (TDHCA),
Texas Education Agency (TEA),
Texas Juvenile Probation Commission (TJPC),
Texas Workforce Commission (TWC) and
Texas Youth Commission (TYC).

B. Purpose

The Memorandum, as adopted by each agency, provides for the implementation of a statewide system of county-based, multiagency community resource coordination groups, hereinafter referred to as "CRCGs," to coordinate services for persons of all ages, including children, youth, and adults needing multiagency services and whose needs can be met only through interagency coordination and cooperation (defined as persons with complex needs). Revisions to this Memorandum will be developed as needed to reflect major agency reorganizations or statutory changes that affect the agencies.

This Memorandum sets forth the intention of the agencies, the local CRCGs, and HHSC to work together to ensure that the strategic plan for delivering health and human services in Texas includes appropriate plans for delivering coordinated services to persons with complex needs.

C. Mission

The CRCGs provide a mechanism that enables local public and private agencies, organizations, and families to work together in collaboration to meet the needs of individuals which no one agency can meet.

D. Guiding Model(s)

Local CRCGs established pursuant to this Memorandum must conform to the current CRCG model(s) approved by HHSC. A local CRCG may be children and youth-specific, adult-specific or family-specific depending on the needs of the community. These models are available from the Office of Program Coordination for Children and Youth, P.O. Box 13247, Austin, TX 78711 or www.hhsc.state.tx.us/crcg/crcg.htm.

E. Consumer Choice And The Role Of Families, Consumers, And Caregivers

- 1) The agencies recognize that consumer choice drives the collaborative service planning process. The agencies are committed to supporting the provision of services pursuant to this Memorandum in the least restrictive environments possible.
- 2) Recognizing the importance of the family in the life of each child, the coordinated individual service plan for a child is developed in partnership with the child's family, the child's legally authorized representative (if other than the child's parents), and, as appropriate, other caregivers or persons important in the life of the child.
- 3) The coordinated individual service plan for an adult is developed in partnership with the consumer, the consumer's legally authorized representative (if other than the consumer), and, as appropriate, the consumer's family and/or caregiver.

F. Agency Responsibilities

- 1) Each participating local entity's statutory responsibilities for children, youth and adults are set forth in, or referenced through, the State CRCG Website at www.hhsc.state.tx.us/crcg/crcg.htm. Additional information for health and human services agencies' statutory responsibilities for children, youth and adults is referenced in "Health and Human Services in Texas: A Reference Guide", available from the Health and Human Services Commission at <http://www.hhs.state.tx.us/tirn/refguide.shtml>.
- 2) Each agency will support agency representation and participation in local CRCG activities by local or regional agency offices, local authorities, providers, or local contractees, hereinafter called "local entities," to the extent authorized by law or contract. See §H (3) regarding circumstances when an agency representative may be excused from attending a local CRCG meeting.
- 3) The local representative(s) of each agency will have the authority to contribute to decisions and recommendations made by the local CRCG and to contribute resources toward resolving problems of individuals needing agency services identified by the local CRCG.
- 4) To the extent that operating under this Memorandum helps the local entities to identify problems, gaps, and inefficiencies in the state's systems for delivering health and human services to persons with complex needs, the local entities agree to give HHSC information about the problems, gaps, and inefficiencies so identified. HHSC will appropriately incorporate information provided by the local entities and the local CRCGs into HHSC's strategic plan.
- 5) Each agency will provide the local CRCGs with relevant additional information about its financial and statutory responsibilities when such information is necessary for the groups to meet their responsibilities. The additional information may include, but is not limited to, descriptions of subcategories of funding for different types of service such as prevention, family preservation and strengthening, serving persons in the least restrictive environment, in-home support, permanency planning, emergency shelter, diagnosis and evaluation, residential care, after-care, information and referral, medical care, and investigation services.
- 6) Interagency cost sharing.
 - a) To the extent possible, the agencies agree to assist the efforts of the local CRCGs in developing local funding mechanisms and in seeking additional resources within the agencies to address service gaps as funding is available.
 - b) To support this Memorandum of Understanding, the agencies agree to identify and provide state-level funding, as available and permissible by law, for state level coordination as determined by HHSC with consultation from member agencies.

- c) The agencies will cooperate interagency funding of individual service plans to the extent permissible by law, and subject to the availability of funds, when services needed cannot be provided by any single entity.
- d) Cost sharing includes, but is not limited to:
 - i. one or more agencies, and
 - ii. one or more third parties under purchase-of-service contracts with one or more agencies.

7) Data

- a) HHSC, in consultation with member agencies, will provide a biennial report to the chief executive officer of each agency, the Legislature, and the Governor that includes:
 - i. the number of persons served through the local CRCGs and the outcomes of the services provided;
 - ii. a description of any barriers identified to the state's ability to provide effective services to persons with complex needs; and
 - iii. any other information relevant to improving the delivery of services to persons with complex needs.
 - a) The agencies will assist in ensuring the collection of data needed for the biennial report by encouraging the documentation and submission of aggregate data or de-identified individual service plan data to HHSC by their local agency staff or affiliate who are participating in the local CRCGs.
- 8) Each member agency will implement the activities of this MOU in a manner that defines, supports, and maintains local autonomy and facilitates provision of recommendations to the member agencies, legislature, Governor, and HHSC related to the development, implementation, and evaluation of local CRCGs in coordinating services for persons with complex needs in Texas.

G. Functions Of Local CRCGs

- 1) The primary function of local CRCGs is to develop coordinated individual service plans for persons with complex needs agreed upon by members of the group and the consumers, caregivers, and family (ies) served. An agency will exhaust its regular avenues for accessing services before referring an individual to a local CRCG.
- 2) Collateral functions of local CRCGs may include identification of gaps in the service delivery systems or barriers to accessing services, collecting and sharing available data regarding consumers, and establishing relationships among local service providers for collaboration outside of the local CRCG setting.
- 3) When a local CRCG considers an out-of-home placement for a child, the group will also engage in a permanency planning process that focuses on family support by facilitating a permanent living arrangement, with the primary feature being an enduring and nurturing family relationship. Similarly, when an out-of-home placement is considered for an adult, the group will also engage in a planning process that facilitates an ongoing living arrangement that meets the consumer's needs, desires, and independence.

- 4) Data submission to HHSC
 - a) Local CRCGs will submit de-identified data in a timely manner to HHSC when an individual is served through the local CRCG process.
 - b) Local CRCGs will submit de-identified data in the format developed and approved through HHSC and member agencies.

H. Membership And Organization Of Local CRCGs

- 1) The composition of the local CRCGs will include, but not be limited to:
 - a) Representative(s) from each participating state agency or local affiliate/contractor/provider.
 - b) Representatives from private sector provider organizations.
 - c) Participation by families, consumers and caregivers as standing representatives.
- 2) Members of the local CRCG, including family, consumer and caregiver representatives, share equal status and may call a local CRCG meeting or refer persons with complex needs to the local CRCG.
- 3) Each member of the local CRCG is encouraged to participate in all meetings to contribute to the collective ability of the group to solve a person's need for coordinated services; however, a member may be excused from attending a local CRCG meeting subject to:
 - a) the group's protocols or procedures on meeting attendance, and/or
 - b) if the age or needs of the persons referred are clearly not within the scope of the member's service responsibilities.
- 4) Each local CRCG will develop bylaws, including, but not limited to:
 - a) Group Leadership/Officers (i.e. chair, co-chair/vice-chair, recorder, secretary, etc.)
 - b) Meeting Schedule
 - c) Committee Structure
 - d) Attendance/Participation Expectations
 - e) Targeted Age Group
 - f) Identification and Referral Criteria
 - g) Confidentiality and Release of Information - Records that are used or developed by a local CRCG or its members that relate to a particular person are confidential and may not be released to any other person or agency except as provided by law. The release of confidential information within local CRCGs must comply with applicable state and federal confidentiality laws, as well as individual agency policies. Each member agency is responsible for determining its legal or policy limits to the sharing of information to local CRCGs.

I. Eliminating Duplication Of Services

Within the limits of existing legal authority, each local CRCG will make reasonable efforts to eliminate duplication of services relating to the assessment, treatment, and case management for persons with complex needs. Each local entity agrees to notify HHSC about federal or state laws and regulations that result in duplication of services. Each state level member agency also agrees to notify its governing entity about rules that result in duplication of services, and to pursue amendments to state laws, rules, and policies when necessary to eliminate such duplication.

J. Responsibilities Of The Health And Human Services Commission And Member Agencies

- 1) HHSC and member agencies will collaborate with local CRCGs to provide training and technical assistance to local CRCGs and others with regard to promising practices, interagency collaboration, data collection, evaluation, resource development, and other priority areas as resources allow.
- 2) Data and other information on the effectiveness of local CRCGs and service system gaps will be compiled and shared with local CRCGs, member state agencies, state leaders, and other interested parties.

K. Interagency Dispute Resolution

- 1) Each member agency will designate a negotiator who is not a member of any local CRCG to resolve disputes. The negotiator must have:
 - a) decision-making authority over the agency's representative on the local CRCG, and
 - b) the ability to interpret policy and commit funds.
- 2) When two or more members of a local CRCG disagree about their respective agencies' service responsibilities, the local CRCG will send the designated negotiators for those agencies written notification that a dispute exists. Within 45 days after receiving the written notification, the negotiators will confer together to resolve the dispute.
- 3) When an interagency dispute cannot be resolved in the manner described in paragraph (2) of this subsection, the aggrieved party may refer the dispute to the HHSC Executive Commissioner.

L. Terms Of Agreement

The Memorandum will be:

- 1) Effective upon adoption by each signatory agency.
- 2) Reviewed at least every two years by HHSC and member agencies.
- 3) Expanded, modified, or amended, as needed, at any time by the unanimous consent of the agencies.

C. E. Bell, M.D. 11/07/06
Date
Charles E. Bell, M.D.
Deputy Executive Commissioner for
Health Services
Texas Health and Human Services Commission

Jan Wiegman, for 7/19/06
Date
Adelaide Horn
Commissioner
Texas Department of Aging and
Disability Services
RE

Terrell I. Murphy 9/3/06
Date
Terrell I. Murphy
Commissioner
Texas Department of Assistive and Rehabilitative
Services

Carey D. Cockerell 6/15/06
Date
Carey Cockerell
Commissioner
Texas Department of Family and Protective
Services

Dr. Eduardo J. Sanchez 7/25/06
Date
Dr. Eduardo J. Sanchez
Commissioner
Texas Department of State Health Services

Dee Wilson 8-4-07
Date
Dee Wilson
Executive Director
Texas Correctional Office on Offenders with
Medical or Mental Impairments

Brad Livingston 8/31/06
Date
Brad Livingston
Executive Director
Texas Department of Criminal Justice

Michael Gerber 9.8.06
Date
Michael Gerber
Executive Director
Texas Department of Housing and Community
Affairs

Shirley J. Neeley 8/2/06
Date
Dr. Shirley J. Neeley
Commissioner of Education
Texas Education Agency

Vicki Spriggs 5/12/06
Date
Vicki Spriggs
Executive Director
Texas Juvenile Probation Commission

Larry E. Temple 9/18/06
Date
Larry E. Temple
Executive Director
Texas Workforce Commission

Dwight Harris 5.23.06
Date
Dwight Harris
Executive Director
Texas Youth Commission