A Report to the Governor and the 81st Legislature on the Community Resource Coordination Groups of Texas

Children and Youth

Adults

Families

Making a Difference … One at a Time

Fiscal Years 2006 and 2007

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

A report prepared by the Texas Health and Human Services Commission, in partnership with:

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 thank members of the Bexar, Bell, El Paso, Hill Country, Tarrant, and Travis County local Community Resource Coordination Groups who provided their expertise in the development of this report.

For a copy of this report in an alternate format, please contact the
Office of Program Coordination for Children and Youth at:
P.O. Box 13247, BH-1542 • Austin, TX 78711
(512) 424-6963 • Fax: (512) 424-6591 • E-mail: crcg@hhsc.state.tx.us
Website: www.hhsc.state.tx.us/crcg/crcg.htm

EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC), in conjunction with Community Resource Coordination Group (CRCG) agency partners, respectfully submit fiscal years 2006 and 2007 CRCG biennial report to the Governor and 81st Texas Legislature. 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 multi-agency needs. CRCGs report that the local interagency collaboration process has resulted in improved access and provision of services, and that professional networks have been strengthened, resulting in:

- more effective service provision for individuals and families;
- more contacts and increased idea exchange with external providers and internal partners of the CRCGs; and
- increased capacity of CRCG members to serve clients, by enhanced connections with appropriate resources as a result of gaining experience and additional expertise regarding local community resources.

Over 70 percent of referrals to CRCGs that serve *children and youth* are related to behavioral health issues.

Over 70 percent of referrals to CRCGs that serve *children and youth* are related to behavioral health issues. These referrals most often are generated by independent school districts (ISDs), mental health (MH) providers, and juvenile probation departments (JPDs). These same agencies and increasing numbers of non-profit organizations 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: mental health care, interpersonal and coping skills development, family support, social interaction, basic needs, self-sufficiency, substance abuse, and education.

In addition to mental health care, adults referred to CRCGs frequently require services to fulfill basic needs such as: self-sufficiency, housing, transportation, utility assistance, and home repair. The majority of referrals to CRCGs serving *adults* originate from advocacy organizations, local MH centers, and private providers. Agencies providing services to adults include private sector organizations, MH providers, and adult protective services (APS).

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.

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 services (inclusive of mental health and substance abuse) 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 WORK

The following stories describe recent referrals to CRCGs and illustrate the work of local CRCGs to address the needs of children and youth with multi-agency needs through interagency coordination.

Maria

At age 17, Maria was being treated for depression at her local Mental Health Authority (MHA) after her mother was diagnosed with terminal cancer. Maria, a 9th grader, stopped attending school in January to care for her dying mother. With her father in prison, two of her sisters moved back home to help out. Instead of getting better, things got worse when the sister's substance abuse problems led to Maria's six year-old nephew's removal from the home by CPS. The home they lived in was in great disrepair and scheduled for sale by auction because of back taxes. The unpaid utility bills alone exceeded $1,000. Maria's mother died after losing her battle to cancer. Her sisters soon abandoned her, taking many of her personal items of clothing, pots, pans, dishes, and even the front door lock. Maria was left alone to care for the two dogs that her sisters left behind. She lost considerable weight due to the stress of her mother's last days and the breaking apart of her family. Her neighbors, who knew the family, were fond of Maria and took her into their home. She received donations of needed items from the MHA staff that worked with her. With the opportunity to begin a new life, Maria needed support to resolve the many legal issues she faced. Paramount to her concerns was her fear she would have to move away from her current support system.

Maria was referred to the CRCG for help in addressing her concerns about her future. CRCG members made calls to her utility providers, school, and CPS. With the supports provided by her local CRCG, Maria's legal status was addressed, she was re-enrolled in school, obtained her birth certificate, received food stamps, and acquired Medicaid insurance coverage. In addition, she received new school supplies, clothing, shoes, and her own make-up kit. Maria has expressed how hopeful she feels about her future. Her neighbor who is part of her support network and accompanied her to the CRCG meeting stated, "I felt like I could finally breathe. I was actually being heard and respected by the people instead of being told 'No.' I have felt very alone lately, but at the CRCG, I felt like I could fly because the pressure was lifted from my shoulders. I knew that the local mental health center staff cared, but I am amazed that everyone at the CRCG cares too."

"I felt like I could finally breathe. I was actually being heard and respected by the people instead of being told 'No.' I have felt very alone lately, but at the CRCG, I felt like I could fly because the pressure was lifted from my shoulders. I knew that the local mental health center staff cared, but I am amazed that everyone at the CRCG cares too."

~Neighbor/Support Network Member of CRCG Client

Sam

Sam is 12 years-old. He came to the local CRCG as a child who was severely abused mentally, physically, and sexually by his parents and a family acquaintance. Child Protective Services (CPS) removed him from his home due to being abused, and placed him with his aunt, a single woman living on a fixed income. Sam was acting out and became involved with the county juvenile probation department. He had no friends and struggled to stay in school, having attended four different schools the previous year. His therapist reported that he experienced night terrors, blackouts, and spoke of imaginary friends that stayed by his side to protect him. His aunt recognized his need for services and supports that she was unable to access or provide.

Sam's aunt learned about the local CRCG and requested a service planning meeting. Sam and his aunt participated in the meeting with his local CRCG, and received an array of services, including assistance to pay for music therapy. In addition, he obtained a referral to a community-based mentoring organization. As a result of the help he received from his local CRCG, Sam is doing much better and is on the road to healing and recovery.

BACKGROUND OF COMMUNITY RESOURCE COORDINATION GROUPS

Over the past 20 years, people 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 multi-agency 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.

"CRCGs are tremendous learning environments, where what you learn today can be used tomorrow; to keep a child at home and in school; a family on the brink of splitting apart can stay together; or services can be found for a homeless veteran in need of mental health care." ~ **A Local CRCG**

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, 143 child-serving CRCGs cover these 254 counties. A state-supported demonstration of the CRCG approach to serve adults began in six pilot sites in 1999. There are now 171 counties (67 percent of the counties in Texas) working to meet the service needs of adults through the CRCG process.
Some areas of the state use a 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. CRCGs for *Families* are found in 130 counties. 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.

To date there are a total of 164 local CRCGs serving children, youth and adults.

Currently, the CRCG program is authorized under legislation passed by the 77th Legislature, Regular Session, 2001, and codified in Texas Government Code §531.055. This legislation directs the development of a Memorandum of Understanding (MOU) on services for persons needing multi-agency services. This action renews the commitment to CRCGs for Children and Youth, and incorporates a requirement for agency participation in building the capacity to serve adults through a CRCG. The MOU currently in place updates an earlier 2001 version and reflects the consolidation of HHS agencies as required by H.B. 2292, 78th Legislature, Regular Session, 2003. The current MOU is available as Attachment A.

A state agency CRCG workgroup serves as the state level point of contact to respond to regional or state level concerns of local CRCGs, including identifying representation and/or mediation needed in support of local CRCG processes. Presently, the state CRCG Workgroup, consisting of the legislatively mandated state agency members, meets periodically to provide oversight to specific state level coordination activities. This includes any revisions of the CRCG MOU, development of the biennial CRCG legislative report, and additional CRCG activities, such as review of analysis and reporting from the statewide CRCG data collection system and support for extending adult-serving CRCGs into additional counties.

The state CRCG office is housed at HHSC in the Office of Program Coordination for Children and Youth (OPCCY). Funding for part of three full-time equivalent positions are 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 local CRCG teams. While there are no state appropriations for local CRCG operations, several CRCGs have obtained funds through grants or through local/county-based funding. Local 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/2006_DataReport/2006_CRCG_DataReport.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, many of these positions have been discontinued. Budget limitations and divergent agency priorities with resulting competing time demands on agency staff also contribute to some CRCGs struggling to maintain leadership and cohesion. Nonetheless, this local interagency infrastructure has persevered and CRCG has now been in operation for over 20 years. As the individual circumstances of the children, youth, or adults and their families referred to the local CRCG so often remain extremely complex, the local collaborative groups continue in their ability to mitigate or remove barriers and assist children, youth and families in accessing needed services.

DATA

CRCGs voluntarily submit monthly meeting notes, basic demographic data, and other information to the state CRCG office, either by mail, fax, or through the CRCG web-based data collection system. This data identifies the 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.

- In calendar year 2007, approximately 53 percent of all the CRCGs serving *children and youth* submitted data, totaling 869 initial service plans. Thirty-three percent of the CRCGs serving *adults* submitted data, totaling 25 initial service plans. Seventy-one percent of the CRCGs serving *families* submitted data, totaling 173 initial service plans.

- From calendar year 2006 to 2007, there was a ten percent increase in data submission for CRCGs serving *families*. For CRCGs serving *children and youth* and *adults,* there was a slight increase in the number of initial service plans submitted.

- The CRCGs attribute the overall moderate rate of data submission to several factors: (1) the time and effort involved with reporting; (2) staff turnover 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 related to CRCGs serving *children and youth*. At this time of infrastructure development, there is not enough data from adult-serving CRCGs to draw definitive conclusions. A comprehensive report of the 2006 data, including historical data, may be obtained from the state CRCG website: http://www.hhsc.state.tx.us/crcg/CRCGData/2006_DataReport/2006_CRCG_DataReport.pdf.

POPULATIONS SERVED MOST OFTEN BY CRCGS

- Agencies making the most referrals to CRCGs serving *children and youth* are local independent school districts, local juvenile probation departments, and local community mental health and mental retardation (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* are advocacy organizations, local MHMR centers, APS, 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.

"Supporting children and youth, adults, families, and caregivers to attend CRCG staffings and listening to what their needs are is essential to the process of achieving valued outcomes."

~ Hill Country MHMR

- Family members of a child/youth being served by the CRCG attended service planning meetings (also known as "staffings") approximately 51 percent of the time.

- Adults served by the CRCG attended the CRCG service planning meeting less frequently, approximately 28 percent of the time.

CRCGs report that sometimes adult clients are embarrassed to present their story or struggles in a group setting, and do not want to attend; therefore, there is a need to educate individuals about the CRCG process and provide a safe environment of communication 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. Resources to provide agency or public awareness, especially for targeted populations in need of interagency service planning, concerning the availability and benefits of CRCGs are limited.

PRIORITY SERVICE NEEDS

Prior to being referred and served by CRCGs, individuals, children, and families have typically encountered some or many types of barriers to receiving needed services and supports. The most frequent services needed as reported on CRCG service plans reflect many of those barriers that people had previously experienced. An overarching theme points to inaccessible, inadequate, or unavailable resources for mental health care services.

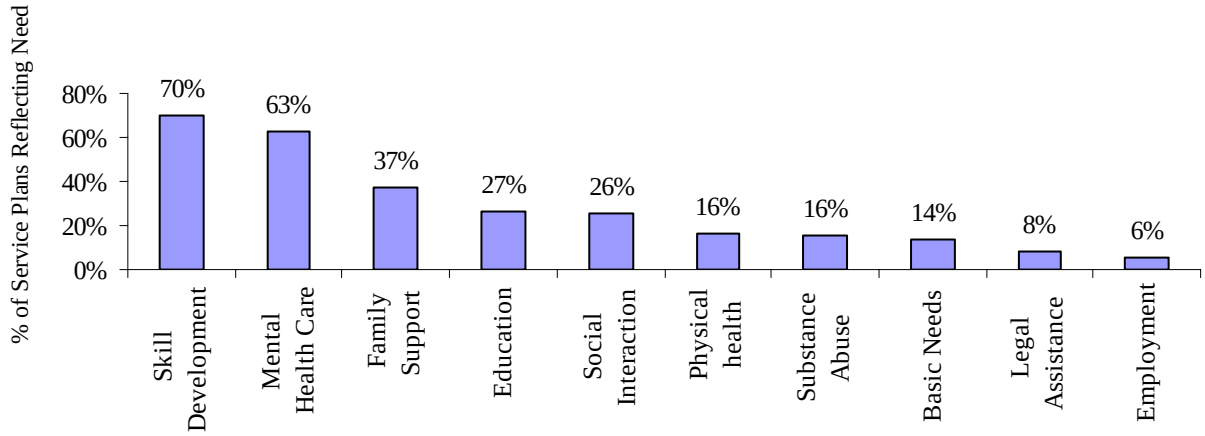
- For *children and youth*, the service needs identified most frequently are interpersonal and coping skills development, mental health care services, family support, social interaction, basic needs and self-sufficiency, substance abuse, and education.

- For *adults*, after mental health care, 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), physical health and functioning, life skills development, family support, and substance abuse.

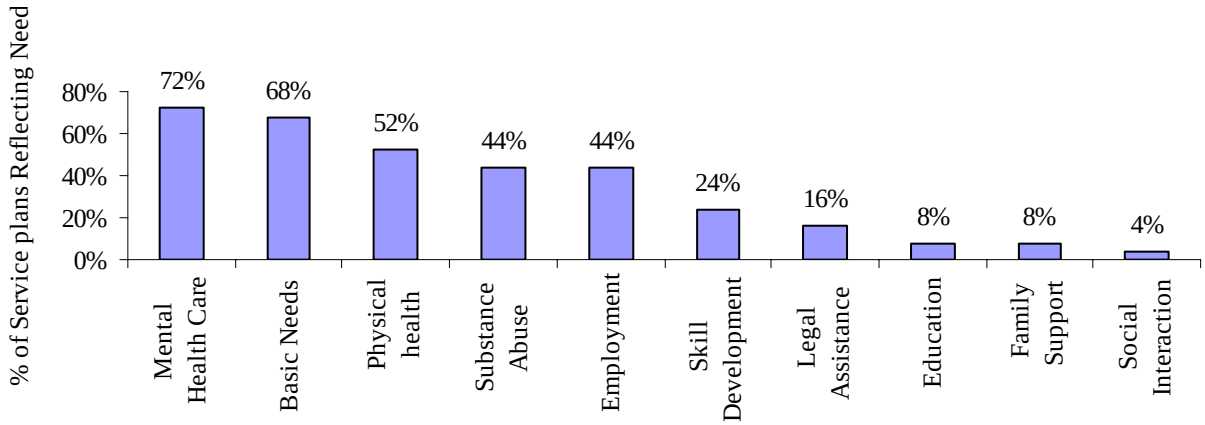
Local CRCG data reports the service needs identified most often are mental health care…

- For *families*, the service needs identified most often are mental health care, life skills development, basic needs and self-sufficiency, physical health and functioning, substance abuse, education, social interaction, family support, and employment services.

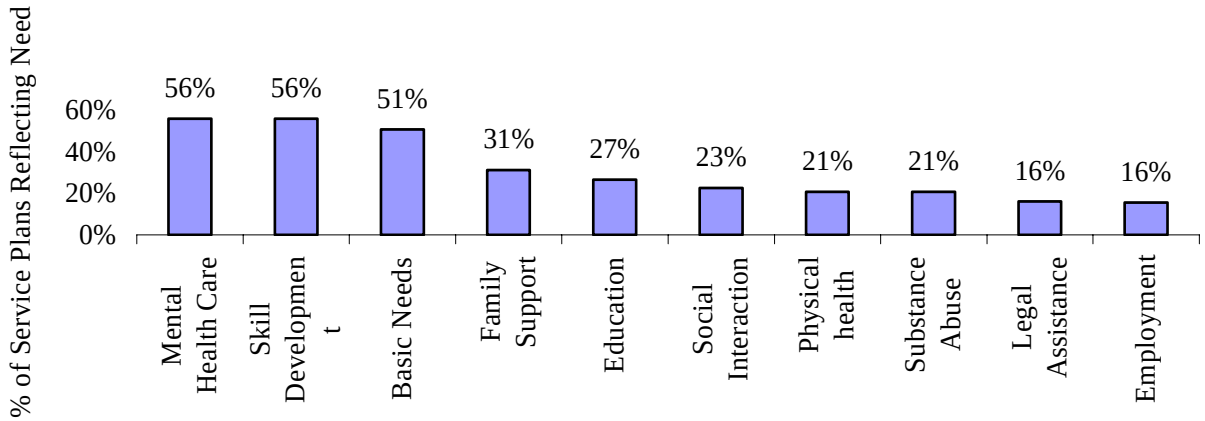
Needs Identified by CRCG Service Plans for *Children and Youth*
(N=869)



Needs Identified by CRCG Service Plans for *Adults*
(N=25)



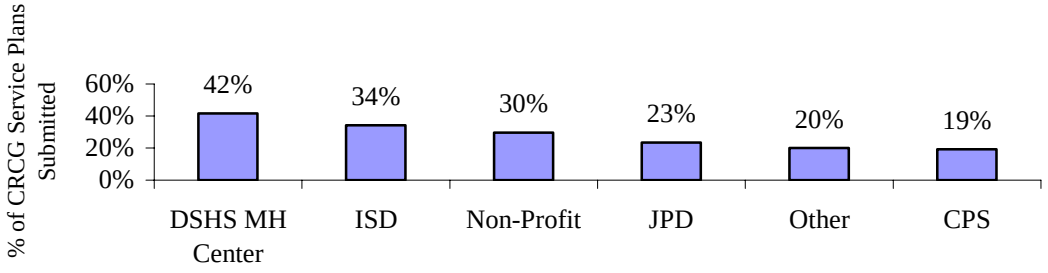
Needs Identified by CRCG Service Plans for *Families*
(N=173)



RESPONSIBLE AGENCIES

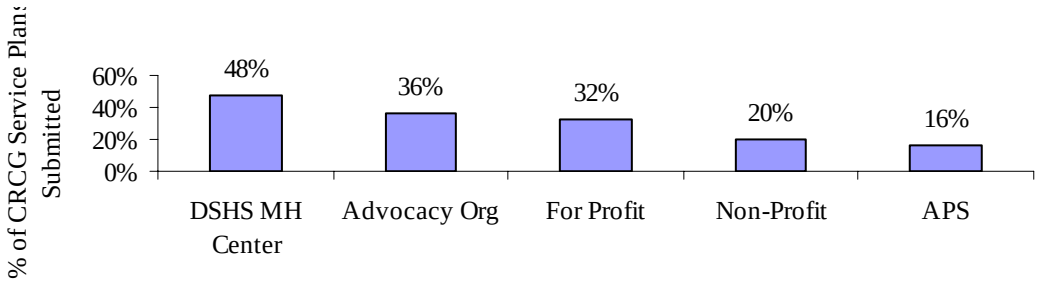
The top three agencies responsible for the provision of services in the plans developed by CRCGs that focus on *children and youth* include mental health providers and the local mental health centers, local independent school districts, and non-profit providers.

Responsibility for Implementation of CRCG Service Plans for *Children and Youth* (N=869)



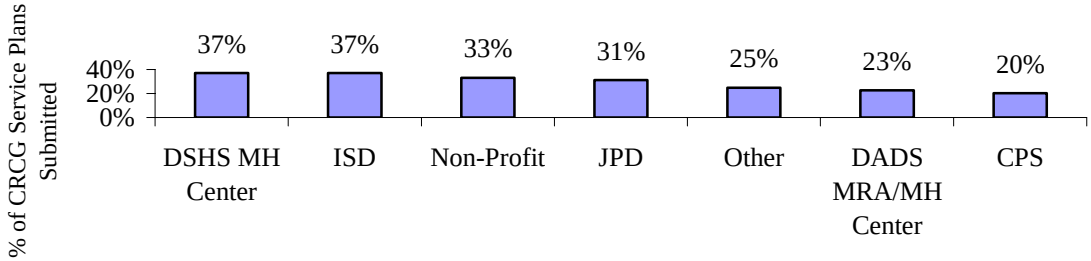
The top three agencies that most frequently assumed the lead responsibility for CRCG service plans focusing on *adults* include mental health providers and the local mental health centers, advocacy organizations, and for-profit organizations.

Responsibility for Implementation of CRCG Service Plans for *Adults* (N=25)



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, local independent school districts, non-profit organizations, and juvenile probation departments.

Responsibility for Implementation of CRCG Service Plans for *Families* (N=173)



OUTCOMES - CRCG SERVICE PLAN FOLLOW-UP

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

- Overall goals were met in 47 percent of service plans submitted by CRCGs serving *children and youth* in the first 6 months following development of the initial CRCG service plan.

- For CRCGs serving *adults*, 44 percent of outcomes were achieved in the first 6 months following development of the initial CRCG service plan.

- For CRCGs serving *families*, overall goals were met 41 percent of the time at the 4-6 month follow-ups.

It is important to note that the data do 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 qualitative 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 partially or fully met for the individuals or families served by the CRCG and for others served without needing to initiate the formal CRCG process.

…data cannot illustrate the overall qualitative improvements in service coordination occurring beyond or outside the meeting as a result of the relationships and networking developed through the CRCG process.

CRCGs suggest several reasons or barriers for not meeting all the outcomes of goals established in CRCG service plans. Some of these include: lack of follow-through with the service plans, the timeliness in implementing the service plan not being monitored by any one agency, and waiting lists for persons to obtain services recommended by the CRCG team. In addition, the availability of services within the community was noted as a frequent barrier to meeting the goals set forth in CRCG service plans.

Joshua

Joshua is an 18 year-old with Angelman's Syndrome, who attends half-day classes at his local high school. At 290 pounds and with a mental capacity of three years of age, Joshua communicates using sign language of eight to nine signs that he seldom uses. His mobility became impaired several years ago after knee surgery. At times during the school day he gets around with the use of a wheelchair. He has a short attention span, is extremely aggressive, and has struggled to be successful in school. His father is in the military and recently returned from Iraq. His mother is his primary caretaker. Joshua is under the care of a psychiatrist with the Army medical center and sees a neurologist from a private medical facility for his seizures. The Department of Aging and Disability Services recently approved in-home respite care, and Joshua received a gait-trainer (walker-training device). In addition, Joshua has been on the Community Living Assistance and Support Services (CLASS) Medicaid waiver waiting list for two years.

Due to his aggression, he was referred to the CRCG by the local school district and a CRCG service plan was developed. The CRCG made a total of nine referrals to community and health services, military services, transitional services and support groups. As a result of the CRCG's intervention, Joshua has been assigned a caseworker from the local MHMR to address his aggression. To improve Joshua's mobility, the family received assistance with obtaining a new walker for Joshua and he is now receiving some home health services. Joshua began receiving assistance from Army Social Work Services, and the family is now working with the Army's Exceptional Family Program.

CHALLENGES FACED BY CRCGS

CRCGs describe many challenges in collaboratively serving children, youth, adults, and their families. As described below, challenges were noted by local CRCGs, including lack of staff and provider capacity, the need to have customers or families as full partners, lack of access, long waiting lists, lack of the availability of specialized services, the need to provide public awareness, and documentation requirements. However, the most critical challenges identified were the need for training and technical assistance, consistent participation, and flexible funding.

Need for Training and Technical Assistance:

CRCGs are dynamic entities with ongoing changes in leadership and member positions. As these changes occur, the need to support and train new leaders is critical to maintaining and improving local capacity and expertise. On-going interagency statewide or regional conferences that target local CRCGs could promote intra- and inter-regional interaction and collaboration, increase the opportunities for broader networking in sharing ideas, cultivate the capacity of efficient and effective CRCG reporting, identify potential innovative and non-traditional resources, and promote best practices.

Participation: Local CRCGs report that consistent participation, attendance, and referrals for individual service planning are challenging, even for those agencies legislatively mandated to participate. As noted by CRCGs, individual local providers are required to cover broader service areas, and the need to ensure that their time and effort are charged through "billable hours" or "contract hours" becomes an increasing and competing demand. Although CRCGs report that interagency meetings and collaborative service planning are invaluable, time spent for these activities frequently does not fall into categories that warrant reimbursement or payment.

Flexible Funding: Lack of flexible funding has been identified as a barrier. Flexible funding often is not available to address or pay for the non-categorical service needs of persons served through the CRCG process. Frequently, persons referred to CRCGs are not immediately and/or may never be eligible for services or funds in the existing agency's categorical funding streams. In order to develop customized or individualized service plans, flexible funds are needed to obtain services specific to that person or family to produce positive outcomes.

Frequently, persons referred to CRCGs are not immediately eligible, or may never be eligible, for services or funds in the existing agency's categorical funding streams.

Workforce Capacity: Available community providers to deliver the critical services, meet the sometimes urgent needs of individuals/families served through the CRCG process, and fulfill individual CRCG service plans are limited in number, diversity, and geographic distribution.

Staff Capacity: High staff turnover within agencies, and time constraints upon agency members, limit their abilities to participate in CRCGs, and staff is often unable to sustain effective agency involvement.

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. This, in turn, correlates with fewer completely executed plans and resulting in fewer successful outcomes.

Access: Lack of knowledge (by families and the public) about the CRCGs as an option, results in more children, youth, and adults "falling through the cracks" and delays in or not receiving needed services for which they are eligible.

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

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 those that need disaster relief assistance.

Leadership: Based on the fact that, in most counties the CRCG chairpersons that volunteer to serve are key to the success of a CRCG, agency and organizational support for voluntary leaders is essential to the prevention of "burn out" in positions within the CRCGs. Such support must include consideration for staff time, computer and communications equipment access, routine office supplies, and occasional meeting spaces.

…the CRCG chairpersons that volunteer to serve are key to the success of a CRCG, agency support for voluntary leaders 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 collaborative CRCG process and its availability to the community. It is in the best interests of the community and its individual citizens to be aware and informed of the expertise available through CRCGs. CRCGs have a history of producing solutions for children and families that result in more effective use of local resources.

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

A CALL TO ACTION

The state CRCG office and the partner CRCG agencies consistently research methods and seek opportunities to support and enhance the work of CRCGs. Areas being targeted include:

Training and Technical Assistance: To address the needs and meet the challenges of supporting and enhancing the work of CRCGs, the state CRCG office works with local CRCGs to develop training and deliver technical assistance that promotes promising practices, such as strength-based collaborative service planning through wraparound, permanency planning, family group conferencing, person-directed planning, and evidence-based practices in behavioral health. A number of agencies mandated to participate as CRCG members are part of the mental health service transformation initiative taking place in Texas. These agencies are training their staff and providers at the state, regional, and local level on promising practices that can improve CRCGs members' abilities to effectively address the complex needs of individuals referred to CRCGs. The state CRCG office seeks interagency opportunities to deliver and or assist local CRCG membership in accessing and participating in these trainings.

The state CRCG office is also engaged in the following innovative technical assistance activities:

- Use of web- and computer-based training or video-teleconferencing for conducting training and providing technical assistance.

- Cultivation of a cadre of regional CRCG liaisons, "experts" to mentor area groups and assist with information flow from the state level to the 164 CRCGs, thus encouraging networking and peer-to-peer relationships. As an example, state office personnel have facilitated quarterly CRCG conference calls involving successful mentor-experts, and coordinated subsequent on-line "webinars" in requested subject areas.

- Development of a financing guide targeted to local community service providers regarding best practices for children and adolescents with severe emotional disturbances that has been produced and made available to local CRCGs.

Participation: Identification of strategies to encourage consistent local level participation, attendance, and referrals for individual service planning by the legislatively mandated agencies are needed. When the rate of participation is examined across member agencies, the historical data appears to indicate that those mandated agencies with contractual agreements with CRCGs participate at higher levels. For example, the Texas Juvenile Probation Commission and the Department of State Health Services ensure that CRCG participation is required through their contractual agreements with local juvenile probation departments and the community MHMR centers and thus show a higher rate of CRCG involvement.

Executive leadership and policy makers at CRCG member agencies need to consider policy and procedures, contractual agreements, and/or funding incentives for CRCG involvement that promote interagency collaboration when the complex needs of individuals and families they serve cannot be met by a single agency. Clients and families benefit as their needs are examined and addressed through a comprehensive, interagency and systematic approach, saving time and money, and preserving family relationships and community resources.

Participation also is crucial to the long-term success of permanency planning initiatives. In 2001, the 77th Legislature, Regular Session, enacted Senate Bill (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 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. Children are best nurtured in healthy families. Not having good participation in CRCGs reduces the capacity to effectively execute this requirement and minimize institutionalization of children. Reference:http://www.hhsc.state.tx.us/crcg/RelatedLegislation/Permanency_Planning.html.

Flexible Funding: Flexible funding options should be developed to enable the CRCG process to meet non-categorical service needs of persons served through the CRCG.

Texas Health and Human Services Commission has requested an exceptional Legislative Appropriations Request (LAR) items for direct service dollars to be available to local CRCGs.

Frequently, persons referred to CRCGs are not eligible for services or funds through 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. Upon meeting and developing a coordinated multi-agency plan, local CRCGs often are able to meet some the needs of the individual through existing state and community resources. In 2007, CRCGs report 47 percent of service plans fully achieved the goals of the plan within approximately six months. However, CRCGs also report that often small amounts of direct

service funding that are not available through categorical funding streams could provide a missing stop-gap service that many times is the only service needed, or that may serve to ease the client's immediate needs until other agency or local community services can be found and delivered.

The numbers of children and families who need interagency coordination of services, especially for behavioral health needs, are increasing. Historically, Texas residents have always led the way in military service, and it is true today as it was in the past. Increasing numbers of veterans from the Iraq and Afghanistan conflicts are returning to their families and local communities with complex needs. Texas social service agencies are facing a considerable impact as a result. The extensive needs of these returning Texas veterans and their families cut across multiple agencies and many services are not provided through or covered by the Veterans Administration.

Another growing group of individuals with complex multi-agency needs are youth being released or discharged from Texas Youth Commission (TYC) facilities. Upon discharge from a TYC facility, youth often require ongoing supports and services to enable them to reintegrate back into their communities. Once these individuals are discharged, access to resources to address their ongoing services needs can only be obtained through their local community agencies, and coordination is essential to prevent or minimize new encounters with the criminal justice system.

Finally, there is an ongoing and increasing need to assist families in preventing the relinquishment of their children with extensive behavioral health needs to state custody. In a desperate attempt to get services for their children, some parents without access to appropriate health care services and/or the means to address the complex needs of their children are giving up parental rights in order to get the help their children need.

Increased resources are needed to address these growing populations. HHSC is requesting a Legislative Appropriations Request (LAR) exceptional item for the 2010-11 biennium for direct service dollars to be available through local CRCGs. This flexible funding, for direct services not otherwise provided by the participating agencies, will strengthen local interagency decision-making processes and provide a fiscal resource to motivate and encourage the existing statewide CRCG interagency system.

SUMMARY

CRCGs consistently report the benefits of improved local coordination and collaboration. CRCGs enable members to become more well-informed about all appropriate services and supports available, and of ongoing changes in their communities. Positive experiences in networking within and outside of the CRCG mandated agencies' processes result 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 making them better able to meet their clients' needs through more efficient connections with appropriate resources. Families and

Families and children benefit, because their needs are examined and addressed through a comprehensive and systematic approach, saving time and money, and preserving family relationships and community resources.

children benefit, because 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 of Texas benefits as well because scarce and often expensive resources are better coordinated and directed toward the people and places where they are most needed.

The CRCG activities at both the state and local levels are a constant "work in progress." The critical foundations for this collaborative process are present, but ongoing work is essential to continue enhancements through sharing demonstrated national, state, and community promising practices that will meet the needs identified in this report. This work especially includes efforts to meet the increased need for behavioral health services, as state and local CRCG partners continue to strive towards achieving a coordinated system of service delivery that is efficient, effective and accountable, and that best serves 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-1542 • 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
Charles E. Bell, M.D. Date
Deputy Executive Commissioner for
Health Services
Texas Health and Human Services Commission

for 7/19/06
Adelaide Horn Date
Commissioner
Texas Department of Aging and
Disability Services
RC

Terrell I. Murphy 6/13/06
Terrell I. Murphy Date
Commissioner
Texas Department of Assistive and Rehabilitative
Services

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

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

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

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

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

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

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

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

5.23.0
Dwight Harris Date
Executive Director
Texas Youth Commission