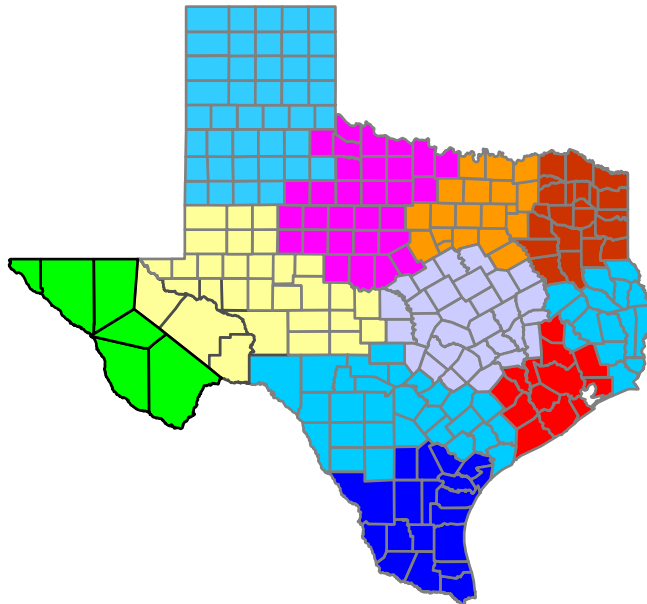


# COMMUNITY RESOURCE COORDINATION GROUPS OF TEXAS

## 2009 DATA REPORT



Compiled and Released by  
Texas Health and Human Services Commission  
Office of Program Coordination for Children and Youth  
5/10/10

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## CRCG Partners

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Families, Consumers, and Caregivers	Private Sector Organizations
Texas Department of Aging and Disability Services (DADS) Legacy agencies include: <ul style="list-style-type: none"><li>Texas Department of Human Services</li><li>Texas Department of Mental Health/Mental Retardation – Mental Retardation Services (TXMR)</li><li>Texas Department on Aging</li><li>Local Area Agency on Aging (AAA)</li></ul>	Texas Department of Assistive and Rehabilitative Services (DARS) Legacy agencies include: <ul style="list-style-type: none"><li>Interagency Council on Early Childhood Education (ECI)</li><li>Texas Rehabilitation Commission (TRC)</li><li>Texas Commission for the Blind (TCB)</li></ul>
Texas Department of Family and Protective Services (DFPS) Legacy agencies include: <ul style="list-style-type: none"><li>Child Protective Services (CPS)</li><li>Adult Protective Services (APS)</li><li>Prevention and Early Intervention Community Providers (PEI)</li></ul>	Texas Department of State Health Services (DSHS) Legacy agencies include: <ul style="list-style-type: none"><li>Texas Department of Mental Health/Mental Retardation - Mental Health Services (TXMH)</li><li>Texas Commission on Alcohol and Drug Abuse (TCADA)</li><li>Texas Department of Health (TDH)</li></ul>
Texas Department of Housing and Community Affairs (TDHCA)	Texas Department of Criminal Justice (TDCJ) Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)
Texas Education Agency (TEA) <ul style="list-style-type: none"><li>Regional Education Service Centers (ESC)</li><li>Local Independent School Districts (ISD)</li></ul>	Texas Workforce Commission (TWC) Local workforce development boards and centers
Texas Juvenile Probation Commission (TJPC) Local Juvenile Probation Departments (JPD)	Texas Youth Commission (TYC)

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## Executive Summary

Collecting CRCG data is critical to assess what is happening in the local regions for the children, youth, and adults requiring interagency coordination. CRCG data is collected and reported on a calendar year basis. As calendar year 2009 ended, there were 72 CRCGs serving specifically *Children and Youth*, 19 CRCGs serving *Adults*, and 76 CRCGs serving *Families* (any age), for a grand total of 167 unduplicated CRCGs across the state. Local CRCGs are available to serve children and youth in all 254 counties in Texas. CRCGs serving adults continue to be implemented across the state and now cover 178 counties, or 70% of Texas.

### Data Submitted

There are some noted changes in data. This may be partially attributed to beginning a new integrated data collection system in 2004 and the trend of CRCGs for *Adults* and CRCGs for *Children and Youth* combining to form CRCGs serving *Families*. Additionally, through the consolidation of health and human service agencies, there was shifting of staff and positions at both local and state levels. For example, training and technical assistance coordinated by state CRCG staff has been reduced from more formal state and regional training events to telephone, web-based, and per CRCG request due to a decrease in budget and staff. Another factor to consider in reviewing data submitted is that reportedly, some CRCGs are conducting monthly meetings to maintain high levels of communication and community awareness, although formal individual service planning is not always conducted. Many times, these meetings result in services being obtained for the consumer and/or family without a documented service planning taking place or data being submitted. And finally, adult-serving CRCGs are still in the development stage and being implemented around the state on an interest basis. Therefore, due to very low numbers submitted by CRCGs serving *Adults*, some data is not included in this report in order to maintain client confidentiality.

- Fifty-seven percent (57%) of all local CRCGs serving *Children and Youth (CRCG)* submitted data in 2009, a slight decrease from 2008. The overall number of people for whom service plans were developed slightly decreased in calendar year 2009. Seventy-four percent (74%) of the service plans identified that skill development, 52% of the plans identified mental health care services were needed, while 51% identified life skills training was needed.
- Forty-three percent (43%) of CRCGs serving *Adults* submitted data, a slight increase from 2008. The number of initial service plans submitted by CRCGs serving *Adults (CRCA)* decreased in calendar year 2009. Ninety-two percent (92%) of the service plans identified individuals needing assistance with basic needs and self-sufficiency while 52% identified the need for mental health care services.
- The number of initial service plans and follow-up forms submitted by CRCGs serving *Families (CRCAF)* increased slightly in calendar year 2009. Fifty-seven percent (57%) of CRCAFs submitted data during calendar year 2009, consistent from calendar year 2008. Fifty-four percent (54%) of the plans identified individuals needing mental health care services while 43% reported needing assistance with basic needs and self-sufficiency.
- As a result of budget cuts through the 78<sup>th</sup> Legislative Session (2003), the number of staff in the State CRCG Office declined significantly from five to two and one-half. A trend analysis shows a continuing drop in all data being submitted to the State office during this time.

- Eighteen percent (18%) of individuals served by CRCGs for *Children and Youth*, and 8% of those served by CRCGs for *Families* had private insurance.
- The highest population served continues to be between the ages of 13 and 15 years of age, with the youngest served at 9 months of age and the oldest served at 88 years of age. A majority of the individuals served by CRCGs for Children and Youth types continues to be male; however, CRCGs serving *Adults* and *Families* both served a majority of females.
- The number of children/youth at-risk of being placed outside the home increased slightly from 2008 to 2009. The number actually recommended for out-of-home placement increased. The CRCG decreased their recommendations for community-based services which help to prevent out-of-home placement over the same time period.
- Most placements for children/youth are to Waco Center for Youth. This may be attributed to policy encouraging the local interagency CRCGs to be a decision-point in the process of referring youth to and from Waco Center for Youth.
- Non-educational community-based funds were requested for only 23% of the service plans submitted by CRCGs for *Children and Youth* and only 6% of the service plans submitted by CRCGs for *Families*.
- Most referrals to CRCGs serving *Children and Youth* and CRCGs serving *Families* continue to be made by independent school districts.
- Independent school districts and DSHS (MH Centers) were most often responsible for implementing service plans for CRCGs serving *Children and Youth*. DSHS (MH Centers) and community based organizations were most often responsible for implementing service plans for CRCGs serving *Adults*, while community-based organizations were most often responsible for implementing service plans for CRCGs serving *Families*.

## Introduction – 2009 CRCG Statewide Data Report

Community Resource Coordination Groups (known as CRCGs), are local interagency groups comprised of public and private providers and families who come together to develop individual service plans for children, youth, and adults whose needs can be met only through interagency coordination and cooperation. The leadership of a CRCG is determined by the local CRCG membership and varies from one county/CRCG to the next. There are not dedicated state funds allocated to local CRCGs for operational or direct service funding.

The Office of Program Coordination for Children and Youth (OPCCY) at the Texas Health and Human Services Commission (HHSC), requests data on service planning meetings conducted by local CRCGs for children, youth, and adults. This report includes local CRCG meeting data and service plan information voluntarily submitted by local CRCGs during calendar year 2009.

### History of CRCG Data Collection

- ★ Statewide data has been collected from CRCGs serving children and youth since 1992.
- ★ Statewide implementation of the first web-based data collection system for service plans developed for children and youth began in March 2000.
- ★ In 2003, data was collected for service plans developed for adults through a separate data entry system available through paper forms or a spreadsheet format.
- ★ Beginning in calendar year 2004, a streamlined integrated data collection system was implemented, reflecting service plan and follow-up data related to children, youth, and adults. Now, local CRCGs are able to submit monthly meeting, service plan, and follow-up data through an integrated web-based system or through paper forms. The Annual Data Report for calendar year 2007 reflects the revised data elements and integrated format for child, youth, and adult populations.
- ★ In 2007, the data collection system and forms were updated to reflect the new consolidated health and human services agencies as created by H.B. 2292, 78<sup>th</sup> Legislative Session, 2003.

CRCGs are county-based, with some single-county CRCGs and some multiple-county CRCGs. The target population of each group is determined by members of the local team. CRCGs may serve primarily children and youth (birth through age 21), or adults (ages 18 and up). Some areas of the state have developed an integrated model that blends the CRCG for Children and Youth with a CRCG for Adults, creating a single combined CRCG for Families serving children, youth, families, and adults. Young adults between 18 and 22 years of age may be served either through a CRCG serving children/youth, or a CRCG serving adults with both the necessary youth and adult providers from public and private agencies working together to develop a service plan that meets the identified needs.

### **Current CRCG Data Collection**

At the close of calendar year 2009, there were:

- ★ 72 CRCGs serving ***Children and Youth*** available to 128 counties.
- ★ 19 CRCGs serving ***Adults*** available to a total of 48 counties.
- ★ 76 CRCGs serving ***Families*** (any age) available to 130 counties.

Collectively, there are child/youth serving CRCGs available to serve children and youth in all 254 counties through CRCGs or CRCGFs. CRCGs serving adults are continuing to be implemented across the state. In 2009, there were 95 CRCGAs or CRCGFs serving adults in 178 counties, covering 70% of Texas.

There is no duplication of data across CRCGs. Data is reported by how the local CRCG is designated at the time of data submission: CRCG, CRCGA, or CRCGF.

CRCGs serving ***Children and Youth*** submitted the following:

- ★ 928 initial service plan forms
- ★ 293 follow-up service plan forms

CRCGs serving ***Adult*** populations submitted the following:

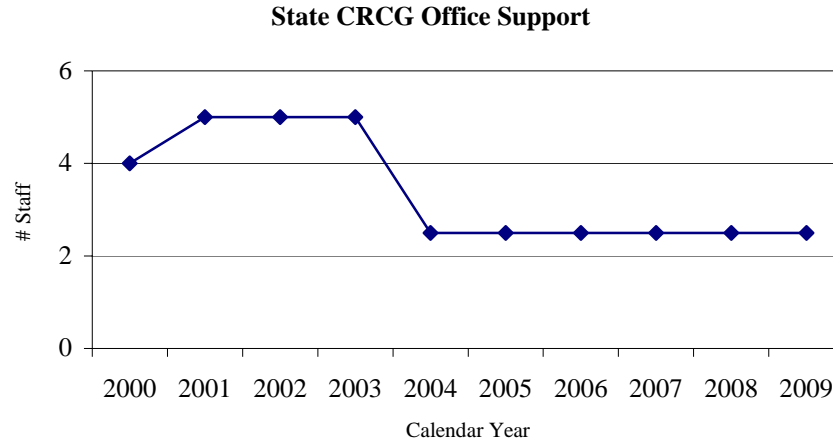
- ★ 25 initial service plan forms
- ★ 7 follow-up service plan forms

CRCGs serving ***Families*** submitted the following:

- ★ 193 initial service plan forms
- ★ 208 follow-up service plan forms

## Support for Local CRCGs

An increase in data submission has consistently been noted for CRCGs who attended regional leadership meetings coordinated in the past by State CRCG Office staff and for those who have been provided a technical assistance visit. Local CRCG leadership, from well-functioning groups and groups that are struggling, frequently request additional training and networking opportunities.

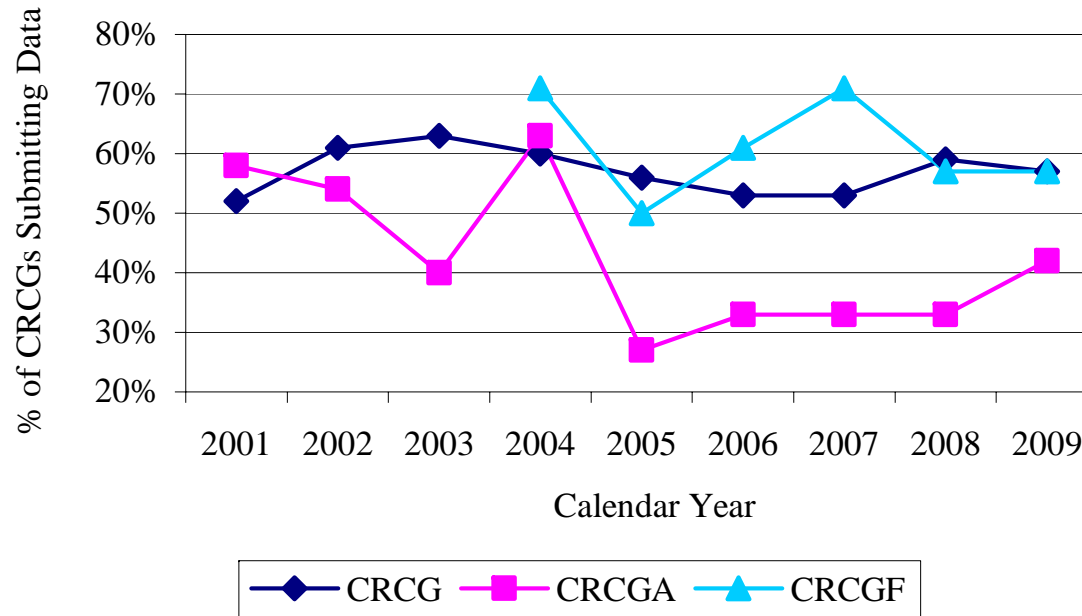


### State CRCG Office Sponsored Training/Educational Opportunities

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Regional CRCG Leadership Meetings</b>			0	0	0	4	6	4	1	1
<b>Statewide CRCG Conferences</b>	0	1	0	0	0	0	0	1	0	0



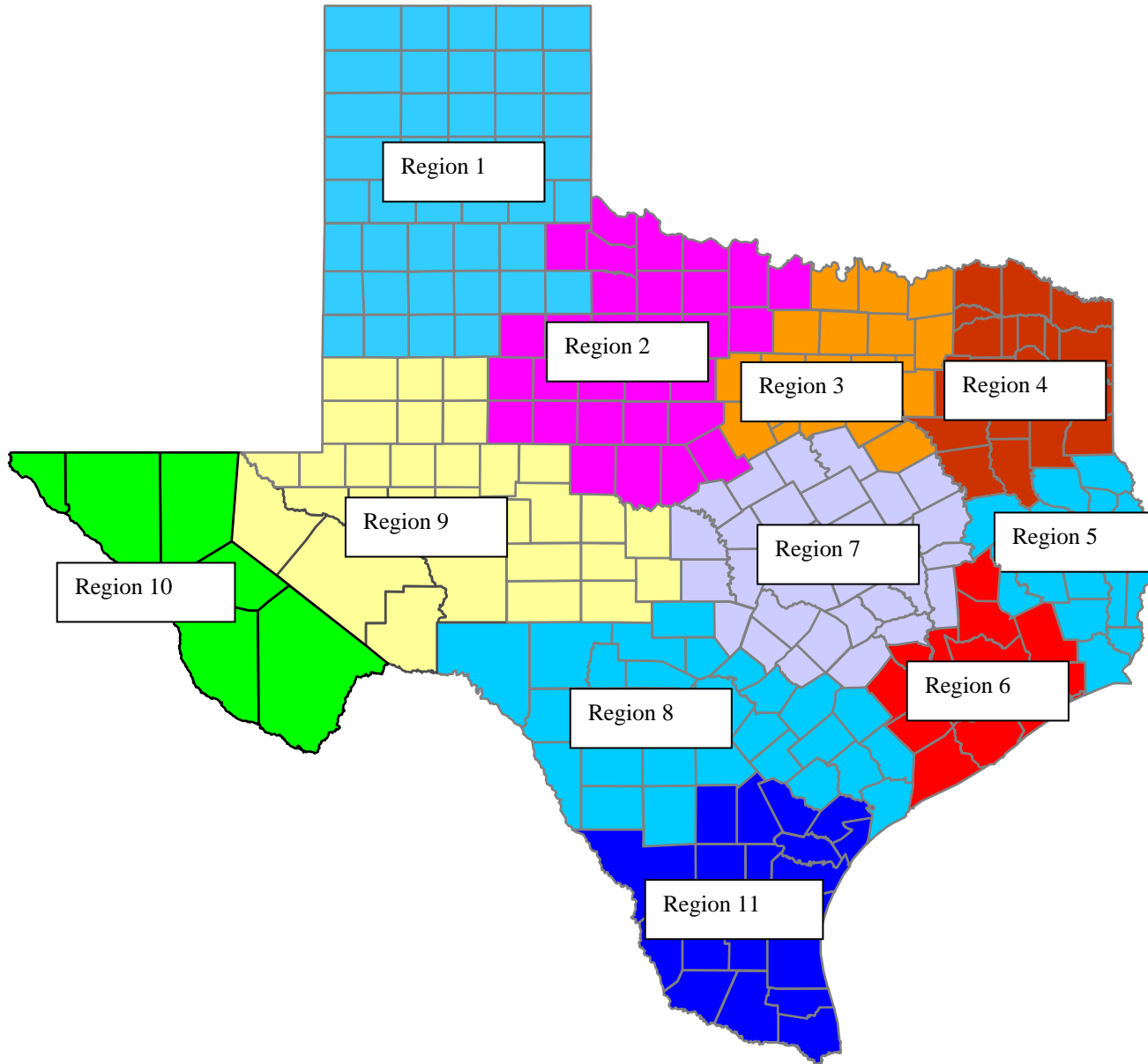
## Percentage of CRCGs Submitting Data



Overall, fifty-seven percent (57%) of all local CRCGs serving *Children and Youth* submitted data on individual service plans. This decreased slightly from calendar year 2008.

The percentage of CRCGs serving *Adults* increased from calendar year 2008 with thirty-three percent (33%) submitting data in calendar year 2008 and forty-two percent (42%) submitting data in calendar year 2009.

The percentage of CRCGs serving *Families* who submitted data remained consistent at fifty-seven percent (57%) in 2009.



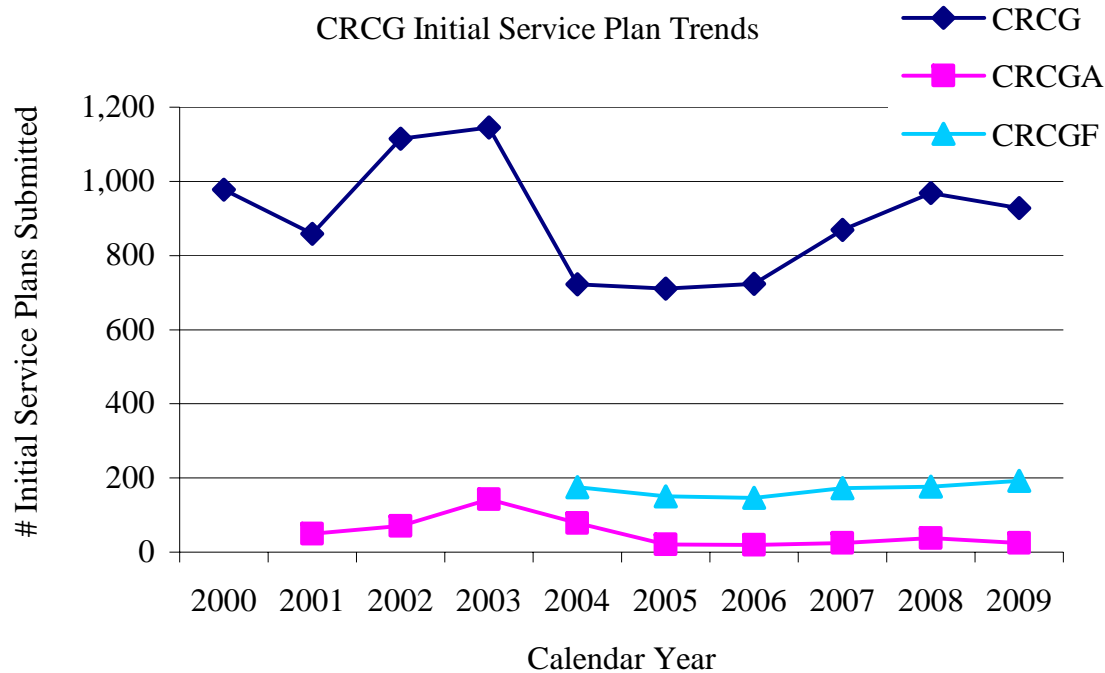
**Health and Human Services (HHS) Regions**

**Percentage of CRCGs Submitting Data by HHS Region in Calendar Year 2009\***

	<b># CRCGs</b>	<b># Submitting</b>	<b>% Submitting</b>	<b># CRCGAs</b>	<b># Submitting</b>	<b>% Submitting</b>	<b># CRCGFs</b>	<b># Submitting</b>	<b>% Submitting</b>
<b>Region 1</b>	10	5	50%	1	1	100%	8	4	50%
<b>Region 2</b>	3	2	67%	0	N/A	N/A	13	7	54%
<b>Region 3</b>	8	6	75%	2	1	50%	8	7	88%
<b>Region 4</b>	7	4	57%	4	2	50%	7	4	57%
<b>Region 5</b>	7	2	29%	0	N/A	N/A	3	1	33%
<b>Region 6</b>	4	2	50%	1	0	0%	7	4	57%
<b>Region 7</b>	12	6	50%	3	1	33%	11	3	27%
<b>Region 8</b>	11	5	45%	2	1	50%	5	3	60%
<b>Region 9</b>	2	1	50%	1	0	0%	12	10	83%
<b>Region 10</b>	2	2	100%	1	0	0%	1	0	0%
<b>Region 11</b>	6	6	100%	4	2	50%	1	0	0%
<b>TOTAL</b>	<b>72</b>	<b>41</b>	<b>57%</b>	<b>19</b>	<b>8</b>	<b>42%</b>	<b>76</b>	<b>43</b>	<b>57%</b>

\*0% indicates that none of the CRCGs in that region submitted data. N/A indicates that there were no CRCGs of that type in that region, therefore no data could be collected.

## Individual Service Plans Submitted during Calendar Year 2009



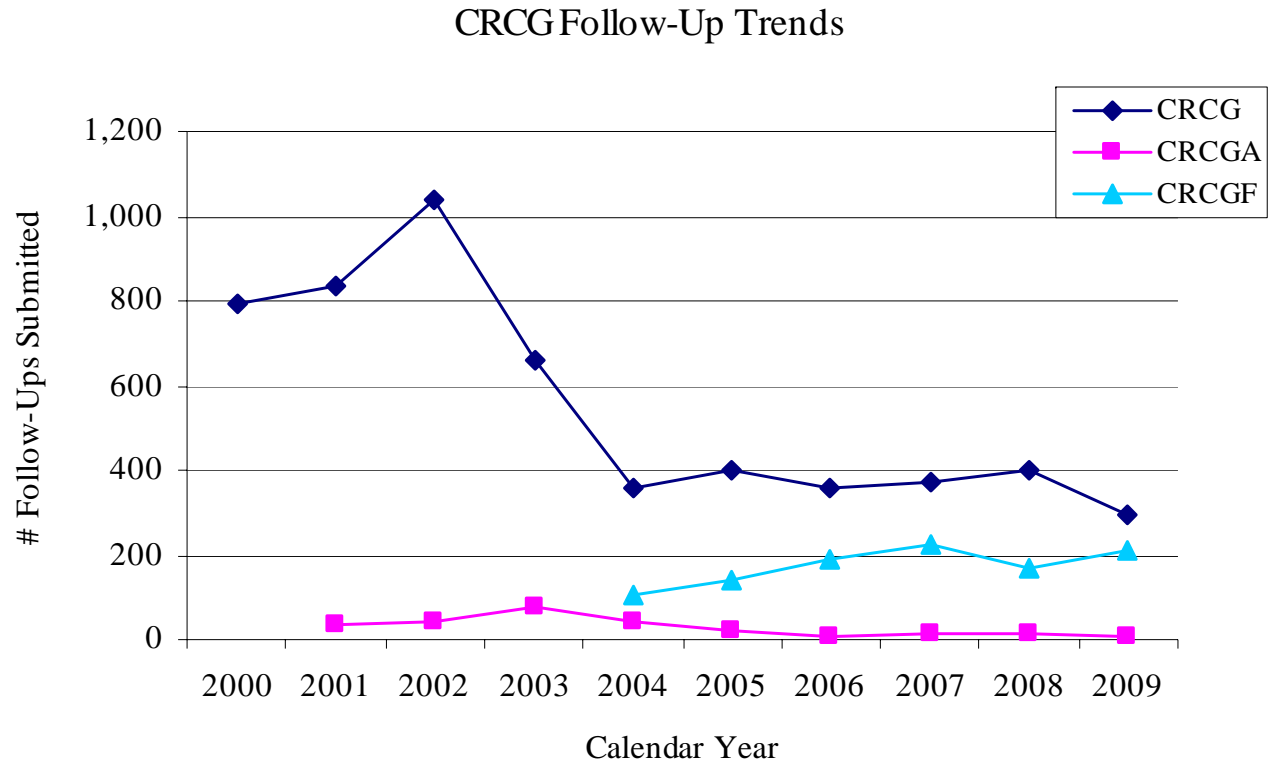
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>CRCG</b>	978	858	1,115	1,145	723	710	724	869	969	928
<b>CRCGA</b>		50	71	142	79	21	20	25	38	25
<b>CRCGF</b>					176	151	147	173	177	193

There is a decrease in initial service plans from 2003 to 2004. This drop in submission coincides with the changes that were taking place with consolidation of state health and human services agencies as well as decrease in staff at the State CRCG Office.

It is important to note the decrease in submission by CRCGs serving *Children and Youth* and CRCGs serving *Adults* may stem from the conversion to CRCGs serving *Families* as there is an increase in service plan submission from CRCGFs.

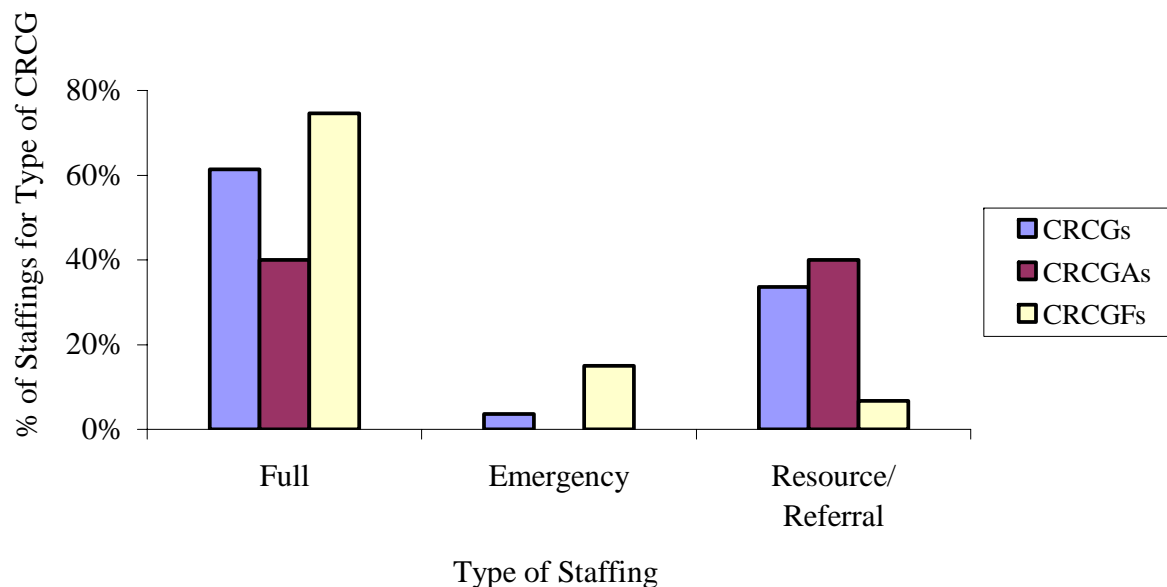
NOTE: CRCGAs did not exist until 2001. Therefore, data was not submitted until 2001 for CRCGAs. In 2003, some CRCGs and CRCGAs began to shift into a single CRCG for Families which serves children, youth, and adults.

## Follow-Up Activity by Local CRCGs



The data reported on follow-up activities reflect service plan meetings one month to two years after the initial service plan meeting. These data do not reflect the **number** of people for whom a follow-up was done. Many times a CRCG does not do follow-ups on individuals that do not need continued involvement with the CRCG. However, other individuals may have multiple follow-ups due to continued barriers or for a community reintegration plan that requires continued involvement with the CRCG.

### Type of Staffings Initiated by CRCGs



**Full CRCG Staffing:** An individual CRCG service plan is being coordinated by the majority of the CRCG representatives.

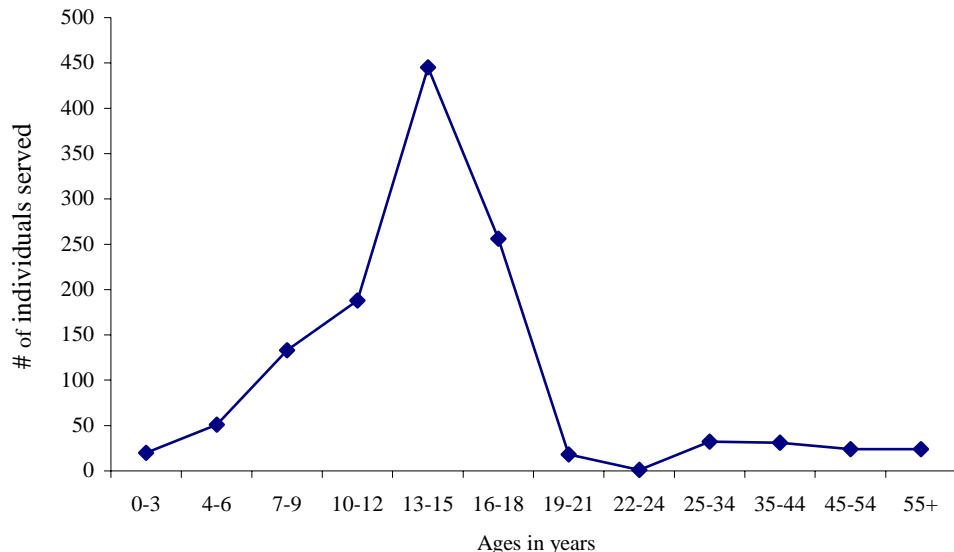
**Emergency CRCG Staffing:** An individual CRCG service plan is being developed by a few specific CRCG members as the child or youth is in a crisis situation and the team needs to make immediate recommendations.

**Resource/Referral Staffing:** No formal individual CRCG service planning is taking place, but the local CRCG chairperson, coordinator, or CRCG member is assisting a private/public provider or parent/family member in identifying possible resources, thus utilizing the established partnerships of the local CRCG.

NOTE: CRCGAs did not report any emergency staffings in 2009.

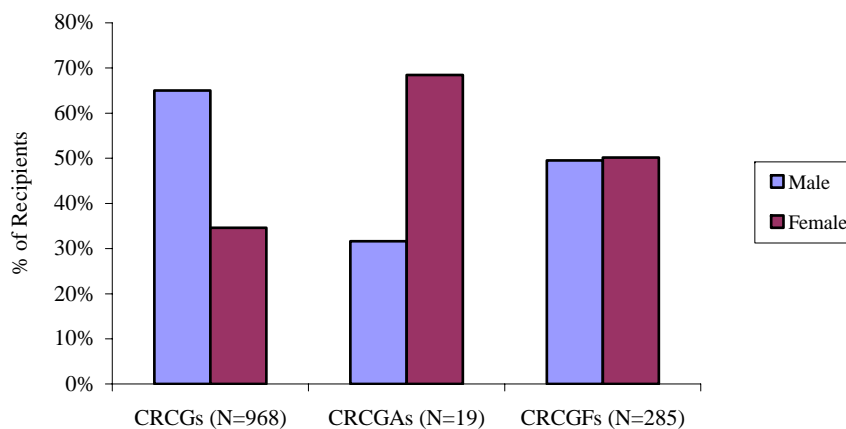
## Demographics of Individuals Served by Reporting CRCGs in Calendar Year 2009

Ages of Individuals Served Across All CRCGs (N=1,272)



Note that some service plans identified multiple individuals in a family as needing services, thus the number of individuals served is greater than the overall number of service plans submitted. Ages were not denoted for 49 individuals served by CRCGs. This number is partly due to the higher number of resource and referral staffings reported in which case, all information is not known about the individual. As is consistent with previous years' data, one-third of all individuals served were between the ages of 13 and 15.

Gender of Individuals Served



**Race/Ethnicity for Individuals Served by CRCGs  
Compared with Regional Race/Ethnicity Demographic Data**  
Per Health & Human Service Region (See page 8)

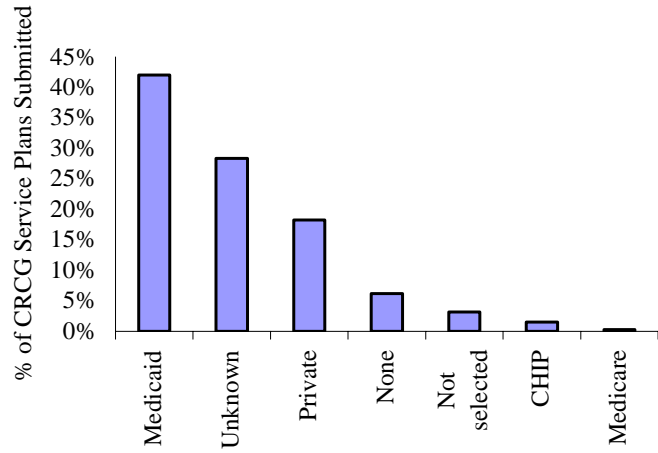
Region	Total # Service Plans	Service Plans NOT Identifying Ethnicity	White		Black		Hispanic		Other	
			CRCGs	Regional	CRCGs	Regional	CRCGs	Regional	CRCGs	Regional
1	82	11	43% (35)	58%	9% (7)	6%	32% (26)	34%	4% (3)	2%
2	10	1	70% (7)	72%	0% (0)	7%	10% (1)	19%	10% (1)	2%
3	304	13	72% (218)	53%	16% (49)	13%	5% (15)	28%	3% (9)	6%
4	46	0	65% (30)	69%	28% (13)	17%	7% (3)	13%	0% (0)	1%
5	4	0	100% (4)	64%	0% (0)	22%	0% (0)	12%	0% (0)	2%
6	308	3	34% (106)	40%	37% (115)	17%	25% (78)	37%	2% (6)	7%
7	187	2	44% (82)	57%	21% (39)	11%	25% (47)	27%	9% (17)	4%
8	183	4	23% (43)	37%	5% (10)	6%	68% (124)	54%	1% (2)	3%
9	28	0	43% (12)	50%	4% (1)	5%	54% (15)	44%	0% (0)	1%
10	71	0	15% (11)	12%	8% (6)	3%	76% (54)	84%	0% (0)	2%
11	49	3	6% (3)	14%	4% (2)	1%	78% (38)	83%	6% (3)	1%

Regional Data source: Texas State Data Center at the University of Texas at San Antonio

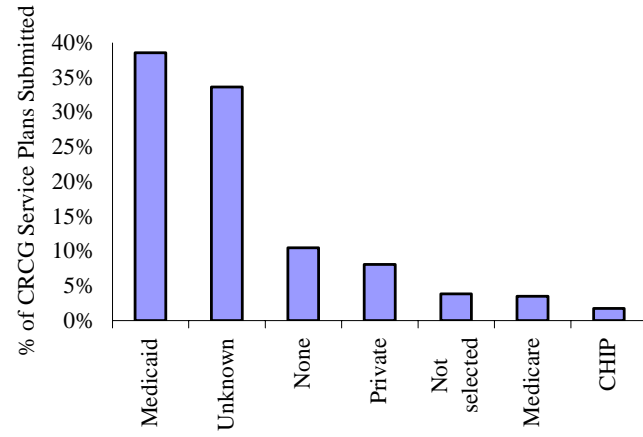
Percentages do not always equal 100 due to rounding.



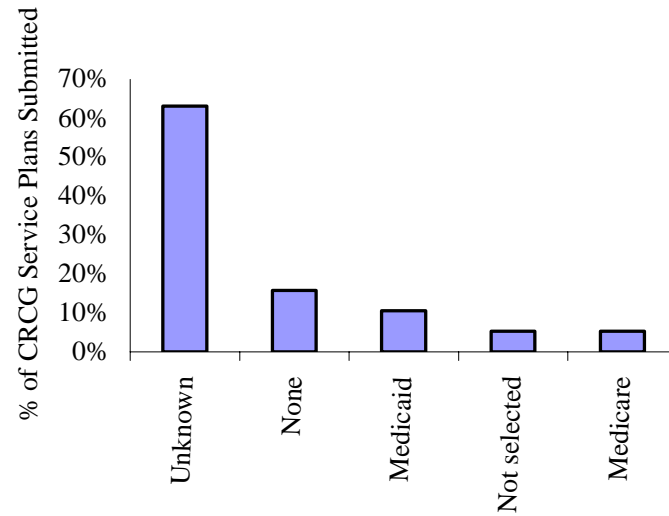
**Insurance of Individuals Served by  
CRCGs for Children and Youth (N=968)**



**Insurance of Individuals Served by  
CRCGs for Families (N=285)**



**Insurance of Individuals Served by  
CRCGs for Adults (N=19)**



## Service Needs Identified by Local CRCGs

Most CRCG Service Plans identified specific service needs for consumers. Frequently consumers referred to local CRCGs have multiple needs. Due to the complete transition to the integrated (CRCG, CRCGA, and CRCGF) web-based system, data was more consistently gathered which contributed to the higher numbers of needs being reported. Because most plans included more than one identified service need, the total percentage equals more than 100%.

### Service Need Definitions:

**Basic Needs & Self-Sufficiency:** Food, housing, short-term shelter, furniture, clothing, cash or vouchers to meet basic needs, utilities, phone, personal safety, home repair or modification, transportation, money management, financial assistance to meet basic needs, and other related needs

**Education:** Special equipment, truancy prevention, translator/interpreter, English as a second language, adult education, and referral for special education

**Employment Assistance:** Employment placement and vocational training

**Family Support:** Respite, child care, adult day care, parenting, budget/training

**Legal Assistance:** Conservator, guardianship, criminal, benefits counseling, and other assistance as required

**Life Skills:** Activities of daily living, community living skills, social skills, parenting skills, problem-solving skills, and budget management

**Mental Health:** Outpatient services such as assessment/evaluation, counseling, day treatment, and medication; inpatient treatment, and other related needs

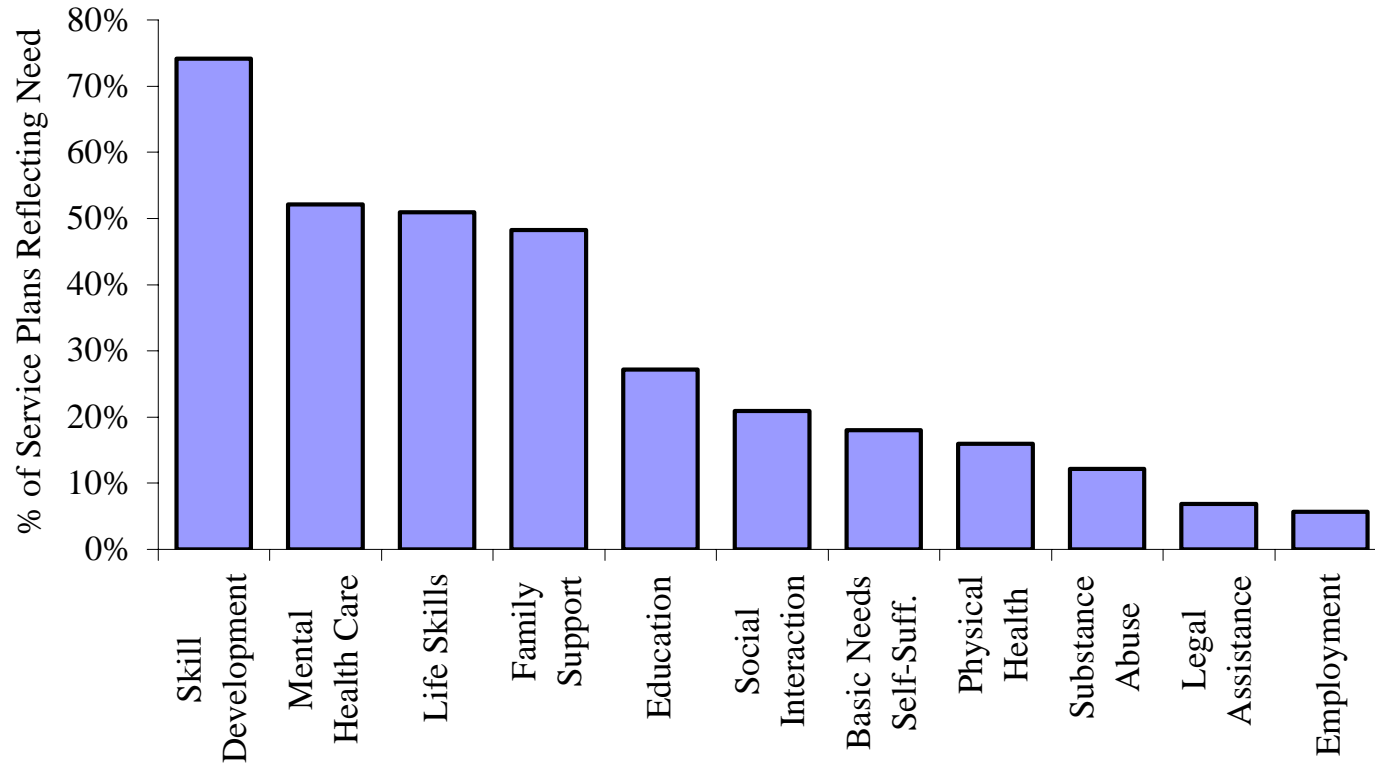
**Physical Health & Functioning:** Doctor/dentist visit, special equipment/supplies, medication, in-home care that can be personal care, nursing, or both; intensive medical care/support (hospitalization/surgery/hospice)

**Skill Development:** Challenging behavior, anger management, impulse control and other similar skills

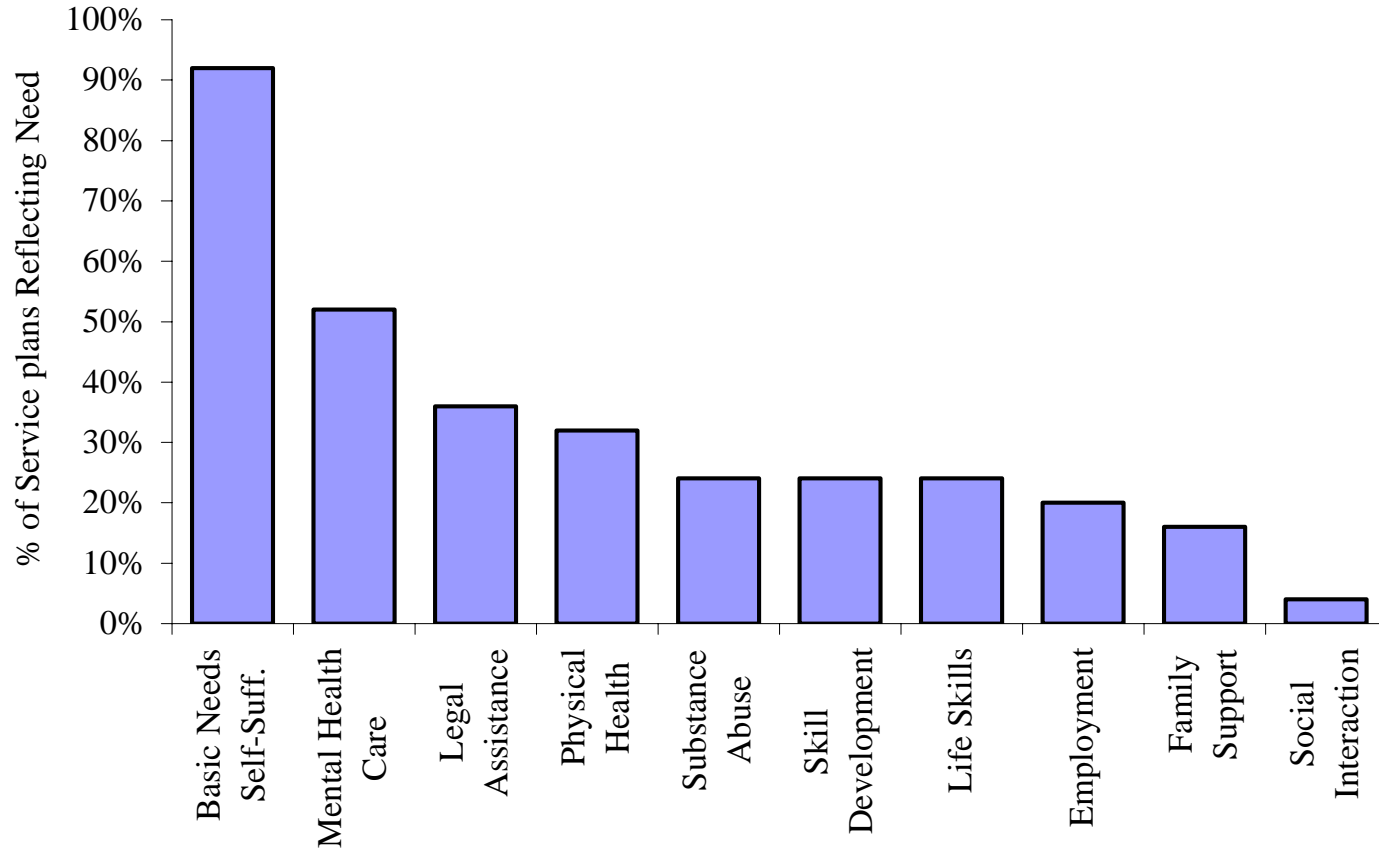
**Social Interaction:** Mentoring, opportunities to socialize, and other requirements to be specified by family, care provider, case manager or CRCG services, and other services as required

**Substance Abuse Services:** Prevention, intervention, treatment and any other related services

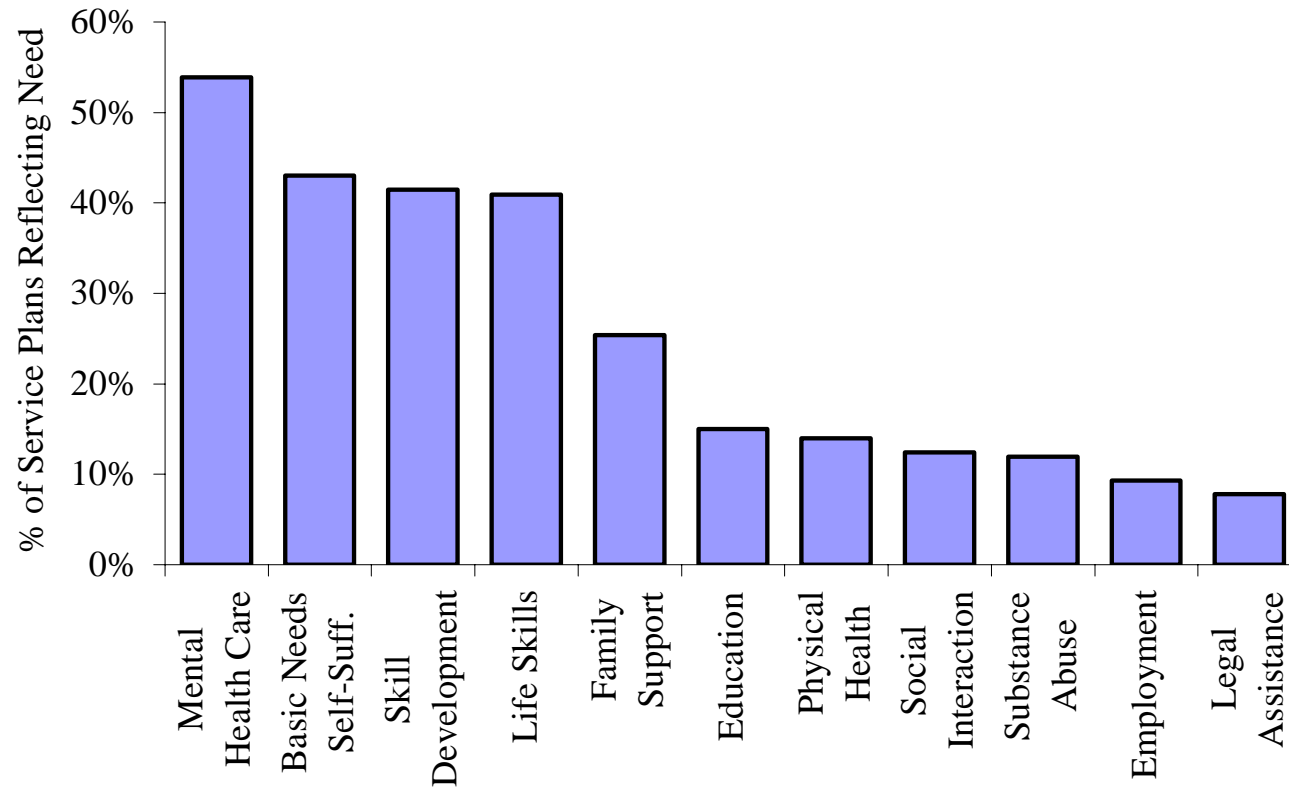
**Needs Identified by CRCG Service Plans for *Children and Youth***  
**(N=928)**



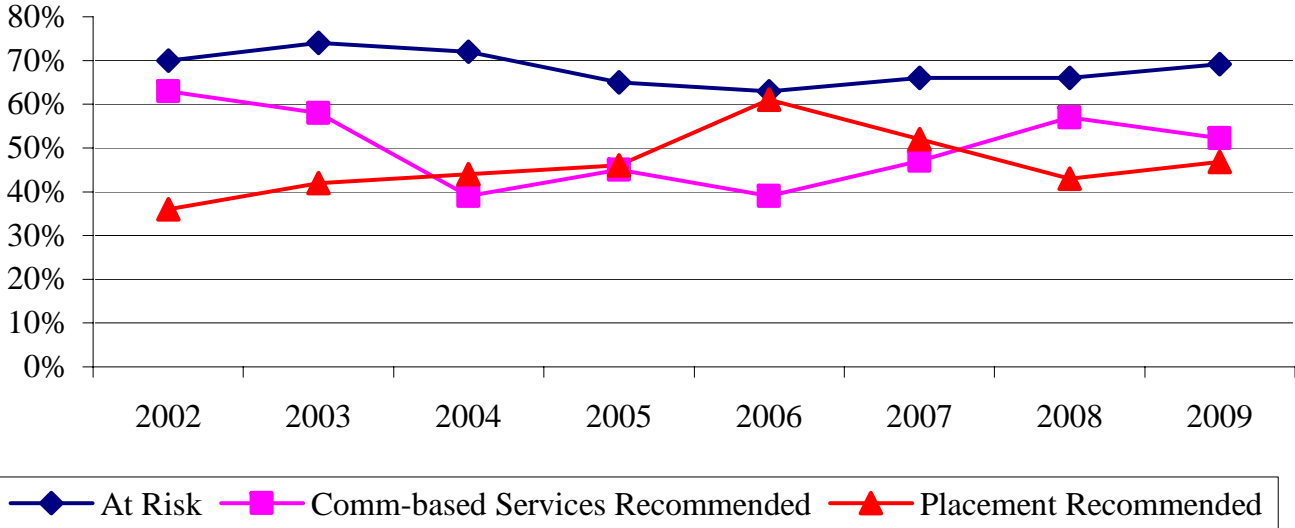
**Needs Identified by CRCG Service Plans for *Adults***  
**(N=25)**



**Needs Identified by CRCG Service Plans for *Families***  
**(N=193)**

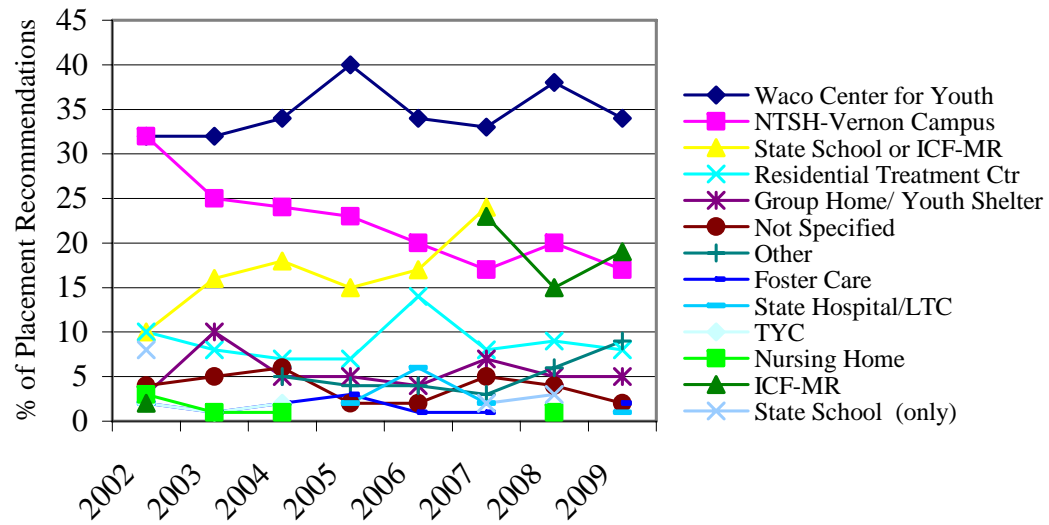
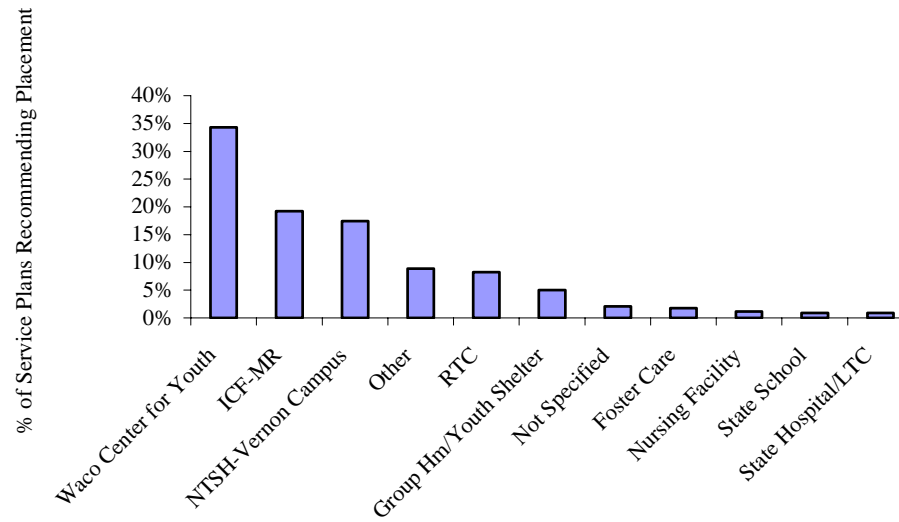


**Placement Recommendations made by CRCGs for *Children and Youth and Families***



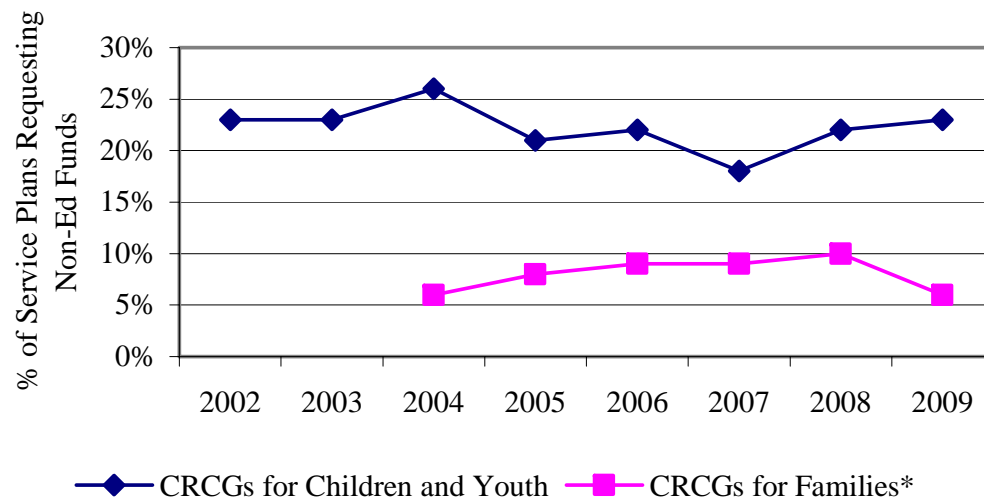
Some service plans indicate that the individual is at risk of being placed in a setting outside the home. Many times, providing community supports and services for these individuals allows them so stay in their home and community more successfully thereby reducing a higher cost of care.

## Placements Recommended by CRCGs for *Children and Youth and Families* (N=338)



## Percentage of Service Plans Requesting Texas Education Agency Non-Educational Community-Based Support Funds

Non-educational community-based (Non-Ed) support funds are used to provide for the unique needs of children and youth with a special education determination. These funds (less than 1 million distributed across the state) are used for non-educational support services in the community for students at risk of a residential out-of-home placement.

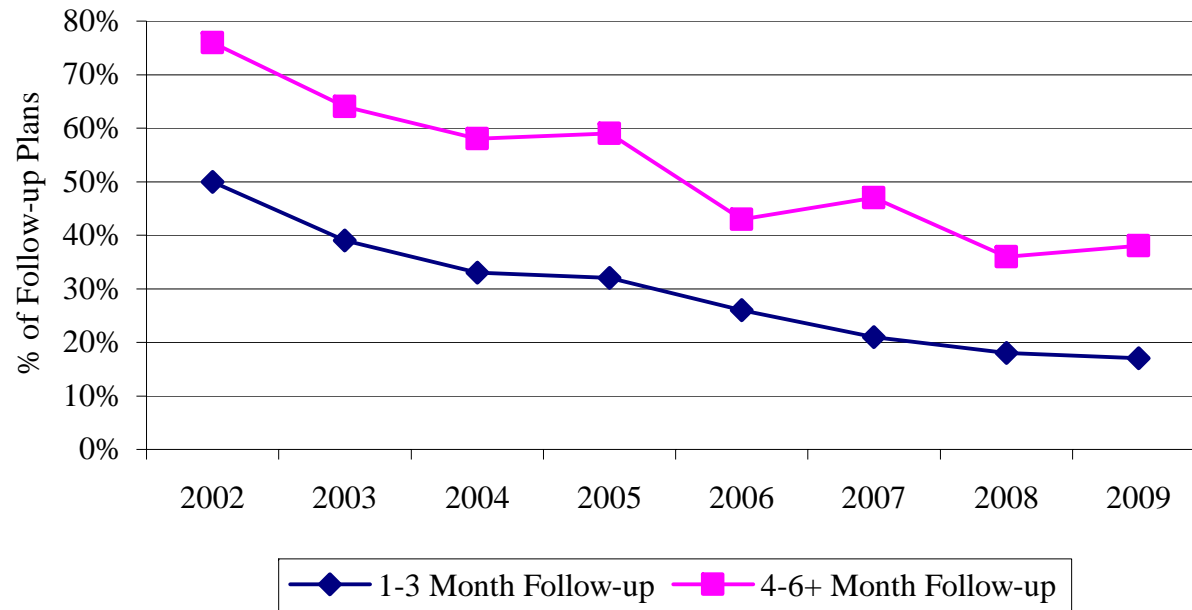


\*CRCGs for Families did not begin development until 2004.

Region	CRCGs Serving Children & Youth Requesting Non-Ed Funds	CRCGs Serving Families Requesting Non-Ed Funds
1	5	0
2	0	0
3	45	0
4	3	1
5	0	0
6	70	4
7	44	0
8	1	4
9	1	2
10	46	0
11	3	0
<b>Total N</b>	<b>218</b>	<b>11</b>



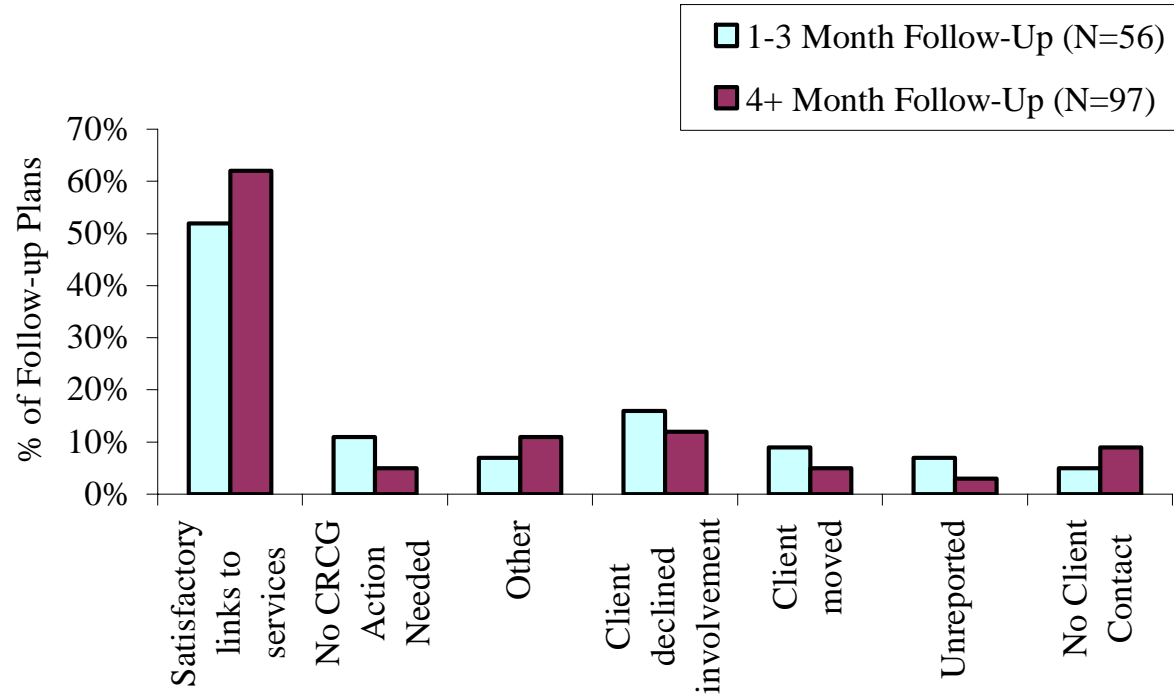
## Overall Needs Met Based on Follow-Up Forms Submitted by CRCGs for *Children and Youth*



NOTE: The number of follow-ups shown indicates the total number of follow-ups completed, not the number of individuals served for which they were completed. Due to the complex nature of the needs of some individuals, multiple follow-ups are necessary for that person in order to ensure that services are provided. On the other hand, for some people, a follow-up is not needed because services were successfully procured.

One possible reason for the decline in overall needs met could be that the local CRCGs are effectively identifying all services needed, but not all services are necessarily available. Also noteworthy is the number of people who did not continue involvement with the CRCG due to the client moving, declining involvement, or “other” reasons (see chart on next page). Overall needs met are determined by a follow-up that indicates that further involvement with the CRCG is not needed due to all services being provided.

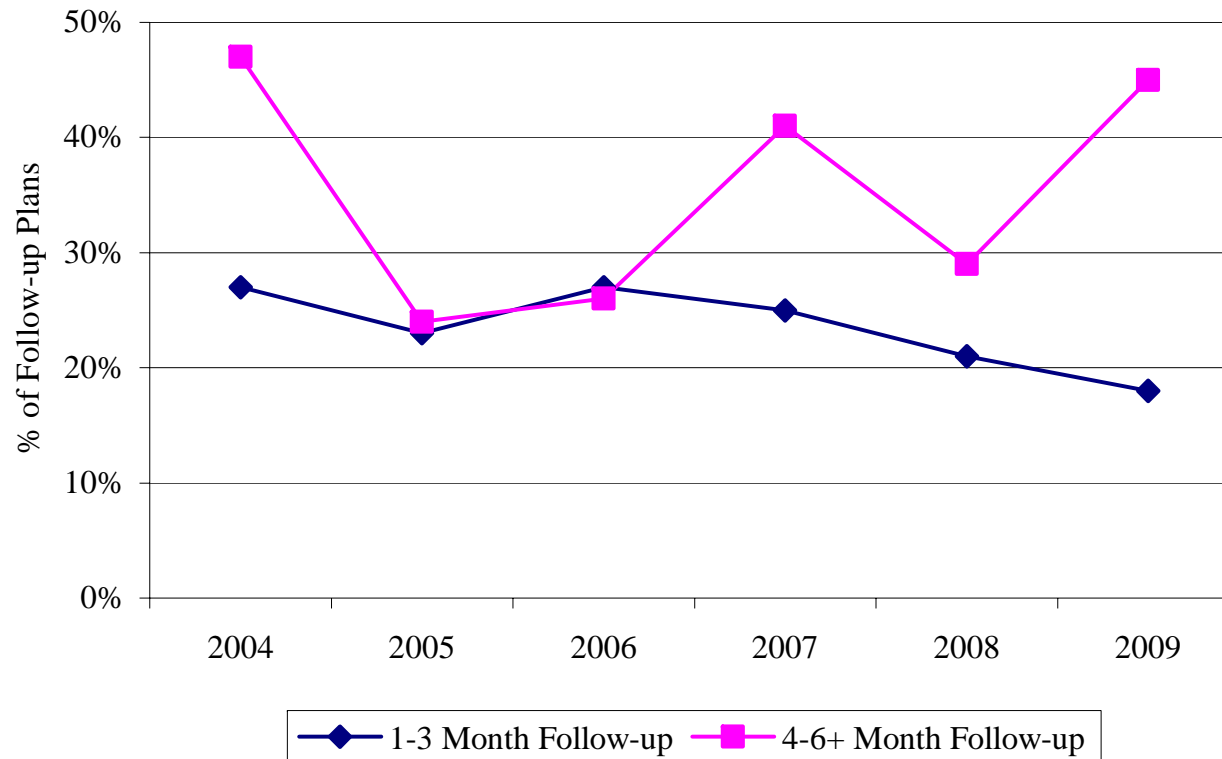
## CRCGs for *Children and Youth* Reasons for Not Continuing Involvement



Follow-ups are not conducted on every individual. However, some CRCGs may conduct more than one follow-up on an individual in order to ensure that services are provided. “N” is the number of follow-ups conducted during that timeframe.

NOTE: Some follow-ups identified multiple reasons for not continuing involvement with the CRCG thus making the total reasons greater than 100%.

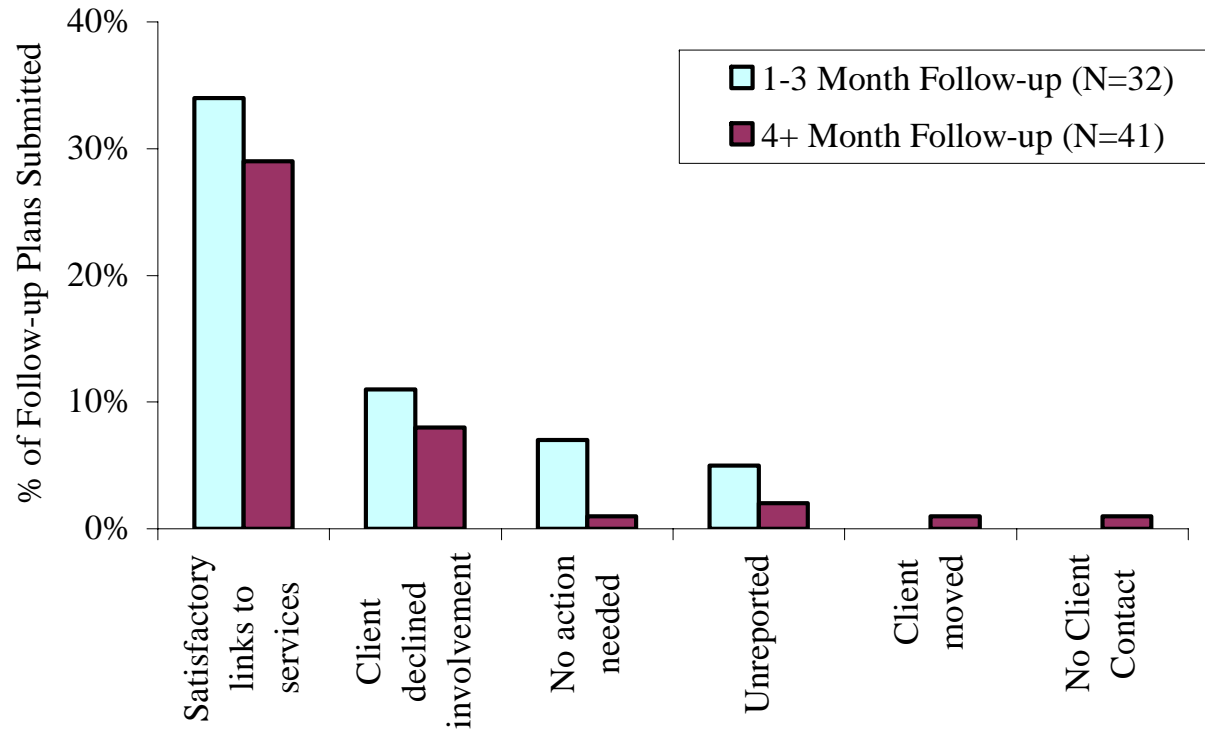
## Overall Needs Met Based on Follow-Up Forms Submitted by CRCGs for *Families*



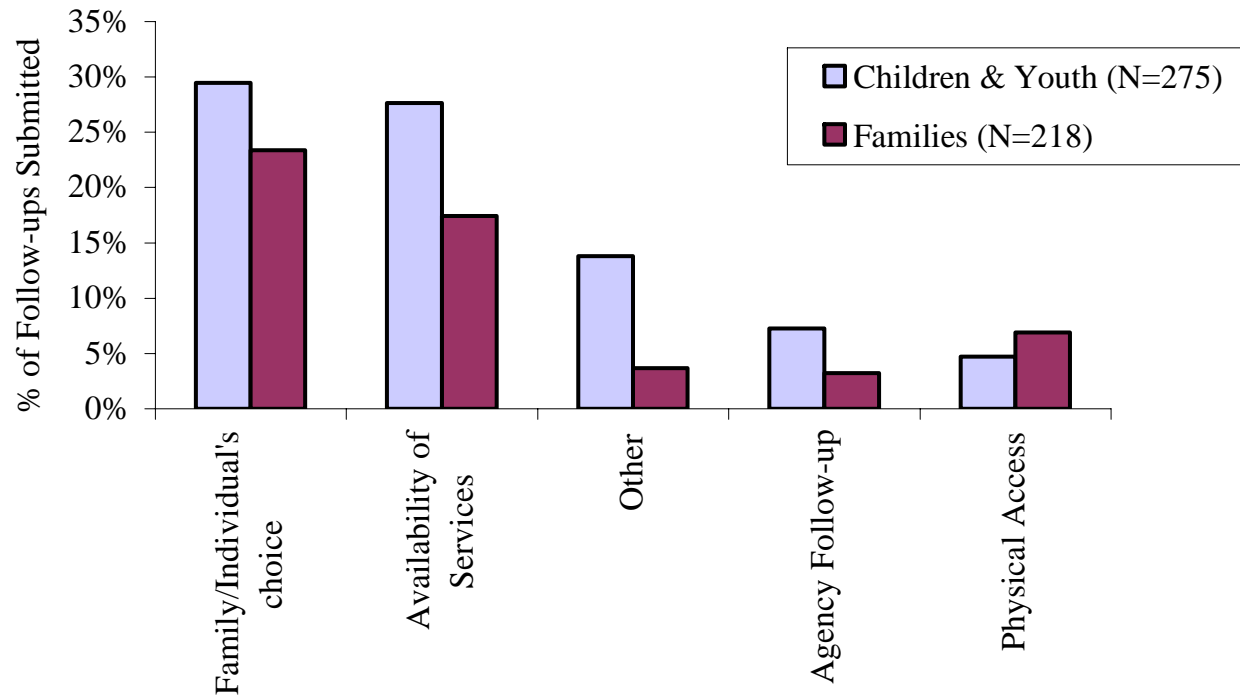
The number of follow-ups shown indicates the total number of follow-ups completed by local CRCGs, not the number of individuals for whom they were completed. Due to the complex nature of the needs of some individuals, multiple follow-ups are completed for that person in order to ensure that services are provided. On the other hand, for many people, a follow-up is not conducted at all.

One possible reason for the decline in overall needs met could be that the local CRCGs are effectively identifying all services needed, but not all services are necessarily available. Also noteworthy is the number of people who did not continue involvement with the CRCG due to the client moving, declining involvement, or “other” reasons (see chart on next page). Overall needs met are determined by a follow-up that indicates that further involvement with the CRCG is not needed due to all services being provided.

## CRCGs for *Families* Reasons for Not Continuing Involvement



## Barriers to Accomplishing Services/Supports/Activities



Often, no barriers are identified/reported on the follow-up plan; sometimes more than one barrier exists and is reported resulting in a total percentage less or greater than 100%. “Other” barriers reported included custody issues, children not responding to treatment, unsuccessful completion of treatment, etc.

**Physical Access** includes access to services such as transportation, communication, scheduling, and language.

**Availability of Services/supports/activities** includes lack of funding, waiting list, no service provider available, or doesn't meet eligibility.

**Agency follow-up** includes difficulties such as insufficient staff, staff change, etc.

**Family/individual's choice** to not access or follow through with some aspect of service plan recommendations.

**Other** may include someone who is homeless, selling their home, difficult to contact, the child is adjudicated to find placement, or denied placement, etc.

## Leadership of Local CRCGs

The leadership of a CRCG is determined by the local CRCG membership and varies from one county/CRCG to the next. The commitment and skills of the CRCG leadership is a key determinant of the success and survival of the interagency group. Leadership positions include members on a “leadership team” (i.e., chairs, co-chairs, coordinators, secretaries, and reporters).

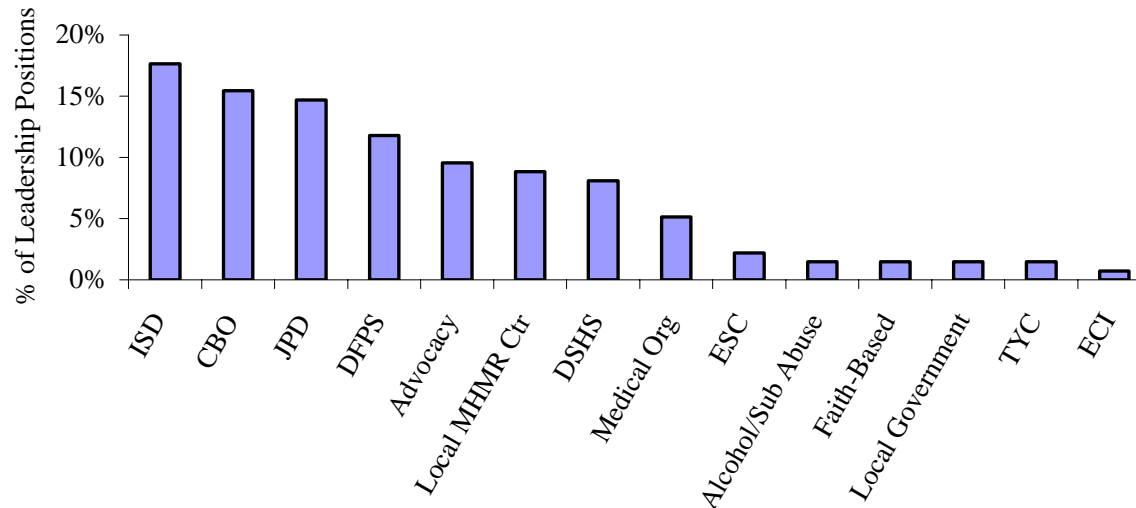
“DSHS” includes staff from the Children with Special Health Care Needs program and local mental health mental retardation community centers according to how it was reported to the State CRCG Office.

“Medical Organizations” include organizations or programs related to hospitals, home health, nursing, psychiatric, rehabilitation, etc.

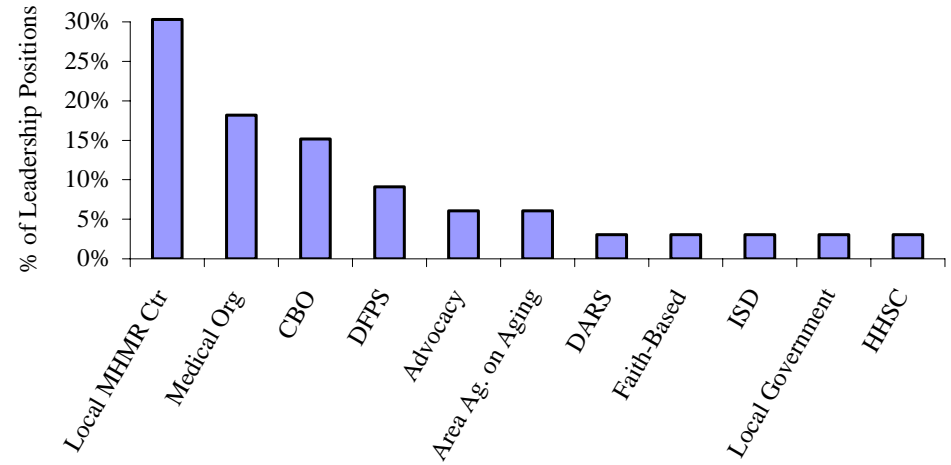
“CBO,” or Community-Based Organizations, are private or non-profit local social services organizations or programs

“Advocacy” includes individual family or parent representatives, an advocate, or an advocacy organization.

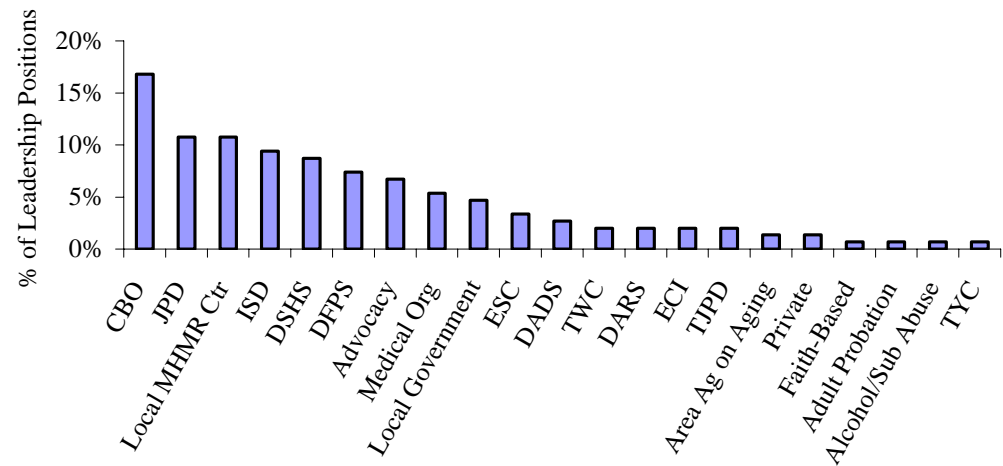
**Leadership Affiliation for CRCGs Serving *Children and Youth*  
(136 Leadership Positions reported for 72 CRCGs)**



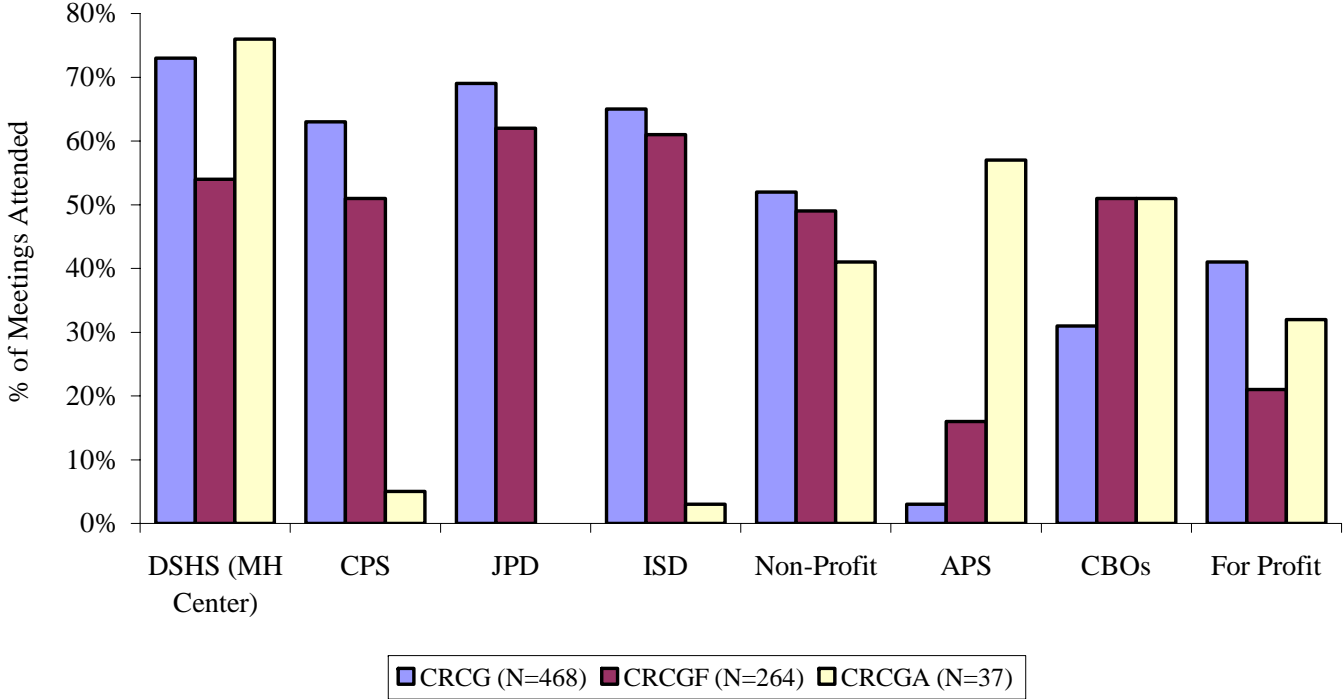
**Leadership Affiliation for CRCGs Serving *Adults***  
**(33 Leadership Positions reported for 19 CRCGAs)**



**Leadership Affiliation for CRCGs Serving *Families***  
**(135 Leadership Positions reported for 76 CRCGFs)**

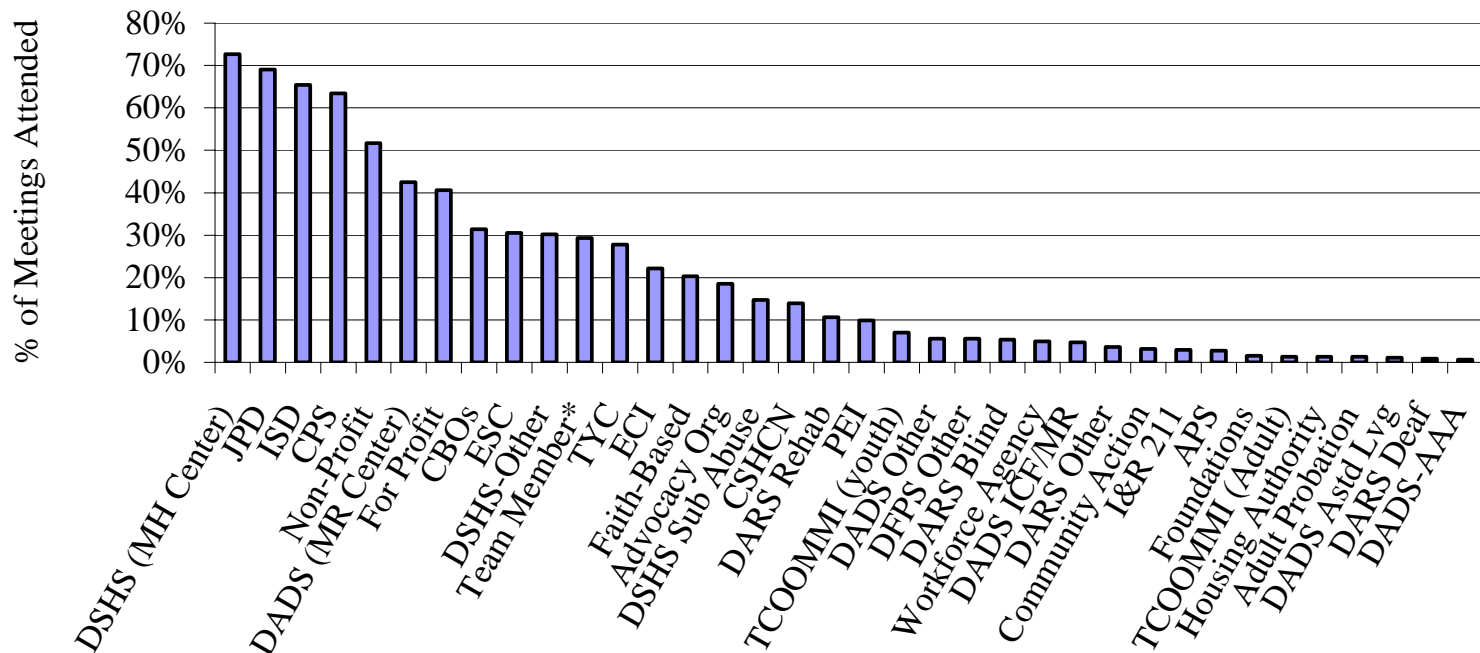


### Attendance at Local CRCG Meetings Comparison Across CRCG Group Types



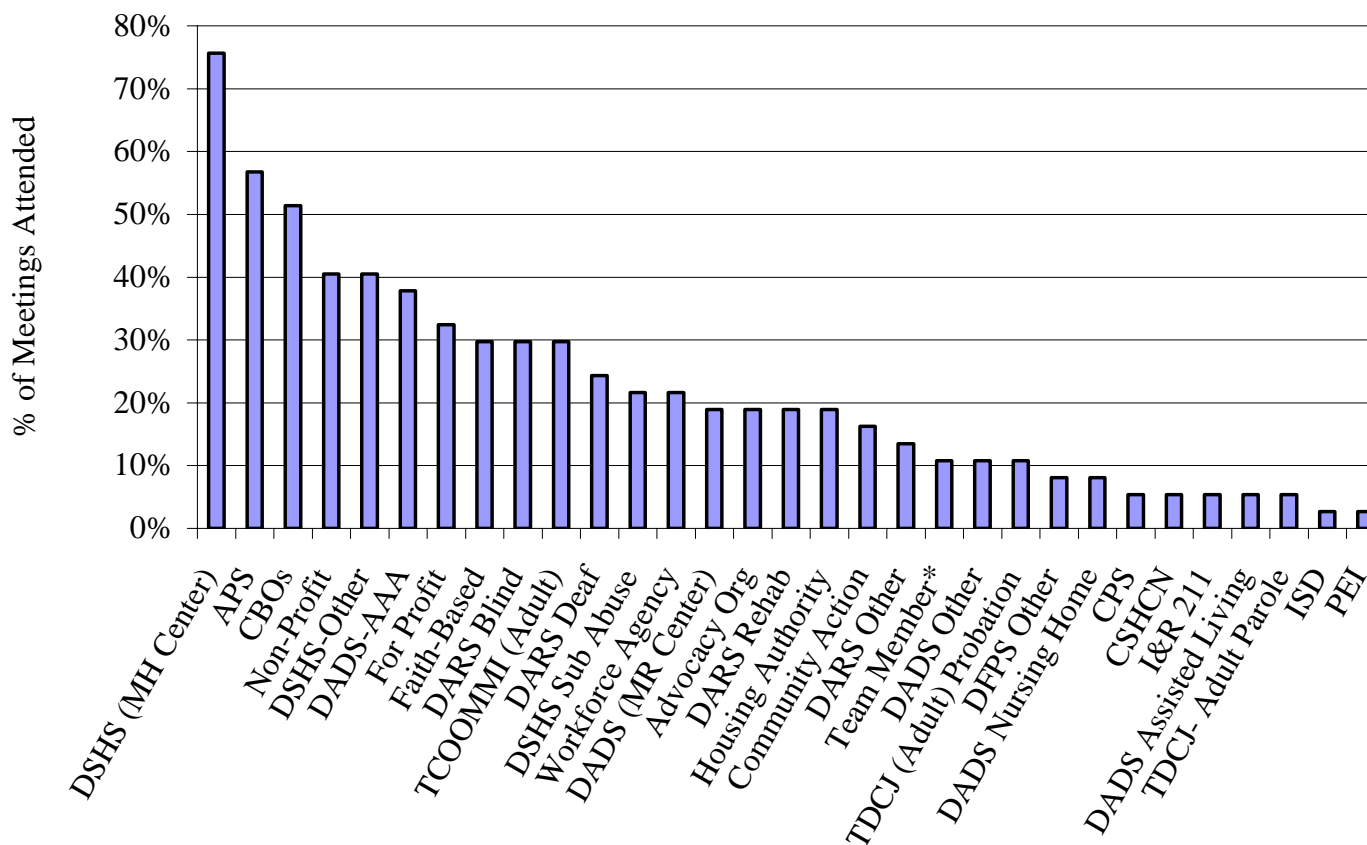


**Attendance at CRCG Meetings for *Children and Youth***  
**72 CRCGs serving Children and Youth Meetings Reported 468 Meetings in Calendar Year 2009**



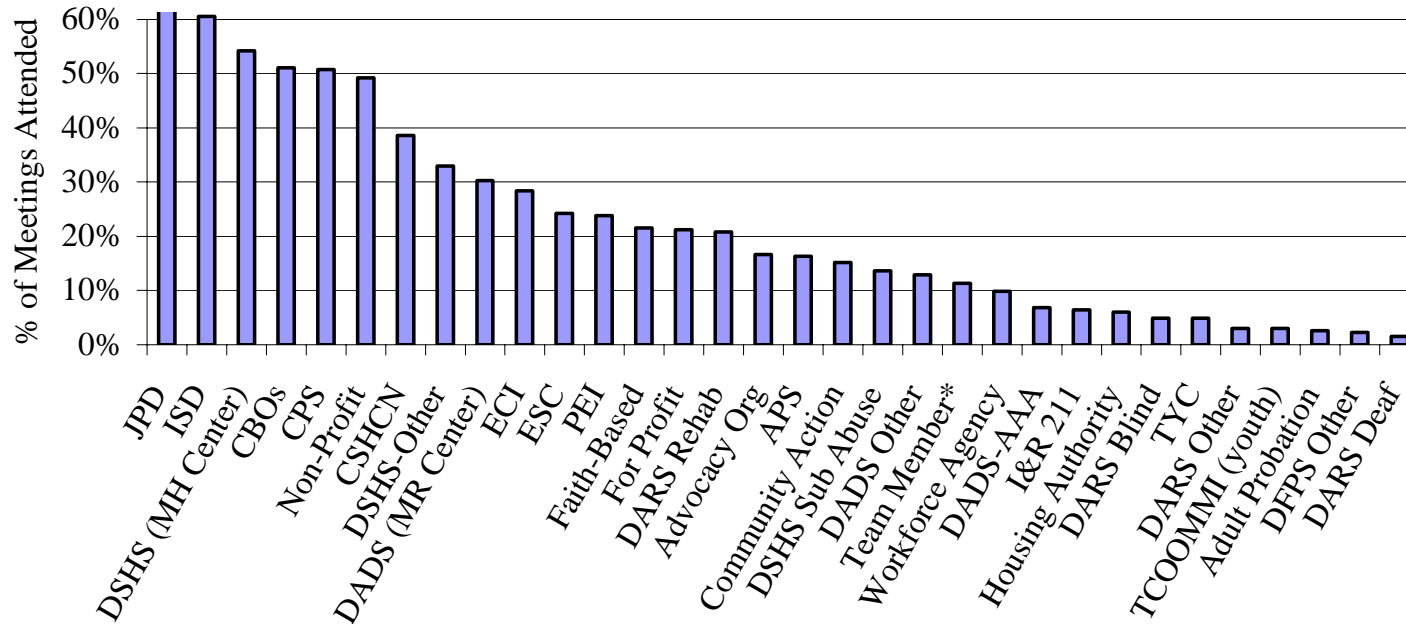
\*Team Member indicates a parent/family or consumer/caregiver who is a standing member of the CRCG, not a current recipient of a CRCG service planning meeting.

**Attendance at CRCG Meetings for Adults**  
**19 CRCGs serving Adults Reported 37 Meetings in Calendar Year 2009**



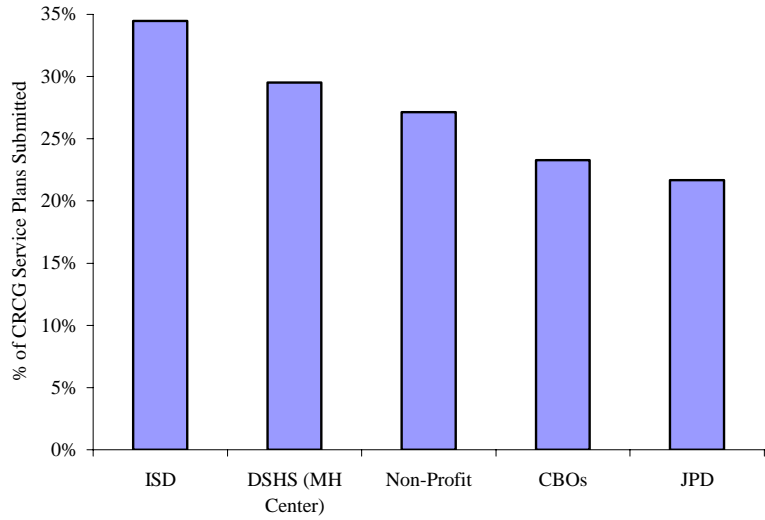
\*Team Member indicates a parent/family or consumer/caregiver who is a standing member of the CRCG, not a current recipient of a CRCG service planning meeting.

**Attendance at CRCG Meetings for Families**  
**76 CRCGs serving Families Reported 264 Meetings in Calendar Year 2009**

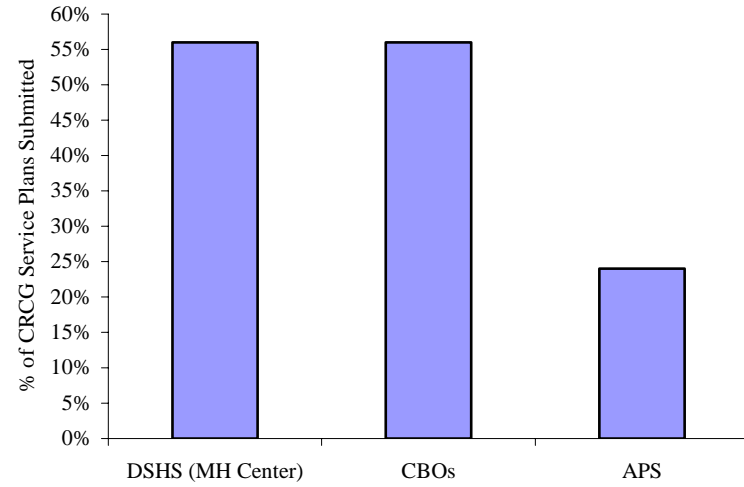


\*Team Member indicates a parent/family or consumer/caregiver who is a standing member of the CRCG, not a current recipient of a CRCG service planning meeting.

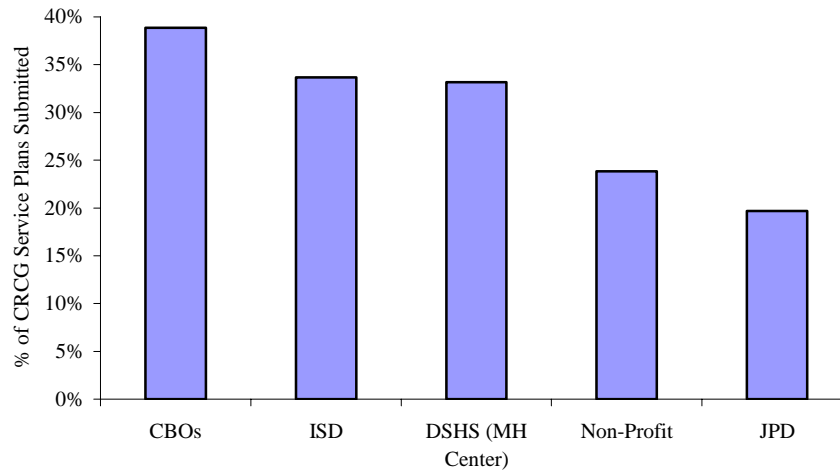
**Responsibility for Implementation of  
CRCG Service Plans for *Children and Youth* (N=928)**



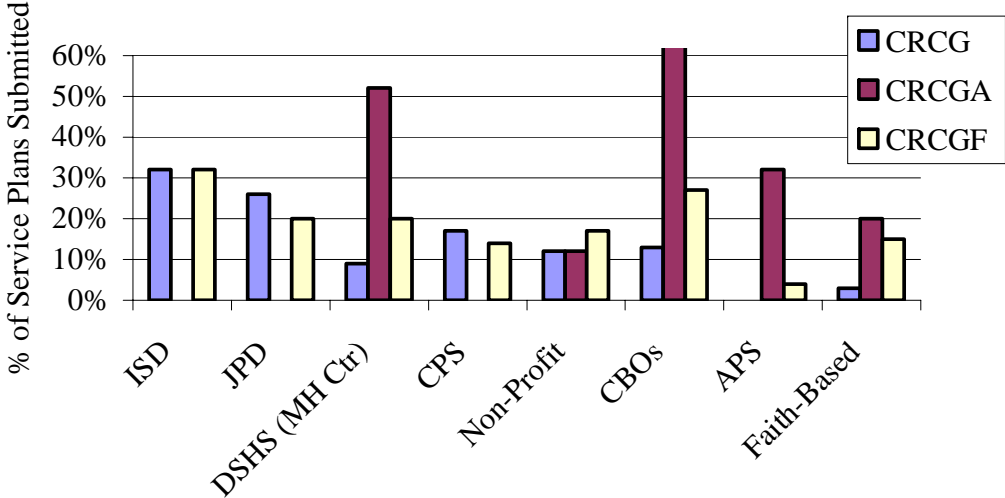
**Responsibility for Implementation of  
CRCG Service Plans for *Adults* (N=25)**



**Responsibility for Implementation of  
CRCG Service Plans for *Families* (N=193)**



### Referral Sources for Calendar Year 2009



Several factors contribute to the total percentage equaling greater than 100%. For some consumers, more than one agency actually refers the individual. Some CRCGs report that all agencies are in attendance at the CRCG service-planning meetings.

## Conclusion

Due to the fact that data is voluntarily submitted by local CRCGs, the information contained in this report may not necessarily be representative of all CRCGs; however, common trends can be noted from historical data.

### Support for Local CRCGs

- As a result of budget cuts through the 78<sup>th</sup> Legislative Session (2003), the number of staff in the State CRCG Office declined significantly from five to approximately two and one-half. A trend analysis shows a significant drop in all data being submitted to the State Office during this time.
- It has been noted that after a regional or technical assistance meeting(s), there is an increase in data submission from the CRCGs in attendance at the meeting.

### Data Submission

- Fifty-seven percent (57%) of all CRCGs serving *Children and Youth (CRCG)* submitted data in 2009, a slight decrease from 2008. These CRCGs showed a decrease in the number of service plans and follow-ups submitted for calendar year 2009.
- Forty-three percent (43%) of CRCGs serving *Adults* submitted data in 2009, a slight increase from the previous three years. The number of initial service plans and follow-up forms submitted by CRCGs serving *Adults (CRCA)* slightly decreased in calendar year 2009.
- The number of initial service plans and follow-up forms submitted by CRCGs serving *Families (CRGF)* increased in calendar year 2009. Fifty-seven percent (57%) of CRGFs submitted data during calendar year 2009.
- It is important to note that the number of CRCGs serving *Children and Youth* and *Adults* went down while the number of CRCGs serving *Families* increased, which could account for a shift in data submission.

### Demographics

- Ages of individuals served through local CRCGs in calendar year 2009 ranged from 9 months to 88 years of age.
- The majority of individuals served were youth between 13 and 15 years of age, representing a total of 445 individuals within that age range served.
- The majority of individuals served by CRCGs for *Children and Youth* were male. However, 2009 continued to see females as the majority of the individuals served by both CRCGs for *Adults* and CRCGs for *Families*.

### **Service Needs**

- For *Children and Youth*, skill development (74%), mental health care services (52%), and life skills training (51%) were the most frequently identified service needs.
- For *Adults*, basic needs and self-sufficiency (92%) and mental health care services (52%) were the most often identified service needs.
- For CRCGs serving *Families*, mental health care services (54%) and basic needs and self-sufficiency (43%) were the most frequently identified service needs.
- 69% of service plans noted that the child or youth were at risk of out-of-home placement; an increase from 2008.
- 47% of service plans where a child or youth was at risk of out-of-home placement included a recommendation for out-of-home placement by the CRCG. Waco Center for Youth and North Texas State Hospital – Vernon Campus (reflecting these agencies' admission criteria that gives a higher priority for placement consideration as a result of a CRCG recommendation) were the most often cited requested placements, as well as intermediate care facilities for individuals with mental retardation (ICF/MRs).

### **Additional Information**

- 44% of the children and youth served by CRCGs serving *Children and Youth* were eligible for Medicaid/CHIP, while 35% of the children and youth served by CRCGs serving *Families* were eligible.
- TEA requested non-education community-based support funds 23% of the time for CRCGs serving *Children and Youth* and 6% of the time for CRCGs serving *Families*.
- Services were recommended to keep children/youth in the home or community 52% of the time.

### **Outcomes/Follow-up**

- For *Children and Youth*, continued involvement with the CRCG was not needed due to being satisfactorily linked to services 17% of the time at the 1-3 month follow-up, with 38% of overall goals noted as being met by the 4-6 month (or later) follow-up.
- For CRCGs serving *Families*, overall goals were met 18% of the time at the 1-3 month follow-up, with 45% of overall goals being met by the 4-6 month (or later) follow-up.

### **Leadership**

- Positions of leadership (chair, co-chairs, coordinator, secretary, etc.) for CRCGs serving *Children and Youth* were most often held by local school districts (18%) as well as community-based organizations and juvenile probation departments (each at 15%).
- Local MHMR centers (30%) and medical organizations (18%) held the most leadership positions for CRCGs serving *Adults*.
- CRCGs serving *Families* reflected the most leadership from community-based organizations (17%) as well as juvenile probation departments and local MHMR centers (each at 11%).

### **Attendance**

- The most frequent attendees at CRCGs serving *Children and Youth* were DSHS (MH Centers) (73%), juvenile probation departments (69%) and local independent school districts (65%).
- For CRCGs serving *Adults*, DSHS (MH Centers) (76%), Department of Family and Protective Services – Adult Protective Services (57%) and community-based organizations (51%) were the most frequent attendees at service planning meetings.
- For CRCGs serving *Families*, juvenile probation departments (62%), local independent school districts (61%), and DSHS (MH Centers) (54%) were the most frequent attendees at service planning meetings.

### **Agency Responsibility for Implementation of CRCG Service Plans**

- For *Children and Youth*, local independent school districts (34%) and DSHS (MH Center) (33%) were noted as being responsible for implementing the majority of services noted on CRCG service plans.
- For *Adults*, DSHS (MH Center) and community-based organizations (both at 56%) most often assumed responsibility for implementing the majority of service plans.
- For CRCGs serving *Families*, community-based organizations (39%) and local independent school districts (34%) were noted as being responsible for implementing most service plans.

### **Referrals**

- CRCGs serving *Children and Youth* received the most referrals from representatives of local independent school districts (32%) and juvenile probation departments (26%).
- CRCGs serving *Adults* received the most referrals from community-based organizations (68%) and DSHS (MH Center) (52%).
- CRCGs serving *Families* received the most referrals from local independent school districts (32%) and community-based organizations (27%).

### **Notable Trends**

- Private sector participation is increasing in a majority of areas perhaps due to an overall increase of outsourcing from public services/programs to contracting with private providers.
- There is a trend for local CRCGs to form into the combined version of CRCGF (families) serving all ages from the separate child/youth-serving and adult-serving CRCGs. This may be an effort to maximize staff's time and efforts as well as travel to interagency meetings.



## Glossary of Terms

**advocacy organizations:** Organizations that advocate for the rights of others, such as a cause, idea, or policy and provide active support for individuals.

**agency follow-up** (in regards to “barriers” section of report): Information provided by local CRCGs that identifies local barriers to the provision of services once the individual service plan has been developed.

**availability of services:** Indicator of whether or not service is available as identified as a result of the development of the individual CRCG plan of services.

**community action agencies:** Private, nonprofit organizations created to provide local advocacy, policy, programmatic, and legislative issues, funded in part by the Texas Department of Housing and Community Affairs (TDHCA).

**Community Resource Coordination Groups (CRCGs):** County-based interagency groups comprised of public and private providers, and family and consumer members who develop individual service plans for children/youth, adults, and families whose needs can only be met through interagency coordination and cooperation. The types of CRCGs include:

CRCG - develops service plans for/with children/youth from birth to age 22

CRCGA - develops service plans with adults 18 years of age or older

CRCGF - develops service plans with children, youth, families, and adults of any age.

**CSHCN:** Children with Special Health Care Needs program located at the Department of State Health Services (DSHS).

**ECI:** The Early Childhood Intervention Program addresses service(s) needs of infants and toddlers (birth to age 3) at the Department of Assistive and Rehabilitative Services (DARS).

**follow-ups:** Staffings by CRCGs to determine status of the implementation of the individual plan of service; follow-ups are normally conducted in 1-3 month and 4-6 month increments, or as needed in order to fulfill the plan of service.

**group home:** Licensed facility with 24-hour staff that provides residential care for 12 or fewer youth.

**ICF-MR:** Intermediate Care Facility for Mental Retardation services.

**individual service plans:** An agreement among service providers and the individual or family for a coordinated plan of care for an individual or family developed through the CRCG process.

**local leadership affiliation:** The agency, private sector organization, etc., with which the person holding a leadership position (chair, co-chair, coordinator, secretary) within the CRCG, is affiliated.

**nursing facility:** An institution (subject to licensure under Texas Health and Safety Code, Chapter 242) that provides organized and structured nursing care and service.

**PEI:** Prevention and Early Intervention Program and services at the Department of Family and Protective Services (DFPS).

**permanency planning notification requirement:** Texas Government Code (Section 1, Subchapter D, Chapter 531, added by Chapter 241), requires that whenever a child who has developmental disabilities is placed in an institution, not later than the third day after the date a child is initially placed in the institution, the institution shall notify several entities, including the local CRCG in the county of residence of a parent or guardian of the child.

**physical access:** Access to places of public accommodation and commercial facilities by individuals with disabilities.

**out-of-home placement:** Placement of a child in a non-secure facility (i.e., foster homes, alcohol and drug treatment facilities, halfway houses, MHMR facilities, etc.) or a secure facility (i.e., boot camps, secure county, state or private facilities, etc.) with or without a court proceeding.

**private sector organizations:** Organizations that form the part of the economy not under the direct control of government and that function through market processes.

**residential treatment center:** Where children who have physical, mental, or emotional disabilities requiring specialized services that are within the capabilities of group-care facilities are placed.

**service needs:** Needs identified in partnership with the individual or family and the service providers for individuals/family based on the individual plan of service.

**staffing:** Development of a coordinated individual service plan identified in partnership with the individual or family being served and the service providers. Types of staffings include initial, follow-up, emergency, and referral/resource.

**TEA Non-educational Community-Based Support funds:** Texas Education Code, Chapter 29, Educational Programs, Subchapter A, Special Educational Programs, 29.013, Non-educational Community-Based Support Services for Certain Students With Disabilities. Provides for funds to be used for only eligible students with disabilities who would remain or would have to be placed in residential facilities primarily for educational reasons without the provision of non-educational community-based support services. The services may include in-home family support, respite care, and case management for families with a student who otherwise would have been placed by a district in a private residential facility.

**therapeutic foster care:** Trained foster parents provide 24-hour care in their home for children who are temporarily unable to live with their parents or primary caregivers. Services and supports include family skills training for the biological parents/caregivers; training and support for the foster parents; crisis management; skills training and individual, group and family counseling.

**youth shelter:** A facility that provides care for a youth in crisis on a short-term basis, typically as long as to four weeks. The shelter is licensed to provide care for 13 or more youth.

If you would like to find out more information about this report or want to request additional or specific data about your area, please contact the Office of Program Coordination for Children and Youth at the Texas Health and Human Services Commission:

Office of Program Coordination for Children and Youth

Mail Code: BH-1542

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Austin, TX 78711

(512) 424-6963

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Website: [www.hhsc.state.tx.us/crcg/crcg.htm](http://www.hhsc.state.tx.us/crcg/crcg.htm)

