Community Resource Coordination Groups of Texas Report

As Required by

Texas Government Code

§531.055(e) and §531.423

Health and Human Services

Commission

November 2020

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Executive Summary

The Community Resource Coordination Groups (CRCG) biennial report is submitted in compliance with Government Code, Section 531.055(e). The report is prepared by the Health and Human Services Commission (HHSC), in partnership with the State CRCG Workgroup. The data presented in this report includes information from calendar year 2019 and reflects the experiences of local CRCGs report in their efforts to provide a coordinated approach to service delivery for children, families, and adults with complex multi-agency needs, and State CRCG Office activities. The previous report, published in June 2019, covered calendar years 2016-2018.

Additionally, this report complies with Section 531.423, which requires HHSC to create a summary report based on evaluations submitted to HHSC by CRCGs across the state. This summary report includes recommendations for:

- Policy and statutory changes at agencies that are involved in the provision of systems of care services and recommendations for the statewide expansion of sites participating in the Texas System of Care (TxSOC); and
- The integration of services provided at those sites with the services provided by CRCGs.

CRCG coverage expanded in 2019 by 18 counties, and as of January 2020, there are 144 distinct CRCGs covering 239 counties. Of these CRCGs, 79 serve children, youth, and adults, 59 serve children and youth, and 6 serve adults.

Local CRCGs voluntarily submit staffing data to the State CRCG Office, which is housed at HHSC. Based on information submitted to HHSC, local CRCGs staffed 2,120 cases in calendar year 2019. Individuals referred to a CRCG most often require services related to mental health care, risk behaviors, placement into an inpatient or residential facility for behavioral health care, academics and school, and family therapy or family-based services.

CRCG staffings resulted in:

- Community-based recommendations 86 percent of the time;
- 79 signed non-educational fund applications;
- 227 staffings addressing the placement in a 1915(c) Waiver program;
- 615 follow-up staffings; and

- The identification of caregiver involvement as a strength by individuals and families in 21 percent of first-time staffings.

Local CRCGs reported the following barriers to service delivery:

- Client choice/preference;
- Service availability;
- Physical barriers; and
- Agency barriers.

Local CRCG leaders and members consistently report that meeting participation and attendance by all CRCG members is critical to the ability of the CRCG to successfully connect a client to resources. Juvenile probation officers representing the Texas Juvenile Justice Department (TJJD) were specified as the most frequent participants in a CRCG, with the second most frequent participant being local mental health authorities/local behavioral health authorities (LMHA/LBHAs).

In 2019, the State CRCG Office led key initiatives in the areas of training and technical assistance, communication and engagement, and data; accomplishing 2019 CRCG Strategic Plan objectives and furthering the goals to enable CRCGs to implement best practices, ensure they are recognized and supported and serve all counties in Texas across the lifespan.

Each CRCG must create[1] and submit to HHSC a report that includes the evaluation described above and makes related recommendations, including:

- Suggested policy and statutory changes at agencies that provide systems of care services; and
- Recommendations for overcoming barriers to the provision of systems of care services and improving the integration of those services.

HHSC is required to create a TxSOC summary report based on the submitted CRCG reports, which must include recommendations for policy and statutory changes at each agency that is involved in the provision of systems of care services [2]. The report may also include recommendations for the statewide expansion of sites participating in the TxSOC and the integration of services provided at those sites with services provided by CRCGs.

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[1] Government Code, Section 531.422(b)
[2] Government Code, Section 531.423

In 2020, the State CRCG Office collaborated with TxSOC to develop a survey that was distributed to CRCGs across the state to identify gaps and barriers in services and supports for children, youth, and young adults with behavioral health challenges and their families. CRCGs also identified barriers in implementing the system of care (SOC) framework in local communities. The data was reviewed by the Children and Youth Behavioral Health Subcommittee (CYBHS) to the Behavioral Health Advisory Committee (BHAC), which generated recommendations to ensure the behavioral health system in Texas effectively meets the needs of these individuals.

1. Introduction

CRCGs are county-based, interagency staffing groups comprised of public and private agencies partnering with children, families, and adults with complex needs to develop a customized, integrated, Individual Service Plan (ISP)[3] for individuals served through the CRCG. Local CRCG members include representatives from schools, public and private sector health and human services agencies, faith and community-based organizations, and local criminal justice organizations. As part of the ISP process, CRCG members help individuals and families identify and coordinate needed resources and services in their communities.

Section 531.055(e) requires an interagency staffing[4] process and the production of a biennial report summarizing related activities to the administrative head of each agency, the legislature, and the governor that includes:

- The number of persons served through the local-level interagency staffing groups and the outcomes of the services provided;
- A description of any barriers identified to the state's ability to provide effective services to persons needing multi-agency services; and
- Any other information relevant to improving the delivery of services to persons needing multi-agency services.

The portion of this report that is responsive to Section 531.055(e) uses data collected from January 1, 2019, through December 31, 2019, using the CRCG data collection system. This dataset is hereafter referenced as the "2019 Local CRCG Data Sample."

Section 531.423 requires HHSC to create a summary report based on the evaluations of reports submitted to HHSC by CRCGs across the state. This report:

- Must include recommendations for policy and statutory changes at each agency that is involved in the provision of systems of care[5] services; and

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[3] An ISP is an agreement for coordination of services developed between the person or the family and the CRCG. The planning process involves looking at the person's or the family's complex needs, developing the ISP, and getting the family the services they need.

[4] CRCG staffings refer to the process in which an individual or family shares their experience with the CRCG and the group develops an ISP.

[5] TxSOC is an organizational philosophy and framework that is designed to create a network of effective community-based services and supports to improve the lives of children and

- May include recommendations for the statewide expansion of sites participating in the TxSOC and the integration of services provided at those sites with services provided by CRCGs.

The portion of this report that is responsive to Section 531.423 uses data collected through a survey of CRCGs that was completed and submitted from January through March 2020.

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youth with or at risk of serious mental health conditions. Systems of care build meaningful partnerships with families and youth, address cultural and linguistic needs and use evidence-based practices to help children, youth, and families function better at home, in school, in the community, and throughout life.

2. Background

CRCG Memorandum of Understanding

Human Resource Code (HRC) Section 41.0011, required 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 multi-agency needs.[6]

Government Code Section 531.055(a) formalized the CRCG program by requiring a joint Memorandum of Understanding (MOU) across multiple state agencies.

The MOU is signed by the following eight state agencies:[7]

- HHSC;
- Department of Family and Protective Services (DFPS);
- Texas Department of State Health Services;
- Texas Department of Housing and Community Affairs;
- Texas Department of Criminal Justice - Texas Correctional Office on Offenders with Medical or Mental Impairments;
- TJJD;
- Texas Education Agency (TEA); and
- Texas Workforce Commission.

CRCG Structure

The CRCG program is comprised of three components: The State CRCG Office, the State CRCG Workgroup, and local CRCGs.

State CRCG Office

The State CRCG Office consists of three full-time staff members. The State CRCG Office, in collaboration with the State CRCG Workgroup, provides information, guidance, training, and technical assistance to local CRCGs regarding:

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[6] HRC Chapter 41 was repealed by H.B. 655, 74th Legislature, Regular Session, 1995.
[7] Section 531.055 also requires the participation of each health and human services agency. As of September 1, 2017, the Texas Legislature has transferred all programs and services previously administered or delivered by the Department of Aging and Disability Services to HHSC as part of the HHS Transformation Plan. This list reflects those agency changes.

- The availability of programs and resources in the community;
- Best practices for addressing the needs of persons with complex needs in the least restrictive setting;
- Interagency collaboration;
- Health equity, disparities, and cultural responsiveness;
- Data collection;
- Evaluation; and
- Resource development.

The State CRCG Office also provides:

- Program model oversight;
- Management of statewide communications;
- Policy guidance;
- Management of the state program budget and website;
- Data collection, reporting, and related research;
- Liaison with state program partners; and
- Representation in relevant workgroups and committees.

The State CRCG Office coordinates across programs, departments, and agencies to enhance policy development, stakeholder collaboration, and incorporation of best practices such as trauma-informed care. In 2019, the State CRCG Office and the TxSOC, increased their collaborations through coordinated trainings and outreach, and a joint CRCG and TxSOC conference, the second of which is being planned for Summer 2021. In Fall 2019 and Spring 2020, the State CRCG Office, in partnership with TJJD, TxSOC, and partner agencies, planned CRCG Regional Collaboration Summits to take place in seven regions across Texas. The summits were to provide a unique opportunity for community leaders from diverse fields and backgrounds to collaborate across systems, build stronger communities, and learn about statewide programs. Due to the COVID-19 pandemic, all summits were postponed until further notice.

State Community Resource Coordination Groups Workgroup

The State CRCG Workgroup serves as the point of contact for local CRCGs to report concerns that require regional or state-level intervention. The State CRCG Workgroup includes a representative from each state agency participating in the CRCG program, representatives from Texans Care for Children and Texas Network of Youth Services, family representatives, and local CRCG leaders. The State CRCG Workgroup meets quarterly to inform state-level interagency coordination activities.

The State CRCG Workgroup members also participate in at least one of four subcommittees, including:

- Training and technical assistance;
- Communications;
- Data and research; and
- System of care.

Subcommittees meet quarterly or on an as-needed basis and provide feedback and guidance on specific projects and objectives of the State CRCG Office.

Local Community Resource Coordination Groups

CRCGs are developed and managed locally. To ensure basic standards and consistency across the state, the State CRCG Office developed a program model and guiding principles.[8] At the local level, CRCGs are encouraged to include representatives from the legislatively-mandated state agencies, faith- and community-based organizations, and youth and their families.

As of January 2020, there are 144 CRCGs covering 239 counties. Of these CRCGs, 59 serve children and youth, 6 serve adults, and 79 serve all ages. The 79 CRCGs that serve all ages cover 147 counties, resulting in roughly 62 percent of counties being served by CRCGs that serve all ages.

Local CRCGs meet and plan services for children, families, and adults whose needs have not been met through existing resources and channels. Local CRCG members work together to efficiently utilize existing resources, identify service gaps, remove barriers, and find solutions for each individual or family.

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[8] State CRCG Office. About CRCGs. Accessed June 18, 2020. Available: https://crcg.hhs.texas.gov/about.html.

Each CRCG elects one of their members as chairperson or facilitator. These leadership positions are voluntary, and no monetary compensation is provided. Each chairperson serves as a point of contact for their local CRCG. Some local CRCGs also have a designated coordinator position to assist with operations and coordination of services. Funding for coordinator positions is generated locally through grants and financial support from counties.

"Our CRCG is comprised of multiple agencies willing to help children and families. Our CRCG functions like a well-oiled machine and everyone works well together. Parents and children feel welcomed. Because of this collaboration, families are able to access services and supports quickly and more efficiently." – Tammy Gendke, Victoria County CRCG

Individuals are connected to CRCGs by state agencies, a family representative, or directly from the community. A person may also refer themselves by contacting their local CRCG chairperson.

"We have been successful in collaborating with resources in the community and increasing buy in with stakeholders in Nueces County. We have increased community awareness of our CRCG by using clear and effective communication about our mission in assisting those with serious emotional disturbance. We have motivated, enthusiastic, and knowledgeable individuals that serve on our committee who pursue those in need of the CRCG service. We believe in the effectiveness of CRCGs and open our doors with care to families, individuals, and those in need." – Marina Robertson, Nueces County CRCG

3. CRCG Data and Outcomes

Statewide Data Collection System

The State CRCG Office hosts a data collection system that gathers local CRCG monthly staffing data that identifies:

- Outcomes of services provided;
- Individual strengths;
- Pressing service needs;
- Recommended services and supports;
- Agencies and organizations involved with CRCGs; and
- Gaps or barriers preventing service needs from being fully addressed.

CRCGs voluntarily enter their monthly staffing data. The system provides monthly and annual reports to local CRCGs to help inform their practices and the State CRCG Office uses the data to inform this report.

Data Sources

Local CRCG Data

The State CRCG Office utilized the CRCG data collection system to collect data from local CRCG leaders. The 2019 Local CRCG Data Sample provides all local-level information for this report.

Data submitted to the State CRCG Office in the 2019 Local CRCG Data Sample included information on the following community level outcomes:

- Demographic information of individuals and families served;
- Pressing service needs;
- Identified individual strengths
- Recommended services and supports;
- CRCG partnerships; and,
- Any gaps or barriers preventing service needs from being fully addressed.[9]

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[9]The CRCG guiding legislation requires reporting on the number of persons served through the local-level interagency staffing groups and the outcomes of the services provided; a description of any barriers identified to the state's ability to provide effective services to

Approximately 59 percent (*N* = 85) of CRCGs entered monthly staffing information into the CRCG data collection system representing 152 Texas counties. Approximately 46 percent of these CRCGs served all age groups while the remainder limited their services to specific age groups. CRCGs shared data regarding the number of people served through case staffings, needs of people seeking CRCG assistance, types of recommendations made to service recipients through ISPs, barriers to coordinating needed services, and partners who contributed to CRCG processes.

Community Level Outcomes

Demographic Information

The new CRCG Data Collection System collects demographic data on the persons the CRCGs serve. This information helps CRCGs to assess if the clients being served are representative of those needing multiagency services in their community and allows the State CRCG Office to target training and outreach efforts to reach the population of focus.

Of the clients that participated in CRCG staffings, 76 percent were ages 11-20 years old, 15 percent were ages 0-10 years old, 6 percent were ages 21 and older, and 3 percent had an unspecified age. Figure 1 shows the percentage of clients that participated in CRCGs staffings by age range.

persons needing multiagency services; and any other relevant information to improving the delivery of services to persons needing multiagency services.

Figure 1. Percentage of Clients by Age Range that Participated in Total CRCG Staffings
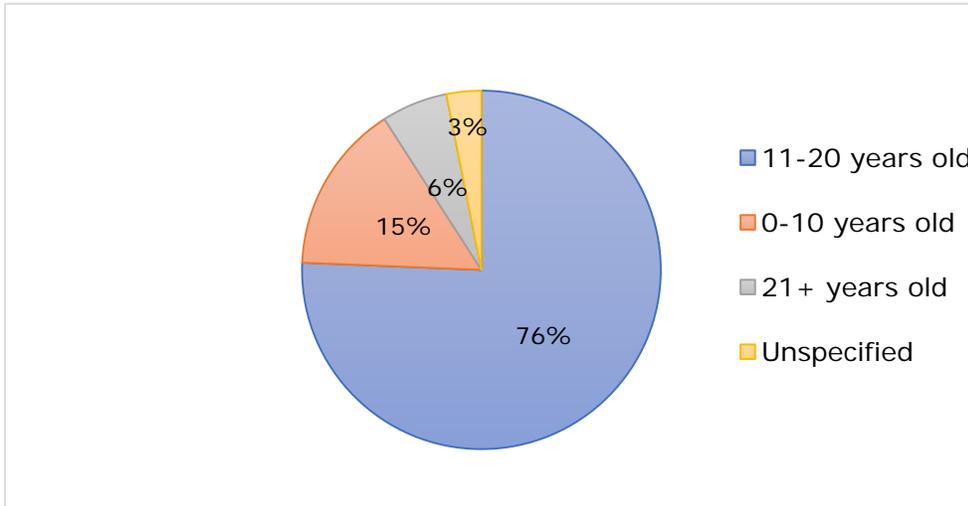
Of the clients that attended CRCG staffings, 56 percent were non-Hispanic, 40 percent were Hispanic, and 4 percent identified an ethnicity that was unspecified.

Figure 2 shows the percentage of clients that participated in CRCGs staffings by ethnicity in order of the most attended by ethnicity, with higher percentages, to the least attended by ethnicity, with lower percentages.

Figure 2. Percentage of Clients by Ethnicity that Participated in Total CRCG Staffings

Of the clients that attended CRCG staffings, 66 percent were white, 18 percent were black or African American, and 14 percent were unspecified race.

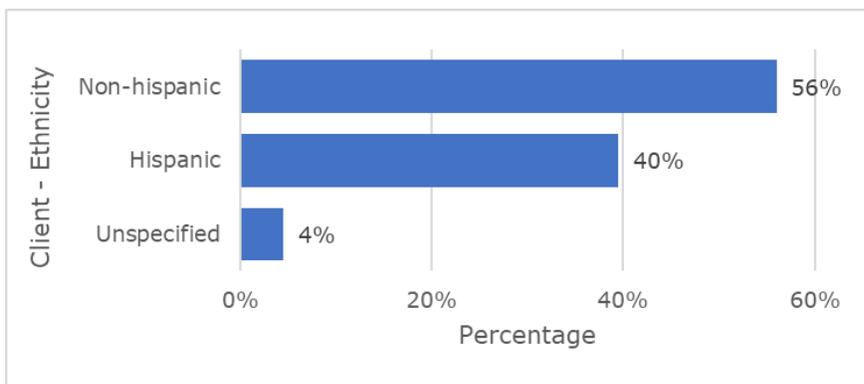Figure 3 shows the percentage of clients that participated in CRCGs staffings by race in order of the most attended by race, with higher percentages, to the least attended by race, with lower percentages.

Figure 3. Percentage of Clients by Race that Participated in Total CRCG Staffings

Note. In each of the following categories, less than one percent of individuals identified as Middle Eastern/North African, Asian, two or more races, or other race category.
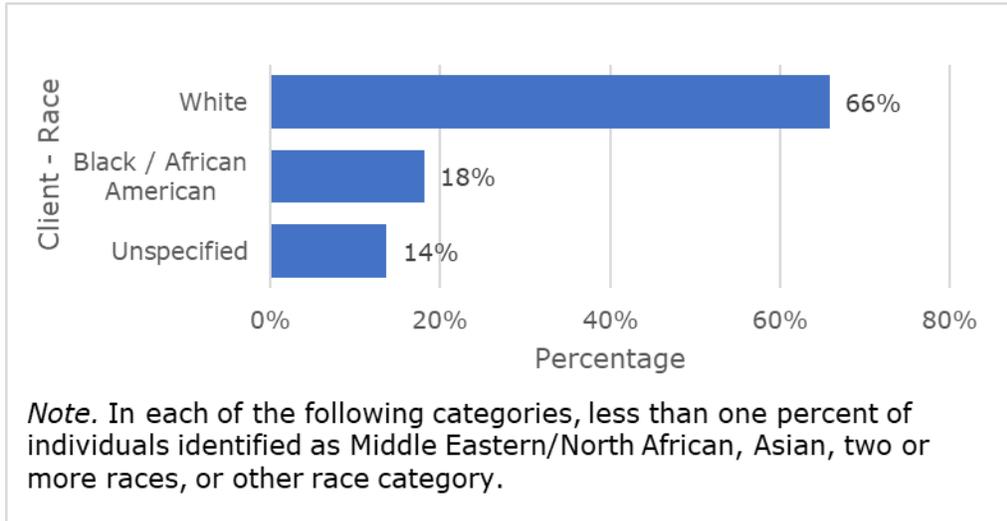
Of the clients that attended CRCG staffings, 66 percent identified as male, 34 percent as female, and less than 1 percent as unspecified or other gender category.

Figure 4 shows the percentage of clients that participated in CRCGs staffings by gender.

Figure 4. Percentage of Clients by Gender that Participated in Total CRCG Staffings

Note. Less than one percent of clients that participated in all CRCG staffings identified as unspecified or other gender category.
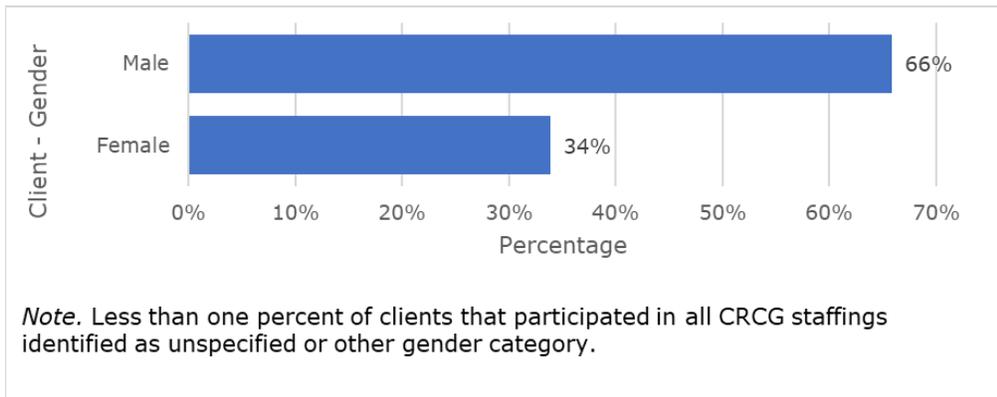
Of the clients that attended CRCG staffings, 95 percent identified English as their primary language, 4 percent identified Spanish as their primary language, and less

than 1 percent identified Vietnamese, Tagalog, other, or unspecified language as their primary language.

Figure 5 shows the percentage of clients that participated in CRCGs staffings by primary language.

Figure 5. Percentage of Clients by Primary Language that Participated in Total CRCG Staffings

Note. Less than one percent of clients who participated in all CRCG staffings identifed their primary language as Vietnamese, Tagalog, other language, or unspecified language category.
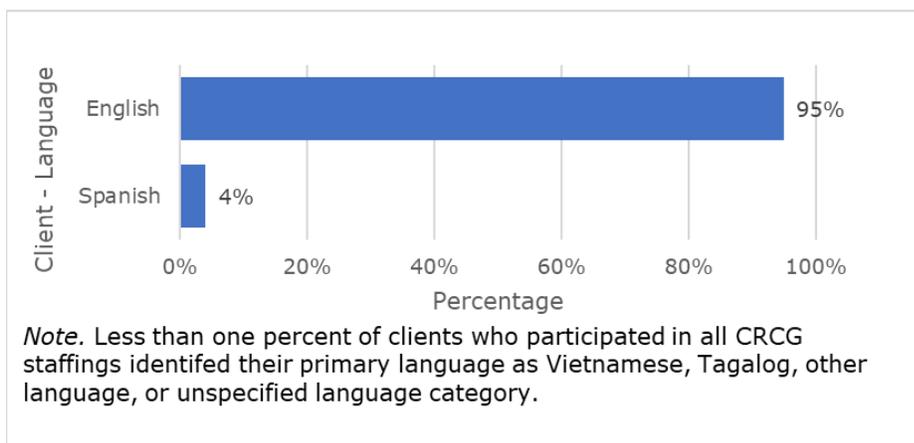
Community Needs

Individuals and families referred for all CRCG staffings most often expressed needs or concerns regarding mental health care (23 percent), risk behaviors (19 percent), risk for placement in an inpatient or residential facility (17 percent), academics or school (14 percent), and family therapy services (9 percent).

Figure 6 shows the percentage of various needs or concerns expressed by individuals and families for all staffings. Higher percentages represent needs or concerns that were expressed by more individuals and families and lower percentages represent needs or concerns that were expressed by fewer individuals and families.

Figure 6. Percentage of Needs and Concerns Expressed by Individuals and Families by Type for Total Staffings

Note. Less than one percent of individuals and families expressed the need/concern for rental assistance, physical disability services, LGBTQ specific services, or medical improvements to the home during all staffings.
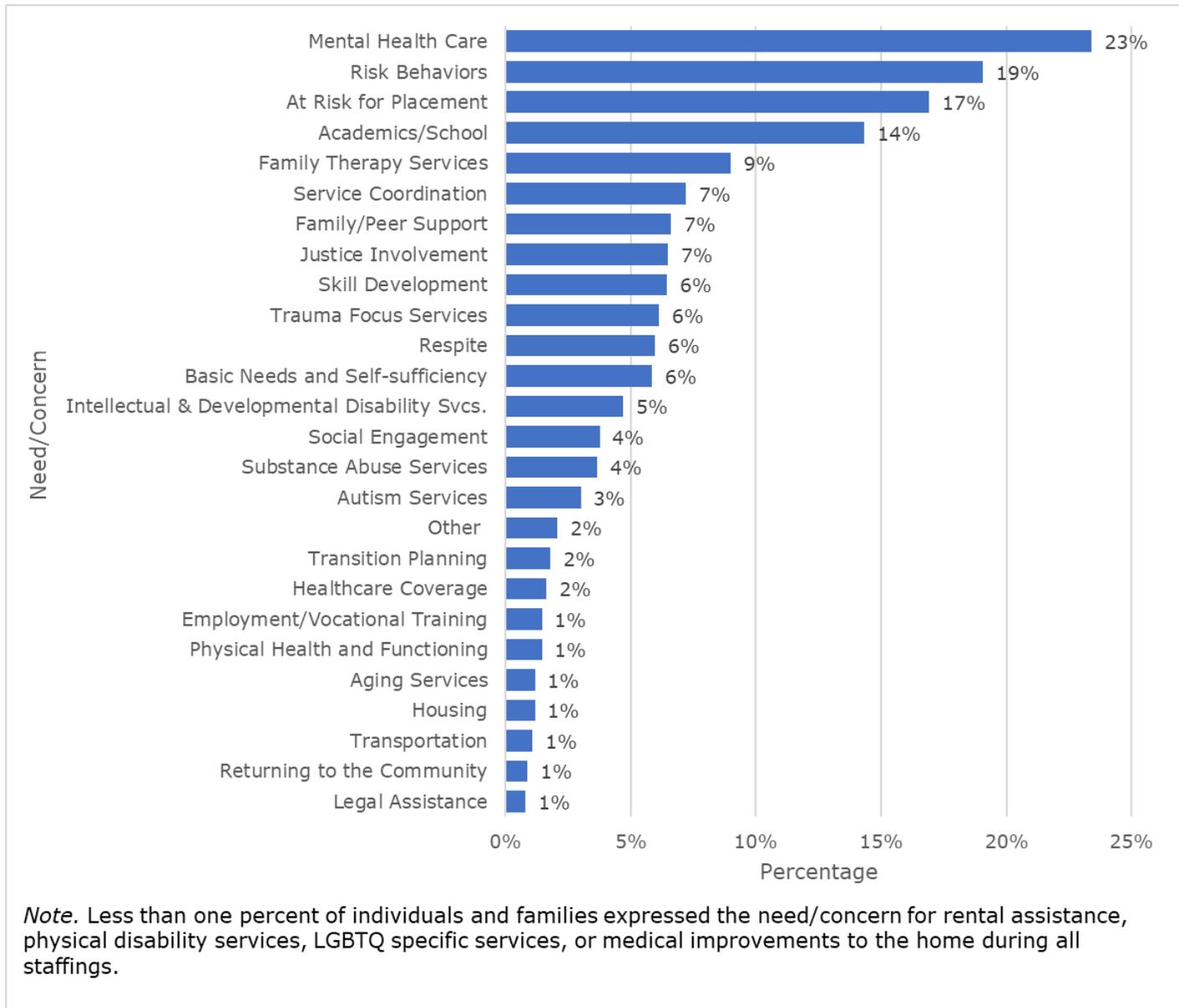
The leading needs and concerns expressed by individuals and families for first time staffings were for mental health care (29 percent), risk behaviors (24 percent), placement to an inpatient or residential treatment facility (21 percent), academics or school (19 percent), and family therapy services (12 percent).

Figure 7 shows the percentage of needs and concerns expressed by individuals and families during first time staffings in order of the most expressed need or concern,

with higher percentages, to the least expressed need or concern, with lower percentages.

Figure 7. Percentage of Needs and Concerns Expressed by Individuals and Families by Type for First Time Staffings

Note. Less than one percent of individuals and families expressed a need/concern for LGBTQ specific services or medical improvements to their home during first time staffings.

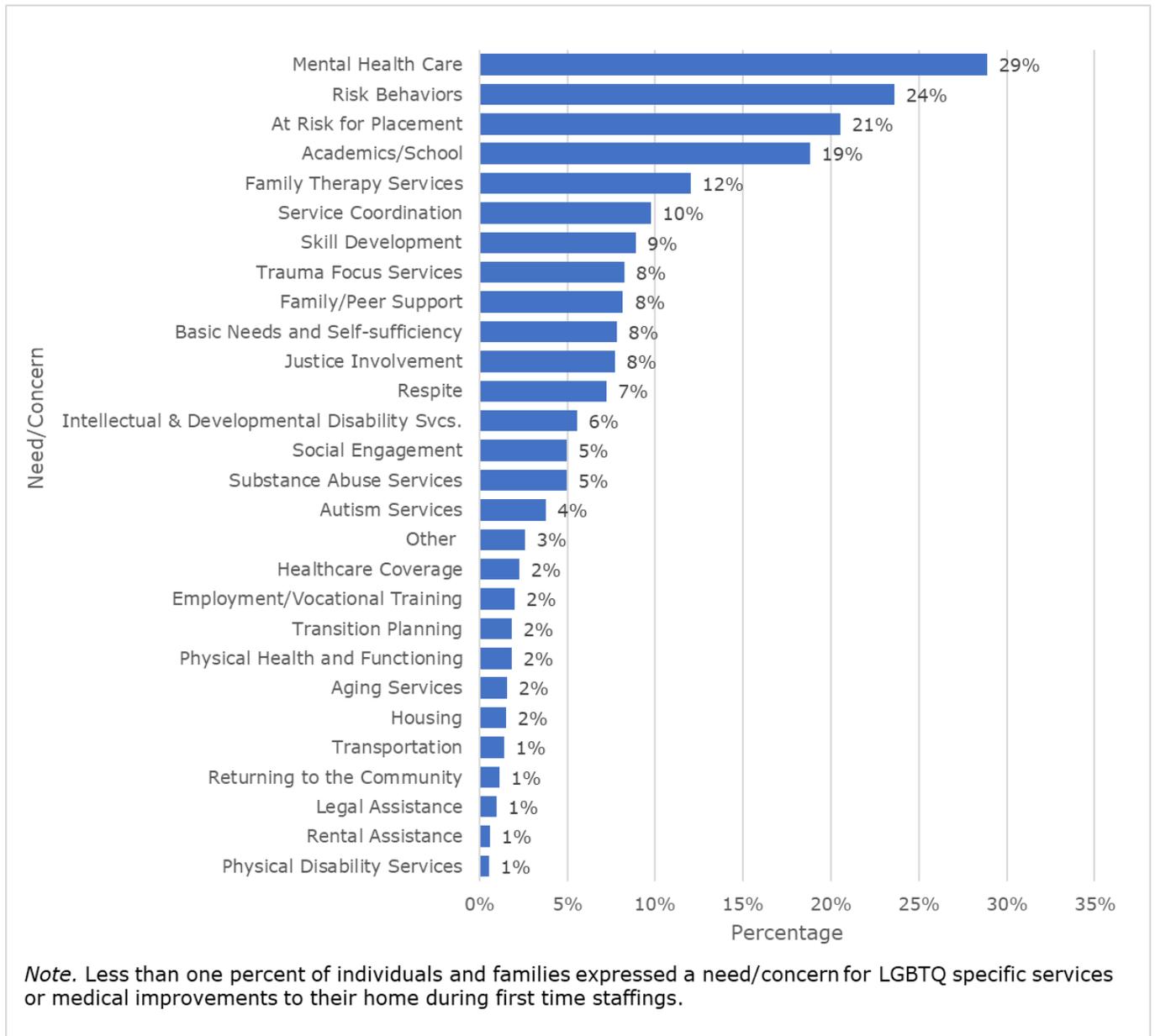The leading needs and concerns expressed by individuals and families for follow-up staffings were for mental health care (10 percent), placement to an inpatient or residential treatment facility (8 percent), risk behaviors (8 percent), justice involvement (4 percent) and academics or school (3 percent).

As noted previously, follow-up staffings typically occur one to three months after the first-time staffing and are frequently treated as check-ins to determine if additional services and supports are needed. The lower percentage of overall needs and concerns for follow-up staffings is congruent with a decreased need for additional services at the time of the follow-up.

Figure 8 shows the percentage of needs and concerns expressed by individuals and families during first time staffings in order of the most expressed need or concern, with higher percentages, to the least expressed need or concern, with lower percentages.

Figure 8. Percentage of Needs and Concerns Expressed by Individuals and Families by Type for Follow-up Staffings

Note. Less than one percent of individuals and families expressed the need/concern for skill development, substance abuse services, physical health and functioning, transportation, returning to the community from placement, legal assistance, housing, LGBTQ specific services, healthcare coverage, employment/vocational training, or aging services during follow-up staffings.
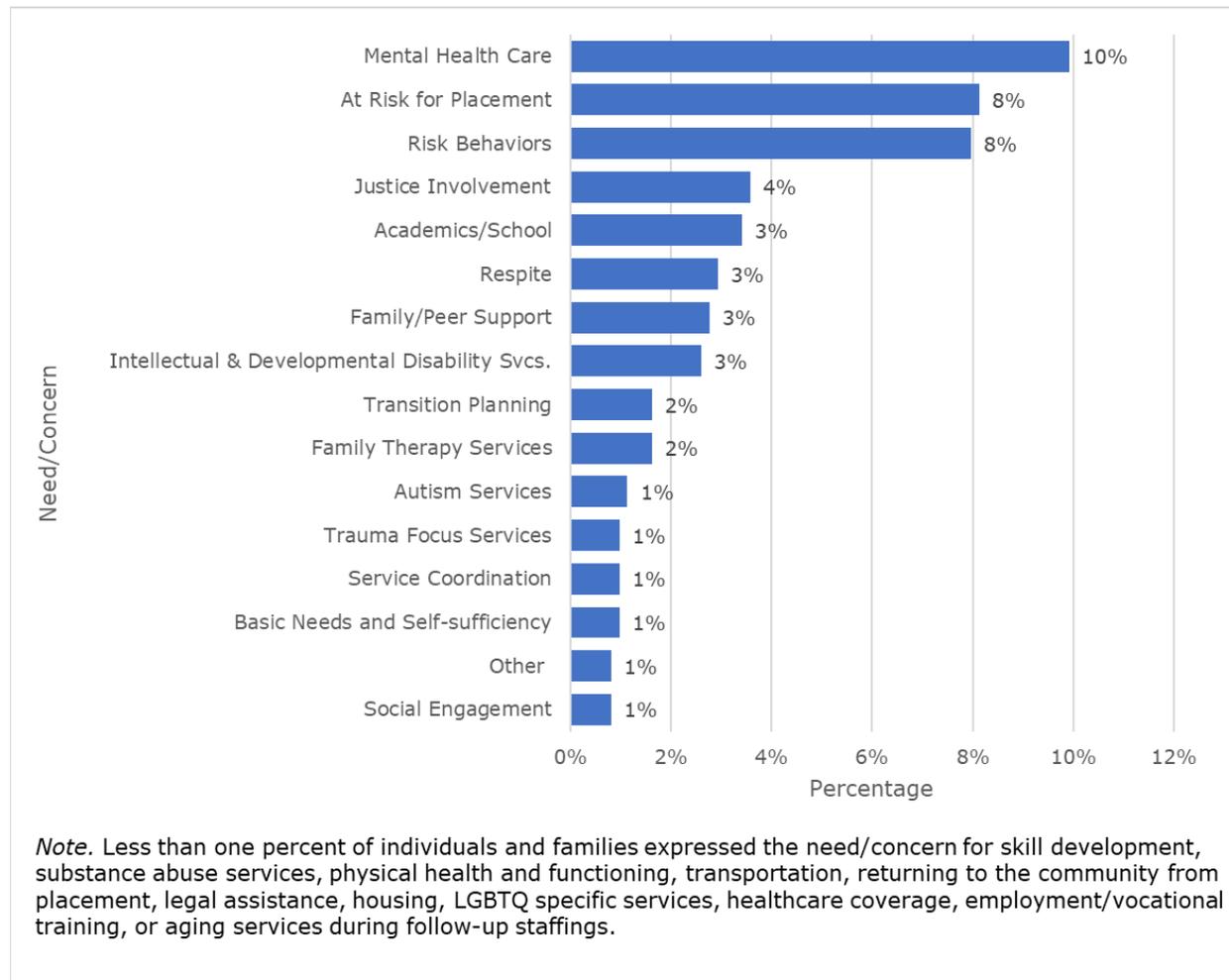
Community Strengths

Individuals and families referred for all CRCG staffings most often expressed strengths regarding caregiver involvement (16 percent), family strengths (9 percent), healthcare coverage (7 percent), family or peer support (7 percent), and housing stability (6 percent).

"Brown County had several successes in 2019. We had an increase in members, community engagement, training opportunities, and staffings; and we collaborated with local law enforcement, non-profits, LMHA, Maximus, DFPS, and other local agencies to provide a way to increase education about services. Our CRCG is taking one step at a time with increasing local collaboration and finding ways to empower individuals, families and agencies in the community. We are very thankful for how our members do their best to find resources, help assist in time of waiting periods and collaborate with empowerment from one another. We have seen growth in our staffings; and individuals, families, and local agency representatives have expressed the strength of Brown County CRCG finding strength to empower individuals and families, along with being compassionate as each share their story." – Katie Snyder and Michelle Well, Brown County CRCG

Figure 9 shows the percentage of strengths expressed by individuals and families during all staffings. Higher percentages represent strengths that were expressed by more individuals and families and lower percentages represent strengths that were expressed by fewer individuals and families.

Figure 9. Percentage of Strengths Expressed by Individuals and Families by Type for Total Staffings

Note. Less than one percent of individuals and families expressed a strength in an other area during all staffings.
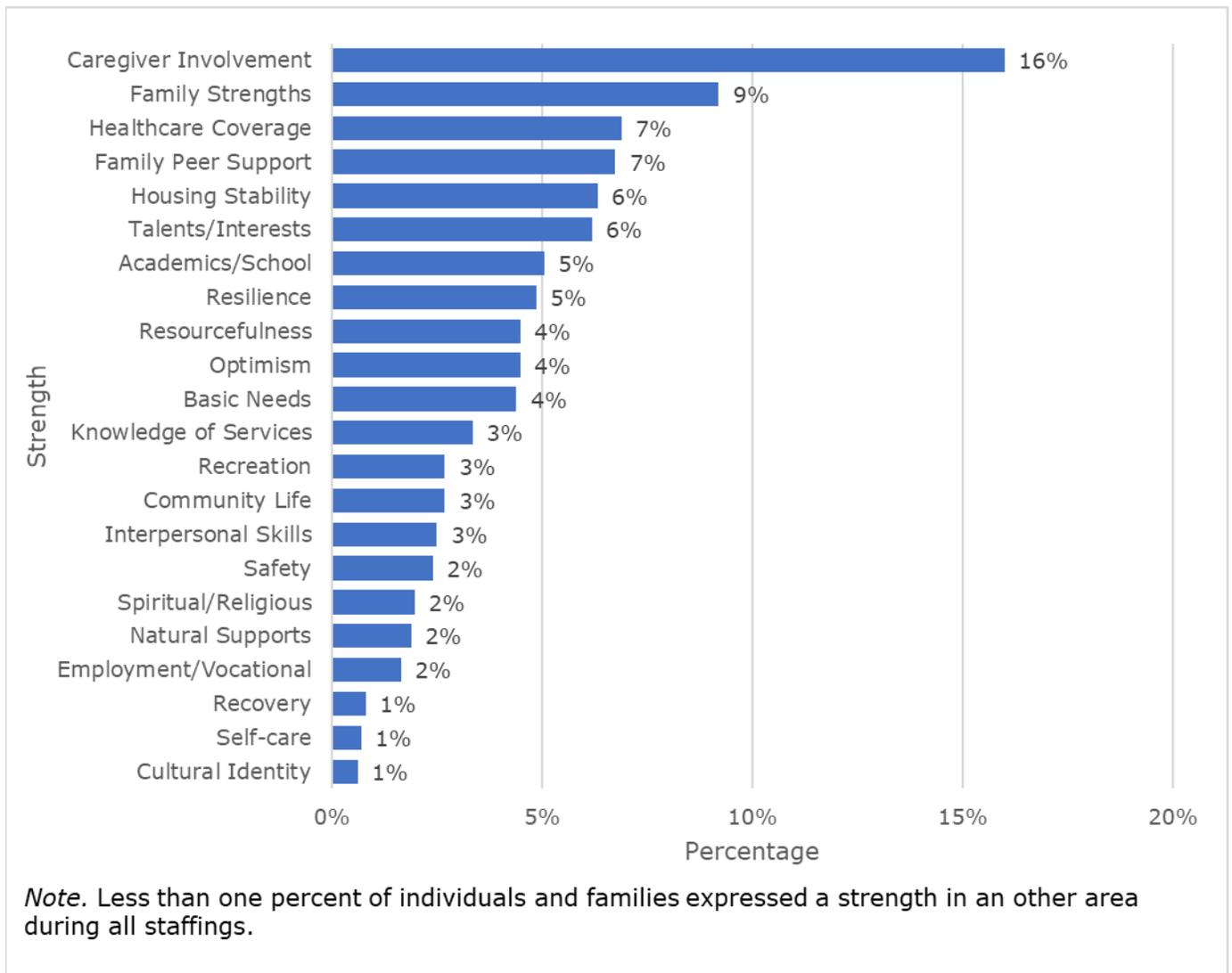
The leading strengths expressed by individuals and families for first time staffings were for caregiver involvement (21 percent), family strengths (12 percent), healthcare coverage (9 percent), talents or interests (8 percent), family or peer support (8 percent), and housing stability (8 percent).

Figure 10 shows the percentage of strengths by type expressed by individuals and families during first time staffings in order of the most expressed strength, with higher percentages, to the least expressed strength, with lower percentages.

Figure 10. Percentage of Strengths Expressed by Individuals and Families by Type for First Time Staffings

Note. Less than one percent of individuals and families expressed a strength in recovery during first time staffings.
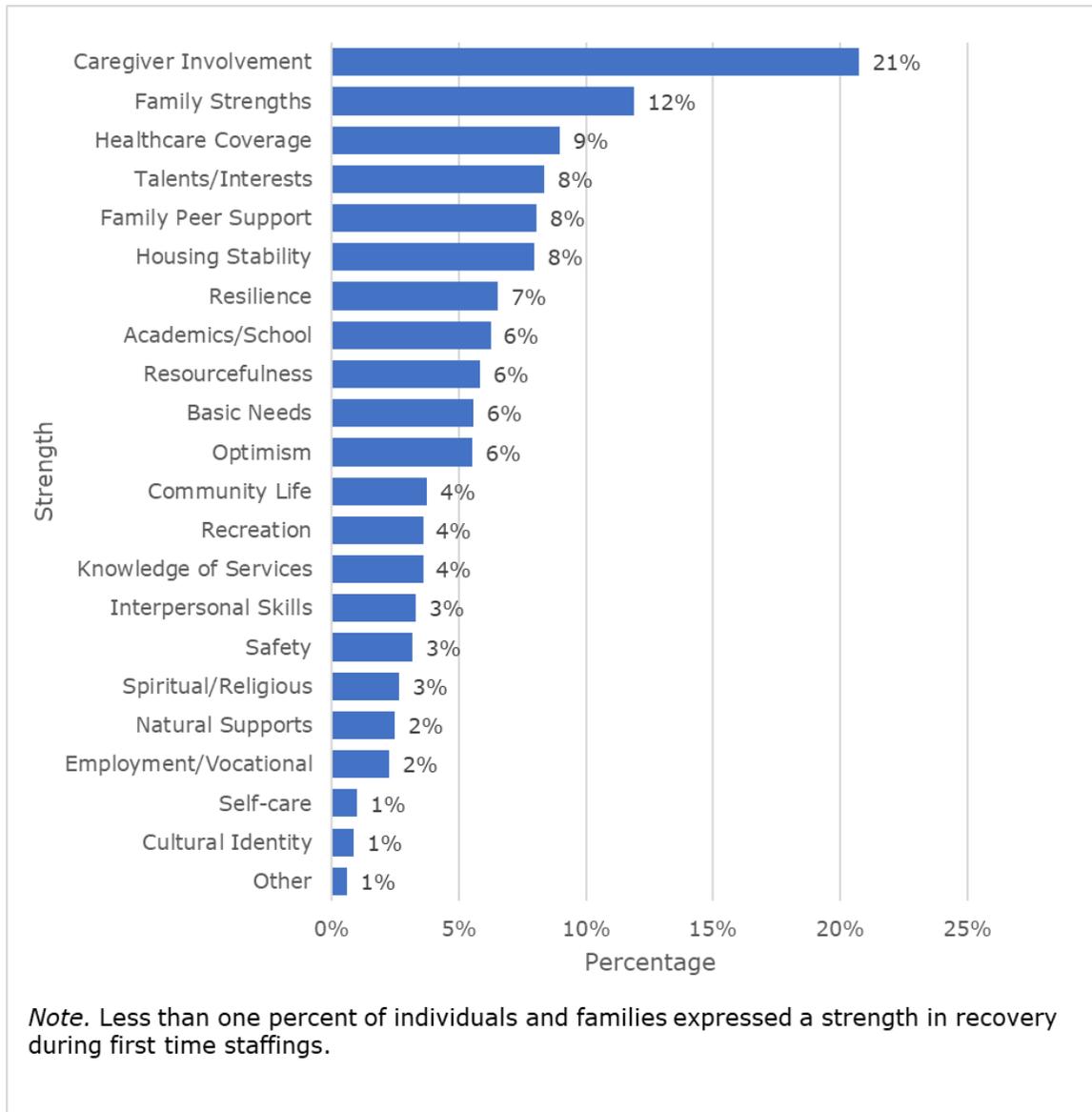
The strengths expressed by individuals and families for follow-up staffings were for caregiver involvement (four percent), family or peer support (four percent), knowledge of services (three percent), family strengths (three percent), and housing stability (two percent).

The low percentage of strengths for follow-up staffings is reflective of the nature of follow-up staffings, where referring agencies typically provide check-ins and a full

CRCG staffing that includes a discussion of strengths does not occur unless a need for this is identified.

Figure 11 shows the percentage of strengths expressed by individuals and families during follow-up staffings in order of the most expressed need or concern, with higher percentages, to the least expressed need or concern, with lower percentages.

Figure 11. Percentage of Strengths Expressed by Individuals and Families by Type for Follow-up Staffings

Note. Less than one percent of individuals and families expressed a strength in safety, recreation, natural supports, interpersonal skills, spiritual/religious, other area, employment/vocational, or community life during follow-up staffings.
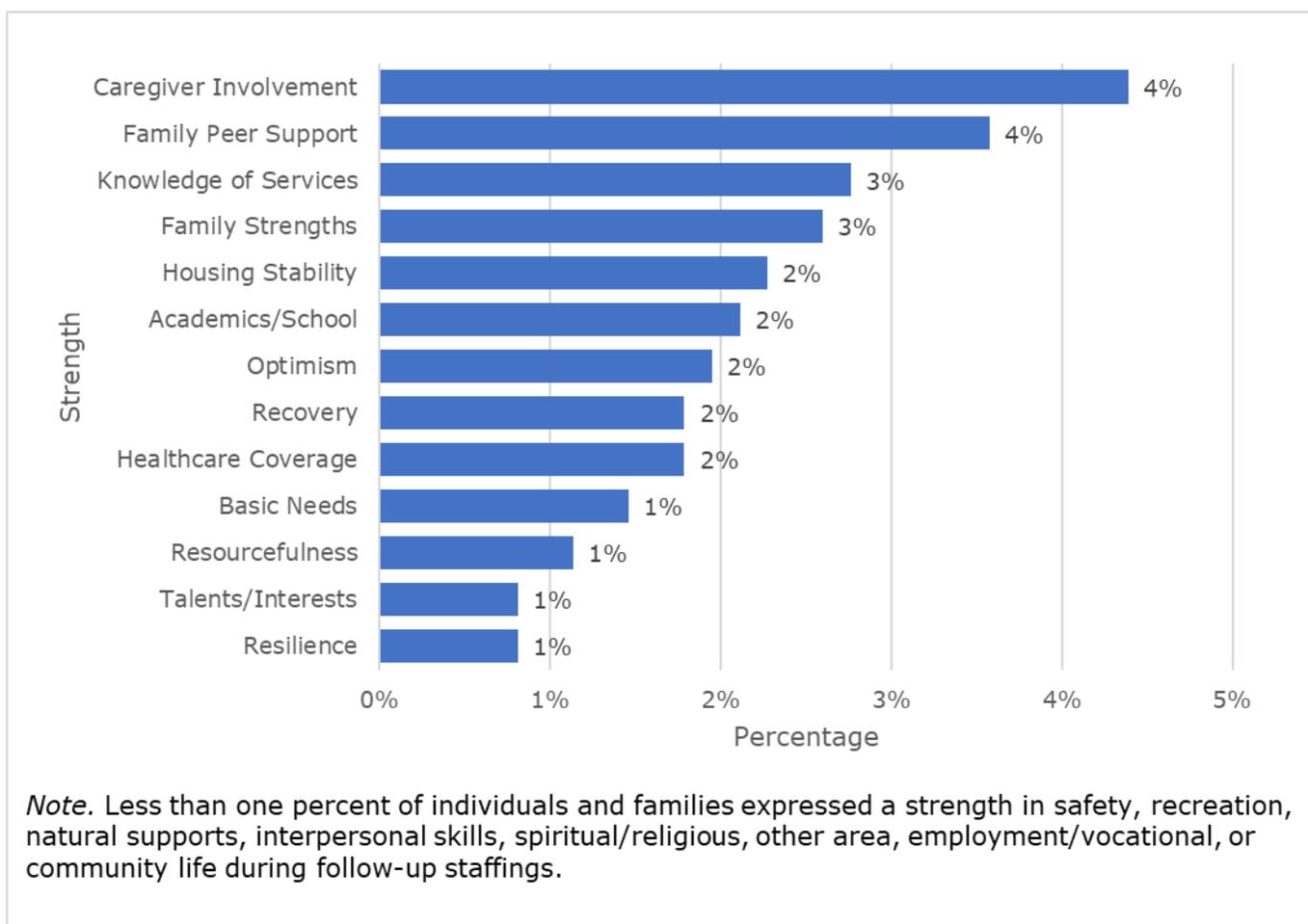
Recommended Services and Supports

Collectively, the 85 CRCGs that entered data into the CRCG data collection system conducted 2,120 case staffings in 2019. These staffings involved meetings with CRCG partners and members of the public to learn about client needs and make recommendations for services offered by several organizations and agencies. 1,505

(71 percent) of these staffings were first-time encounters with children, youth, or adults in need of services and 615 (29 percent) were follow-up staffings. Of the total staffings, 93 (4 percent) were emergency staffings and 172 (8 percent) were reintegration staffings.

Figure 12 shows the number of total staffings, including first time staffings, and follow-up staffings by type statewide.

Figure 12. Number of First Time, Follow-up, and Total Staffings by Type
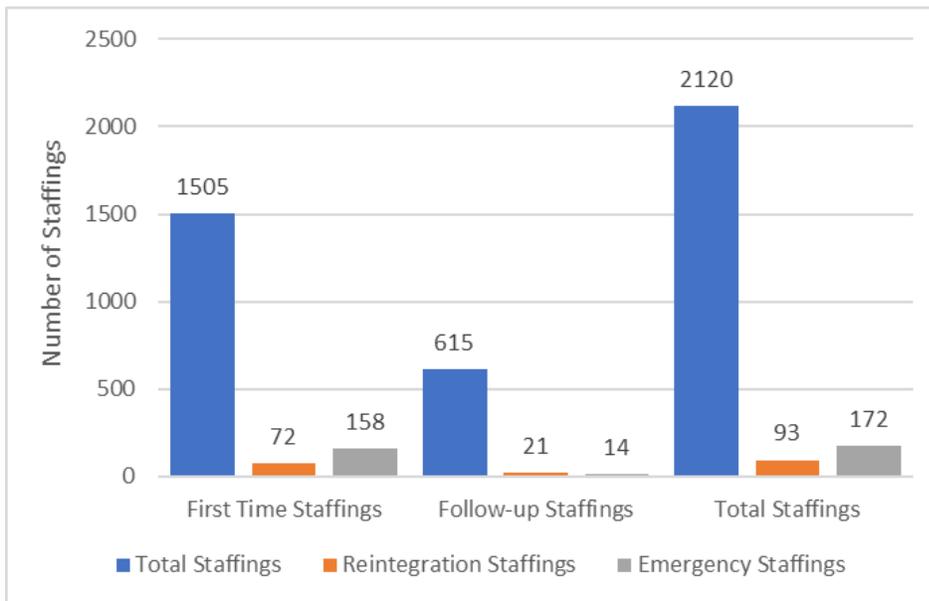
CRCGs reported the types of services recommended through ISPs. Recommendations covered a range of resources, though the leading ISP recommendations for all staffings were for mental health services (23 percent), other services/interventions (20 percent), placement to inpatient or residential treatment facility (14 percent), family therapy/services (11 percent), and 1915(c) Waivers (11 percent). The other services/interventions category allowed CRCGs to add recommendation categories, and these recommendations were largely focused on mental health therapy and support groups, mental health evaluations, non-traditional therapies like equine and art therapy, and school related supports.

"We had a student that was having difficulty getting services through Social Security Income and also needed counseling services to deal with emotional outbursts. Our CRCG involved the parents in the process and together we were able to gain counseling services and get help with SSI for the student. Since getting connected to these services and supports the student's emotional state has improved with fewer outbursts and they have started participating in volunteer activities. - Laurie Watson, Navarro County CRCG

Figure 13 shows the percentage of ISP recommendations by type during all staffings in order of the most recommended services, with higher percentages, to the least recommended services, with lower percentages.

Figure 13. Percentage of ISP Recommendations by Type for Total Staffings

Note. Less than one percent of all staffings resulted in recommendations for in-home healthcare, homeless prevention, Aging and Disability Resource Center, rental assistance, Home and Community-based Services - Adult Mental Health, or LGBTQ specific services.
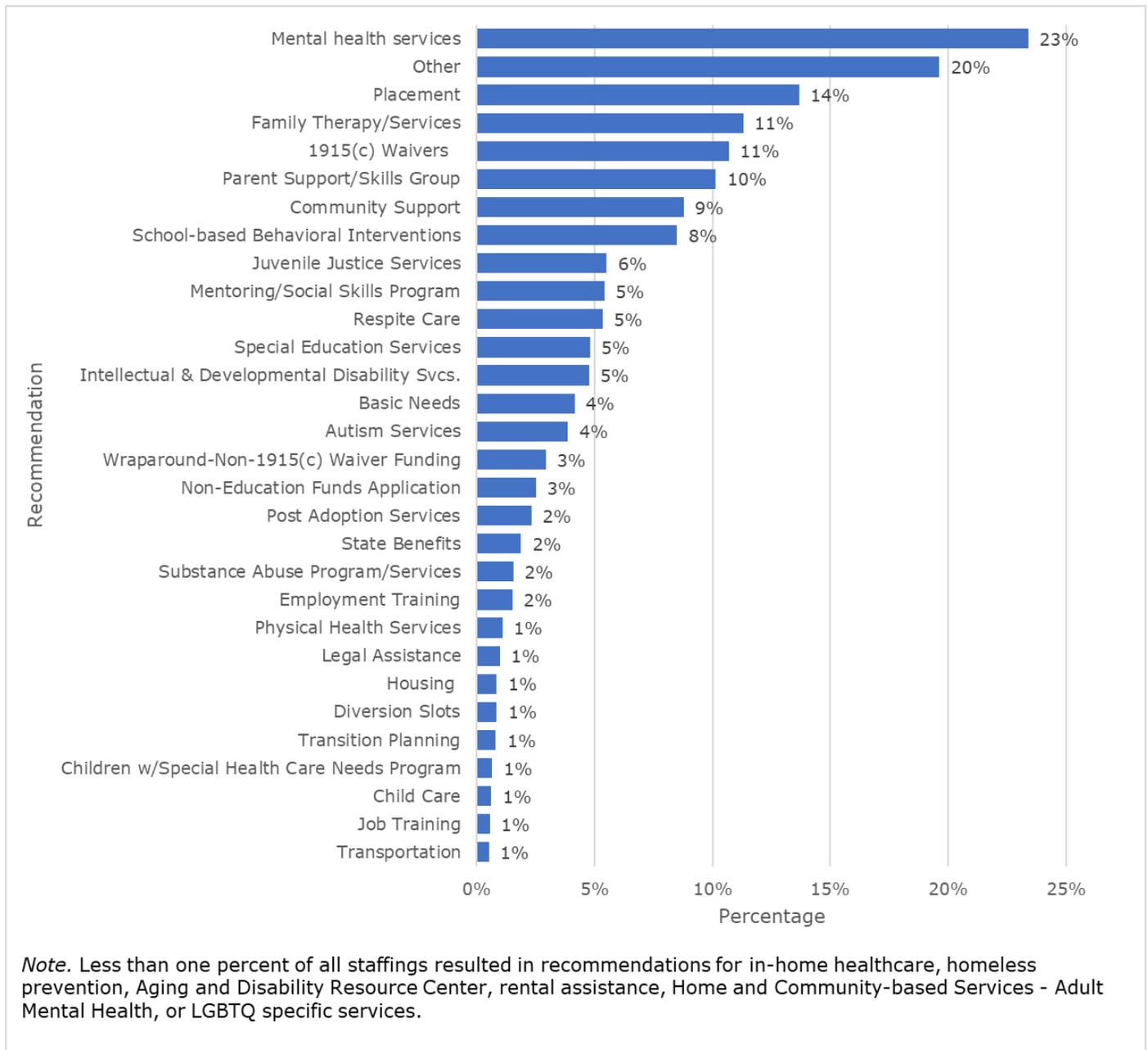
The leading ISP recommendations for first time staffings were for mental health services (28 percent), other services/interventions (27 percent), placement to inpatient or residential treatment facility (16 percent), family therapy/services (15 percent), and 1915(c) waivers (13 percent).

Figure 14 shows the percentage of ISP recommendations by type during first time staffings in order of the most recommended services, with higher percentages, to the least recommended services, with lower percentages.

Figure 14. Percentage of ISP Recommendations by Type for First Time Staffings

Note. Less than one percent of first time staffings resulted in recommendations for diversion slots, transition planning, Children with Special Health Care Needs program, job training, child care, transportation, in-home healthcare, homeless prevention, Aging and Disability Resource Center, rental assistance, Home and Community-based Services- Adult Mental Health, or LGBTQ specific services.

The leading ISP recommendations for follow-up staffings were for mental health services (12 percent), placement to inpatient or residential treatment facility (9

percent), 1915(c) waivers (5 percent), parent support/skills groups (4 percent), and respite care (4 percent).

Follow-up staffings typically occur one to three months after the first-time staffing and are frequently treated as check-ins to determine if additional services and supports are needed. The lower percentage of overall recommendations for follow-up staffings is congruent with a decreased need for additional services at the time of the follow-up.

Figure 15 shows the percentage of ISP recommendations by type during follow-up staffings in order of the most recommended services, with higher percentages, to the least recommended services, with lower percentages.
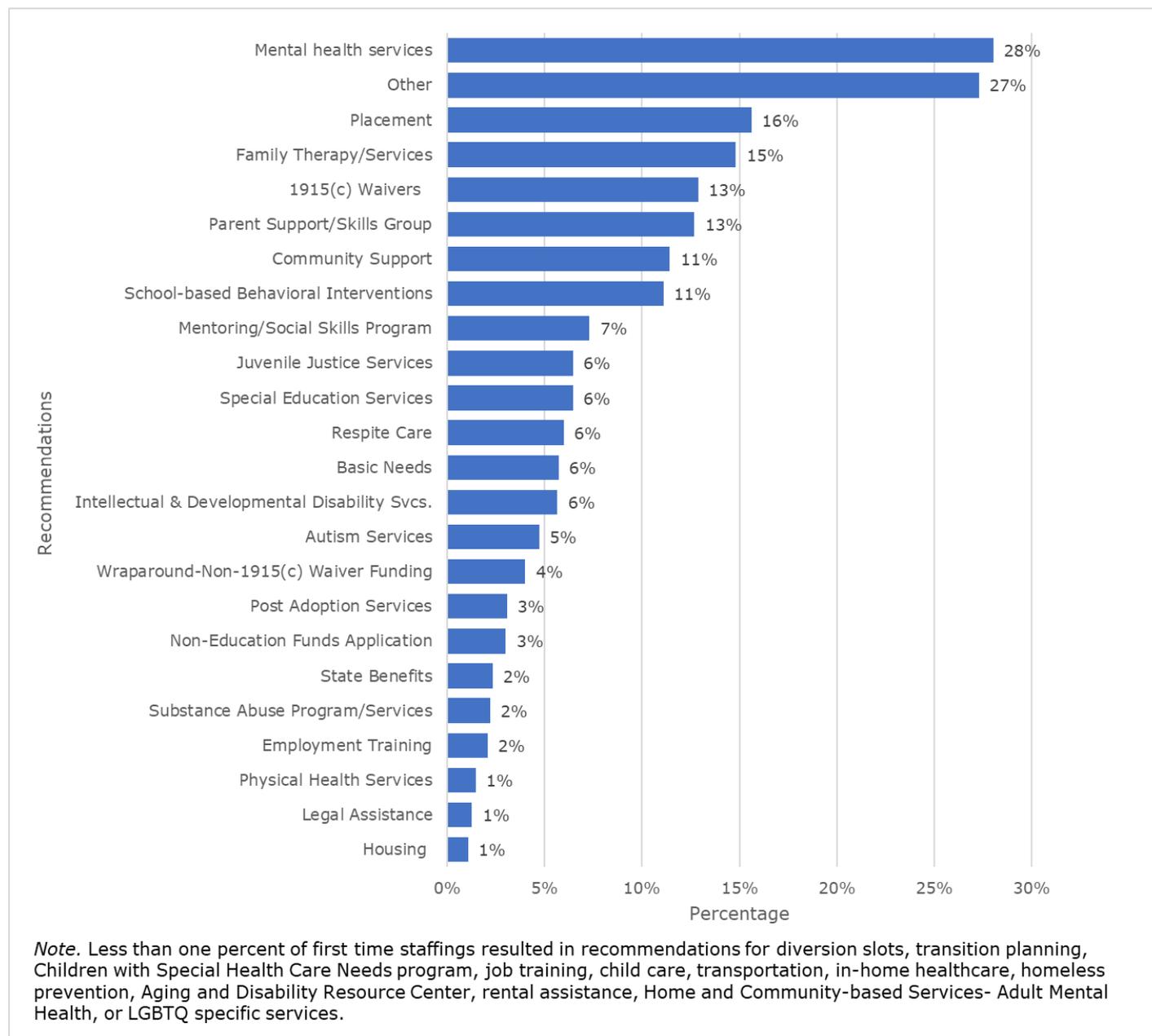
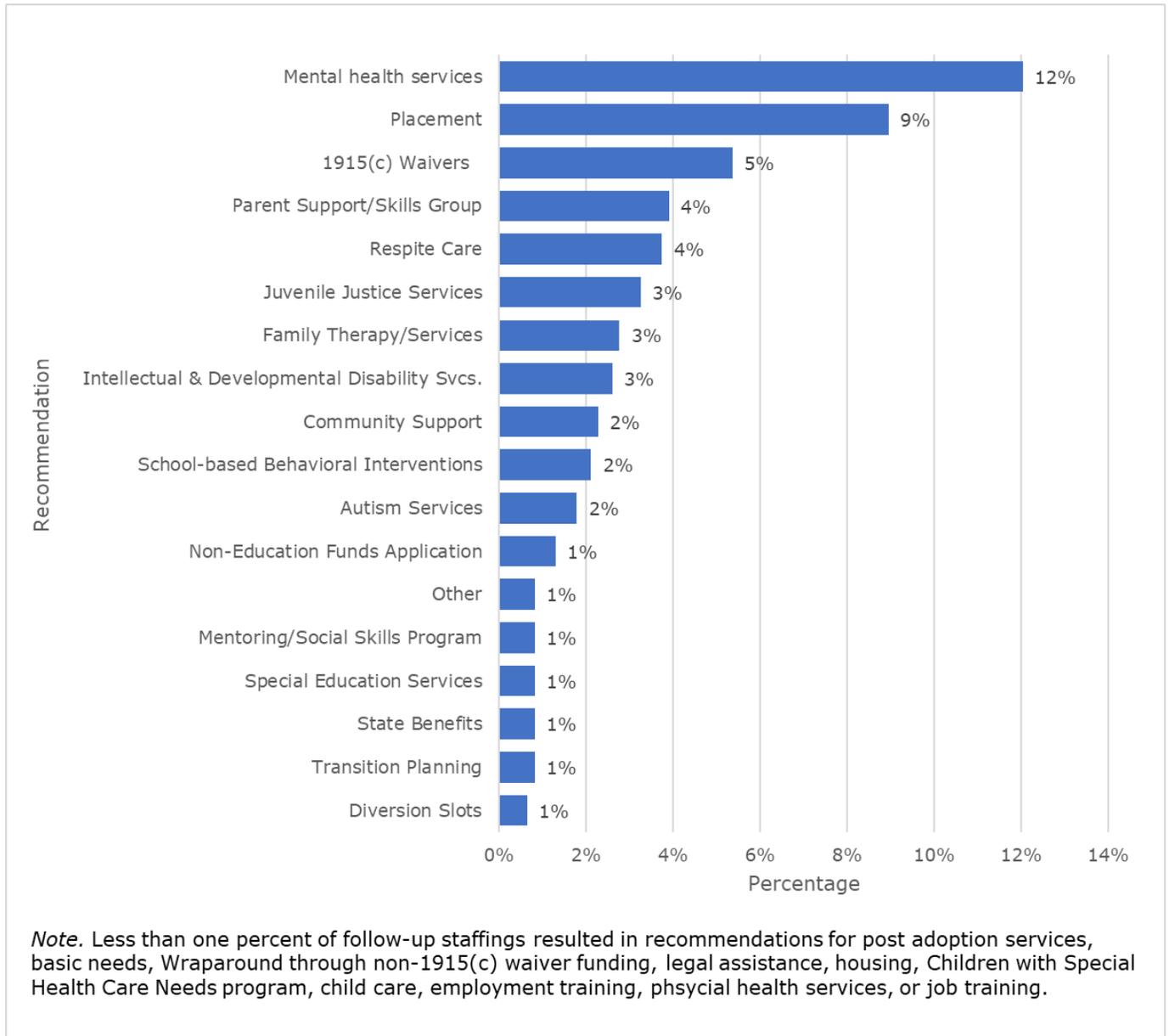**Figure 15. Percentage of ISP Recommendations by Type for Follow-Up Staffings**

Note. Less than one percent of follow-up staffings resulted in recommendations for post adoption services, basic needs, Wraparound through non-1915(c) waiver funding, legal assistance, housing, Children with Special Health Care Needs program, child care, employment training, phsycial health services, or job training.

ISPs included recommendations to 1915(c) waiver programs. CRCGs reported the following percentage of recommendations for these waiver programs: Youth Empowerment Services (YES) waiver (eight percent), Home and Community-based Services waiver (two percent), Community Living Assistance and Support Services waiver (one percent), and Texas Home Living waiver (less than one percent).

"YES Waiver has been an integral part of our CRCG. We have had several families come to the meetings looking to place their children with emotional disturbances out of their homes into residential treatment. Instead, we've been able to refer them to the YES waiver program with great success. YES waiver wraparound services work with the whole family, offering a positive, strength-based approach, which builds on the natural supports of the family and connects community providers. YES wraparound plans are created on case-by-case basis and are driven by the needs of each family in the Family Team Meetings. In most instances these families who come to the CRCG avoid removing their children from the home on a permanent basis and avoid long-term care. Besides the resources of family, friends, and contracted YES waiver services, YES waiver utilizes our CRCG to help the families find local resources they need for improving their situation. YES waiver and our CRCG enjoy a healthy and growing relationship in the Potter and Randall Counties of Texas." - Rick Smithson, YES waiver, Texas Panhandle Centers, Potter/Randall Counties CRCG.

Figure 16 shows the percentage of ISP recommendations for 1915(c) waivers of any type for all staffings in order of the most recommended waiver program, with higher percentages, to the least recommended waiver program, with lower percentages.

Figure 16. Percentage of ISP Recommendations for 1915(c) Waivers by Type for Total Staffings

Note. Less than one percent of all staffings resulted in recommendations for the Texas Home Living waiver program.

ISPs included recommendations for state-based resources, such as the state residential treatment center, Waco Center for Youth; the adolescent forensic unit at the state mental health facility, North Texas State Hospital-Vernon; the TEA's non-educational funds; and permanency planning for individuals ages 21 years and younger with developmental disabilities. Statute and agency policies designate local CRCGs as required partners in the process of accessing these resources.

ISPs also included recommendations for the joint HHSC and DFPS Residential Treatment Center Relinquishment Prevention Project, nursing facilities, and other residential facilities. CRCGs reported the following number of recommendations for these resources:

- CRCGs issued 138 letters of recommendation for the Waco Center for Youth. Referrals made to the Waco Center for Youth should be presented to and endorsed by the local CRCG. CRCGs submit a letter of recommendation to accompany the referral from the LMHA, stating the CRCG met and endorsed the referral.
- CRCGs issued 26 letters of recommendation for the adolescent forensic unit at North Texas State Hospital-Vernon. Referrals made to the state mental health facility, North Texas State Hospital-Vernon, should be presented to and endorsed by the local CRCG. CRCGs submit a letter of recommendation to accompany the referral stating the CRCG met and endorsed the referral.
- Placement in the joint HHSC and DFPS Residential Treatment Center Relinquishment Prevention Project was recommended 25 times by CRCGs.
- Placement at other, unidentified residential treatment facilities was recommended 98 times by CRCGs.
- Placement in a nursing facility was recommended three times by CRCGs.
- CRCGs recommended 79 non-educational fund applications[10] for approval by school districts. Local CRCGs meet with independent school districts to conduct planning meetings to determine how the funds will be used. Some examples include respite care, parent and peer support groups, and transportation to access approved non-educational services. The applications for non-educational funds were reviewed and signed by the local CRCG, and then submitted to the school districts for approval.
- CRCGs held 53 staffings due to notification of a child or youth admission to an HHSC-operated institution. Texas Government Code Section 531.154

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[10] Non-educational funds are community-based support services for certain students with severe disabilities and their families who are at risk for being placed in residential facilities for educational reasons.

requires that within three days following the admission of a child to certain HHSC-operated institutions, the institutions must notify the local CRCG serving the county where the legally authorized representative of the child resides. After being contacted by an institution, the CRCG may contact the child's parent or guardian to ensure the parent or guardian is aware of services and supports that could provide alternatives to placement of the child in the institution, including available placement options and opportunities for permanency planning.

Placement in a facility of any type for behavioral health care was recommended 290 times in 2019. This number may seem high, however, based on the number of staffings conducted during this period (N = 2,120), 86 percent of all staffings resulted in a community-based solution, such as the YES waiver.

"In the Permian Basin, we have secured placement for two youth with significant needs. Both children have been reintegrated back home and are doing well. The placement matches met their needs and they have adapted well back to home life." – Joseph Wicker, Midland and Odessa Counties CRCG

CRCG Partnerships

Local CRCG leaders and members consistently report that meeting participation and attendance is critical to the ability of CRCGs to successfully connect individuals and families to resources and coordinate services. CRCGs reported which partners regularly attended all staffings for 2019. Probation officers (74 percent), LMHAs/LBHAs (71 percent), school districts (58 percent), DFPS-Prevention and Early Intervention (58 percent), and HHSC state benefits offices (54 percent) were the most common regular partners.

"CRCG's have challenges in networking to pull in new members, yet Bosque CRCG was successful in 2019. There were numerous individuals who have gradually learned about CRCG and often can only attend our meeting on a rotational basis as they cover multiple counties. Partnership with Juvenile Probation is an important aspect and success for Bosque. When they are heavily involved, they often staff and/or provide resources and services that the other members were not aware of. There was also success in the sharing of our CRCG information at the conference and felt encouragement from other rural CRCGs." – Leah Gorham, Bosque County CRCG

Figure 17 shows the percentage of attendance for partner groups that regularly attended all CRCG meetings in the order of most attended, with higher percentages, to the least attended, with lower percentages.

Figure 17. Percentage of Attendance by Partner Type for Total Meetings

Note. Texas Department of Housing and Community Affairs representatives participated in less than one percent of the total CRCG staffings.
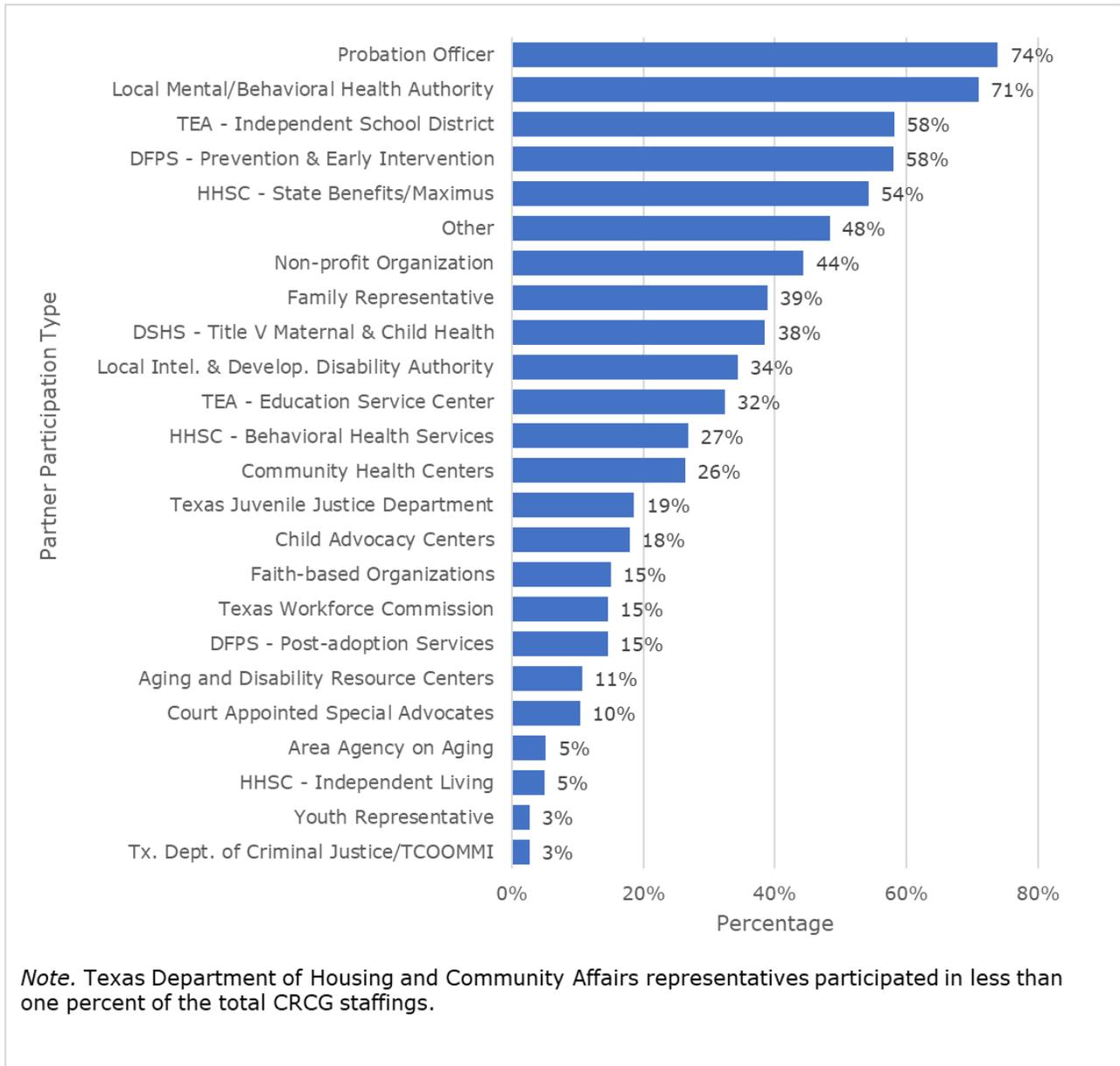
"Our CRCG has had successes in the area of working with multiple school districts to ensure that children with serious emotional disturbance can safely and actively participate in the traditional school setting. This is taking place with Elgin, Bastrop, and Giddings Independent School Districts. Our CRCG have also assisted these school districts in the effective use of non-educational funds to assist youth and families in need." – Krystal Lofton, Bastrop, Lee and Fayette Counties CRCG

Barriers for CRCGs

CRCGs reported local barriers to creating ISPs to include the following:

- Physical barriers: transportation, communication devices, language limitations, and scheduling conflicts.
- Service availability barriers: lack of funding for programs/services, waitlists for programs/services, ineligibility for programs/services, lack of consistent delivery of state-based services, lack of appropriate programs/services, lack of CRCG knowledge of resources, and absence of programs/services or service providers.
- Local agency barriers: insufficient staff, change in staff, agency language hindering collaboration, lack of clear agency processes, lack of accountability of service providers, and lack of participation by state agencies.
- Client choice/preference barriers: preference for small number of service providers, behaviors resulting in rejection from services, previous negative experiences with accessing services, perceived lack of culturally competent services, limited knowledge to recognize need for services, lacks understanding of processes and programs, concerns about engaging with services that may negatively impact the person, and previous non-compliance with services recommendations.

Overall, individuals, families, and CRCGs reported barriers in all categories including service availability barriers (25 percent), client choice barriers (22 percent), physical barriers (7 percent), and agency barriers (7 percent).

Figure 18 shows the percentage of local barriers expressed by individuals, families, and CRCGs by category for all staffings in order of the most reported barrier, with higher percentages, to the least reported barrier, with lower percentages.

Figure 18. Percentage of Barriers Expressed by Individuals, Families and CRCGs by Category for Total Staffings
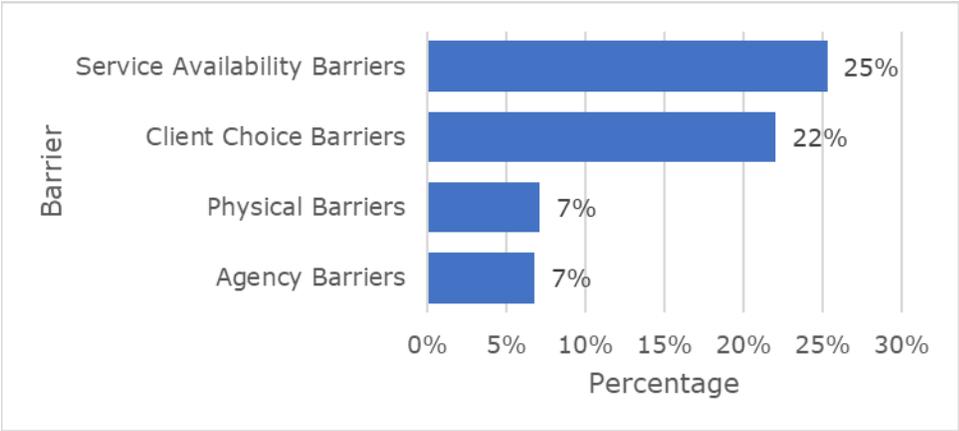
4. State CRCG Office Efforts to Improve Service Delivery

Training and Technical Assistance

The State CRCG Office responds to the training and technical assistance needs of local CRCGs by conducting site visits, hosting webinar series and monthly bridge calls, and providing training to local CRCG leaders. These efforts are geared towards assisting CRCGs in implementing best practices and navigating the complex barriers that they encounter. Highlights of these training and technical assistance efforts are detailed below.

In 2019, the State CRCG Office visited 12 local CRCGs covering 14 counties. Site visits provide an opportunity for the State CRCG Office to observe local CRCG processes, identify best practices, and provide training and support.

The State CRCG Office conducts a webinar series for CRCG stakeholders that highlights state agency partners and training on key statewide initiatives and programs and best practices for serving individuals and families involved with CRCGs. In 2019, six webinars were held on the following topics: State CRCG Office strategic plan, developing vital community partnerships, linking children and families to prevention programs, leadership and sharing responsibilities among members, statewide services and supports for youth and young adults with mental health needs, and data collection.

The State CRCG Office hosts a monthly bridge call for all CRCG stakeholders to receive peer-to-peer support, share ideas, discuss challenges, and network. Bridge calls are held monthly and are regularly attended by CRCG leaders and members.

The State CRCG Office creates and maintains training and technical assistance materials for local CRCGs. The office publishes commonly used resources and sample forms on their website to include sample referral forms and ISPs. In 2019, the State CRCG Office began creating a training curriculum that will be launched in late 2020.

In July 2019, the State CRCG Office partnered with TxSOC to host a joint interagency conference for youth, family members, state leaders, child-serving providers, and community leaders to hear from experts, network with other leaders, and gain information about best practices for coordinating systems and

services for young people with significant mental health and/or cross-agency needs. The State CRCG Office and TxSOC will host their second joint conference in 2021.

In November 2019, the State CRCG Office, in partnership with TJJD, TxSOC, and partner agencies, began planning CRCG Regional Collaboration Summits that were to take place in seven regions across Texas. The summits were to provide a unique opportunity for community leaders from diverse fields and backgrounds to collaborate across systems, build stronger communities, and learn about statewide programs. Due to the COVID-19 pandemic, all summits were postponed until further notice.

Communication and Engagement

The State CRCG Office creates communications and marketing materials, presents at conferences and to stakeholders, and creates initiatives to support local CRCG efforts and increase awareness of CRCGs at a state and local level. The office also maintains the CRCG leader directory and manages the CRCG program website. Below are highlights of these communications and engagement efforts.

The State CRCG Office maintains the local CRCG leader directory. Through State CRCG Office efforts, the local CRCG leader directory is updated each month with local CRCG leader contact information and is searchable by county and city.

The State CRCG Office publishes a quarterly newsletter that includes state agency partner updates, local CRCG highlights, and information on relevant resources and upcoming events. At the end of 2019, the distribution list for the newsletter included over 9,000 distinct recipients comprised of CRCG members and leaders, stakeholders, agency leaders, and community members.

The State CRCG Office provides a monthly leadership email to all CRCG chairs, co-chairs, and coordinators. Monthly leadership emails share news and information on valuable resources, tools, and opportunities to strengthen CRCGs.

The State CRCG Office conducts presentations to increase awareness of CRCGs and their value as a community resource. In 2019, the State CRCG Office presented at the Partners in Prevention[11], Correctional Management Institute of Texas Mental

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[11] The annual Partners in Prevention Conference is a gathering of prevention and early intervention professionals in Texas and is hosted by the Prevention and Early Intervention Division of DFPS.

Health[12], and TxSOC and CRCG conferences, along with presentations to various agencies and stakeholder groups.

The State CRCG Office created an Ambassador Toolkit in 2019, that includes training and marketing materials, and is used by workgroup members and local CRCGs to increase awareness of CRCGs and recruit and retain members.

In 2019, the State CRCG Office launched the first CRCG Recognition Awards to show appreciation and acknowledge the hard work and achievements of local CRCGs. Local CRCGs and leaders were nominated by partner organizations and community members for their outstanding achievements in collaboration, person-centered care, and innovation. Outstanding CRCG Awards were presented to the Bosque County CRCG, Anderson and Cherokee Counties CRCG, and the Eastland County CRCG.

"We are very grateful to receive this award specially because Cherokee and Anderson Counties are very small and rural areas with limited resources. The CRCG comes together to strive and provide resources to the families in need. It is an honor and a privilege to receive this award for the dedication we have shown to our communities." – Anderson and Cherokee Counties CRCG

Data and Research

The State CRCG Office is responsible for the CRCG biennial report, gathering data from local CRCGs for the TxSOC report, identifying gaps in data at the local and state levels, and coordinating research efforts to strengthen the CRCG Program.

- In 2016, the State CRCG Office created a Family Survey to collect feedback from CRCG users about their experience. In 2018, the survey was retitled as Satisfaction Survey and repurposed to be inclusive of individuals of all ages that utilize CRCGs. In 2019, the State CRCG Office focused efforts on increasing awareness and reporting rates of the survey.

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[12] The annual Correctional Management Institute of Texas Mental Health Conference is a gathering of adult and juvenile community and institutional corrections agencies and stakeholders in Texas and is hosted by the Correctional Management Institute of Texas at Sam Houston State University.

- 2019 was the first year the new CRCG data collection system was in use and the local CRCG reporting rate was 59 percent. Overall, the response to the new system has been positive and the State CRCG Office plans to gather local CRCG feedback to determine if any adjustments to the data system need to be made in 2020.

5. TxSOC Recommendations

Data Collection

In January 2020, the State CRCG Office, in collaboration with TxSOC, developed a survey that was distributed to CRCGs across the state. The survey consisted of nine questions capturing the following information:

- Respondent information;
- Availability of services/supports for children and youth with behavioral health challenges and their families;
- Top services and supports needed for children and youth with behavioral health challenges and their families;
- Common characteristics of the SOC framework in each local community;
- Barriers to each local community's ability to provide effective system of care services for children with behavioral health challenges and their families;
- Recommendations to overcome barriers in the provision and integration of system of care services for children with behavioral health challenges and their families;
- Relevant success stories; and
- Additional comments about system of care implementation in each community.

The State CRCG Office received 76 survey responses from 72 CRCGs representing 135 counties. Responses indicated that services such as youth peer support, recovery supports for youth, respite services, transition-age youth services, and family advocacy and mentoring were either not available or had limited availability within communities. Responses also indicated that barriers limiting the communities' ability to provide effective system of care included the following: lack of services and service providers and funding barriers.

The State CRCG Office presented the data to CYBHS[13] during two meetings in April 2020. The TxSOC team facilitated conversations about the data to generate recommendations for the implementation and expansion of the system of care approach across the state. The recommendations included in this report are a result

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[13] The CYBHS provides recommendations on children and youth behavioral health topics and serves as the advisory body for TxSOC.

of those discussions. All recommendations are categorized into the following five broad goals included in the TxSOC strategic plan:

- Maximize efficient, sustainable financing strategies;
- Enhance access to effective services and supports;
- Develop and strengthen leadership and support;
- Support community development of system of care; and
- Create accountable systems.

Recommendations

Recommendations Related to Financing

TxSOC Strategic Plan Goal: Texas has maximized public and private funding at the federal, state, and local levels to expand and sustain an effective statewide system of care.

Explore funding mechanisms to ensure the long-term sustainability of the TxSOC.

CYBHS recommends identifying funding mechanisms for the long-term sustainability of the TxSOC, including the planning, training, policy, and technical assistance infrastructure necessary to ensure fidelity to the system of care model.

Rationale

HHSC is the lead state agency tasked with implementing a SOC framework and identifying appropriate local, state, and federal funding sources to finance infrastructure and mental health services and supports needed to support state and local SOC framework efforts.[14] Texas, through the combined efforts of the TxSOC team and the participating agencies, has witnessed an escalating awareness of the importance of implementing systems of care across the state. A growing number of communities have indicated an interest in establishing and developing the local governance infrastructure and planning essential to launching a system of care. As current federal funding for TxSOC efforts ends on September 29, 2021, CYBHS recommends exploring funding mechanisms to ensure the long-term sustainability of the TxSOC initiative.

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[14] Government Code, Section 531.251, requires HHSC to develop local mental health SOCs in communities for minors who are receiving residential mental health services and supports or inpatient mental health hospitalization, have or at risk of developing a serious emotional disturbance, or are at risk of being removed from the minor's home and placed in a more restrictive environment to receive mental health services and supports.

Recommendations Related to Services and Supports

TxSOC Strategic Plan Goal: Texas communities have a wide array of high-quality, effective, culturally and linguistically competent services and supports.

Prioritize Recruiting, Training, and Retaining the Behavioral Health Workforce

CYBHS recommends that HHSC partner with stakeholders to prioritize recruiting, training, and retaining workforce specific to behavioral health services for children, adolescents, and transition-age young people.

Rationale

Ensuring access to adequate mental health and substance use treatment and services requires a robust and diverse behavioral health workforce. Behavioral health providers include certified peer specialists, youth peer providers, certified substance use recovery coaches, certified family partners, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, licensed dependency addiction counselors, psychiatric nurses, psychiatrists, psychologists, and advance nurse practitioners. These professionals work with individuals in a variety of settings to help them achieve recovery and mental wellness. In addition to increasing the quantity and quality of behavioral health practitioners in these professions, it is also important to increase diversity in the workforce, as well as improve the cultural and linguistic competency of the behavioral health workforce. Critical shortages can be alleviated if Texas prioritizes the behavioral health workforce shortage. The development of a comprehensive plan could address capacity problems.

Support the Multi-Tiered System of Support (MTSS) Framework

CYBHS supports the multi-tiered systems of support[15] and encourages further advancement of those efforts, including:
- Whole-school programming that supports nurturing relationships, a sense of safety and belonging, and building student skills that help them to understand and manage emotions, establish positive relationships, and make responsible decisions;

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[15] Texas Education Code, Section 37.115 requires TEA to adopt rules to establish a safe and supportive school program, including a systemic and coordinated multitiered support system that addresses school climate, the social and emotional domain, and behavioral and mental health.

- Targeted interventions to students in need of additional social-emotional services/support;
- Identification and provision of additional supports to the families of students experiencing those challenges; and
- Referral pathways to school- or community-based mental/behavioral health professionals for students in need of clinical services.

Rationale

MTSS is a framework that many schools use to focus on the "whole child" and to provide targeted support to struggling students. MTSS supports academic growth and achievement, but it also supports many other areas including behavior, social and emotional needs, and absenteeism. MTSS is a proactive approach that features universal screening for all students early in each school year, increasing levels of targeted support for those who are struggling, integrated plans that address students' academic, behavioral, social, and emotional needs, the use of evidence-based strategies, a school-wide approach to student support, family involvement, and frequent monitoring of students' progress. CYBHS supports efforts to ensure all school districts have a multi-tiered system of supports in place.

Increasing Trauma-Informed Training

CYBHS recommends that all agencies participating in CRCGs and systems of care should consider participating in training on the impact of trauma, implementing trauma-informed practices and being trauma-informed organizations.

Rationale

Agencies that serve vulnerable populations often learn that children and their families have faced several traumatic events, including disasters, death, homelessness, violence, or other adverse childhood experiences. To help young people and their families heal, each youth, child, and family-serving agency should participate in in-depth trauma-informed training and should implement trauma-informed policies and practices. Training and skills building could emphasize universal trauma precautions and support a trauma-informed care environment.

Recommendations Related to Leadership

TxSOC Strategic Plan Goal: State and local leaders are knowledgeable and supportive of the SOC framework and promote policies and practices that support the expansion of SOC statewide.

Launch a Training Module to Members of Court System Groups

To expand SOC leadership across systems, CYBHS recommends that HHSC, in partnership with the Texas Judicial Commission on Mental Health, the Supreme Court Commission on Children, Youth, and Families, the Texas Children's Mental Health Care Consortium, the Juvenile Law Section of the Texas State Bar, and the TxSOC identify potential opportunities to develop and launch a training module. A training module could provide judges and attorneys with information related to children's behavioral health and the system of care approach.

Rationale

CYBHS recognizes that young people with significant mental health challenges have a higher likelihood of involvement in both the child protective and the juvenile justice systems. While strong state agency partnerships have been developed to advance the efforts of system of care, there are some potential partnerships, particularly related to the court systems, that have not yet received sustained focus.

The Judicial Commission on Mental Health was created by a joint order of the Supreme Court of Texas and the Court of Criminal Appeals in 2018 to develop, implement, and coordinate policy initiatives designed to improve the courts' interaction with – and the administration of justice for – children, adults, and families with mental health needs. Additionally, the Supreme Court of Texas established the Children's Commission with the overall goal of improving the child welfare system by increasing public awareness of challenges facing children and families involved in the child welfare system and bringing attention to this important issue through judicial leadership, reforming judicial practice, and informing policy affecting child welfare. The TCMHCC was created to leverage the expertise and capacity of the health-related institutions of higher education to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents. Finally, the Juvenile Law Section of the Texas State Bar is made up of attorneys working in virtually every area of juvenile law: prosecutors, defense counsel, agency attorneys, and judges.

CYBHS recognizes that members of these groups may not have been reached by SOC education efforts. CYBHS recommends that HHSC and the TxSOC seek opportunities to offer training on systems of care to these groups and their affiliates.

Update Documents to Align with SOC Values and Principles

CYBHS recommends that HHSC and each agency participating in the system of care consider reviewing and updating language in all official contracts, strategic plans, requests for proposals, block grants, and program manuals, etc., to ensure alignment with SOC values and principles.

Rationale

TxSOC will require that policies, practices, and programs continue to imbue the values of the system of care. Documents should reflect each agency's ongoing commitment to: incorporating authentic and meaningful youth voice and family voice; initiating and sustaining programs that are evidence-informed, community-based, and trauma-informed; and addressing issues so that each aspect of service provision is culturally and linguistically responsive to the needs of the youth and families receiving services.

Recommendations Related to Accountable Systems

TxSOC Strategic Plan Goal: Stakeholders have accessible, reliable, and valid data to make informed decisions, at family, community and state system levels, to improve child and family outcomes. Texas SOC uses data to inform state and local decision-makers.

Empower Youth Serving Agencies to Collect Information on Shared Outcomes

CYBHS recommends that state agencies serving youth identify, define, collect, and report on a set of shared outcomes across systems that will inform cross-agency data analyses.

Rationale

CYBHS recognizes that cross-agency data dictionaries and an integrated data system is necessary to evaluate the effectiveness and efficiency of cross-agency initiatives like the system of care and the community resource coordination groups. Measuring true outcomes for shared youth across agencies is difficult – data definitions are often not aligned, matching service recipients is challenging, data are captured, analyzed, and reported in different ways. CYBHS recognizes that all system of care agencies strive for young people to be happy, healthy, literate,

lawful, and living in the least restrictive environment, and recommends that agencies develop at least one shared outcome that can be tracked across agencies.

Recommendations Related to Community Capacity

TxSOC Strategic Plan Goal: Texas communities increase readiness, enhance the level of implementation, and sustain the SOC framework, thereby increasing the number of children, youth, and their families served through SOC practices.

Incorporate Youth Peer Support Training and Services in Residential Programs

CYBHS recommends that each CYBHS agency explore comprehensive approaches to incorporate youth peer support training and services into residential programs, education systems, juvenile justice alternative education programs, disciplinary alternative education programs, LMHAs, etc.

Rationale

Peer support workers are people who have been successful in the recovery process and who are available to help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support providers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. CYBHS acknowledges the benefit and positive impact of youth peer support and recommends each CYBHS agency explore their ability to incorporate youth peer support in their agencies.

5. Conclusion

In 2019, local CRCG coverage increased by 18 counties and CRCGs held more staffings than in previous years. CRCGs continued to serve children, families, and adults with complex needs through interagency collaboration and coordination of services. The State CRCG Office successfully completed 2019 strategic plan objectives and launched new materials and initiatives to increase awareness of CRCGs, train CRCGs in best practices, and increase access to CRCGs across the state.

Local CRCGs reported:

- 2,120 staffings;
    - Of note, 53 of these staffings assisted with permanency planning;
    - 615 were follow-up staffings;
    - 93 were reintegration staffings; and
    - 172 were emergency staffings.

Local CRCGs also reported:

- 86 percent of all staffings conducted resulted in a community-based solution;
- Service availability and client choice are the greatest barriers to clients accessing recommended services;
- Probation Officers and LMHAs/LBHAs are the two most frequent participants at local CRCG staffings;
- Mental health care, risk behaviors, and being at-risk for placement at an inpatient or residential treatment facility are the most identified needs at staffings; and
- Mental health services, other services/interventions, and placement to inpatient or residential treatment facilities are the leading recommendations on ISPs.

Increasing the number of State CRCG Office staff to a team of three in 2018 has allowed the office to increase its technical assistance and support to local CRCGs and work to ensure that CRCG leaders have adequate training, guidance, resources, and strategies to navigate barriers. Local CRCGs have shared their appreciation for the added support, often stating that the increase in support and technical assistance has helped to strengthen their CRCG membership, structure and processes.

A three-year CRCG strategic plan, featured in Appendix A, was completed in December 2018 and implementation began January 2019. The plan's goals include implementation of best practices by local CRCGs, statewide recognition of CRCGs as valuable resources that receive support at state and local levels, and access by all Texans to a CRCG in every county.

State CRCG Office 2019 strategic plan accomplishments included:

- Increase in number of CRCGs;
- A joint CRCG and TxSOC conference;
- CRCG Recognition Awards;
- New outreach and marketing efforts and materials; and
- Enhanced training and technical assistance materials and support.

In early 2020, CRCGs submitted reports to HHSC regarding the availability of services and supports for children and youth with behavioral health challenges and their families and the implementation of the SOC framework in local communities. Based on this data, stakeholders and CYBHS members identified several recommendations regarding policy changes and funding strategies to ensure behavioral health systems best meet the needs of children, youth, young adults, and families across Texas.

Lack of funding, agency participation, and service availability remain barriers for CRCGs across the state; however, CRCGs continue to thrive and positively impact individuals and families as evidenced by the data and success stories reported by local CRCGs. It is the passion and drive of individual leaders and members that contribute to improvement in people's lives and fortify the continued need for CRCGs in Texas. In addition, CRCGs and CYBHS members identified barriers in implementing the SOC framework across the state, including lack of or siloed funding sources and lack of service availability. The recommendations included in this report include strategies to overcome these barriers and ensure that children, youth, and young adults with behavioral health challenges and their families have access to the most appropriate services when and where they need them that are family-driven, youth-guided, and culturally and linguistically responsive.

List of Acronyms

Acronym	Full Name
BHAC	Behavioral Health Advisory Committee
CRCG	Community Resource Coordination Groups
CYBHS	Children and Youth Behavioral Health Subcommittee
DFPS	Department of Family and Protective Services
H.B.	House Bill
HHSC	Health and Human Services Commission
ISP	Individualized Service Plan
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MOU	Memorandum of Understanding
MTSS	Multi-Tiered System of Supports
S.B.	Senate Bill
SOC	System of Care
TEA	Texas Education Agency
TJJD	Texas Juvenile Justice Department
TCMHCC	Texas Children's Mental Health Care Consortium
TxSOC	Texas System of Care
YES	Youth Empowerment Services

Appendix A: State CRCG Office Strategic Plan Outline

Goals (Calendar Years 2019-2021)

Goal 1: State office enables CRCGs to implement best practices.

Goal 2: CRCGs are recognized and supported.

Goal 3: CRCGs serve all counties in Texas across the lifespan.

Objectives (Calendar Year 2020)

Objective 1a: Train CRCGs in best practices using a range of strategies.

Objective 1b: Create opportunities for CRCGs to participate in more training.

Objective 2a: Demonstrate the impact of CRCGs.

Objective 2b: Raise awareness of CRCGs as resources.

Objective 3a: Identify all CRCGs and who they serve.

Objective 3b: Identify partners to help launch new CRCGs or expand service to all ages.

Objective 3c: Develop and revise state office products and training to launch CRCGs and expand service.

CRCG Strategic Plan Logic Model (Calendar year 2020)

See image on next page.

Logic Model

Inputs	Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
People/Resources: State CRCG Team, Workgroup, Subcommittees, Other state partners, CRCGs. **Funding:** State CRCG Program budget, State partner budgets	Create and test components of comprehensive training; Update website; Design and implement regional training events; Deliver standard training schedule; Resource sharing	Comprehensive training	CRCGs trained in best practices	CRCGs implement best practices (Goal 1)
		CRCGs have opportunities to participate in more training		
	Increase state office visibility; Gather and share CRCG stories; Expand and refine CRCG recognition program; Equip CRCG leaders as ambassadors and recruiters; Implement public outreach and marketing strategy	State office disseminates CRCG achievements	Communities aware of CRCG impact	CRCGs are recognized and supported (Goal 2)
		State partners and CRCG members promote CRCG activities	Communities aware of CRCGs as resources	
	Inventory all CRCGs; Identify local partners; Engage CRCGs in training options and technical assistance	Existing CRCGs engage with state office	CRCGs trained to serve all ages	CRCGs serve all counties in Texas across the lifespan (Goal 3)
		Partners identified to launch new CRCGs	Communities assisted to create new CRCGs	