The University of Texas at Austin
Texas Institute for Excellence in Mental Health
School of Social Work

Community Resource Coordination Group Needs Assessment

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Deborah A. Cohen

Texas Institute for Excellence in Mental Health
School of Social Work
University of Texas at Austin
1717 West 6th Street, Suite 310
Austin, Texas 78703
Phone: (512) 232-0618
Fax: (512) 232-0617
E-mail: dacohen@austin.utexas.edu
http://sites.utexas.edu/mental-health-institute/

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Introduction to Study

Community Resource Coordination Groups (CRCGs) are county-based groups made up of public and private agencies that partner with children, families, or adults with complex multi-agency needs in order to develop customized, integrated, individual service plans (ISPs). Local CRCG members include representatives from schools, public and private sector health and human services agencies, faith and community-based organizations, local criminal justice organizations, and other organizations. As part of the ISP process, CRCG members help individuals and families identify and coordinate needed resources and services in their communities.

S.B. 1468, 77th Legislature, Regular Session, 2001, formalized the CRCG program requiring a joint Memorandum of Understanding (MOU) between multiple state agencies. The state agencies included in the MOU are listed below. Each of these agencies (or their local representative) participates in local CRCG work, as well as related coordinating efforts at the statewide level.

- Texas Health and Human Services Commission (HHSC)
- Texas Department of Aging and Disability Services (DADS)
- Texas Department of Assistive and Rehabilitative Services (DARS)
- Texas Department of Family and Protective Services (DFPS)
- Texas Department of State Health Services (DSHS)
- Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMI)
- Texas Department of Housing and Community Affairs (TDHCA)
- Texas Department of Criminal Justice (TDCJ)
- Texas Juvenile Justice Department (TJJD)
- Texas Education Agency (TEA)
- Texas Workforce Commission (TWC)

CRCG Program Overview

State CRCG Office

The Health and Human Services Commission (HHSC) Office of Social Services provides support for the CRCG program. The State CRCG Office at HHSC provides local CRCGs with training and technical assistance, program model oversight, and policy and programmatic guidance. The State CRCG Office manages the state program budget, completes data collection, reporting, and conducts related research. The state CRCG Office also leads the State CRCG Workgroup, which consists of the participating agencies and serves to respond to regional and state level concerns in each agency; serves as a liaison with state program partners; and represents the CRCG program in relevant workgroups and committees.

Local CRCGs

CRCGs are locally arranged and managed. At the local level, CRCG partners include representatives from the legislatively mandated state agencies, faith and community-based organizations, and family and youth representatives who meet on a regular basis to plan specific services for children, youth, and adults whose needs were not met through existing resources and channels. Local CRCG members work together to identify service gaps, duplication of efforts, and unmet needs for the people in need. CRCGs help to efficiently utilize existing resources and find new resources to address service gaps and barriers. There are currently 234 counties covered by a CRCG. Based on information submitted to HHSC by local CRCGs, approximately 930 individuals were assisted by a local CRCG in calendar year 2013.

Aims of the Current Study

The overall purpose of this study was to gather demographic and general information on local CRCG members and meetings as well as information on the needs of local CRCG members and individuals served by CRCGs to help the State CRCG office in program planning.

First, this survey sought to:

- Collect information about CRCG practices and community collaboration in local communities throughout Texas.
- Document what is currently working well for local CRCGs and identify needed assistance to ensure continuous improvement.

Secondly, to answer the following questions:

- What are the primary reasons children are referred to CRCGs?
- What are the primary outcomes of CRCG individual service plan creations, hereby referred to as staffings?
- What are the barriers to interagency collaboration?
- What are the technical assistance needs of individual communities?
- What strengths can be utilized to expand the use of CRCGs within communities?

Methodology

To best accomplish the aforementioned goals, this survey and subsequent questionnaires were created through a participatory process that engaged a variety of representatives from local CRCGs, HHSC, members of the State CRCG Workgroup, external stakeholders, and the University of Texas at Austin.

Guided by the CRCG legislatively mandated goals, a series of questions were developed to collect information on the current structure of CRCGs, and to provide context about the adherence to the values of cross-agency collaboration, person-centered care, community-based services, and culturally and linguistically competent care.

Some survey items were selected from standardized surveys, while others were developed to capture the unique qualities of CRCG structure (Stroul, 2012; Mattessich, Murrary-Close, & Monsey 2001). The survey was created as a part of an agreement to include CRCG membership in a statewide survey about local cross-system collaboration (*See: Cohen, D. A. (2016, February). Current state of child serving system inter-agency collaboration across Texas. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin for more information)* As a part of the agreement to include CRCG membership, individuals who identified themselves as CRCG members were provided additional questions related to data collection to inform the State CRCG Office.

Demographic information on those who participated in the survey is outlined in Table 1.

Summary of Findings

Using quantitative analyses and open coding of the free response sections, the following four themes and trends emerged. The themes listed below will be explored in greater depth along with charts and further information that relate to the overarching goals.

<u>Structure/Demographics of CRCGs</u>

- CRCG members are employed by a variety of public and private organizations.
- Most CRCG leaders have been in their role for at least three years.
- The majority of CRCGs meet monthly.
- Out of 140 CRCGs, 8 have some form of dedicated funding.
- CRCG members denoted the primary purpose of their meetings is to conduct "staffings" or individual service-planning meetings.
- Average amount of time devoted by CRCG members to their duties is four or less hours per month.
- Mental health, multi-system coordination, and caregiver needs were identified as the most likely need identified during staffings.

- A majority of respondents stated staffings ended with a recommendation for community-based referrals.

Who CRCGs Served

- Fifty percent of all CRCGs are solely devoted to children and youth.
- Forty-six percent of CRCGs serve children and adults.
- Four percent of CRCGs serve only adults.

Barriers to Interagency Collaboration

- Respondents stated barriers to collaboration included insufficient resources (i.e. funding, availability of services, awareness of available services).
- Respondents did not regularly collaborate with other agencies in regards to programming or funding.

CRCG Member Training Needs

- Overall, the responses provided by the CRCG leadership identify a need for greater training, constancy, and support to achieve the full purpose of the CRCG.
- Currently, elements of CRCGs are missed due to the small amount of time devoted to the CRCG. While CRCGs meet regularly, most do not complete CRCG activities beyond holding a meeting. Activities such as pre-meeting planning, post meeting follow-up, and community outreach are opportunities to improve coordination.
- The CRCG Leader Manual and CRCG New Member Manual are not utilized.

Results

Following the aims of the survey, the full results are presented below. Section 1 begins with a general description of the sample and how they participate with CRCGs. In Section 2, information on CRCG leadership is presented. Section 3 includes greater detail on the form, function, coordination, and results of CRCG meetings. Finally, section 4 focuses on greater details concerning interagency and community collaboration.

Section 1: Description of the Sample

State-wide Representation (Table 1)

- 473 community members accessed the survey and 395 completed more than the initial descriptive data.
- Respondents represented 249 out of the 254 Texas counties.
- Counties not represented:
  - Cochran, Hockley, King, and Lynn counties (HHSC Region 1)
  - Gonzales County (HHSC Region 8)

Table 1. Number of Respondents by Region

HHSC Regions	Count	Percent	Child Population in State by Region
Region 1 (Amarillo/Lubbock)	21	5%	3%
Region 2 (Abilene)	50	12%	2%
Region 3 (Dallas/Fort Worth)	53	13%	27%
Region 4 (Tyler)	34	8%	4%
Region 5 (Beaumont)	23	5%	3%
Region 6 (Houston)	66	16%	25%
Region 7 (Austin)	76	18%	11%
Region 8 (San Antonio)	32	8%	10%
Region 9 (Midland/Odessa)	29	7%	2%
Region 10 (El Paso)	22	5%	3%
Region 11 (Corpus Christi)	56	13%	10%
Unknown	1	.01%	N/A

Table 2. Role in Community ("n" signifies the total count of respondents)

- Community-based/non-profit organizations (24%, *n* = 112).
- State agency personnel (further state agency detail below) (15%, *n* = 73).
- Local Mental Health Authority (LMHA) representatives (12%, *n* = 49).
- Juvenile justice personnel (11%, *n* = 51).
- School personnel (12%, *n* = 51).

Table 2. How Would You Define Your Role in the Community?

Entity	Count *n* =473	Percent
Child Welfare Worker or Supervisor	14	3%
Community-based/Non-profit Personnel	112	24%
County Worker	2	0.4%
Early Childhood Provider	4	0.8%
Education Service Center Representative	18	4%
Family Representative/Parent Partner/Parent Support	12	3%
Provider for IDD Services	10	2%
Judge/Other Legal Personnel	2	0.4%
Juvenile Justice Personnel	51	1%
Law Enforcement Personnel	6	1%
Local Mental Health Authority Provider	55	12%
Local Official (Example: county commissioner, city council)	5	1%
Managed Care Provider	5	1%
Pastor/Faith-Based Personnel	3	0.6%
Physical Healthcare/Medical Personnel	13	3%
Private Practice Therapist/Psychologist	10	2%
Psychiatric Hospital	4	0.8%
School Personnel	51	12%
State Agency Personnel	73	15%
Substance Abuse Treatment Provider	2	0.4%
Vocational Support Worker	2	0.4%
Other	8	2%

State Agency Detail (Table 3)

- In some cases, respondents indicated a discrepancy between their employer and community role.

- While 73 individuals notated their role as a state agency employee, 153 individuals indicated that their employer is a state agency. For example, a respondent notated DSHS as their employer but their role was identified as a family representative. These discrepancies indicate a need to better define the difference between the individual's role in the community and their employer in future data collection efforts.

- The largest overlap was found among TJJD and juvenile justice personnel (*n* = 22)

and DFPS and child welfare worker or supervisor (*n* = 10).

- DSHS had the greatest diversity among classifications.

Table 3. State Agency Detail

	Count *n* = 158	Percent
Department of State Health Services (DSHS)	48	11%
Department of Aging and Disability Services (DADS)	10	2%
Department of Assistive and Rehabilitative Services (DARS)	22	5%
Office of the Attorney General (OAG)	2	0%
Texas Juvenile Justice Department (TJJD)	24	5%
Health and Human Services Commission (HHSC)	11	2%
Department of Family and Protective Services (DFPS)	21	5%
Texas Education Agency (TEA)	12	3%
Texas Department of Housing and Community Affairs (TDHCA)	0	0%
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)	3	1%
Texas Department of Criminal Justice (TDCJ)	1	0%
Texas Workforce Commission (TWC)	4	1%

Section 2: CRCG Leadership

The following section provides an overview of CRCG leadership roles. CRCG leaders (Chair/Co-Chair/Coordinator/Secretary) were asked a series of categorical and open-ended questions about their role. Twenty-one percent of survey participants (*n* = 97) indicated they held leadership roles in their CRCG (Table 4). Individuals represented by the other category indicated they were on the CRCG email list, but were not official voting members.

Table 4. Are You a Member of a CRCG?

Member Status	Count *n* = 473	Percent
No, there is no CRCG in our region.	5	1%
CRCG Leader	97	21%
Member	338	71%
Other	33	7%

Leader Activities

According to the CRCG Handbook (last updated 2005), leadership can be shared among several individuals to help manage the workload. The leadership team is typically comprised of a Chair, Co-Chair (Vice-Chair), and a Secretary.

The role of the Chair is to manage the CRCG, serve as the point of contact to the CRCG State Office, and facilitate meetings. In the event the Chair is unavailable, the Co-Chair facilitates meetings and assumes the roles for the Chair as a delegate. The Secretary records meeting minutes and is responsible for data submission.

Some communities have an additional role referred to as the Coordinator. Unlike the other roles, the Coordinator is a dedicated staff member who ensures tasks are completed between meetings. The Coordinator may also screen referrals and serve as a point of contact for follow-up activities related to the individual service plan.

Leadership Duration and Designation

- The majority of CRCG leaders served in a leadership role for five years or more.

- Election of CRCG leadership was primarily selected by member vote; however, some leadership staff noted that certain leadership roles were filled de-facto due to lack of interest from participants.

Table 5. Years in CRCG Leadership Role

Years	Count *n* = 96	Percent
Less than 1 year	10	10%
1-2 years	17	18%
3-4 years	25	26%
5 or more years	44	46%

Funding

- Most CRCG leaders serve as volunteers in addition to their primary paying job.

- Only eight distinct CRCGs indicated they had single stream or blended funding dedicated for their CRCGs. Of the eight distinct CRCGs indicated, only three had a dedicated, paid coordinator.

- On average, CRCG leaders (Chair, Co-Chair, and Secretary) reported they devoted four hours or less per month to their CRCG duties (attending the scheduled meeting and typing up meeting minutes).

- The CRCGs with funding notated greater time devotion to their duties and a greater number of meetings.

Onboarding for New Leaders and Members

When new members or leaders join CRCGs, the CRCG State Office is responsible for providing a New Member and New Chair Guide to assist with the onboarding process. Based on the responses gathered, many new members and leaders do not receive this information and comment that training is lacking.

- Qualitative and categorical responses indicated a lack of training for most CRCG leaders. For example, some respondents stated that the outgoing chair trained them for their new role, while most individuals stated there was no training or guidance.

- Under 10 percent of respondents stated they were provided new member training or new leader training (Chart 4).

Section 3: CRCG Meetings

This section provides greater details on CRCG meetings, including the frequency, purposes, representation at those meetings, coordination techniques, referral sources, needs identified during staffing meetings, and staffing outcomes.

Meeting Frequency (Table 6)

- A majority of the CRCG leaders (63 percent) indicated that their groups met monthly (Table 5).

Table 6. CRCG Meeting Frequency

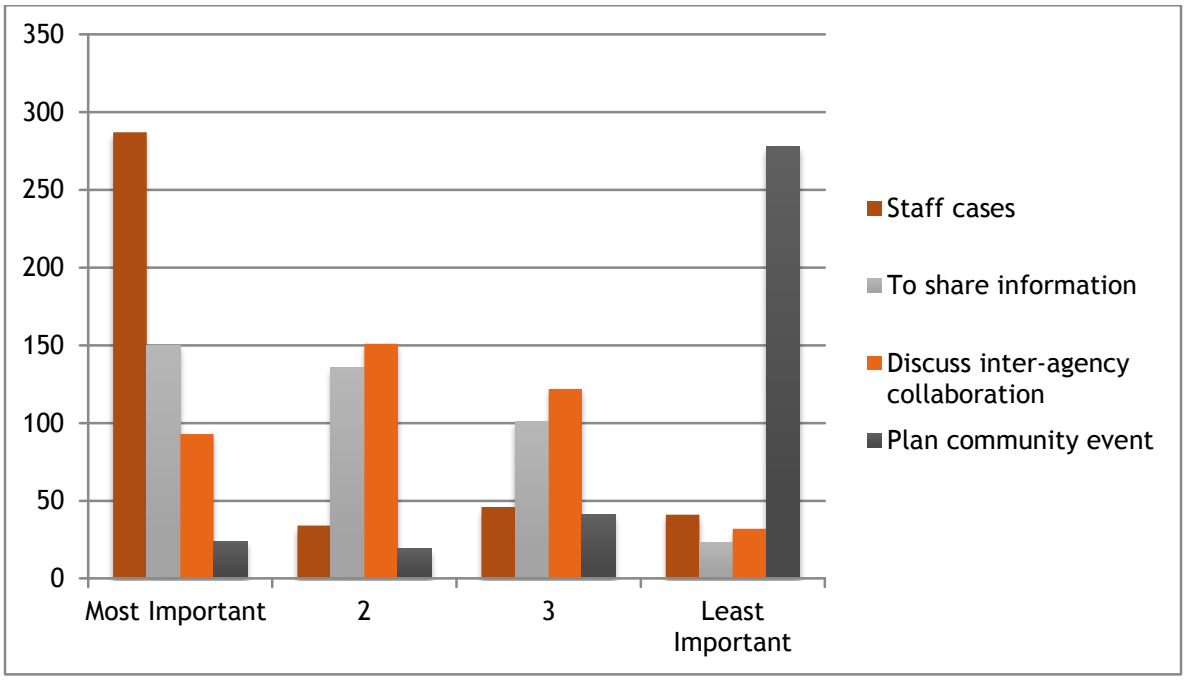
Meeting Occurrence	Count *n* = 91	Percent
As needed/only to staff a case	14	12%
Weekly	0	0%
Twice a month	3	4%
Monthly	56	63%
Quarterly	8	10%
Every other month	2	2%
Other	6	7%
We have not met for a certain amount of time, please describe	2	2%

Rating of Primary Purpose of CRCG Meetings, *n* = 376 (Chart 1)

- Respondents indicated the primary purpose of CRCG meetings was resource coordination (staffings) followed by information sharing, and discussions on inter-agency collaboration.

- A small contingent of individuals used the CRCG as a group to plan community events.

Chart 1. Purpose of CRCG Meeting



Agency Representation at Meetings, *n* = 373 (Chart 2)

- LMHAs, referred to as Public Mental Health in the charts below (63 percent) were specified as the most typical participant in CRCG, closely followed by juvenile justice (60 percent).

- Nearly 90 percent of respondents indicated that mental health and juvenile representatives attended meetings regularly.

- The graphs illustrate greater participation of child-serving organizations compared to adult-serving organizations.

- As shown on Chart 2 and Chart 3, there is an inverse relationship between the agencies that regularly attend CRCG meetings and those that respondents stated

should attend more meetings.

Chart 2. Regularly Attend CRCG Meetings

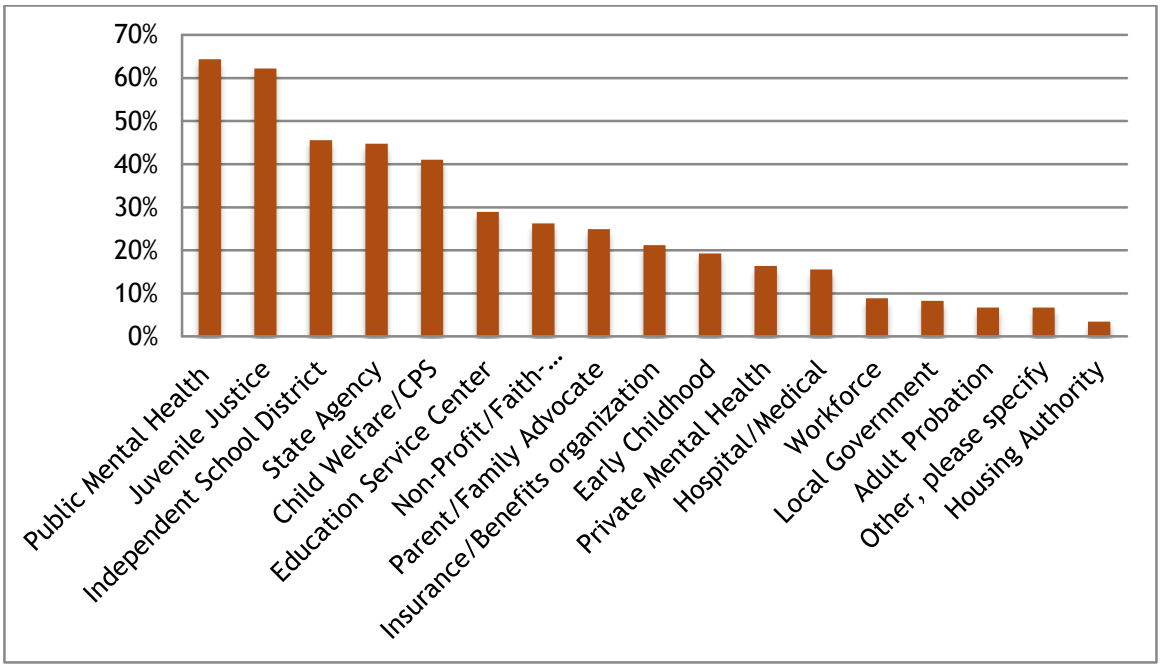


Chart 3. Would Like Agency to Attend More Meetings

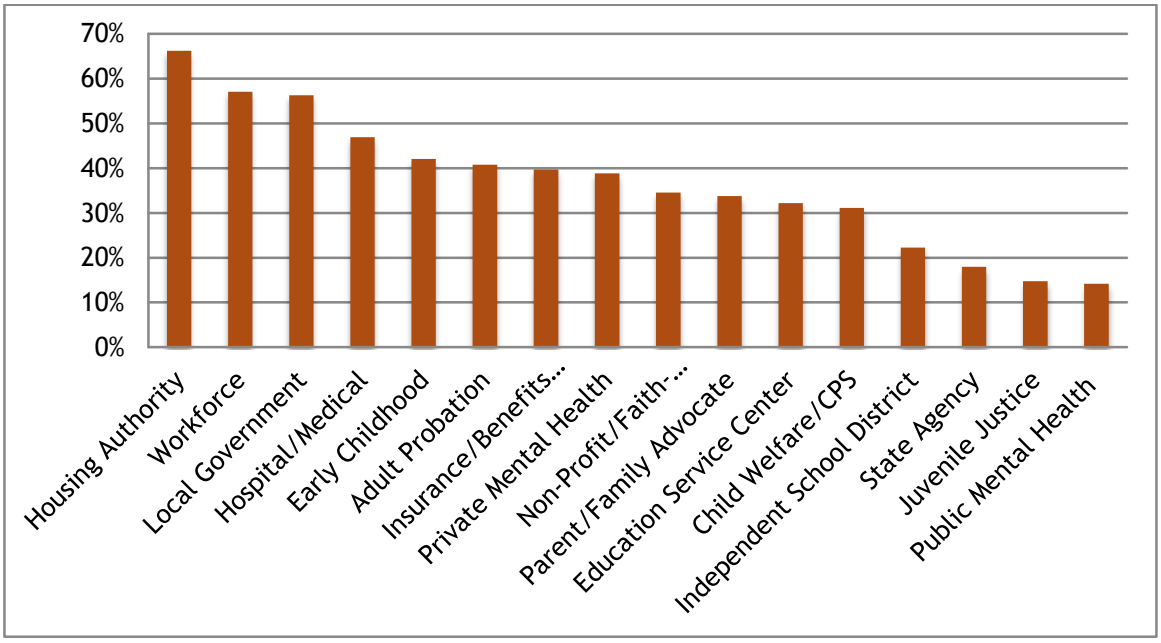
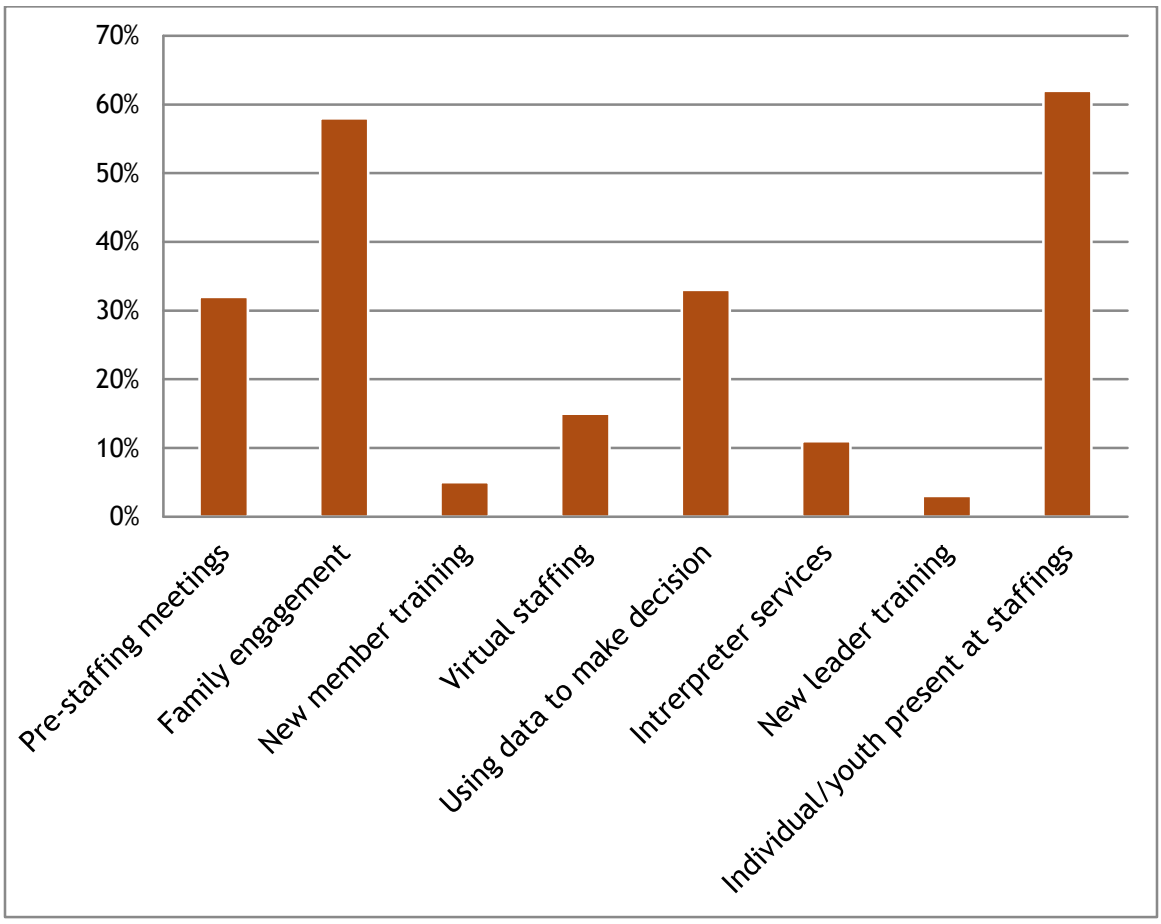


Chart 4. Use of Specific Coordination Techniques



CRCG Meeting Techniques, *n* = 79 (Chart 4)

- Person-centered approaches (i.e. family engagement and individual/youth present at staffings) were the most typical approaches used by CRCGs.
- Less emphasis was placed upon the use of data and pre-staffing meetings to faciltiate productive meetings, decision-making, or strategic planning.
- Qualitative answers indicate a lack of consistency across approaches. For instance, some respondents defined family involvement as the presence of an individual's caregiver, while others defined it as having a caregiver on their CRCG.

Primary Reason for Referral and Needs Discussed at CRCG Staffing, n=395 (Table 7)

- The top three reasons were provided as the reason for a CRCG referral:

    1. 159 respondents (43 percent) rated multi-agency involvement/coordination as the primary reason for a referral.
    2. 152 (41 percent) respondents noted need for out-of-home placement as the primary reason for a referral.
    3. 118 (32 percent) respondents rated the inability for an individual to be served within the community as the primary reason for a referral.

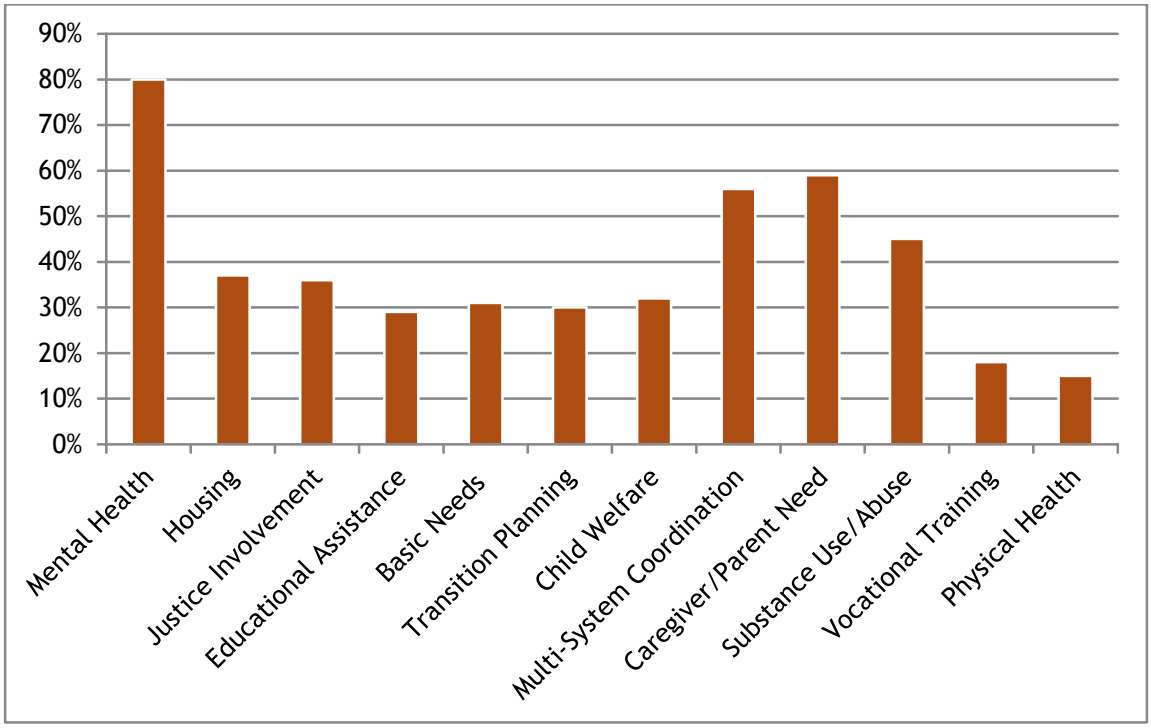
Table 7. Primary Reason for CRCG Referral

1.	Multi-agency involvement/coordination
2.	Need for out of home placement
3.	Inability for community services to meet the individual and/or family need.
4.	Individual organization does not have the resources to meet the needs of the individual and/or family
5.	Respite planning
6.	Community re-entry
7.	Other

Needs Identified During Staffing (Chart 5)

During discussions at CRCG Staffings, 80 percent of respondents documented mental health as the top issue discussed. It is unclear if the high number of individuals with mental health needs are referred to the CRCG a) due to a high number of mental health provider representation in CRCGs, or b) as a result of high mental health need identification. Mental health providers are engaged by the CRCG membership to advise how to respond to the need. (Chart 5)

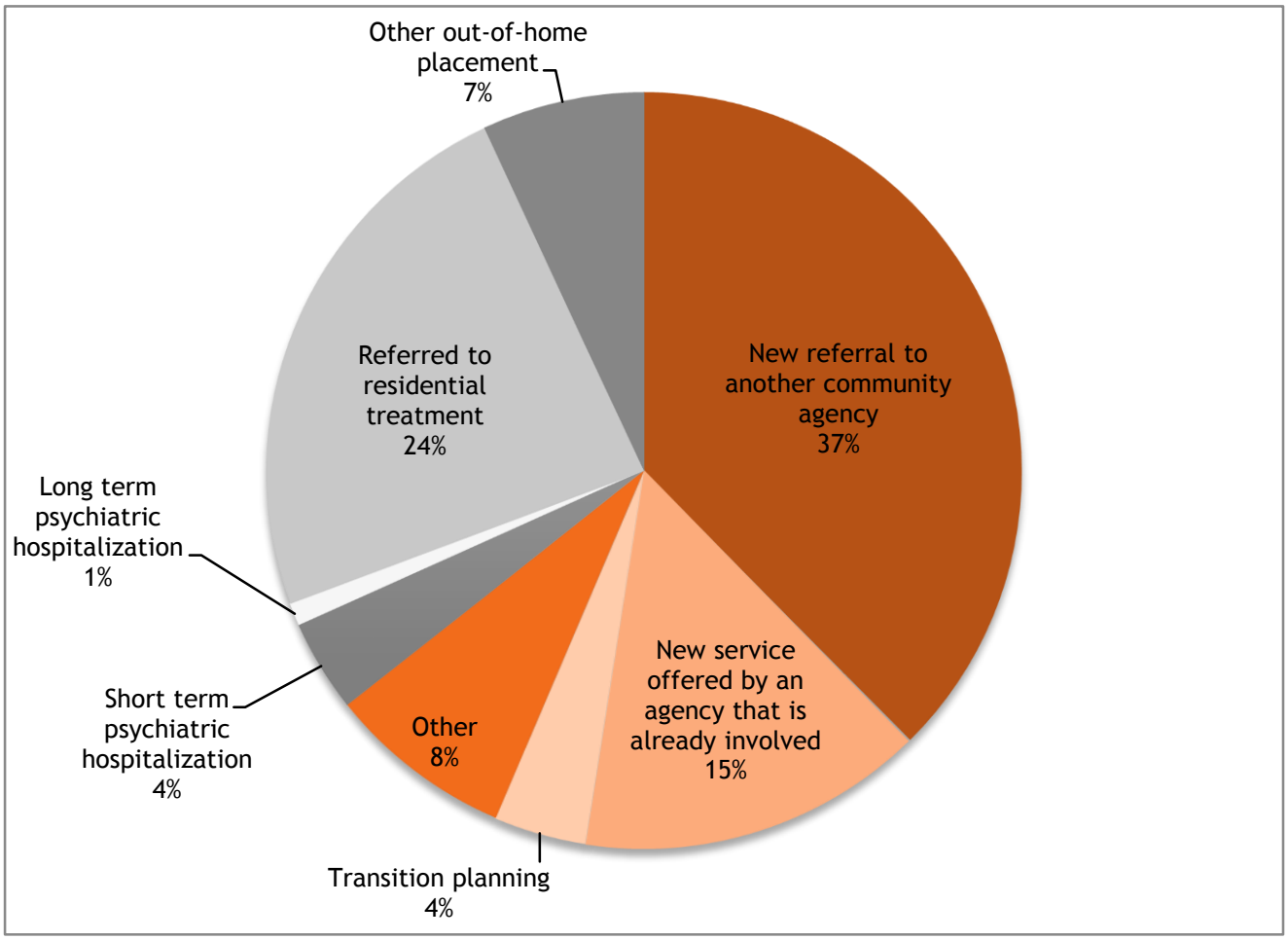
Chart 5. Top 5 Most Frequent Needs Discussed During CRCG Staffing



Most Typical Outcome of Staffing, *n* = 395 (Chart 6)

- 59 percent of CRCG leaders felt they could always meet the needs of the individual by the end of the staffing.
- 64 percent of respondents indicated that staffings typically ended in a community-based solution.
- 36 percent indicated individuals served were usually referred for an out-of-home placement.
- 7 of the 8 CRCGs with dedicated funding utilized community-based outcomes over out-of-home placements.

Chart 6. Most Typical Outcome of a CRCG Staffing



Section 4: Community Collaboration

Finally, this section contains more in-depth information on inter-agency/community collaboration, including the greatest barriers to collaboration, details on inter-agency cooperation, technical assistance needs, and general needs that could promote greater collaboration.

Greatest Barrier to Collaboration in the Community, *n* = 379 (Table 7)

Respondents were asked to rate the greatest community barrier to collaboration on a five-point scale, with five representing a significant barrier to collaboration in their

community and one representing no barriers to collaboration in their community.

- Funding, availability of services, and awareness of available services were noted as the greatest barriers.

- Lack of cooperation from individual providers, and buy-in by individual agency leadership were not highlighted as great barriers.

- Referral processes were rated as minimal barriers to inter-agency collaboration.

- The primary barriers faced by community groups are related to limited resources, rather than a lack of commitment toward improved collaboration.

Table 7. Greatest Community Barrier to Collaboration

1.	Resources (funding, materials, space, etc.)
2.	Needed Services
3.	Awareness of Available Services
4.	Workforce Shortage
5.	Staff Training
6.	Distance/Travel Time
7.	Individual agency policies and procedures
8.	Referrals processes between agencies
9.	Leadership of individual agencies
10.	Cooperation between agencies

Emerging trends indicate that respondents feel the need for better community awareness of the CRCG, more funding for residential placements, more intensive community-based options, more decision makers at the CRCG table, stronger community collaboration, and a dedicated leader at the CRCG.

A sampling of responses are listed below:

> "By the time the individual is staffed by the CRCG, he/she has exhausted most resources at the local level."
>
> "Referral process has been slow and most agencies do not come on a regular basis."
>
> "Over the past few years, more staffings have been on an emergency basis, where just the participating agencies that serve the youth attend."

"I feel like every case we staff ends up with the same result. Everyone wants to send the youth being staffed to Waco Center of Youth, which is not in our community. I don't feel like agencies in our community are being utilized because of lack of participation and knowledge."

"Many agencies are willing to collaborate; however, they are limited on staff time, space, and/or funding to collaborate in the most effective manner. Other agencies are not interested in collaborating at all and only seek to provide services to their own individual clients."

Inter-agency Cooperation, *n*=379 (Table 8)

For more detail on the qualities of cross-agency collaboration within communities, six questions were selected from the Wilder Collaboration Factors Inventory (Mattessich, Murray-Close & Monsey, 2001). Greater agreement with the statement represents increased collaboration within a community. The findings suggest active collaboration across agencies as it relates to programming and staff, but less when planning new programs.

Table 8. Agreement with Community Collaboration Statements, *n* = 392

When I interact with other individuals from other agencies about a concern, it is solution-focused.	89%
Although each agency has a different vision, I feel we have common values.	85%
Other agencies are responsive to calls, emails, and other forms of communication.	77%
Agencies share responsibility for individuals served across systems.	68%
When I am planning new programming, I readily call upon other partners in the community for ideas or feedback.	60%
I readily contact other agencies when I have concerns or compliments regarding their programming or staff.	63%

Technical Assistance Needs (Table 9)

Lastly, participants were asked to select their primary technical assistance need from the list below (financing, services, formal collaborations between agencies, data/evaluation, and cultural and linguistic competence).

Table 9. Would support in any of the following areas be helpful to your current inter-agency collaborations (CRCG, other community groups, etc.)?

Area	Yes *n* = 330	Percent
Financing	117	35%
Services	97	29%
Formal collaborations between agencies	82	25%
Data/Evaluation	23	7%
Cultural and Linguistic Competence	11	4%

Greater details on the areas in need of the greatest technical assistance are reflected in the statements below.

> "Learning how to finance across systems and establish formal collaborations between agencies."
>
> "Financing of collaboration efforts would help, and also I would like to see more data collection and evaluation."
>
> "Funding would be beneficial in order for the CRCG to market itself and reach the community members not currently being reached (i.e. people not accessing any community services at this time).
>
> "Data/Evaluation would be extremely helpful to determine if what we're doing is working; this will definitely be something discussed at our next meeting."

Recommendations

CRCG Training

Survey results demonstrate the greatest need for CRCGs is increased training. There are a number of elements missed due to the small amount of time devoted to CRCG duties. Training on the model, advertising the CRCG to the community, and follow up on ISPs will help achieve the full purpose of the local CRCG as intended.

Respondents did not emphasize spending time to screen referrals, educate the community about the CRCG, collect data, or participate in follow-up activities on ISPs. Although there is a CRCG leader manual and a CRCG new member manual, they are out-of-date and not utilized.

Collaboration Across State Initiatives

Identified barriers in the community indicate that CRCG stakeholders need greater

cross-agency collaboration as well as the ability to collaborate prior to the need for residential placement of a youth.

Furthermore, respondents did not regularly collaborate with other agencies due to limited resources. Training in blended and braided funding models, the CRCG MOU and the use of data could contribute to greater collaboration.

Lastly, results show that value is added to the CRCG model by leveraging local funds to support a dedicated CRCG coordinator. CRCGs should be encouraged to identify funds that could be collaboratively used in their community. The State HHSC Office should consider providing training and technical assistance to local CRCGs and a broader audience of community stakeholders interested in interagency collaboration.

Agency Participation in CRCGs

The CRCG model is unique in that it requires inter-agency collaboration of 11 state agency partners. Survey results showed an inverse relationship between the agencies that regularly attend CRCG meetings and those that respondents stated should attend more meetings, with an emphasis on greater participation of child serving organizations. To ensure that CRCGs are meeting the needs of all clients served, all agency partners need to be represented. Greater emphasis on recruitment and engagement needs to be applied to specific agencies as well as adult providers. Children and youth served by a CRCG exist within a family unit. As a result, services provided by adult service providers may be relevant to the full family unit.

Survey results also showed that CRCG members had difficulty defining their role between that of a state agency employee and that of having an employer that is in a state agency. For example, a respondent notated DSHS as their employer but their role was identified as a family representative. Role confusion could be contributing to the results found on agency participation. The State CRCG Office should work to increase role clarity for CRCG members.

Regular Data Collection

Regular data collection is needed to improve planning for the needs of Texas' children and adults. While respondents placed great emphasis on the need for a more comprehensive and diverse service array, there is limited documentation on the actual individuals served by the CRCGs and their needs.

Conclusion

The CRCG members who responded to the survey were employed by a variety of public and private organizations and represented a majority of counties throughout Texas. Most CRCG leaders have served in their role for three or more years with a minimum education level of a bachelor's degree. A majority of CRCGs met monthly

and only eight were provided with funding of any kind. CRCG members stated the primary purpose of their meetings was to conduct staffings. The average amount of time devoted to their duties was four or less hours per month. Over half of all CRCGs were solely devoted to children and youth, while the other half mainly shared focus between children and adults. A handful of CRCGs only focused on adults.

This information was supported by the large representation of child serving organizations who were reported to regularly attend CRCG meetings. Multi-agency involvement/coordination and the need for out-of-home placement were the primary reasons indicated for a referral to the CRCG. Mental health needs were the greatest unmet need identified during staffings. A majority of respondents stated staffings ended with a recommendation for community-based referrals. CRCGs with dedicated staff tended to provide more comprehensive coordination to their community than those without dedicated staff.

Much of the findings emphasize the need for greater training and support for local CRCGs. Many CRCG leaders and members devote a very small amount of time to the process and in turn do not bring dedication to the CRCG model. CRCGs with funding for a coordinator position showed greater adherence to the model in that: 1) more agencies regularly attend meetings, 2) individuals are connected with more community based solutions, decreasing the need for placement options, and 3) ISPs are followed up on a more regular basis.

In exploration of the culture of inter-agency collaboration, findings were mixed. Respondents stated much of the barriers to collaboration were internal to their own agency (such as scarce resources and need for more service availability). Though other agency relationships were strong, they did not regularly collaborate on programming or funding. Promising results were found in alignment with the promotion of individualized care; however, further work can be done to promote cultural and linguistic competence, shared decision-making, and data-informed decision making.

Citations

Stroul, B. (2012). *Rating Tool for Community Implementation of the System of Care Approach*. Washington D.C.: Georgetown University

Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Wilder Collaboration Factors Inventory*. St. Paul, MN: Wilder Research.