



Community Resource Coordination Groups of Texas Report

**As Required by
Texas Government Code §§531.055(e)
and 531.423**

**Texas Health and Human Services
December 2022**



TEXAS
Health and Human
Services

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Executive Summary

The Community Resource Coordination Groups (CRCG) biennial report is submitted in compliance with Government Code, Sections 531.055(e) and 531.423. 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 years 2020 and 2021 and reflects the experiences of local CRCGs in their efforts to provide a coordinated approach to service delivery for children, families, and adults with complex needs, and State CRCG Office activities. The previous report, published in November 2020, covered calendar year 2019.

CRCG coverage expanded in 2020 and 2021 by eight counties, and as of January 2022, there are 147 distinct CRCGs covering 247 counties. Of these CRCGs, 80 serve children, youth, and adults; 62 serve children and youth; and 5 serve adults.

Local CRCGs voluntarily submit staffing data to the State CRCG Office at HHSC. Based on information submitted to HHSC, local CRCGs staffed 2,179 cases in calendar years 2020 and 2021. A staffing refers to the treatment planning meeting a local CRCG holds when an individual or family is referred for assistance. Individuals referred to a CRCG most often require services related to mental health care, risk behaviors, academics and school, placement into an inpatient or residential facility for behavioral health care, and family therapy services.

CRCG staffings resulted in:

- Recommendations for community-based services 76 percent of the time;
- 124 signed non-educational fund applications¹;

¹ Texas Education Code Chapter 29.013 appropriates funds for families of certain 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 (i.e., non-ed services). Non-ed services help families care for their children and enable them to better cope with having a child with a disability at home. School districts and charter schools that choose to apply for non-educational (non-ed) funds must have a planning meeting to discuss options for non-ed services and complete a non-ed fund application. CRCG members may attend the planning meeting and endorse non-ed fund applications.

- 383 staffings addressing placement in a 1915(c) Medicaid waiver program²;
- 630 follow-up staffings; and
- The identification of caregiver involvement as a strength by individuals and families in 48 percent of first-time staffings.

Local CRCGs reported the following barriers to service delivery:

- Client choice/preference;
- Service availability;
- Physical barriers³; 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. Local mental health authorities/local behavioral health authorities (LMHA/LBHAs) were specified as the most frequent participants in a CRCG, with the second most frequent participant being juvenile probation officers representing the Texas Juvenile Justice Department (TJJD).

In 2020 and 2021, the State CRCG Office increased training and technical assistance for the local CRCGs, increased communication and engagement, and refined data. CRCG Strategic Plan 2020 and 2021 objectives were accomplished, furthering the goals of enabling CRCGs to implement best practices and ensuring CRCGs are recognized, supported, and serve all counties in Texas across a person's lifespan.

² 1915(c) Medicaid Waiver programs include the Texas Youth Empowerment Services (YES) Waiver, Texas Home and Community-based Services Waiver, Texas Community Living Assistance and Support Services Waiver, and Texas Home Living Waiver.

³ Physical barriers include transportation, technology for virtual staffings, language limitations, and scheduling conflicts.

1. Introduction

CRCGs are county-based, interagency staffing groups comprised of public and private agencies who work with children, families, and adults with complex needs to develop a customized, integrated, Individual Service Plan (ISP)⁴ 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 needed resources and services in their communities.

Section 531.055(e) requires an interagency staffing⁵ 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 on 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.

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

This report uses data collected from January 1, 2020, through December 31, 2021, through the CRCG data collection system. This dataset is hereafter referenced as the "2020 and 2021 Local CRCG Data Sample."

⁴ 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.

⁵ CRCG staffings refer to the process in which an individual or family shares their experience with the CRCG and the group develops an ISP.

2. Background

CRCG Memorandum of Understanding

Human Resource Code (HRC) Section 41.0011 requires 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.

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.

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:

- Interagency collaboration;
- Access to services and supports that are affordable, available, accessible, acceptable, and meet the unique needs of clients and their families;
- Best practices for addressing the needs of persons with complex needs in the least restrictive setting;
- Data collection, reporting, and evaluation; and
- Resource development such as training tools, forms, and educational materials.

The State CRCG Office also:

- Ensures adherence to the program model;
- Issues statewide communications;
- Develops and issues policy guidance;
- Manages the state program budget;
- Collects and analyzes data; and
- Hosts the State CRCG 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; the Texas Veterans Commission; representatives from Texans Care for Children, Texas Alliance of Child and Family Services, and Texas Network of Youth Services; family representatives; and local CRCG leaders. The State CRCG Workgroup meets monthly to inform state-level interagency coordination activities and provides feedback and guidance on objectives and initiatives of the State CRCG Office.

Local Community Resource Coordination Groups

CRCGs are developed, managed, and funded 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 agencies regulated by state agencies who are members of the State CRCG Workgroup, faith and community-based organizations, and youth and their families.

As of January 2022, there are 147 CRCGs covering 247 counties. Of these CRCGs, 62 serve children and youth, 5 serve adults, and 80 serve all ages. The 80 CRCGs that serve all ages cover 146 counties, resulting in roughly 59 percent of counties being served by CRCGs that serve all ages.

After receiving a referral for a CRCG staffing, local CRCGs meet to identify and connect children, families, and adults to services. Local CRCG members work together to efficiently utilize existing resources, identify service gaps, remove barriers, and find solutions for each individual or family.

"We have an amazing, hardworking collaborative effort between all of the state agencies and local organizations in our community. This group works to find creative and beneficial services for the youth and families that are struggling and are staffed with our group. I am proud to be a part of this group for over ten years." – Carissa Wingate & Ginger Guy, Potter and Randall Counties Child and Youth CRCG

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.

⁸ State CRCG Office. About CRCGs. Accessed October 24, 2022. Available: <https://crcg.hhs.texas.gov/about.html>.

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.

"The Bexar County Children and Youth CRCG has evolved from a group of individuals discussing a situation into an entity that listens and uses group-solving power to find solutions. The CRCG quickly pivoted and learned from the sheltering-in-place experience. We will be moving forward as a hybrid meeting space to accommodate as many as possible. The success of our CRCG has inspired the community to revive the Bexar County Children and Youth System of Care. With the support of TxSOC and commitment of ten local organizations, we have launched our Taskforce." Alice Alvarez, Bexar County CRCG

3. CRCG Data and Outcomes

Statewide Data Collection System

The State CRCG Office operates a data collection system that gathers local CRCG monthly staffing data to identify:

- Outcomes of services provided;
- Individual strengths;
- Immediate 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 training and technical assistance.

Ninety-four percent ($N = 138$) of CRCGs entered monthly staffing information into the CRCG data collection system representing 235 Texas counties. Fifty-four percent of these CRCGs served all age groups while the remainder limited their services to specific age groups.

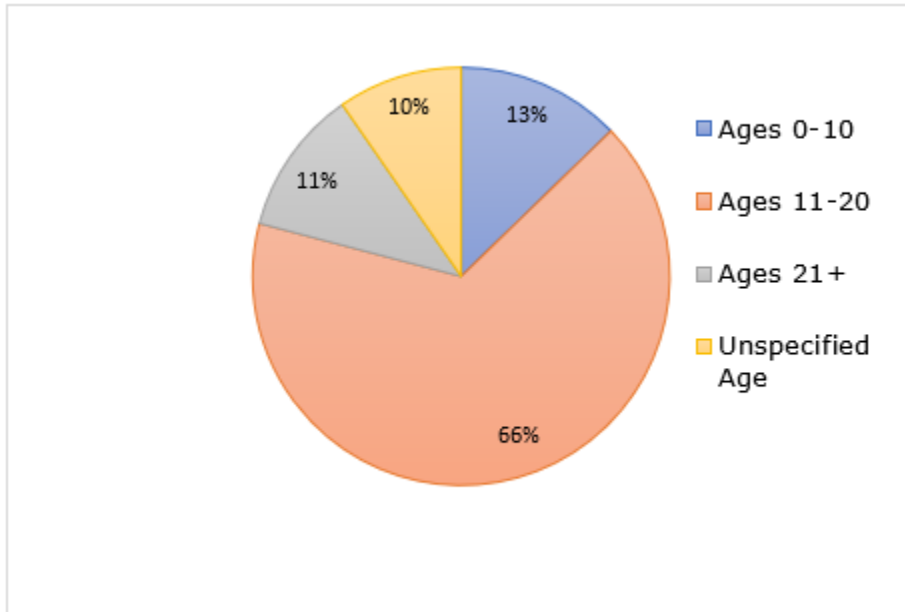
Community Level Outcomes

Demographic Information

CRCGs report demographic data on persons served. This information helps CRCGs to assess if the clients being served are representative of those needing multi-agency 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, 66 percent were ages 11 to 20 years old, 13 percent were ages 0 to 10 years old, 11 percent were ages 21 and older, and 10 percent had an unspecified age. Parents or guardians participated in staffings with children and youth under 18 years old. Figure 1 shows the percentage of clients that participated in CRCGs staffings by age range.

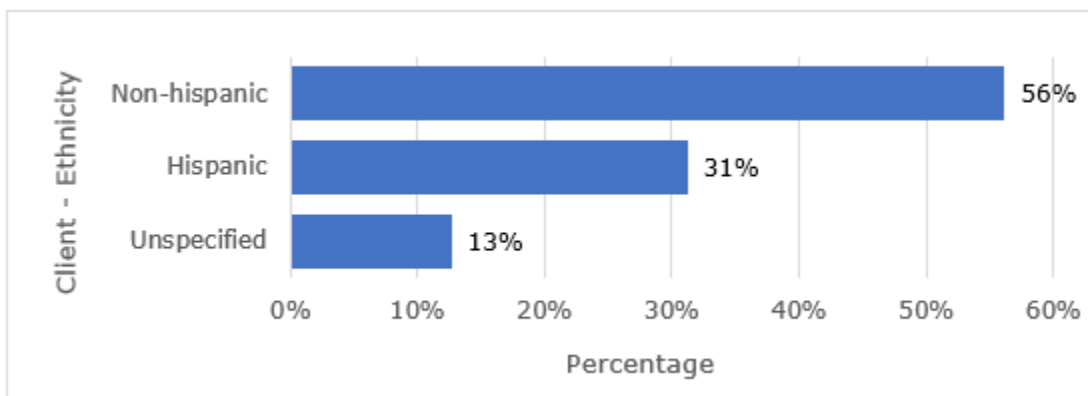
Figure 1. Percentage of Clients by Age Range who Participated in Total CRCG Staffings



Of the clients who attended CRCG staffings, 56 percent were non-Hispanic, 31 percent were Hispanic, and 13 percent identified an ethnicity that was unspecified.

Figure 2 shows the percentage of clients who 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.

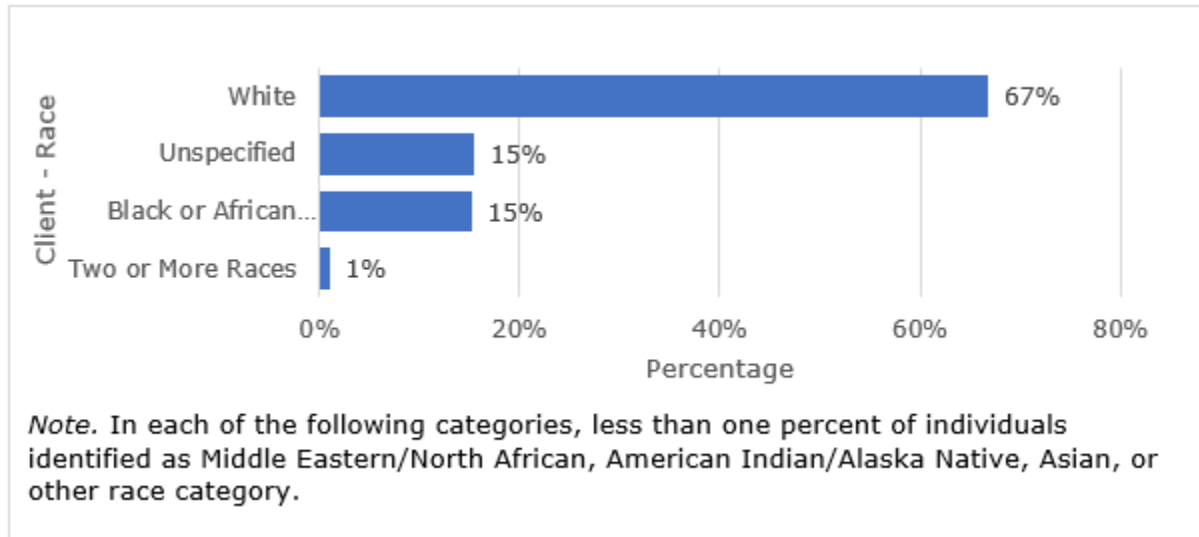
Figure 2. Percentage of Clients by Ethnicity who Participated in Total CRCG Staffings



Of the clients who attended CRCG staffings, 67 percent were white, 15 percent were unspecified race, 15 percent were black or African American, and one percent were two or more races.

Figure 3 shows the percentage of clients who 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.

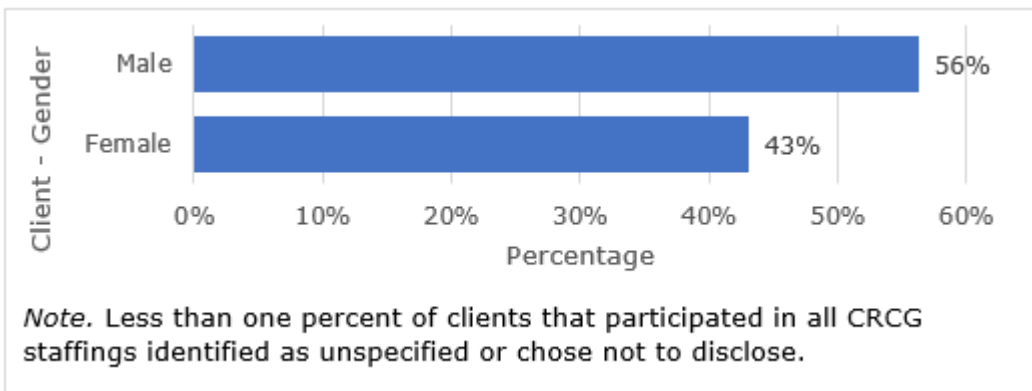
Figure 3. Percentage of Clients by Race who Participated in Total CRCG Staffings



Of the clients who attended CRCG staffings, 56 percent identified as male, 43 percent as female, and less than 1 percent as unspecified gender or chose not to disclose their gender.

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

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

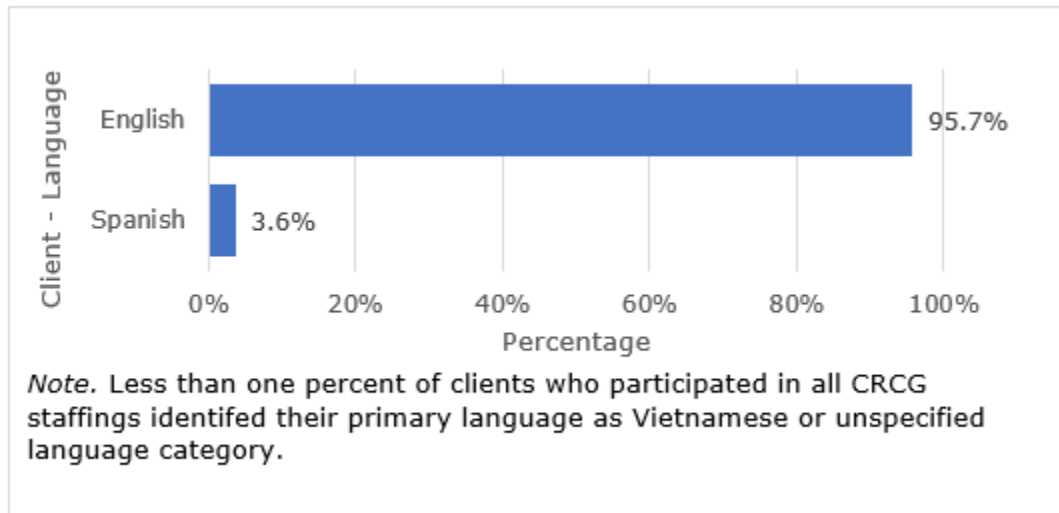


Of the clients who attended CRCG staffings, 95.7 percent identified English as their primary language, 3.6 percent identified Spanish as their primary language, and

less than 1 percent identified Vietnamese or unspecified language as their primary language.

Figure 5 shows the percentage of clients who participated in CRCG staffings by primary language.

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



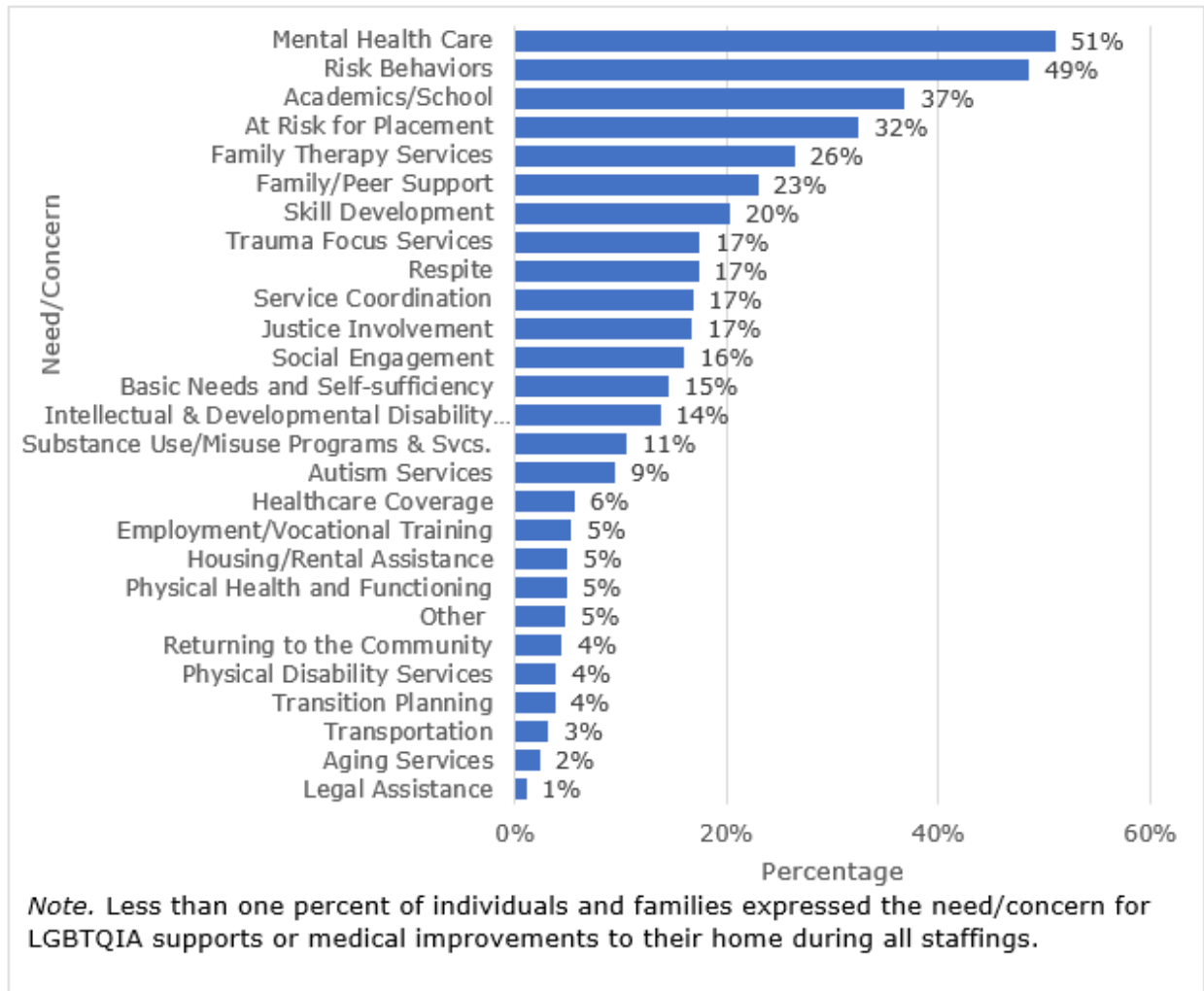
Community Needs

Individuals and families referred for all CRCG staffings most often expressed needs or concerns regarding mental health care (51 percent), risk behaviors (49 percent), academics or school (37 percent), risk for placement in an inpatient or residential facility (32 percent), and family therapy services (26 percent).

"The CRCG is vital to our community since we are a rural area. Given the opportunity to meet with multiple agencies at one time is so beneficial to helping the families in our community. We serve both children and adults through networking and staffing cases. If we don't have a staffing, we will have a speaker at the monthly meetings. We continued to meet virtually throughout the pandemic and actually increased our participation during the pandemic. The state CRCG team has been a wonderful resource for our CRCG." Cheryl Gomez, Cooke County CRCG

Figure 6 shows the percentage of various needs or concerns expressed by individuals and families for all CRCGs. 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.

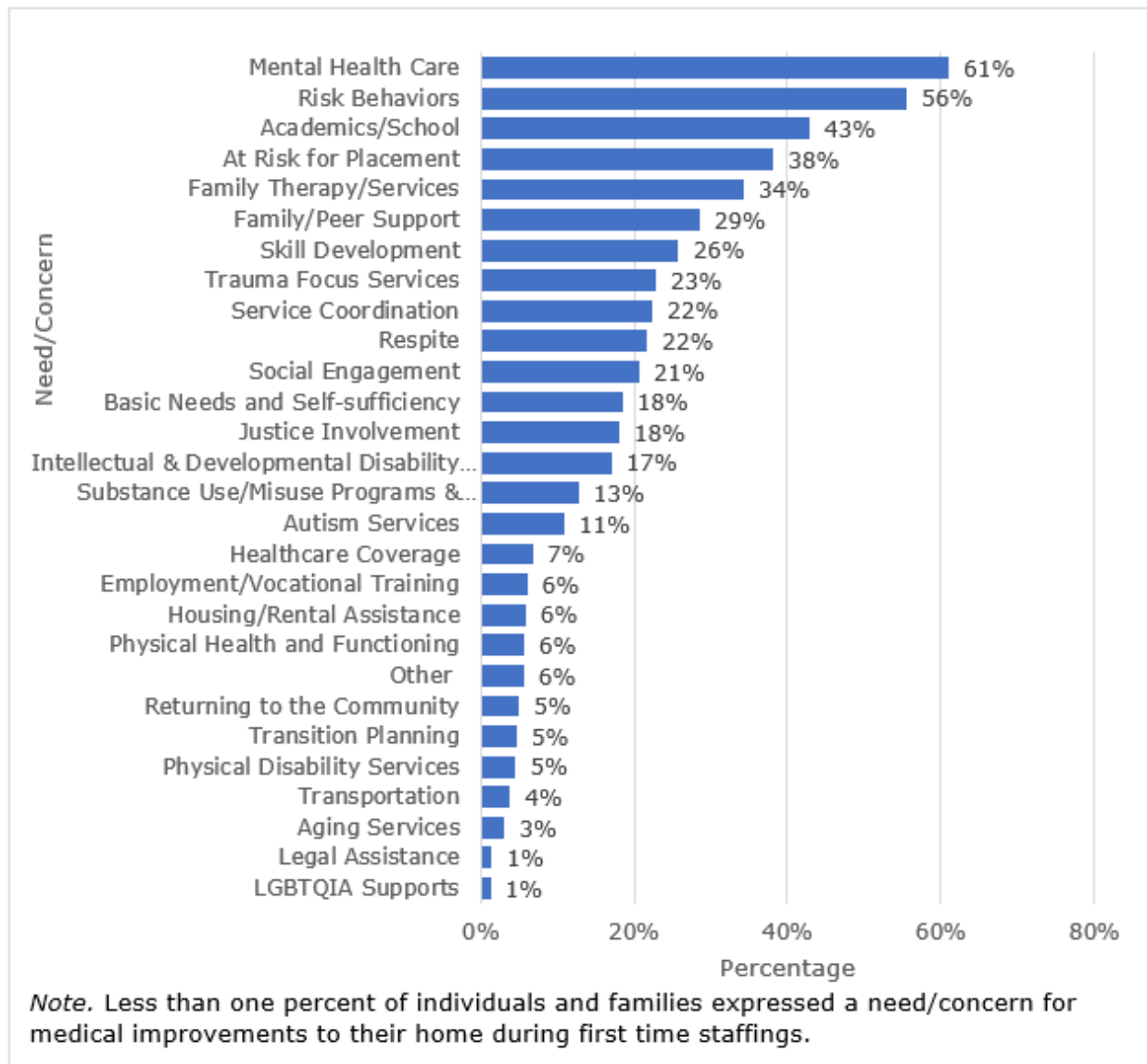
Figure 6. Percentage of Needs and Concerns Expressed by Individuals and Families by Type for All CRCGs



The leading needs and concerns expressed by individuals and families for first time staffings were for mental health care (61 percent), risk behaviors (56 percent), academics or school (43 percent), placement to an inpatient or residential treatment facility (38 percent), and family therapy services (34 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

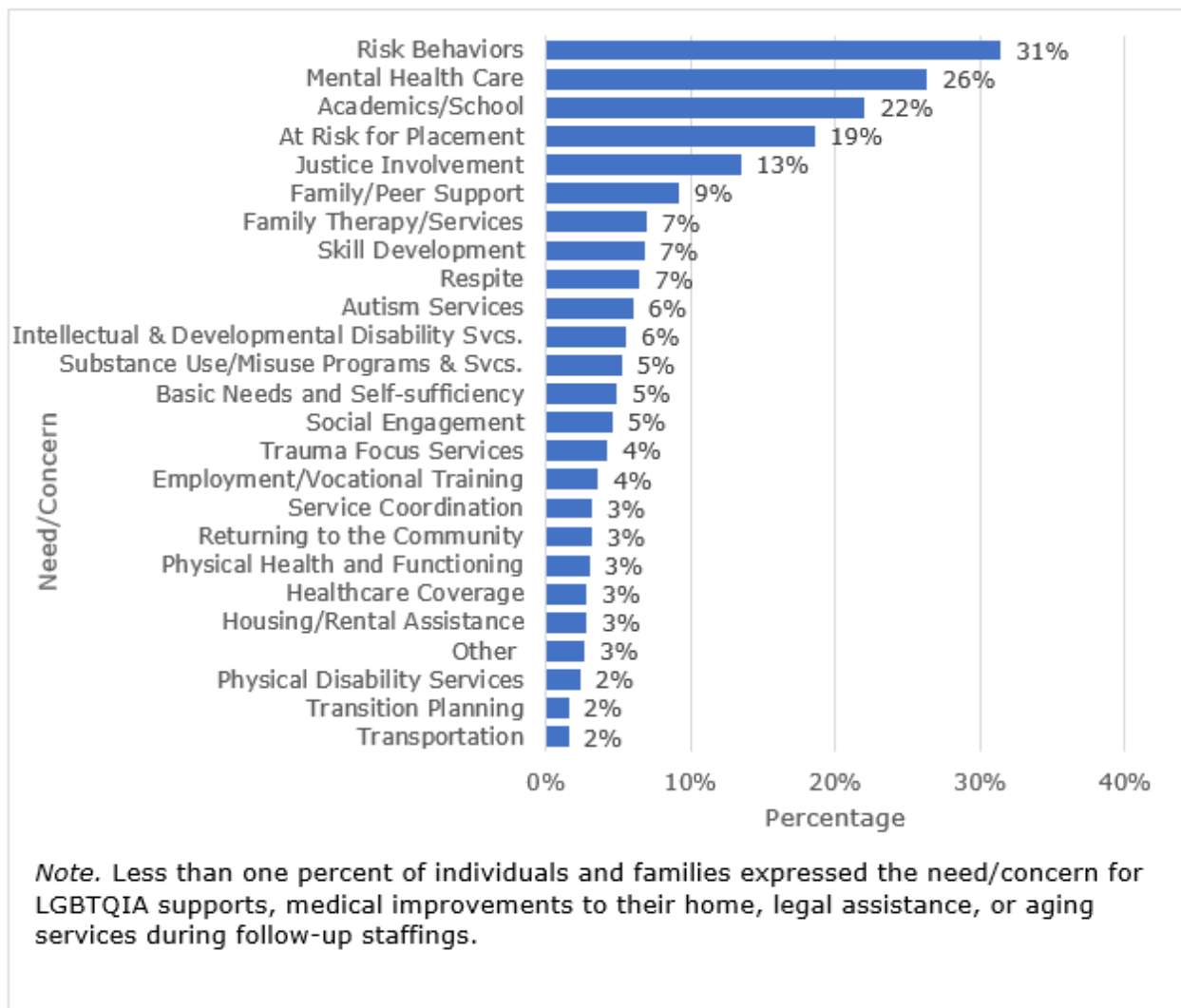


The leading needs and concerns expressed by individuals and families for follow-up staffings were for risk behaviors (31 percent), mental health care (26 percent), academics or school (22 percent), placement to an inpatient or residential treatment facility (19 percent), and justice involvement (13 percent).

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

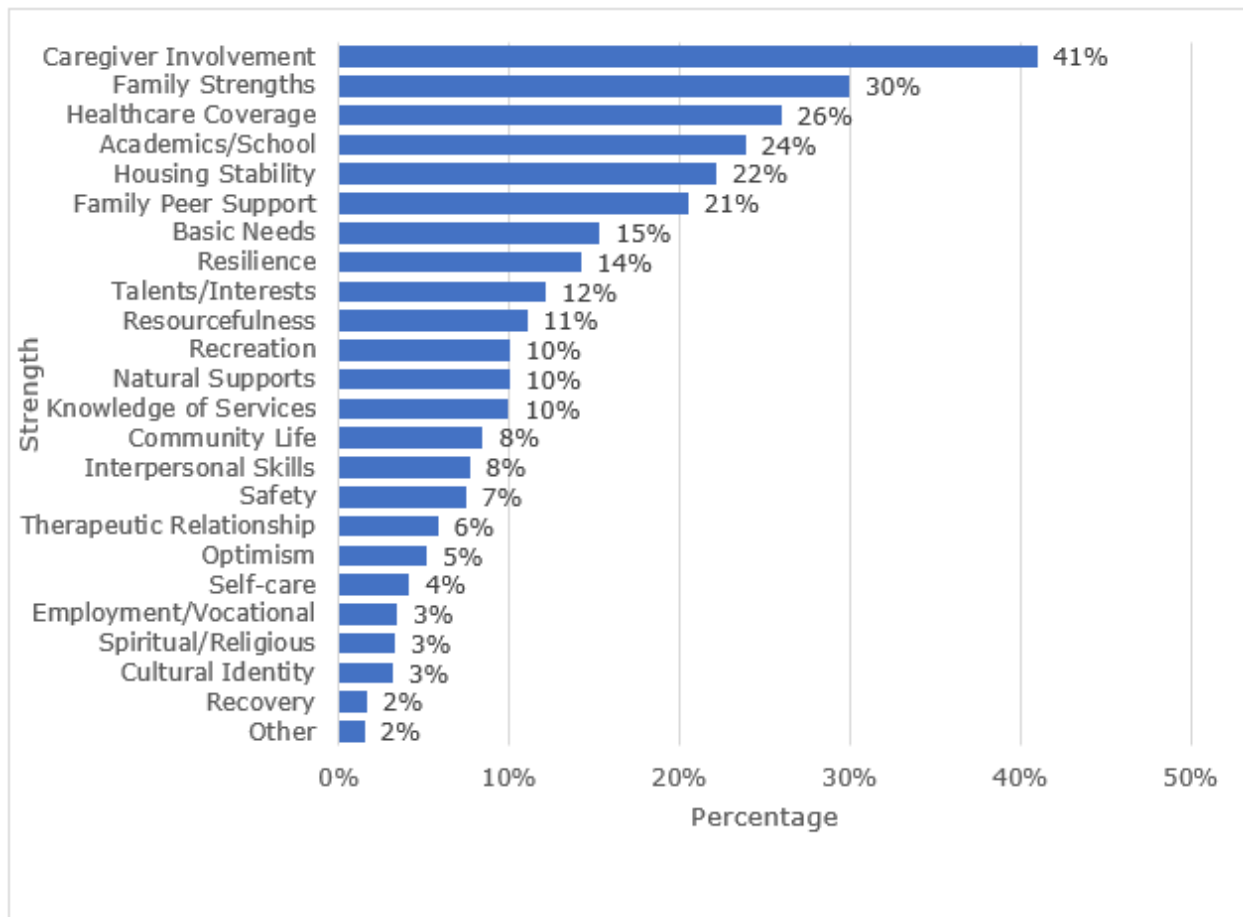


Community Strengths

Individuals and families referred for all CRCG staffings most often expressed strengths regarding caregiver involvement (41 percent), family strengths (30 percent), healthcare coverage (26 percent), academics or school (24 percent), and housing stability (22 percent).

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

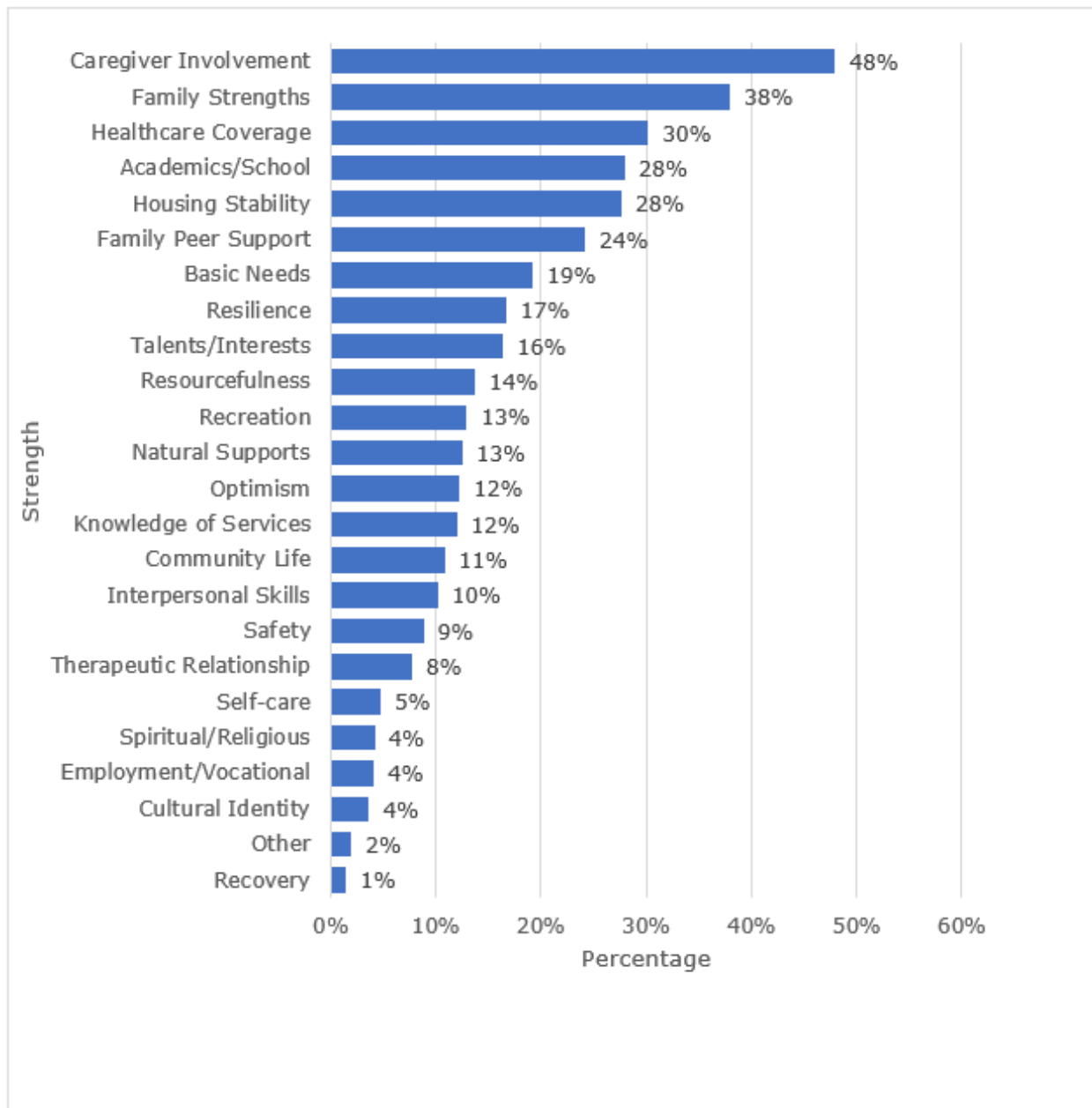


The leading strengths expressed by individuals and families for first time staffings were for caregiver involvement (48 percent), family strengths (38 percent),

healthcare coverage (30 percent), academics or school (28 percent), and housing stability (28 percent).

Figure 10 shows the types of strengths expressed by individuals and families during first-time staffings from the greatest percentage of strengths expressed to the least percentage of strengths expressed.

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

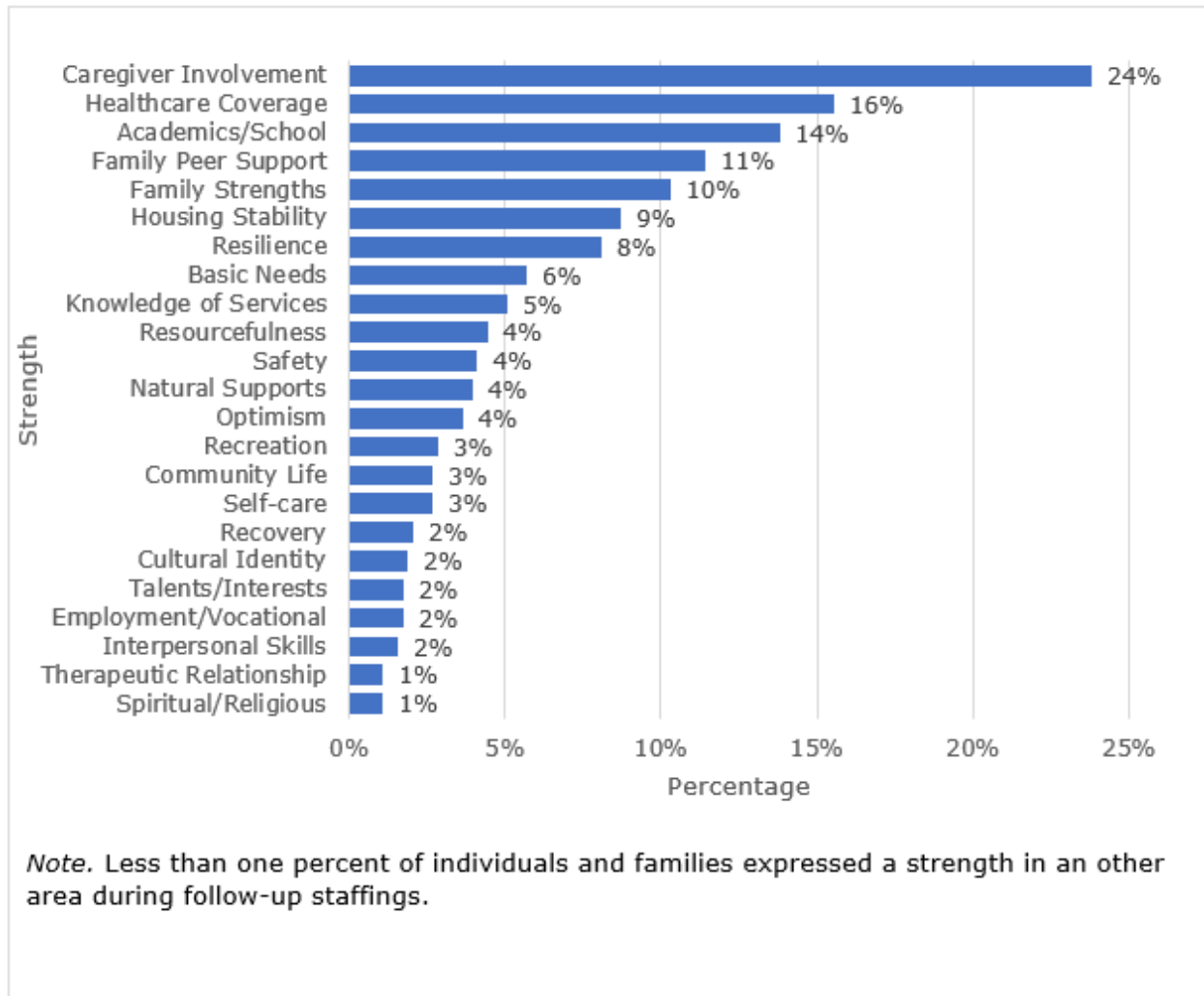


The strengths expressed by individuals and families for follow-up staffings were for caregiver involvement (24 percent), healthcare coverage (16 percent), academics or school (14 percent), family or peer support (11 percent), and family strengths (10 percent).

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 displays 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

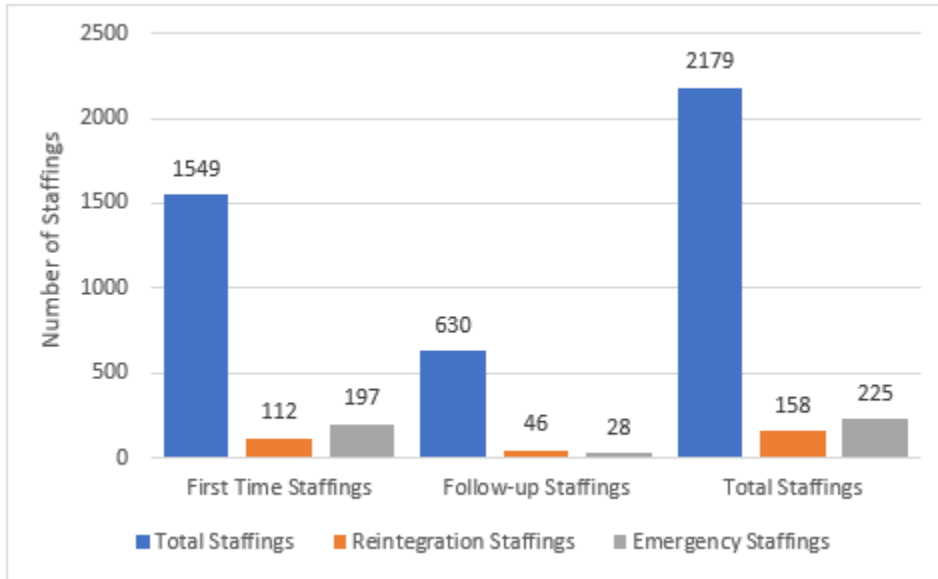


Recommended Services and Supports

Collectively, the 138 CRCGs that entered data into the CRCG data collection system conducted 2,179 case staffings in 2020 and 2021. 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. 1,549 (71 percent) of these staffings were first-time encounters with children, youth, or adults in need of services and 630 (29 percent) were follow-up staffings. Of the total staffings, 225 (10 percent) were emergency staffings and 158 (seven percent) were reintegration staffings.

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

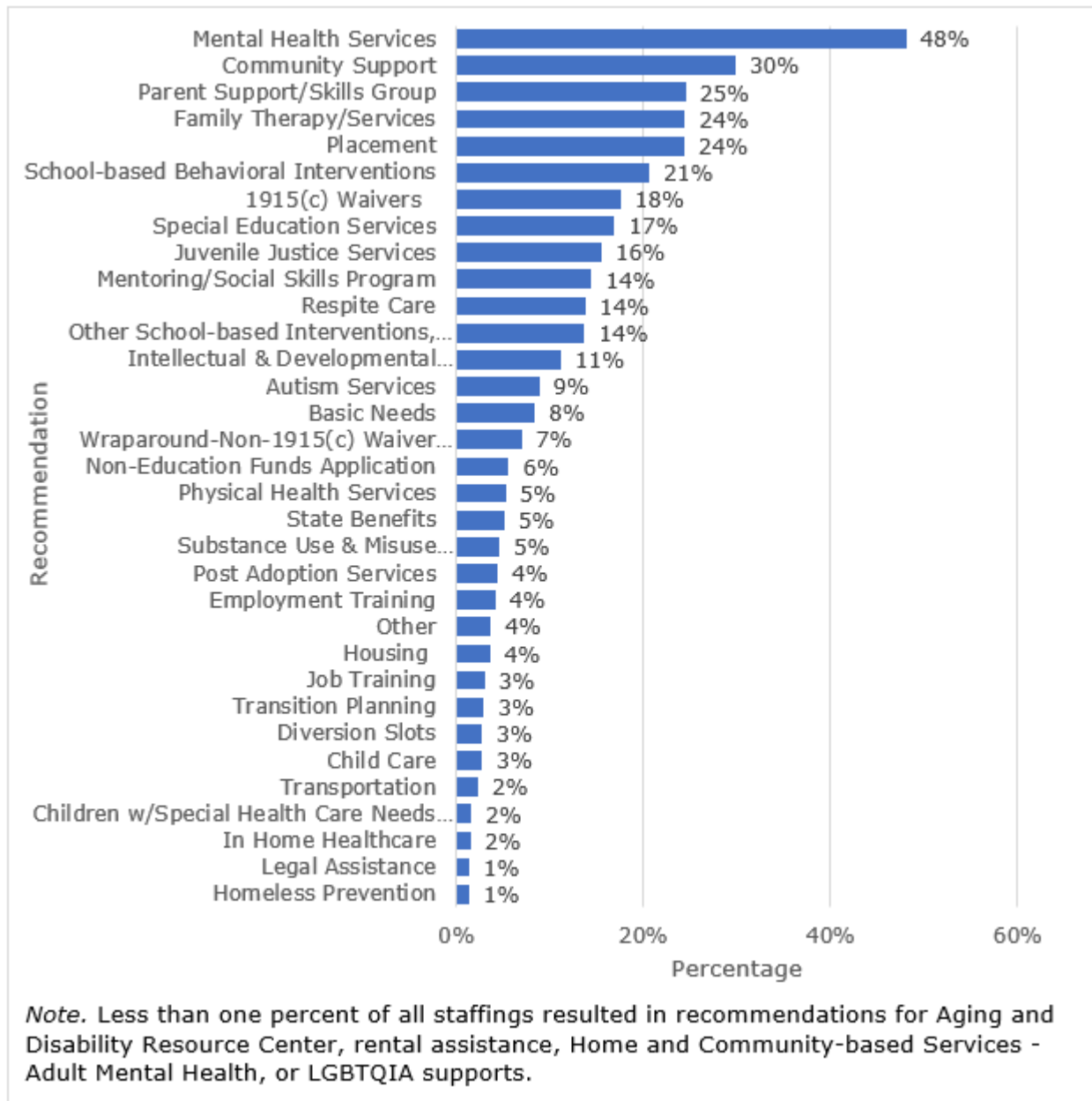
Figure 12. Number of First Time, Follow-up, and Total Staffings by Type



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 (48 percent), community support (30 percent), parent support or skills groups (25 percent), family therapy/services (24 percent), and placement to inpatient or residential treatment facility (24 percent).

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.

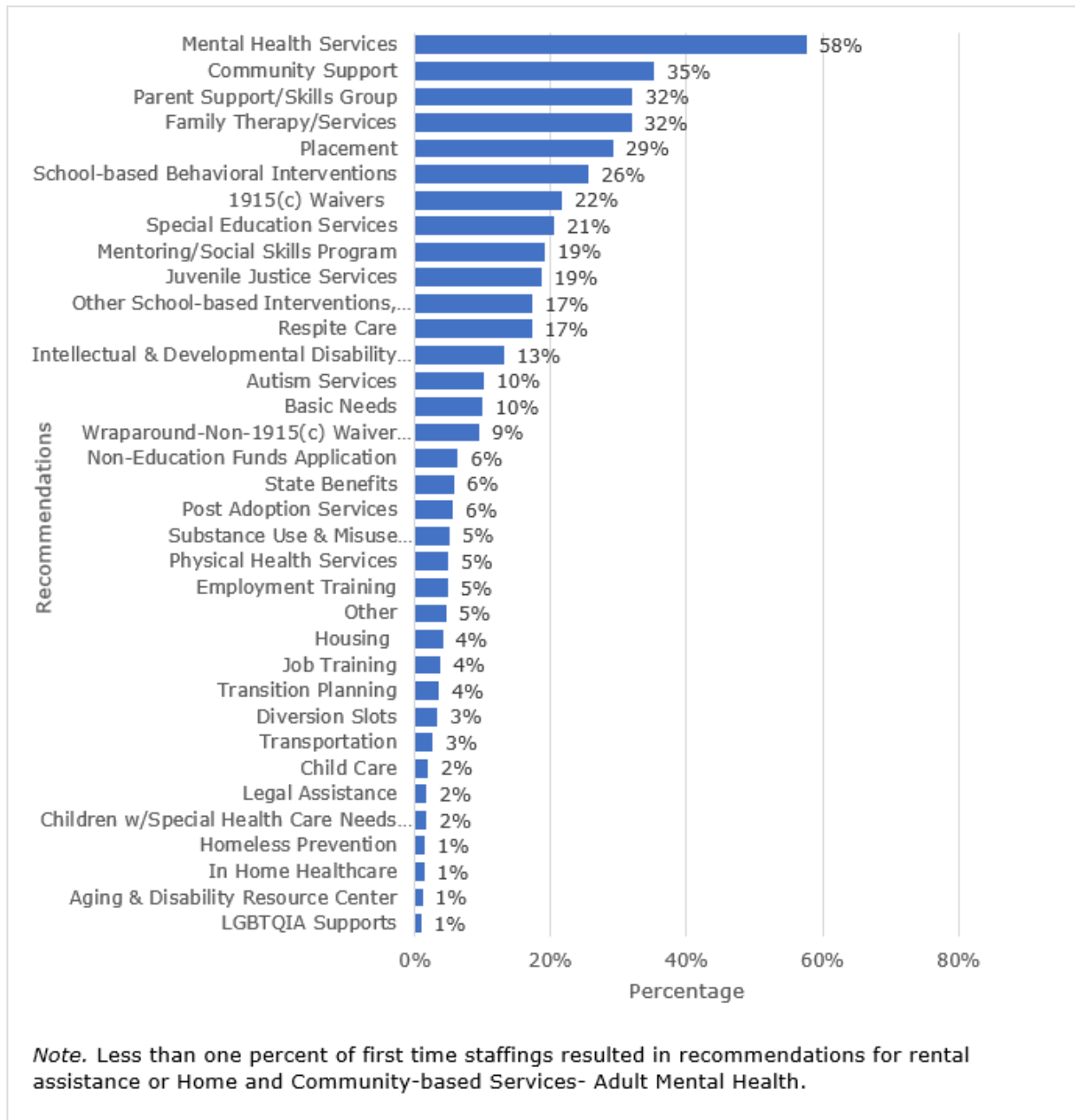
Figure 13. Percentage of ISP Recommendations by Type for Total Staffings



The leading ISP recommendations for first time staffings were for mental health services (58 percent), community support (35 percent), parent support/skills group (32 percent), family therapy/services (32 percent), and placement to inpatient or residential treatment facility (29 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



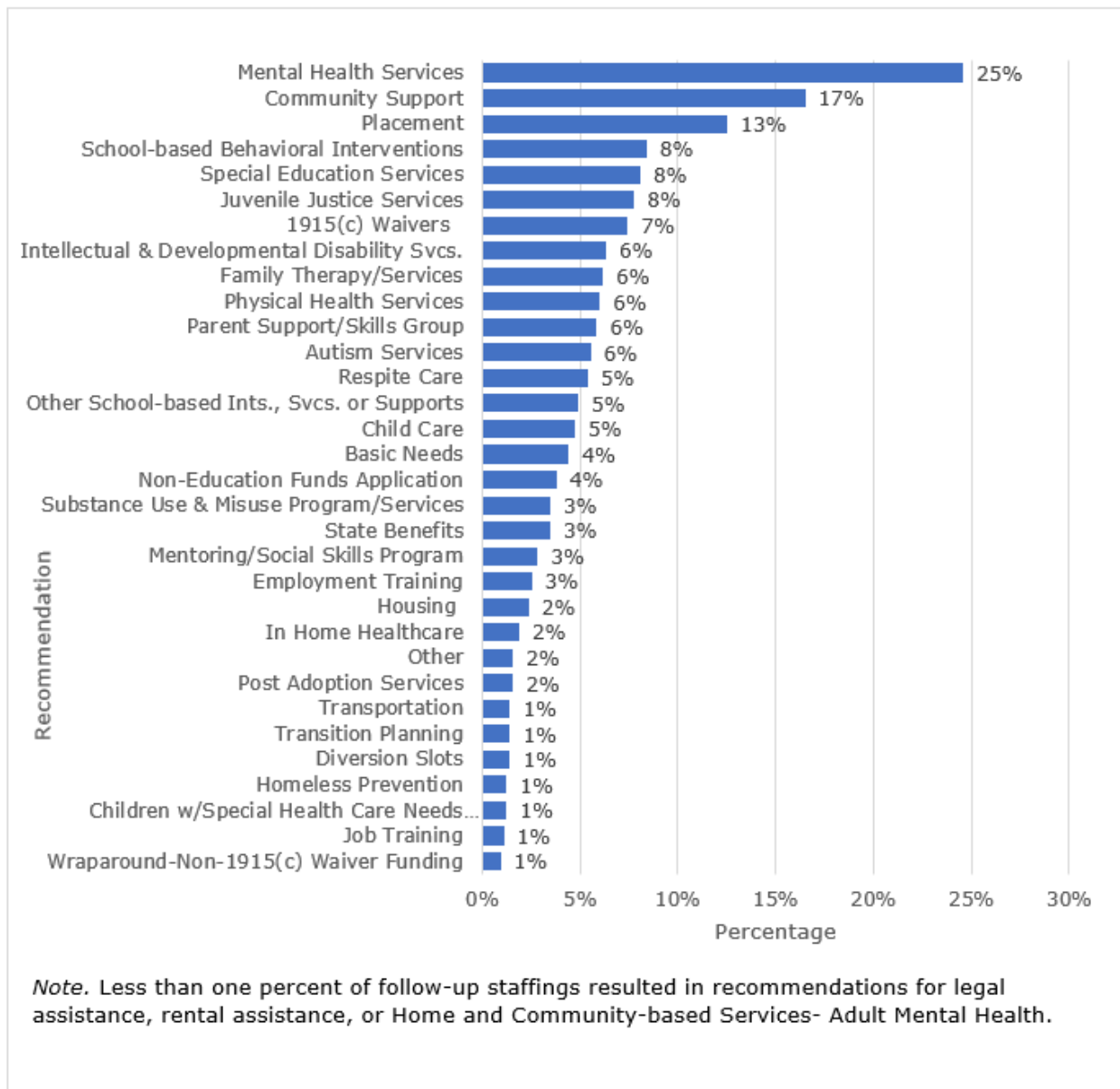
The leading ISP recommendations for follow-up staffings were for mental health services (25 percent), community support (17 percent), placement to inpatient or residential treatment facility (13 percent), school-based behavioral interventions (8

percent), special education services (8 percent), and juvenile justice services (8 percent).

Follow-up staffings typically occur one to three months after the first-time staffing and serve as a check-in 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

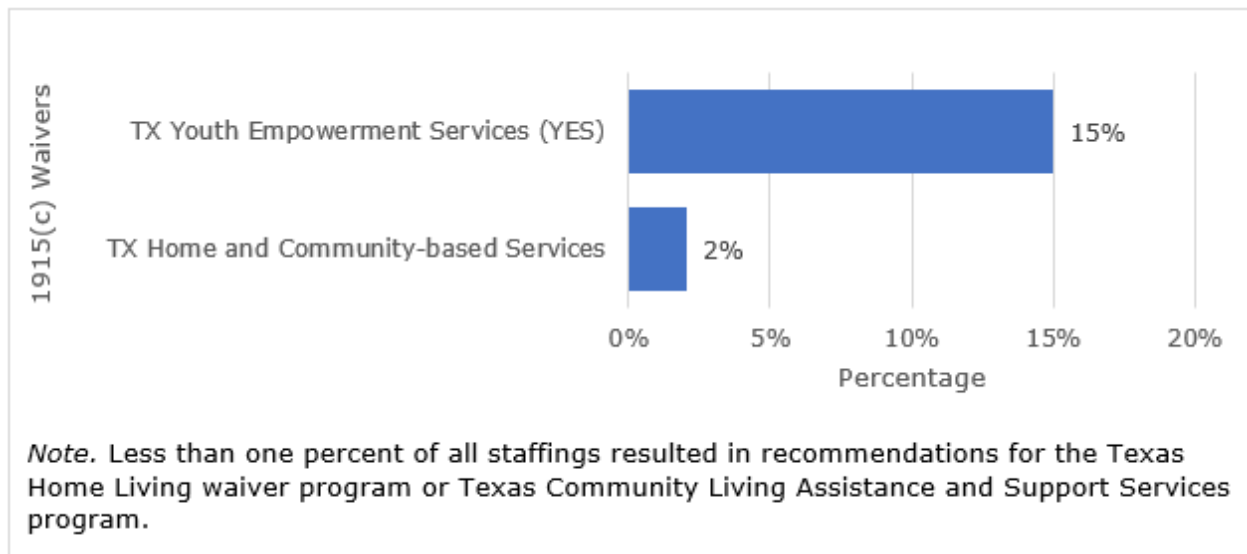


ISPs included recommendations to 1915(c) Medicaid waiver programs. CRCGs reported the following percentage of recommendations for these waiver programs: Youth Empowerment Services (YES) waiver (15 percent), Home and Community-based Services waiver (two percent), Community Living Assistance and Support

Services waiver (less than one percent), and Texas Home Living waiver (less than one percent).

Figure 16 shows the percentage of ISP recommendations for 1915(c) Medicaid 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



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 228 letters of recommendation for referrals to treatment at the Waco Center for Youth. CRCGs submit a letter of recommendation to accompany the referral from the LMHA, stating the CRCG met and endorsed the referral.

- CRCGs issued 52 letters of recommendation for referrals to treatment at 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 Project was recommended 28 times by CRCGs.
- Placement at other, unidentified residential treatment facilities was recommended 219 times by CRCGs.
- Placement in a nursing facility was recommended four times by CRCGs.
- CRCGs recommended 124 non-educational fund applications⁹ 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 55 staffings due to notification of a child or youth admission to an HHSC-operated facility. Texas Government Code Section 531.154 requires that within three days following the admission of a child to certain HHSC-operated facilities, the facilities must notify the local CRCG serving the county where the legally authorized representative of the child resides. After being contacted by a facility, 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 facility, including available placement options and opportunities for permanency planning.
- CRCGs held 79 staffings for juveniles under age 12 who were referred by probation in accordance with Texas Family Code Section 53.01. This requires the person conducting the preliminary investigation to refer children under 12 years old for service coordination at a CRCG, local inter-agency staffing group, or other community juvenile service provider.

Placement in a facility of any type for behavioral health care was recommended 531 times in 2020 and 2021, which was 24 percent of all staffings. Based on the

⁹ 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.

number of staffings conducted during this period ($N = 2,179$), 76 percent of all staffings resulted in a community-based solution, such as the YES waiver.

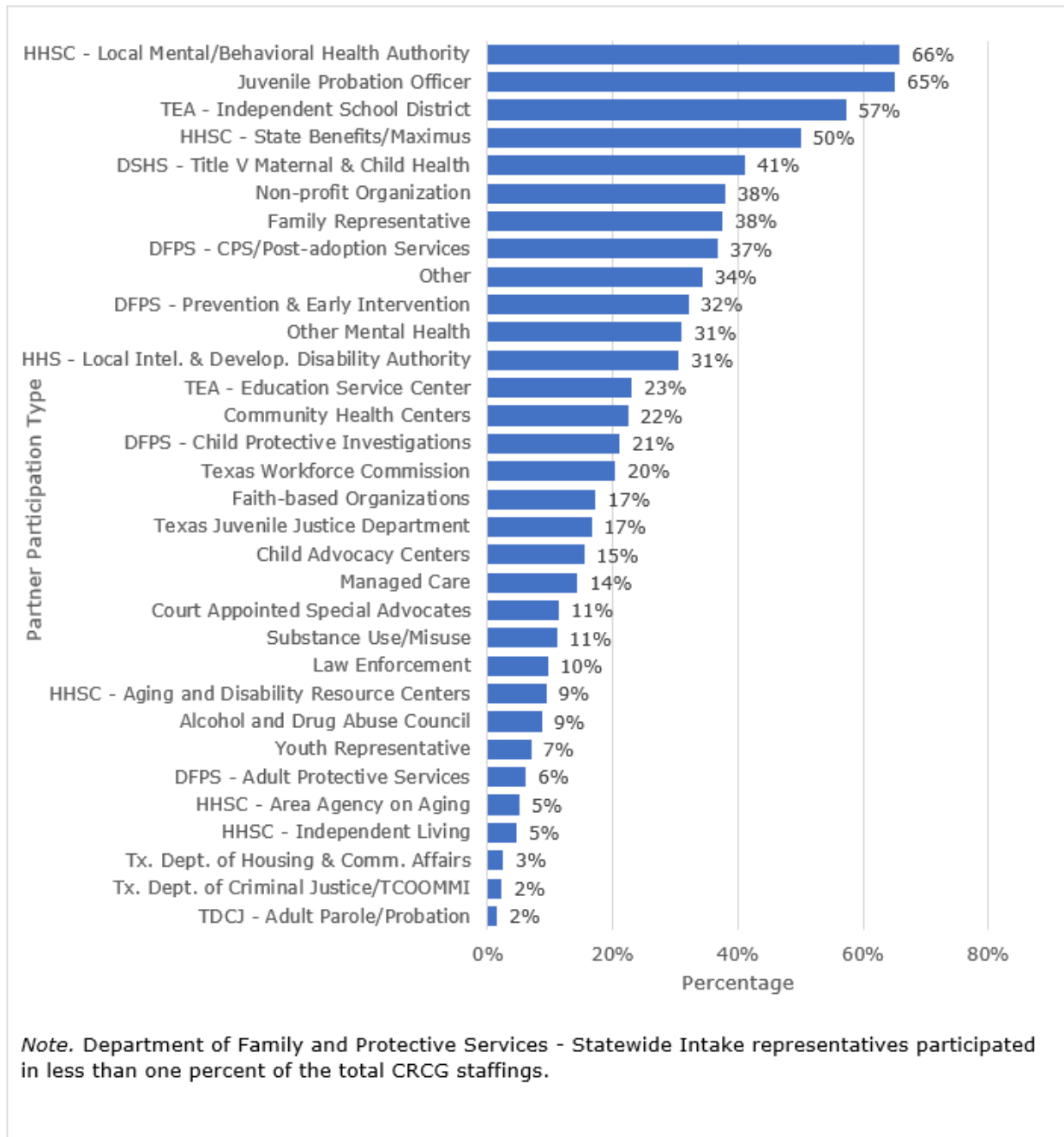
CRCG Partnerships

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 2020 and 2021. LMHAs/LBHAs (66 percent), juvenile probation officers (65 percent), school districts (57 percent), HHSC state benefits/Maximus offices (50 percent), and the Department of State Health Services (41 percent) were the most common regular partners.

"Since COVID in 2020, the Ellis County CRCG has met virtually. For the past two years we have had 25+ agency members from all the independent school districts, DFPS, local mental health authority, Substance Abuse, local intellectual and disability authority, psychiatric hospitals, residential treatment centers, Medicaid specialists, YES Waiver, and other child-serving agencies attend each month. COVID was an extremely difficult time for children with serious mental health issues. Our agencies and families repeatedly reported that the CRCG process was a lighthouse/beacon of hope for them during a difficult time. We were able to 'think outside the box', collaborate and work together across the social services systems to find help for our families." – Janis Burdett, Ellis County CRCG

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

Figure 17. Meeting Attendance Percentages by Partner Type



Zavala, Dimmit, and Maverick County Wellness CRCG members: Crystal City Independent School District; South Texas Rural Health Services; Zavala, Dimmit, and Maverick County Juvenile Probation; Community Council of South Central Texas; Home of Living Faith; Family Services; Templo Emanuel; Methodist Health Wesley Nurses; Vida y Salud Health Systems, Inc.; Belong; Texas Child Protective Services; Camino Real Community Services of Zavala and Dimmit; and RC Meier Specialty Service, promote collaboration within our rural communities. As a united proficient CRCG group, we have examined our communities' inequalities and initiated different projects to facilitate additional non-profit amenities for youth, and economic disadvantage families, especially those experiencing behavioral, medical, and mental health issues. – Rosa C Guzman, Zavala, Dimmit, Maverick Counties CRCG

Barriers for CRCGs

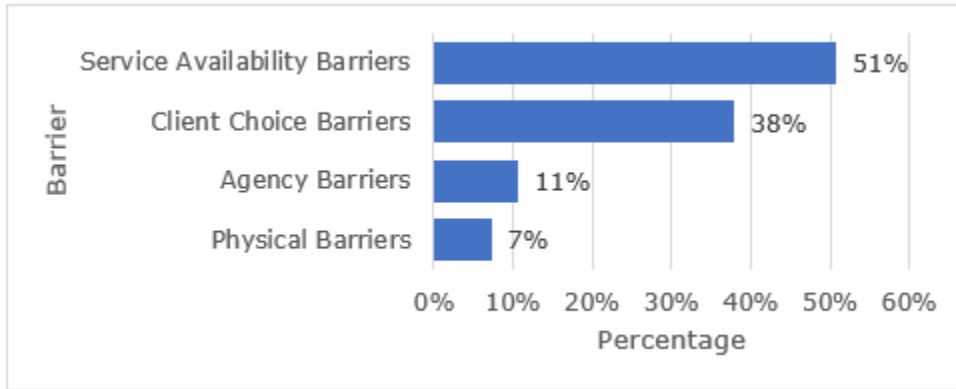
CRCGs reported local barriers to creating ISPs to include the following:

- Physical barriers: transportation, communication devices, language limitations, and scheduling conflicts.
- Service availability barriers: lack of funding for services, waitlists for services, ineligibility for services, lack of appropriate services, lack of CRCG knowledge of resources, and absence of services or service providers.
- Local agency barriers: insufficient staff, change in staff, agency language hindering collaboration, lack of clear agency processes, and lack of accountability of service providers.
- 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, lack of understanding of processes and programs, concerns about engaging with services that may negatively impact the person, and previous non-compliance with service recommendations.

Overall, individuals, families, and CRCGs reported barriers in all categories, including service availability barriers (51 percent), client choice barriers (38 percent), agency barriers (11 percent), and physical 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 webinars on various training topics, monthly leader trainings and bridge calls, and providing one-on-one training and support to 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 2020 and 2021, the State CRCG Office conducted 40 site visits, including 34 virtual site visits during the COVID-19 pandemic. 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 2020 and 2021, 17 webinars were held and included the following topics: working with and engaging youth, suicide care, guidelines for hosting virtual CRCG meetings, traumatic brain injury, strengthening CRCGs with family representation, and crisis counseling. In 2020, webinar attendance increased by 439% and reached 248 attendees in one session.

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. In 2021, regional cohort breakout groups were added to the monthly bridge call. The breakout groups provide a space for leaders to connect with other leaders in their region, discuss challenges and strategies, and share resources and ideas.

The State CRCG Office creates and maintains training and technical assistance materials for local CRCGs. In 2021, a comprehensive training guide and online training toolkit were launched. The toolkit is designed to be a one-stop-shop for CRCG leaders and members to learn how to create, sustain, and support their local CRCG. The toolkit includes videos, one-pagers, step-by-step instructions, and best

practice information to help align CRCGs with the system of care values of being family-driven, youth-guided and driven, culturally and linguistically responsive, and trauma-informed.

In July 2021, the State CRCG Office partnered with the Texas System of Care (TxSOC) to host the second 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 virtual conference hosted speakers with lived experience from across the country, offered networking opportunities and creative activities, and was attended by 437 people.

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 2021, the distribution list for the newsletter included over 13,000 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 2020 and 2021, the State CRCG Office presented at the Partners in Prevention¹⁰, Judicial Summit on Mental Health¹¹, TxSOC and CRCG, and Texas Network of Youth Services¹² conferences, along with presentations to various agencies and stakeholder groups.
- In 2021, the State CRCG Office launched the redesigned CRCG website. The new website was designed to be more user friendly for both individuals and families seeking support as well as CRCG leaders and members. The website assists individuals in determining whether a CRCG may be the right fit to meet their needs. It also provides a user-friendly layout for CRCG leaders to find important forms, worksheets, marketing materials, and training and technical assistance support.
- The State CRCG Office created a Partner Recruiting Toolkit in 2020, that includes tips for recruiting, sample letters to prospective members, and marketing materials. The Partner Recruiting Toolkit is used by local CRCGs to recruit and retain members.
- In 2020 and 2021, the State CRCG Office held the second and third annual 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.

Data and Research

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

¹⁰ 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.

¹¹ The Judicial Summit on Mental Health aims to engage and empower court systems through collaboration, education, and leadership, thereby improving the lives of individuals with mental health needs, substance use disorders, or intellectual and developmental disabilities.

¹² The annual TNOYS conference aims to inspire professionals and youth to challenge perceptions, bring their skills to new heights, and build the future of youth and family services in Texas.

The CRCG Data Collection System was first used to collect data in 2019 and the reporting rate was 59 percent. In 2020 and 2021, the local reporting rate increased to 94 percent. The efforts of the State CRCG Office to assess and remove barriers to data entry, such as streamlining the data system access process, and increasing training and technical assistance to data reporters may have contributed to the reporting rate increase.

In 2020, the State CRCG Office began gathering annual CRCG feedback through an annual CRCG leader survey. The survey gathers data about CRCG satisfaction with state office training and technical assistance, current needs, and suggestions for training and support for the following year. In 2020 and 2021, the feedback gathered was used to inform the State CRCG Office training plan. Some highlights of survey results include:

- On average, 85 percent of respondents reported satisfaction with the training and support offered by the State CRCG Office.
- Increasing local agency partner participation and access to available resources and supports remain the greatest needs.
- The top requests for CRCG leader support include: continued regional leader support groups and monthly leader trainings; more tools and support engaging local agency partners and increasing awareness of CRCGs; more services to refer to and information about available resources and services; and additional training on best practices with special populations.

5. Conclusion

In 2020 and 2021, local CRCG coverage increased by eight counties and the number of CRCGs reporting data increased from 59 percent to 94 percent. CRCGs continued to serve children, families, and adults with complex needs through interagency collaboration and coordination of services. The State CRCG Office successfully completed 2020 and 2021 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. A new three-year strategic plan was developed for 2022 through 2024.

Local CRCGs reported:

- 2,179 staffings;
 - 55 of these staffings assisted with permanency planning;
 - 630 were follow-up staffings;
 - 158 were reintegration staffings; and
 - 225 were emergency staffings.

Local CRCGs also reported:

- 76 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;
- LMHAs/LBHAs and juvenile probation officers are the two most frequent participants at local CRCG staffings;
- Mental health care, risk behaviors, and academics or school are the most identified needs at staffings; and
- Mental health services, community support, and parent support or skills groups are the leading recommendations on ISPs.

Implementation of a three-year CRCG Strategic Plan, featured in Appendix A, began January 2019 and was completed December 2021. 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.

The State CRCG Office successfully completed 2020 and 2021 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.

Lack of funding, participation that reflects the local community, 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.

List of Acronyms

Acronym	Full Name
CRCG	Community Resource Coordination Groups
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
S.B.	Senate Bill
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.

Goals (Calendar Years 2019-2021)

Goal 1: CRCG 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 Years 2019-2021)

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 2021)

See image on next page

