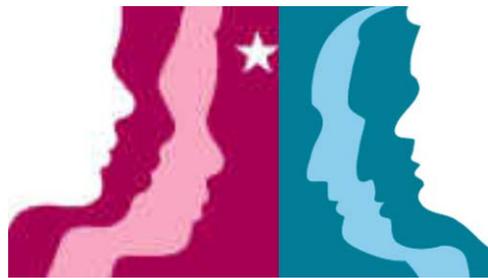


**A Report to the Governor and the 84th Legislature
on the
Community Resource Coordination Groups
of Texas**



Making a Difference ... One at a Time

Calendar Years 2012 and 2013

**Prepared by the
Texas Health and Human Services Commission
April 2015**

EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC), in partnership with each state agency engaged with the Community Resource Coordination Groups (CRCG), respectfully submits the biennial report to the Governor and 84th Texas Legislature. The CRCG program is authorized in Texas Government Code §531.055. The statute requires collaboration through a local interagency staffing process and the production of a biennial report summarizing related activities. This report reflects the experiences CRCGs report in their efforts to provide a coordinated approach to service delivery for children, youth, adults, and families with multi-agency needs.

CRCGs voluntarily submit monthly meeting notes, basic demographic data, and other information to the State CRCG Office, which is housed at HHSC. Based on information submitted to HHSC by local CRCGs, local CRCGs staffed 750 cases in calendar year 2012 and 930 cases in calendar year 2013.

Where active, CRCGs consistently report that the local interagency collaboration process has improved service delivery for high needs individuals resulting in:

- More effective service provision;
- Increased professional and community networks and public-private partnerships; and
- Increased capacity of CRCG members to serve those in need.

Local CRCGs also report barriers to providing effective services for individuals in need of multiagency services. The most frequently reported barriers include challenges accessing needed services, lack of awareness about the CRCG program, and need for more flexible funding options. The State CRCG office at HHSC is working closely with local CRCGs to help address these barriers and strengthen the program.

BACKGROUND

CRCGs are county-based 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. Local CRCG members include representatives from schools, public and private sector health and human services agencies, faith- and community-based organizations, local criminal justice organizations, and other organizations. As part of the individual service planning process, CRCG members help individuals and families identify and coordinate needed resources and services in their communities.

S.B. 298, 70th Legislature, Regular Session, 1987, required increased coordination among state agencies through the development of state and local coordination groups to improve services provided to children and youth. The legislation directed state agencies serving children to develop a community-based approach to facilitate coordination of services for children and youth with complex multiagency needs. The CRCG program was first piloted in four sites in 1988. By 1996 all Texas counties were covered by a CRCG serving children and youth. Based on the success of the CRCG model for children and youth. Based on the success of the CRCG model

for children and youth, a CRCG program for adults was piloted in six sites in 1999.

In 2001, S.B. 1468, 77th Legislature, Regular Session, formalized the CRCG program requiring a joint Memorandum of Understanding (MOU) between multiple state agencies. S.B. 1468 also:

- Updated the previous authorizing CRCG legislation for children and youth;
- Added the requirement to serve adults through the CRCG process; and
- Required a biennial legislative report on the benefits and barriers of CRCG activities.

The state agencies included in the MOU are listed below. Each of these agencies (or their local representative) participates in local CRCG work, as well as related coordinating efforts at the statewide level.

- Texas Health and Human Services Commission (HHSC),
- 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),
- Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMI),
- Texas Department of Housing and Community Affairs (TDHCA),
- Texas Department of Criminal Justice (TDCJ),
- Texas Juvenile Justice Department (TJJD),
- Texas Education Agency (TEA), and
- Texas Workforce Commission (TWC).

CRCG PROGRAM OVERVIEW

State CRCG Office

The HHSC Office of Social Services provides additional support for the CRCG program. The State CRCG Office at HHSC provides local CRCGs with training and technical assistance; program model oversight; support in accessing grant funding; and policy guidance. The State CRCG Office manages the state program budget; completes data collection; reporting; and conducts related research. The State CRCG Office also serves as a liaison with state program partners and represents the CRCG program in relevant workgroups and committees.

State CRCG Workgroup

The State CRCG Workgroup serves as the state-level point of contact to respond to regional or state-level concerns of local CRCGs. The State CRCG Workgroup includes each state agency that participates in the CRCG program. The State CRCG Workgroup meets periodically to provide state-level coordination activities.

Local CRCGs

CRCGs are locally arranged and managed. To promote some consistency between local CRCG programs, local CRCGs are advised to follow the State CRCG Office developed CRCG program

model¹. At the local level, CRCGs are encouraged to include representatives from the legislatively mandated state agencies, faith- and community- based organizations, and family and youth representatives. Local CRCGs select a chairperson that serves in a voluntary leadership role. Local CRCGs meet on a regular basis to plan specific services for children, youth, and adults whose needs have not been met through existing resources and channels. CRCG referrals most frequently come from the local mental health authorities, independent school districts (ISDs) and juvenile probation departments (JPDs).

Individuals referred for a CRCG case consultation most often require services related to mental and behavioral health care. Local CRCG members work together to identify service gaps and find solutions for each case. CRCGs help to utilize existing resources efficiently and are often successful in finding new resources and funding to address service gaps and barriers.

Currently all funding that supports local CRCGs is locally generated. A few CRCGs have obtained some financial support through grants and some counties provide financial support to their local CRCGs. Some local CRCGs employ a CRCG coordinator to assist with service coordination.

CRCGs lacking financial support often struggle to maintain leadership, participation, and cohesion. CRCG coverage is inconsistent across the State. Some counties have robust CRCGs that meet regularly, some CRCGs meet infrequently and some counties are no longer served by a CRCG. As of February 2015, there are currently 201 counties covered by a CRCG. The most successful local CRCGs frequently employ a dedicated coordinator position, receive some type of financial support, and involve invested and participatory members.

CRCG DATA AND OUTCOMES

CRCGs voluntarily submit monthly meeting notes, basic demographic data, and other information to the State CRCG Office. Data submitted by local CRCGs in calendar years 2012 and 2013 indicates at least 1680 individuals were served by a local CRCG over the two-year period. Since not all CRCGs submit data to the State CRCG Office, it is likely additional individuals were served by CRCGs. When provided, the data identifies:

- The number of individuals served by a local CRCG;
- Most pressing service needs;
- Services and resources available in the area;
- Agencies and organizations involved with the CRCGs; and
- Any gaps or barriers that prevent service needs from being fully addressed².

¹ CRCG Website http://www.hhsc.state.tx.us/crcg/CRCGToolbox/CRCG_Handbook.pdf

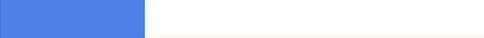
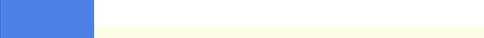
² The CRCG guiding legislation requires reporting on:

- (1) the number of persons served through the local-level interagency staffing groups and the outcomes of the services provided;
- (2) a description of any barriers identified to the state's ability to provide effective services to persons needing multiagency services; and
- (3) any other information relevant to improving the delivery of services to persons needing multiagency services.

Local CRCGs consistently report that the interagency collaboration process improves access to appropriate services for high-needs clients. Successful local CRCGs also report having a positive impact on the development and ongoing support of professional networks that serve individuals with complex needs.

Prior to being referred to and served by CRCGs, the target audience has often attempted to access services from multiple agencies or systems. Local CRCGs report that the population served requires a vast array of intensive services. Representatives from local CRCGs report there is a high demand for comprehensive community-based behavioral health services. In October 2014, a sample of local CRCGs representing 131 counties were surveyed and provided the State CRCG Office with information on the most frequent needs for those served. **Table A** indicates the most needed services for those served by CRCGs.

TABLE A

Most Needed Services		%
Mental health care		82%
Family support		66%
Skill development		40%
Basic needs and self-sufficiency		31%
Substance abuse services		31%
Residential Treatment/Placement		25%
Physical health and functioning		23%
Social interaction		20%
Education		20%
Legal assistance		9%
Employment		2%

CHALLENGES

Despite the success of some local CRCGs, there are several barriers that limit the state's ability to provide effective services to individuals with multiagency needs. The October 2014 survey of local CRCG leaders also highlighted ongoing challenges for local CRCGs including: availability of services; participation; public awareness; and flexible funding. An overview of barriers identified by local CRCGs is summarized in **Table B** and detailed further below.

TABLE B

Barriers in providing effective services		%
Availability of services in area		57%
Lack of consistent participation and attendance by CRCG members		49%
Long waiting lists for services		46%
Lack of specialized services		45%
Lack of public awareness about CRCG		45%
Lack of flexible funding		43%
Lack of state support		33%
Lack of client ownership/participation on CRCG		30%
Strict funding requirements of state agencies		24%
Staff turnover at agencies involved		22%
Insufficient staff at agencies involved		19%
Physical access (transportation)		15%

Availability of services: Many local CRCGs report insufficient resources available for individuals with multi-agency needs. For example, local CRCGs report being limited by lengthy waits for specialized substance abuse treatment, in addition to long interest lists for long-term service and supports waivers offered through the Medicaid program. CRCGs also report a need for resources to serve specific populations, such as youth with severe emotional disturbances, individuals with traumatic brain injury, undocumented immigrants, and those in need of disaster relief assistance.

Participation: Local CRCGs report that consistent participation from CRCG members, even among agencies legislatively mandated to participate, is challenging to maintain. They also report that referrals for individual service planning lag when members are not present and participating on their local CRCG.

Public Awareness: CRCGs also express the need to increase public awareness in local communities about the CRCG process and its offerings for individuals with multi-agency needs. Often individuals with multiagency needs aren't aware that CRCGs exist, or find out after their situation has worsened. Additionally many service providers are unaware of their local CRCG and fail to refer clients needing CRCG case consultations.

Flexible Funding: Frequently, persons referred to CRCGs cannot quickly or easily access the programs traditionally offered by state agencies. Flexible funding can help fill service gaps, but is difficult to access.

NEXT STEPS

The State CRCG Office and partner CRCG agencies are seeking opportunities to support and enhance the work of local CRCGs. The State CRCG Office plans to conduct the following activities to strengthen the CRCG program:

- Use of web- and computer-based technology for conducting training and providing technical assistance.
- Revamping the CRCG data reporting tools to capture critical data that illustrate outcomes, needs, services and service gaps statewide.
- Revision of CRCG printed materials, program model guides, and training materials in order to align with current national and state best practices.
- Creation of a new CRCG website that can be used as an interactive tool that is beneficial to local CRCGs as well as the general public.
- Identification and analysis of current active CRCGs across the state to highlight and scale best practices and successful partnerships and collaborations at the local level.
- Development of a comprehensive communication plan to increase awareness of CRCGs in state agencies and in the public.
- Identification of strategies among the legislatively mandated agencies to increase participation at the local level.

CRCG activities at the state and local levels have evolved and changed many times through the decades. To meet the ever changing needs of CRCG clients, the State CRCG Office, State CRCG Workgroup, and local CRCGs must continue to work in tandem to identify service gaps and solutions to barriers. The structure of the CRCG program affords a great opportunity to engage new partners and maximize existing social service resources.