A Report to the Governor and the 82nd Legislature on the Community Resource Coordination Groups of Texas

Children and Youth

Adults

Families

Making a Difference … One at a Time

Fiscal Years 2008 and 2009

Prepared by the
Office of Program Coordination for Children and Youth
Texas Health and Human Services Commission
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A report prepared by the Texas Health and Human Services Commission, in partnership with:

Texas Department of Family and Protective Services

Texas Department of State Health Services

Texas Department of Assistive and Rehabilitative Services

Texas Department of Aging and Disability Services

Texas Correctional Office on Offenders with Medical or Mental Impairments

Texas Department of Criminal Justice

Texas Department of Housing and Community Affairs

Texas Education Agency

Texas Juvenile Probation Commission

Texas Workforce Commission

Texas Youth Commission

The Office of Program Coordination for Children and Youth would like to thank members of the El Paso, Gregg, Guadalupe, Johnson and Permian Basin local Community Resource Coordination Groups who provided their expertise in the development of this report.

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EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC), in conjunction with Community Resource Coordination Group (CRCG) agency partners, respectfully submit fiscal years 2008 and 2009 CRCG biennial report to the Governor and 82nd Texas Legislature. This document reflects the activities, services, successes, and challenges CRCGs report in their efforts to provide a coordinated approach to service delivery for children, youth, adults, and families with multi-agency needs. CRCGs report that the local interagency collaboration process has resulted in improved access and provision of services, and that professional networks have been strengthened, resulting in:

- More effective service provision for individuals and families;
- More contacts and increased idea exchange with external providers and internal partners of the CRCGs; and
- Increased capacity of CRCG members to serve clients, by enhanced connections with appropriate resources as a result of gaining experience and additional expertise regarding local community resources.

CRCGs voluntarily submit monthly meeting notes, basic demographic data, and other information to the state CRCG office. In calendar year 2009,

- Approximately 57 percent of all children and youth-serving CRCGs submitted data, resulting in 928 individual service plans;
- Forty two percent of all adult-serving CRCGs submitted data, resulting in 25 individual service plans; and
- Fifty seven percent of family-serving CRCGs submitted data, resulting in 193 individual service plans.

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Seventy four percent of referrals to CRCGs that serve *children and youth* are related to skill development issues (i.e. social skills, challenging behavior, anger management, etc.), followed by fifty two percent related to mental health care services, and fifty one percent identifying the need for life skills training. These referrals most often are generated by independent school districts (ISDs) and juvenile probation departments (JPDs). These same agencies, local mental health providers and an increasing numbers of non-profit organizations are primarily responsible for the majority of service plans created for this population. These children and youth require a vast array of intensive services such as: mental health care, interpersonal and coping skills development, family support, social interaction, basic needs, self-sufficiency, substance abuse and education.

Ninety two percent of referrals to CRCGs that serve *adults* identify individuals needing assistance with basic needs and self-sufficiency (i.e. food, clothing, housing, transportation, utility assistance, home repair, etc.), followed by fifty two percent related to the need for mental health care services. The majority of referrals to CRCGs serving *adults* originate from

community-based organizations (CBOs), local MH centers and Adult Protective Services (APS). Faith-based and non-profit organizations also refer and provide services to adults.

As reflected by the statewide data and individual reports from CRCGs, the major challenge faced by these groups is their inability to provide comprehensive behavioral health services (inclusive of mental health and substance abuse) to children, youth, adults and families within their communities. The feedback indicates a high demand for available, affordable and intensive community-based services that can be customized to meet individual children, youth and adults' behavioral health needs. These types of services delivered in a timely manner can prevent more costly treatment or intervention services within child and adult welfare settings, or in congregate care facilities, including juvenile and criminal justice settings.

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THE WORK

The following stories describe recent referrals and illustrate the work of local CRCGs to address the needs of children and youth with multi-agency needs through interagency coordination. The names have been changed to protect the privacy of the families; however, their experiences are real.

Thomas

Thomas is now 14 years old. At age 13, he was violent, struggling both at home and in school, and no one could manage him. When referred to the local CRCG, the members agreed that his family had done everything they could to access local community resources; the CRCG recommended that he be placed at the Waco Center for Youth (WCY), and provided a letter of recommendation. Thomas was placed on the WCY waiting list for 6 months, then spent 11 months at the facility.

When Thomas returned from the WCY he attended the local CRCG meeting and shared what he had learned. Sitting in front of 25 strangers, Thomas shared that the first month or two he had a lot of trouble and resisted participating in the program. He then related that he had heard about other violent boys in his cottage getting arrested and dragged away in handcuffs, or getting committed to a mental hospital. It was at this point that Thomas said he made a decision not to go down the same path as these other boys. He became an active participant in his therapy and began making changes in his life.

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Thomas sat in front of the CRCG members and claimed complete responsibility for his past behaviors; they, in turn, clapped and cheered for him and thanked him for following up with the CRCG to let the members know their efforts were not in vain. The CRCG was very impressed with the successful treatment the WCY had provided for Thomas and sent a letter commending the service; in return the WCY responded with a letter of gratitude. "Our system worked, and Thomas' story gave us the stamina to continue to help families with out-of-control and dangerous children," the CRCG chair noted.

Grace

At the age of 16, Grace was on her own and fending for herself; with both of her parents out of the picture, she was barely managing to attend school and hold down a job to pay for food and an apartment. The stress of her living situation became so overwhelming that Grace began to exhibit significant anger issues and turned to drug abuse, and found herself in the juvenile detention system.

When her situation was presented to the local CRCG, a rehabilitation treatment plan was set up for Grace and she was connected to the area's Job Corp program. The CRCG response to Grace's needs have turned this young woman's life around, and she is on the road to a successful transition to adulthood.

BACKGROUND OF COMMUNITY RESOURCE COORDINATION GROUPS

Over the past 20 years, people who have complex needs have had a resource through the CRCGs. CRCGs are county-based interagency groups comprised of public and private agencies that partner with children, families or adults with complex multi-agency needs in order to develop customized, integrated, individual service plans. Together, representatives from schools, public and private sector health and human services (HHS) agencies, faith-based organizations, local criminal justice organizations, and other organizations, assist individuals and families to identify and coordinate needed resources and services in their communities.

"Most CRCGs have no funding. There are agencies that are mandated to attend, but half of us are volunteers. Many of the families who come to us also need financial assistance to keep their families together. Some families don't have insurance that pays for mental health needs. We have seen several who have had to give up custody of their child to Child Protective Services in order for the child's mental health needs to be met. We would like to be able to intervene earlier, to help these families with funding and support so they don't give up custody of their child."

~ A Local CRCG

Initial legislation passed in 1987 drove the development of CRCGs to collaboratively serve children and youth across the state. Since 1996, CRCGs have been serving children and youth in all 254 counties in Texas. As calendar year 2009 ended, there were 72 CRCGs specifically serving children and youth; 19 CRCGs serving adults; and 76 CRCGs serving families (any age of children, youth, families and adults), for a grand total of 167 unduplicated CRCGs across the state. A state-supported demonstration of the CRCG approach

to serve adults began in six pilot sites in 1999; there are now 178 counties (70 percent of the counties in Texas) working to meet the service needs of adults through the CRCG process. The three types of CRCGs in Texas are defined as follows:

- CRCGs – serving *children and youth* (birth to age 22);
- CRCGAs – serving *adults* (age 18 and older); and
- CRCGFs – serving *families* and individuals of any age.

Currently, the CRCG program is authorized under legislation passed by the 77th Legislature, Regular Session, 2001, and codified in Texas Government Code §531.055. This legislation directs the development of a Memorandum of Understanding (MOU) on services for persons needing multi-agency services. This action renews the commitment to CRCGs for Children and Youth, and incorporates a requirement for agency participation in building the capacity to serve adults through a CRCG. The MOU currently in place updates an earlier 2001 version and reflects the consolidation of HHS agencies as required by H.B. 2292, 78th Legislature, Regular Session, 2003. The current 2006 MOU is reviewed by the State CRCG Workgroup biennially and is included as Attachment A.

A state agency CRCG workgroup serves as the state level point of contact to respond to regional or state level concerns of local CRCGs, including identifying representation and/or mediation needed in support of local CRCG processes. Presently, the State CRCG Workgroup, consisting of the legislatively mandated state agency members, meets periodically to provide oversight to specific state level coordination activities. This includes any revisions of the CRCG MOU, development of the biennial CRCG legislative report, and additional CRCG activities, such as review of analysis and reporting from the statewide CRCG data collection system and support for extending adult-serving CRCGs into additional counties.

The State CRCG Office is housed at HHSC in the Office of Program Coordination for Children and Youth (OPCCY). Funding for part of three full-time equivalent positions is included in the HHSC budget and is used to support travel to provide limited on-site technical assistance to local CRCGs, in addition to support for web-based and telephone technical assistance for local CRCG teams. While there are no state appropriations for local CRCG operations, several CRCGs have obtained funds through grants or through local/county-based funding. Local CRCGs select a chairperson who volunteers to serve in a leadership role. Information on agencies and organizations serving in local CRCG leadership roles may be obtained from the annual CRCG data report available at the state CRCG website (http://www.hhsc.state.tx.us/CRCG/CRCGData/DataReport/2009DataReport.pdf).

A few CRCGs have successfully secured funding for a part-time or full-time dedicated CRCG coordinator position. Each CRCG defines the coordinator's specific job responsibilities and duties that typically include an intensive cross-agency case management or service coordination function. With budget challenges over the past four years, CRCGs have faced difficulties in maintaining interagency resources for a CRCG coordinator, and as a result, several of these positions have been discontinued. Budget limitations and divergent agency priorities with resulting competing time demands on agency staff also contribute to some CRCGs struggling to maintain leadership and cohesion. Nonetheless, this local interagency infrastructure has

persevered and CRCG has now been in operation for over 20 years. As the individual circumstances of the children, youth or adults and their families referred to the local CRCG so often remain extremely complex, the local collaborative groups continue in their ability to mitigate or remove barriers and assist children, youth and families in accessing needed services.

A Week in the Life of a Local CRCG

"An emergency CRCG was called by juvenile probation and we were able to assist the local probation office in facilitating a placement at North Texas State Hospital in Vernon. Our regular meeting was scheduled later in the week and we staffed a homeless family of five (mom and four children between the ages of kindergarten to eighth grade), and three individuals; we also completed two reviews of previous staffings.

"The results of this community collaboration speaks for itself: the family housing assistance application was expedited and scheduled later that same day; we provided support for an out-of-home placement (through the Medicaid waiver, Home and Community-based Services) for an individual served through the local mental health and mental retardation center; a school district special education meeting was facilitated to address a family request to increase a student's time at school from 2½ hours; and information and support (including a referral to adult protective services as well as a referral to free family counseling services for the mother and a younger sibling) was provided to a mother seeking non-voluntary drug/alcohol treatment for her 18-year-old child.

"Our CRCG team did an amazing job of 'stepping up-to-the plate' to address the needs of these families and individuals, bridging the gaps in needed community services to the best of our abilities."

DATA

CRCGs voluntarily submit monthly meeting notes, basic demographic data, and other information to the State CRCG Office, either by mail, fax or through the CRCG web-based data collection system. This data identifies the services and resources that are available in that location, agencies that participate in the CRCG, and any gaps or barriers that may prevent service needs from being fully addressed.

- In calendar year 2009, approximately fifty seven percent of all the CRCGs serving *children and youth* submitted data, a slight increase from the data reported in the last legislative report in 2007. The overall number of people for whom service plans were developed increased in calendar year 2009. Seventy four percent of the service plans identified that skill development (i.e. social skills, challenging behavior, anger management, etc.) was needed, while fifty two percent of the plans identified the need for traditional mental health care services, and fifty one percent identified the need for life skills training.

- Forty two percent of the CRCGs serving *adults* submitted data, a slight increase from 2007; although the number of initial service plans remains constant in calendar year 2009. Ninety two percent of these service plans identified individuals needing assistance with basic needs and self-sufficiency, while fifty two percent identified the need for mental health care

services.

- The number of initial service plans and follow-up forms submitted by CRCGs serving *families* increased slightly in calendar year 2009 from the previous legislative report in 2007. Fifty seven percent submitted data during calendar year 2009 consistent with calendar year 2008; however this decreased from 2007. Fifty four percent of the plans identified individuals needing mental health care services, while forty three percent reported needing assistance with basic needs and self-sufficiency.

- The CRCGs attribute the overall moderate rate of data submission to several factors: (1) the time and effort involved with reporting; (2) staff turnover and reorganization; and (3) the reduction in part- or full-time CRCG coordinator positions that dedicated a portion of time to complete and submit data.

Due to the fact that service plan data is voluntarily submitted (and that not all CRCGs submit data), the following information does not represent the total of all CRCG service planning and activities, yet common trends can be inferred from historical data related to CRCGs serving *children and youth*. At this time, the trend continues of not enough data being submitted by adult-serving CRCGs to draw definitive conclusions. A comprehensive report of the 2009 data, including historical data, may be obtained from the state CRCG website (http://www.hhsc.state.tx.us/CRCG/CRCGData/DataReport/2009DataReport.pdf).

Department of State Health Services Children with Special Health Care Needs (CSHCN) Services Program 2009 Community Resource Coordination Group Survey Report

Staff with the Texas Department of State Health Services (DSHS) CSHCN Services Program developed a survey instrument to measure the extent that CRCG participants understood and demonstrated accord with the Title V CSHCN national and state performances measures for children with special health care needs and to help guide development of future Title V activities.

After vetting the survey instrument through the CRCG State Workgroup and receiving a DSHS Institutional Review Board (IRB) exemption, the CSHCN Services Program conducted an online survey of CRCG participants in March and April 2009. A total of 215 CRCG participants completed and submitted the survey; however, not every respondent completed every item. The majority of respondents (54.5 percent) were from CRCGs serving *families*; 44 percent were from CRCGs serving *children and youth;* and 1.4 percent were from CRCGs serving *adults.*

The following is a general summary of the results from the DSHS CSHCN CRCG Survey.

- Overall, respondents reported their CRCGs facilitate cooperation with the families of children with special health care needs at all levels. Ninety four percent of respondents reported their CRCGs routinely encourage and facilitate family involvement at the family's own service planning meetings, eighty six percent indicated they schedule service planning meetings at times appropriate for families and consumers, and fifty six percent reported their CRCGs orient or train their members about the value or importance of family input.

- Only fifty percent of respondents reported their CRCGs have knowledge about the basic characteristics of a primary care medical home, and forty percent said they experienced difficulty finding health care providers to be a medical home.

- Many respondents (seventy eight percent) reported their CRCGs are knowledgeable about, and sixty eight percent reported, that they assist their clients in finding health insurance, yet forty eight percent reported they experience difficulty in finding health insurance.

- Findings showed that CRCGs have ways to address transportation issues (seventy one percent), cultural issues (seventy three percent), and child care issues (fifty four percent), if they are barriers to family involvement.

- Over eighty five percent indicated they accommodate family members' special needs upon request.

- Thirty two percent of those surveyed reported that family members are eligible to serve in leadership positions.

- In contrast with an apparently high level of support for family involvement, only seventeen percent of respondents said that their CRCGs regularly ask families to evaluate services and supports available in their communities; only eighteen percent survey consumers or their families to determine if they are satisfied with the services they receive from the CRCG; and only thirty two percent said their CRCGs regularly ask consumers or families how to make CRCGs more accessible to consumers or families.

- Sixty three percent said their CRCGs assist families and young adult consumers in finding health care providers serving adults or other health care transition services; however, fifty one percent reported that they experience difficulty in finding these providers or services.

- More than eighty percent of respondents reported they help link families with Medicaid waiver and non-Medicaid community-based services programs; seventy five percent said they have ways to identify least-restrictive environments; sixty six percent said they can follow up on clients placed in institutional settings; and forty seven percent indicated they help return home children living in institutionalized settings.

Concluding Observations

In general, the responses to the survey indicated that CRCG participants understand and demonstrate accord with the Texas Title V national and state performance measures. Examining the findings in more detail suggested there may be activities which, if undertaken by the CSHCN Services Program in conjunction with members of CRCGs across Texas, could further advance progress toward meeting the performance measures. The following observations summarize potential areas for collaboration, information dissemination, and outreach.

- Since one-third of all respondents did not know whether their CRCGs had mission statements, by-laws, or operating guidelines, and since large numbers of respondents did not

know whether their CRCG's documents encourage family input/participation or whether family members helped write the documents, a potential area for collaboration between CRCGs and the Title V CSHCN Services Program would be to develop specific activities that assist the CRCGs with targeted strategies to increase family member involvement.

- Nearly one-third (thirty two percent) of respondents did not know whether the members of their CRCGs were familiar with the basic characteristics of a medical home, and those affiliated with local juvenile probation departments showed they were least familiar with the characteristics of a medical home. This identifies a potential area for collaboration between CRCGs, local juvenile probation personnel, and the Title V CSHCN Services Program to share information about the health care and medical home needs of children and youth involved with the juvenile justice system and enhance their knowledge concerning medical home principles and criteria.

- The national-and state-level data, and the findings of this survey, all suggest that the Title V CSHCN Services Program needs to continue working within state and federal systems to make easily finding and readily obtaining health insurance for CSHCN an essential activity. In order to improve access to care and improve knowledge about available health insurance for CSHCN, this is a potential area of collaboration between CRCGs and the Title V CSHCN Services Program. Targeted outreach concerning available health insurance resources might first be aimed at the Texas-Mexico border, the Houston vicinity, and Dallas County. Also, the CSHCN Services Program can work toward being sure that CRCG participants are well-informed concerning the availability of CSHCN Services Program health insurance benefits and services in order to address insurance gaps that occur for some CSHCN in Texas.

- The data showed only limited CRCG evaluation of services, accessibility, and community resources. This represents another potential area of collaboration between CRCGs and the Title V CSHCN Services Program. Seeking input and expertise from CRCGs that already obtain evaluations, collaboration in developing and distributing evaluation tools is an activity that could promote family involvement, encourage more easily-used community-based services, and further enhance the work of the CRCGs.

- Many respondents indicated familiarity with transition services available through school districts and DARS, but the responses to this survey and the 2005-2006 NS-CSHCN suggest that the Texas Title V CSHCN Services Program should continue efforts to increase awareness among consumers, providers, and others concerning adolescent to adult health care transition and work to expand the availability of adult serving providers.

- Informing and engaging people who are members of CRCGs regarding the roles they could have to help families return home children that live in institutional settings is an additional potential area of collaboration between CRCGs and the Title V CSHCN Services Program. In partnership with the Department of Aging and Disability Services (DADS), the CSHCN Services Program can facilitate helping members of CRCGs to become familiar with permanency planning principles and access resources available through promoting independence initiatives for children.

- There were 159 responses to an open-ended question asking, "What is the single greatest unmet need of child or young adult consumers (ages 0-21) served by your CRCG?" Responses revealed that the single greatest unmet need was for mental health or behavioral health services, facilities, and programs. Other important unmet needs included funding or resources for long-term residential treatment or placement; having services available within nearby or local communities, aspects of CRCG operations, and more providers.

- The findings concerning how respondents rated their knowledge and understanding of the six Texas performance measures are consistent with other findings in this survey. Less than one-half of respondents indicated their knowledge and understanding as Good/Average or Excellent/Complete. This suggests that the Title V CSHCN Services Program should target participants of CRCGs as important partners and an audience for information concerning not only the CSHCN Services Program health benefits plan and other services, but also the facts of and fundamental principles promoted by the Title V performance measures.

Reference: http://www.dshs.state.tx.us/mch/FullAppendix062110FINAL.pdf

POPULATIONS SERVED MOST OFTEN BY CRCGS

- Agencies making the most referrals to CRCGs serving *children and youth* are local independent school districts (thirty two percent) and local juvenile probation departments (twenty six percent).

- Agencies making the most referrals to CRCGs serving *adults* are community-based organizations (sixty eight percent) and DSHS/MH Centers (fifty two percent).

- Agencies making the most referrals to CRCGs serving *families* are local independent school districts (thirty two percent) and community-based organizations (twenty seven percent)

- CRCGs serving *children and youth* 2009 data noted that forty four percent were eligible for Medicaid/CHIP, while thirty five percent of the children and youth served by CRCGs serving families were eligible.

FAMILY, CONSUMER, CAREGIVER PARTICIPATION

Attendance and participation by the family, adult or caregiver served by the CRCG are highly important components for successful outcomes of the CRCG process.

- Family members of a child/youth being served by the CRCG attended service planning meetings (also known as "staffings") approximately fifty three percent of the time.

"Supporting children and youth, adults, families, and caregivers to attend CRCG staffings and listening to what their needs are is essential to the process of achieving valued outcomes."
~ Hill Country MHMR

- Adults served by the CRCG attended the CRCG service planning meeting less frequently, approximately twenty four percent of the time.

CRCGs report that sometimes adult clients are embarrassed to present their story or struggles in a group setting and do not want to attend; therefore, there is a need to educate individuals about the CRCG process and provide a safe environment of communication in order to promote their attendance and involvement in this collaboration. CRCGs are increasingly choosing not to conduct a CRCG service planning meeting without the family member of a child/youth, or the adult being served, present at the meeting. Resources to provide agency or public awareness, especially for targeted populations in need of interagency service planning, concerning the availability and benefits of CRCGs are limited.

PRIORITY SERVICE NEEDS

Prior to being referred and served by CRCGs, individuals, children, and families have typically encountered some or many types of barriers to receiving needed services and supports. The most frequent services needed as reported on CRCG service plans reflect many of those barriers that people had previously experienced.

Local CRCG data reports the service needs identified most often are skill development, mental health care, and basic needs and self-sufficiency…

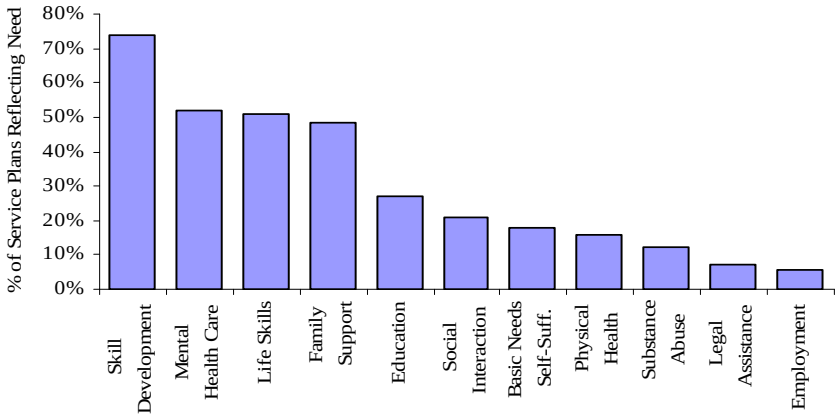
- For *children and youth*, the service needs identified most frequently are skill development (seventy four percent), mental health care services (fifty two percent) and life skills training (fifty one percent).

- For *adults*, basic needs and self-sufficiency (ninety two percent) and mental health care services (fifty two percent) were the most often identified service needs.

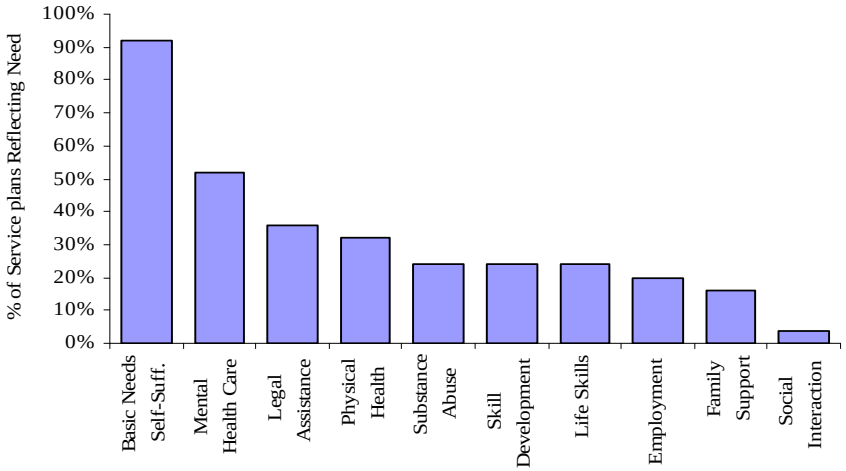
- For *families*, mental health care services (fifty four percent) and basic needs/self-sufficiency (forty three percent) are the most frequently identified service needs.

- Sixty nine percent of the 2009 service plans noted that the child or youth was at risk for an out-of-home placement, a slight increase from the last legislative report in 2007. In forty seven percent of these plans, the local CRCGs most often recommended out-of-home placements at the Waco Center for Youth and the North Texas State Hospital/Vernon, in addition to intermediate care facilities for individuals with mental retardation.

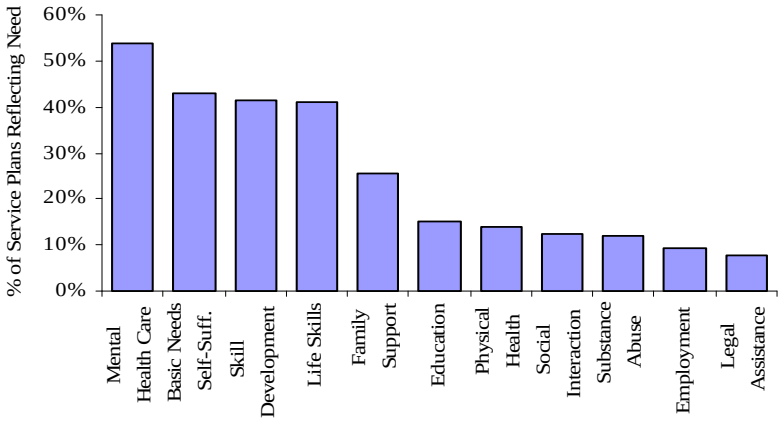
Needs Identified by CRCG Service Plans for *Children and Youth*
(N=928)



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



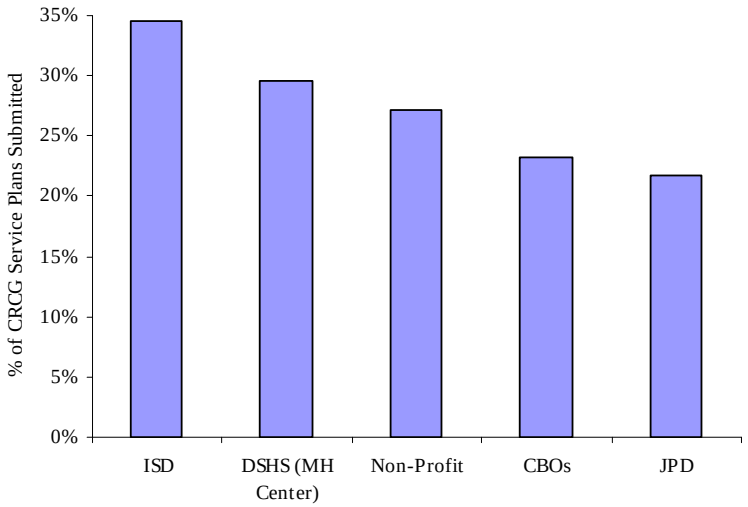
Needs Identified by CRCG Service Plans for *Families*
(N=193)



RESPONSIBLE AGENCIES

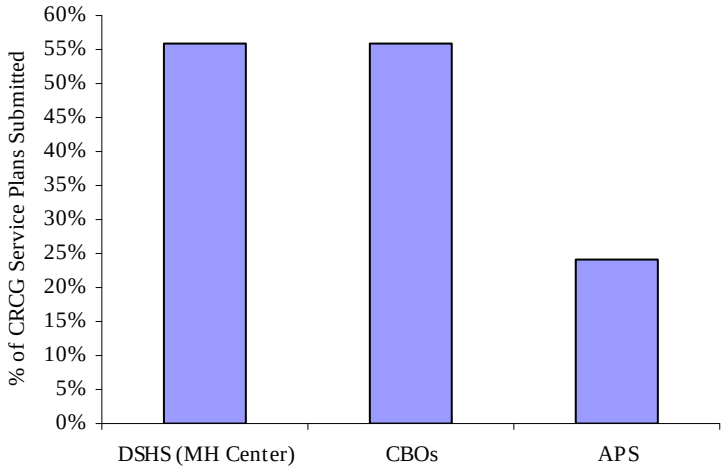
The top five agencies responsible for the provision of services in the plans developed by CRCGs that focus on *children and youth* include: (1) local independent school districts; (2) mental health providers within the local mental health centers; (3) non-profit providers; (4) community-based organizations; and (5) local juvenile probation departments.

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



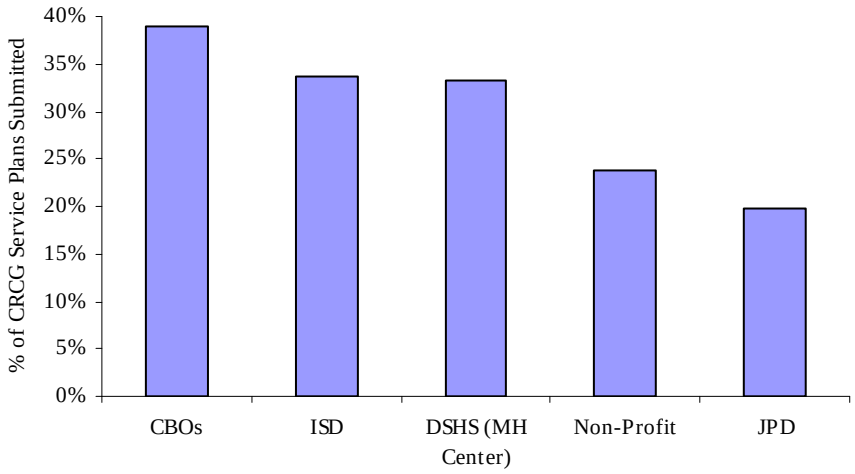
The top three agencies that most frequently assumed the lead responsibility for CRCG service plans focusing on *adults* include mental health providers within the local mental health centers, community-based organizations and adult protective services.

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



The five agencies that most often assumed the lead responsibility for CRCG service plans targeting *families* include: (1) community-based organizations; (2) local independent school districts; (3) mental health providers within the local mental health centers; (4) non-profit organizations; and (5) juvenile probation departments.

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



OUTCOMES - CRCG SERVICE PLAN FOLLOW-UP

Referrals to CRCGs typically reflect difficult situations in which agencies or providers are unable to address or coordinate all of the individual's service needs prior to the initiation of the CRCG process. CRCGs are encouraged to submit follow-up data within one to three month increments and within four to six month increments. Outcomes of follow-ups to service plans developed by the CRCGs are summarized as follows:

- Of the follow-ups submitted by CRCGs serving *children and youth*, fifty five percent reflected that continued involvement with the CRCG was not needed due to satisfactorily being linked to appropriate services, supports, and/or activities.

- CRCGs serving *adults* submitted follow-ups that reflected one hundred percent of the adults did not need continued involvement with the CRCG due to satisfactory linkages. It is important to note that the data submitted by CRCGs serving *adults* is a very small amount and conclusions are not able to be drawn based on data submitted for this population.

- For CRCGs serving *families*, follow-ups submitted reflected that continued involvement due to satisfactory linkages were met sixty three percent of the time.

It is important to note that one person may have multiple follow-ups while another person will not have any follow-ups completed by the local CRCG. It is also important to note that the data do not include outcomes partly achieved. For example, if an individual is placed on a waiting list for services, the data will not reflect this service as being met. Additionally, the data cannot illustrate the overall qualitative improvements in service coordination occurring beyond or outside the meeting as a result of the relationships and networking developed through the CRCG process. CRCG members regularly cite anecdotal information to support the importance of these networking experiences in ultimately producing positive outcomes with goals having been partially or fully met for the individuals or families served by the CRCG and for others served without needing to initiate the formal CRCG process.

…data cannot illustrate the overall qualitative improvements in service coordination occurring beyond or outside the meeting as a result of the relationships and networking developed through the CRCG process.

CRCGs suggest several reasons or barriers for not meeting all the outcomes of goals established in CRCG service plans. Some of these include: lack of follow-through with the service plans; the timeliness in implementing the service plan not being monitored by any one agency; waiting lists for persons to obtain services recommended by the CRCG team; custody issues; children not responding to treatment; and unsuccessful completion of treatment. In addition, the availability of services within the community was noted as a frequent barrier to meeting the goals set forth in CRCG service plans.

Marcus
Marcus is an adopted child who needed 24-hour care for his various emotional and physical disabilities. Cared for by his single mother, his needs were so overwhelming to her that she began to have serious stress-related health issues; her extended family, friends and neighbors feared that she would suffer a heart attack or nervous breakdown.

Upon referral to the local CRCG, intervention and treatment services were immediately initiated for Marcus. The 11 year-old is currently in residential treatment, providing his mother with much-needed respite from his 24-hour care. "My heart and spirit are so uplifted when I speak to him, knowing that he is happy, safe, and receiving therapy," she said. "I love Marcus and miss him, but I have actually begun to rest a little bit." Both mother and son, with the support of their caseworker, are actively engaged learning how to modify their behaviors, and look forward to reunification, with new strategies and techniques to employ at home.

CHALLENGES FACED BY CRCGS

CRCGs describe many challenges in collaboratively serving children, youth, adults and their families. As described below, challenges were noted by local CRCGs, including lack of staff and provider capacity, the need to have customers or families engaged as full partners, lack of access to services, long waiting lists, lack of the availability of specialized services, the need to provide public awareness, and documentation requirements. However, the most critical challenges identified were the need for training and technical assistance, consistent CRCG

member participation and flexible funding.

Need for Training and Technical Assistance: CRCGs are dynamic entities with ongoing changes in leadership and member positions. As these changes occur, the need to support and train new leaders is critical to maintaining and improving local capacity and expertise. Ongoing interagency statewide or regional conferences that target local CRCGs could promote intra- and inter-regional interaction and collaboration, increase the opportunities for broader networking in sharing ideas, cultivate the capacity of efficient and effective CRCG reporting, identify potential innovative and non-traditional resources, and promote interagency collaborative best practices.

Participation: Local CRCGs report that consistent participation, attendance and referrals for individual service planning are challenging, even for those agencies legislatively mandated to participate. As noted by CRCGs, individual local providers are required to cover broader service areas, and the need to ensure that their time and effort are charged through "billable hours" or "contract hours" becomes an increasing and competing demand. Although CRCGs report that interagency meetings and collaborative service planning are invaluable, time spent for these activities frequently does not fall into categories that warrant reimbursement or payment.

Flexible Funding: Lack of flexible funding has been identified as a barrier. Flexible funding often is not available to address or pay for the non-categorical service needs of persons served through the CRCG process. Frequently, persons referred to CRCGs are not immediately, and/or may never be, eligible for services or funds in the existing agency's categorical funding streams. In order to develop customized or individualized service plans, flexible funds are needed to obtain services specific to that person or family to produce positive outcomes.

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Workforce Capacity: Available community providers to deliver the critical services, meet the sometimes urgent needs of individuals/families served through the CRCG process, and fulfill individual CRCG service plans are limited in number, diversity and geographic distribution.

Staff Capacity: High staff turnover within agencies, and time constraints upon agency members, limit their abilities to participate in CRCGs, and staff is often unable to sustain effective agency involvement.

Customers/Families as Full Partners: Families' inability to attend CRCG meetings (frequently due to lack of reliable transportation or time away from their jobs) reduces the opportunity for full participation in the treatment process. This, in turn, correlates with fewer completely executed plans and resulting in fewer successful outcomes.

Access/Public Awareness: Lack of knowledge (by families and the public) about the CRCGs as an option, results in more children, youth, and adults "falling through the cracks" and delays in or not receiving needed services for which they are eligible. A need exists to increase public awareness within local communities regarding the work of the collaborative CRCG process and

its availability to the community. CRCGs have a history of producing solutions for children and families that result in more effective use of local resources.

Waiting and Interest Lists: Interest lists for Medicaid waiver services, waiting lists for substance abuse treatment and open beds in residential facilities can create crisis situations for clients in need of immediate services.

Specialized Services: There continues to be limited resources to serve specific populations, such as youth with long-term intensive needs related to severe emotional disturbances, individuals with traumatic brain injury, undocumented individuals and those that need disaster relief assistance.

Leadership: Based on the fact that, in most counties the CRCG chairpersons that volunteer to serve are key to the success of a CRCG, agency and organizational support for voluntary leaders is essential to the prevention of "burn out" in positions within the CRCGs. Such support must include consideration for staff time and travel, computer and communications equipment access, routine office supplies and occasional meeting spaces.

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Documentation: Routine and more completed documentation and data collection are crucial to demonstrating the overall success and cost effectiveness of the CRCG system.

A CALL TO ACTION

The State CRCG Office and the partner CRCG agencies consistently research methods and seek opportunities to support and enhance the work of CRCGs as resources allow. Areas being targeted include:

Training and Technical Assistance: To address the needs and meet the challenges of supporting and enhancing the work of CRCGs, the State CRCG Office works with local CRCGs to develop training and deliver technical assistance that promotes promising practices, such as strength-based collaborative service planning through wraparound, permanency planning, family group conferencing, person-directed planning, and evidence-based practices in behavioral health. A number of agencies mandated to participate as CRCG members are part of the mental health service transformation initiative taking place in Texas. These agencies are training their staff and providers at the state, regional and local level on promising practices that can improve CRCGs members' abilities to effectively address the complex needs of individuals referred to CRCGs. The State CRCG Office seeks interagency opportunities to deliver and or assist local CRCG membership in accessing and participating in these trainings.

The State CRCG Office is also engaged in the following innovative technical assistance activities:

- Use of web- and computer-based training or video-teleconferencing for conducting training

and providing technical assistance. CRCG state office personnel facilitated quarterly CRCG conference calls involving successful mentor-experts, and also coordinated on-line "webinars" in requested subject areas.

- Development of a financing guide targeted to local community service providers regarding best practices for children and adolescents with severe emotional disturbances that has been produced and made available to local CRCGs.

Participation: Identification of strategies to encourage consistent local level participation, attendance, and referrals for individual service planning by the legislatively mandated agencies are needed. When the rate of participation is examined across member agencies, the historical data appears to indicate that those mandated agencies with contractual agreements with CRCGs participate at higher levels.

Executive leadership and policy makers at CRCG member agencies need to consider policy and procedures, contractual agreements, and/or funding incentives for CRCG involvement that promote interagency collaboration when the complex needs of individuals and families they serve cannot be met by a single agency. Clients and families benefit as their needs are examined and addressed through a comprehensive, systematic interagency approach, saving time and money, and preserving family relationships and community resources.

Participation also is crucial to the long-term success of permanency planning initiatives. In 2001, the 77th Legislature, Regular Session, enacted S.B. 368 to strengthen permanency planning for children with developmental disabilities in Texas. According to this law, within three days of a child being placed in an institution, the institution must notify several entities of the placement, including the CRCG in the county of residence of the child's parent/guardian. The CRCG may contact the child's parent/guardian to ensure that the parent/guardian is aware of services and supports that could provide alternatives to placement of the child in the institution, available placement options, and opportunities for permanency planning. Children grow up best nurtured in healthy families. The lack of consistent participation with relevant organizations in CRCGs reduces the capacity to effectively execute this requirement and minimize institutionalization of children. (Reference: http://www.hhsc.state.tx.us/crcg/RelatedLegislation/Permanency_Planning.html)

The State CRCG Office, in collaboration with a few State CRCG Workgroup members and local CRCG members, are working to streamline the web-based data collection system. The goal is to have the new system operating by January 1, 2012, in order to provide a more efficient method of entry resulting in an increase in the number of local CRCGs submitting data.

Flexible Funding: Flexible funding options should be developed to enable the CRCG process to meet non-categorical service needs of persons served through the CRCG. Frequently, persons referred to CRCGs are not eligible for services or funds through the existing agency's categorical funding streams, and in order to develop customized or individualized service plans, flexible funds are needed to produce positive outcomes. Upon meeting and developing a coordinated multi-agency plan, local CRCGs often are able to meet some the needs of the individual through existing state and community resources However, CRCGs also report that often small amounts

of direct service funding that are not available through categorical funding streams could provide a missing stop-gap service that many times is the only service needed, or that may serve to ease the client's immediate needs until other agency or local community services can be found and delivered.

The numbers of children and families who need interagency coordination of services, especially for behavioral health needs, are increasing. Historically, Texas residents have always led the way in military service, and it is true today as it was in the past. Increasing numbers of veterans from the Iraq and Afghanistan conflicts are returning to their families and local communities with complex needs. Texas social service agencies are facing a considerable impact as a result. The extensive needs of these returning Texas veterans and their families cut across multiple agencies, and many services are not provided through, or covered by, the Veterans Administration.

In the summer of 2009, Texas Health and Human Services Commission (HHSC) awarded a $20,000 contract to the County of El Paso to better serve persons that are referred to the child-serving and adult-serving CRCGs, including the active and retired military families of Fort Bliss. Preliminary results indicate this is a successful methodology to build upon the existing infrastructure of the CRCG to partner with a neighboring military base to bridge service gaps for military personnel and their families.

A stronger partnership with the child-serving CRCG has been created among staff of the local Veterans Administration (Program Transition Patient Advocate), staff from Fort Bliss (Exceptional Family Member Program), and the cross-discipline team of the local CRCG. This interagency collaborative group uses these direct service funds to meet the needs of children, families, or adults with complex multi-agency needs to develop customized, individual service plans. These dollars do not supplant existing funds, but serve as 'glue' funds to provide traditional or non-traditional services that the family, other agencies or organizations are not able to offer. This intervention typically prevents further penetration into 'deep-end' services or programs.

Additionally, HHSC has requested an exceptional Legislative Appropriations Request (LAR) item to provide funds to enable existing multi-agency CRCG network to offer flexible and responsive services to Texas Military personnel including veterans, active duty personnel, personnel in the reserves, and their families, when essential needs are otherwise not met through the existing service system.

The Texas Health and Human Services Commission has requested an exceptional Legislative Appropriations Request (LAR) item to provide funds to enable existing multi-agency CRCG network to offer flexible and responsive services to Texas Military personnel including veterans, active duty personnel, personnel in the reserves, and their families, when essential needs are otherwise not met through the existing service system..

Another group of individuals with complex multi-agency needs are youth being released or discharged from Texas Youth Commission (TYC) facilities. Upon discharge from a TYC facility, youth often require ongoing supports and services to enable them to reintegrate back into their communities. Once these individuals are discharged, access to resources to address their ongoing services needs can only be obtained through their local community agencies, and coordination is essential to prevent or minimize new encounters with the criminal justice system.

Finally, there is an ongoing and increasing need to assist families in preventing the relinquishment of their children with extensive behavioral health needs to state custody. Several local CRCGs report, in a desperate attempt to get services for their children, some parents without access to appropriate health care services and/or the means to address the complex needs of their children are giving up parental rights in order to get the help their children need.

SUMMARY

CRCGs consistently report the benefits of improved local coordination and collaboration. CRCGs enable members to become more well-informed about all appropriate services and supports available, and of ongoing changes in their communities. Positive experiences in networking within and outside of the CRCG mandated agencies' processes result in the ability of members to serve individuals or families more efficiently and effectively. Concurrently, community service providers gain additional information, professional contacts, and experience making them better able to meet their clients' needs through more efficient connections with appropriate resources. Families and children benefit, because their needs are examined and addressed through a comprehensive and systematic approach, saving time and money, and preserving family relationships and community resources. The State of Texas benefits as well because scarce and often expensive resources are better coordinated and directed toward the people and places where they are most needed.

Families and children benefit, because their needs are examined and addressed through a comprehensive and systematic approach, saving time and money, and preserving family relationships and community resources.

The CRCG activities at both the state and local levels are a constant "work in progress." The critical foundations for this collaborative process are present, but ongoing work is essential to continue enhancements through sharing promising practices demonstrated on the national, state, and community levels that will meet the needs identified in this report. This work especially includes efforts to meet the increased need for behavioral health services, as state and local CRCG partners continue to strive towards achieving a coordinated system of service delivery that is efficient, effective and accountable, and that best serves the residents of this state.

For inquiries about any information contained in this report, please contact:

Texas Health and Human Services Commission
Health Services Division
Office of Program Coordination for Children and Youth
P.O. Box 13247 • MC 1214• Austin, TX 78711
(512) 420-2857 • Fax: (512) 706-7340• E-mail: crcg@hhsc.state.tx.us
or visit the website at:
Website: www.hhsc.state.tx.us/crcg/crcg.htm

Memorandum of Understanding for
Coordinated Services to Persons Needing Services from More Than One Agency
Revised March 2006

A. Overview

Pursuant to the Texas Government Code, Subchapter B, Chapter 531, Section 531.055, this memorandum of understanding ("the Memorandum") has been developed by the following member agencies, hereinafter referred to as "the agencies," in consultation with the Texas Health and Human Services Commission (HHSC), and advocacy and consumer groups. The agencies include:

Texas Health and Human Services Commission (HHSC) and other health and human agencies:
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), and partnering agencies:

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI),
Texas Department of Criminal Justice (TDCJ),
Texas Department of Housing and Community Affairs (TDHCA),
Texas Education Agency (TEA),
Texas Juvenile Probation Commission (TJPC),
Texas Workforce Commission (TWC) and
Texas Youth Commission (TYC).

B. Purpose

The Memorandum, as adopted by each agency, provides for the implementation of a statewide system of county-based, multiagency community resource coordination groups, hereinafter referred to as "CRCGs," to coordinate services for persons of all ages, including children, youth, and adults needing multiagency services and whose needs can be met only through interagency coordination and cooperation (defined as persons with complex needs). Revisions to this Memorandum will be developed as needed to reflect major agency reorganizations or statutory changes that affect the agencies.

This Memorandum sets forth the intention of the agencies, the local CRCGs, and HHSC to work together to ensure that the strategic plan for delivering health and human services in Texas includes appropriate plans for delivering coordinated services to persons with complex needs.

C. Mission

The CRCGs provide a mechanism that enables local public and private agencies, organizations, and families to work together in collaboration to meet the needs of individuals which no one agency can meet.

D. Guiding Model(s)

Local CRCGs established pursuant to this Memorandum must conform to the current CRCG model(s) approved by HHSC. A local CRCG may be children and youth-specific, adult-specific or family-specific depending on the needs of the community. These models are available from the Office of Program Coordination for Children and Youth, P.O. Box 13247, Austin, TX 78711 or www.hhsc.state.tx.us/crcg/crcg.htm.

E. Consumer Choice And The Role Of Families, Consumers, And Caregivers

1) The agencies recognize that consumer choice drives the collaborative service planning process. The agencies are committed to supporting the provision of services pursuant to this Memorandum in the least restrictive environments possible.

2) Recognizing the importance of the family in the life of each child, the coordinated individual service plan for a child is developed in partnership with the child's family, the child's legally authorized representative (if other than the child's parents), and, as appropriate, other caregivers or persons important in the life of the child.

3) The coordinated individual service plan for an adult is developed in partnership with the consumer, the consumer's legally authorized representative (if other than the consumer), and, as appropriate, the consumer's family and/or caregiver.

F. Agency Responsibilities

1) Each participating local entity's statutory responsibilities for children, youth and adults are set forth in, or referenced through, the State CRCG Website at www.hhsc.state.tx.us/crcg/crcg.htm. Additional information for health and human services agencies' statutory responsibilities for children, youth and adults is referenced in "Health and Human Services in Texas: A Reference Guide", available from the Health and Human Services Commission at http://www.hhs.state.tx.us/tirn/refguide.shtml.

2) Each agency will support agency representation and participation in local CRCG activities by local or regional agency offices, local authorities, providers, or local contractees, hereinafter called "local entities," to the extent authorized by law or contract. *See* §H (3) regarding circumstances when an agency representative may be excused from attending a local CRCG meeting.

3) The local representative(s) of each agency will have the authority to contribute to decisions and recommendations made by the local CRCG and to contribute resources toward resolving problems of individuals needing agency services identified by the local CRCG.

4) To the extent that operating under this Memorandum helps the local entities to identify problems, gaps, and inefficiencies in the state's systems for delivering health and human services to persons with complex needs, the local entities agree to give HHSC information about the problems, gaps, and inefficiencies so identified. HHSC will appropriately incorporate information provided by the local entities and the local CRCGs into HHSC's strategic plan.

5) Each agency will provide the local CRCGs with relevant additional information about its financial and statutory responsibilities when such information is necessary for the groups to meet their responsibilities. The additional information may include, but is not limited to, descriptions of subcategories of funding for different types of service such as prevention, family preservation and strengthening, serving persons in the least restrictive environment, in-home support, permanency planning, emergency shelter, diagnosis and evaluation, residential care, after-care, information and referral, medical care, and investigation services.

6) Interagency cost sharing.

   a) To the extent possible, the agencies agree to assist the efforts of the local CRCGs in developing local funding mechanisms and in seeking additional resources within the agencies to address service gaps as funding is available.

   b) To support this Memorandum of Understanding, the agencies agree to identify and provide state-level funding, as available and permissible by law, for state level coordination as determined by HHSC with consultation from member agencies.

c) The agencies will cooperate interagency funding of individual service plans to the extent permissible by law, and subject to the availability of funds, when services needed cannot be provided by any single entity.

d) Cost sharing includes, but is not limited to:

i. one or more agencies, and

ii. one or more third parties under purchase-of-service contracts with one or more agencies.

7) Data

a) HHSC, in consultation with member agencies, will provide a biennial report to the chief executive officer of each agency, the Legislature, and the Governor that includes:

i. the number of persons served through the local CRCGs and the outcomes of the services provided;

ii. a description of any barriers identified to the state's ability to provide effective services to persons with complex needs; and

iii. any other information relevant to improving the delivery of services to persons with complex needs.

a) The agencies will assist in ensuring the collection of data needed for the biennial report by encouraging the documentation and submission of aggregate data or de-identified individual service plan data to HHSC by their local agency staff or affiliate who are participating in the local CRCGs.

8) Each member agency will implement the activities of this MOU in a manner that defines, supports, and maintains local autonomy and facilitates provision of recommendations to the member agencies, legislature, Governor, and HHSC related to the development, implementation, and evaluation of local CRCGs in coordinating services for persons with complex needs in Texas.

G. Functions Of Local CRCGs

1) The primary function of local CRCGs is to develop coordinated individual service plans for persons with complex needs agreed upon by members of the group and the consumers, caregivers, and family (ies) served. An agency will exhaust its regular avenues for accessing services before referring an individual to a local CRCG.

2) Collateral functions of local CRCGs may include identification of gaps in the service delivery systems or barriers to accessing services, collecting and sharing available data regarding consumers, and establishing relationships among local service providers for collaboration outside of the local CRCG setting.

3) When a local CRCG considers an out-of-home placement for a child, the group will also engage in a permanency planning process that focuses on family support by facilitating a permanent living arrangement, with the primary feature being an enduring and nurturing family relationship. Similarly, when an out-of-home placement is considered for an adult, the group will also engage in a planning process that facilitates an ongoing living arrangement that meets the consumer's needs, desires, and independence.

4) Data submission to HHSC

   a) Local CRCGs will submit de-identified data in a timely manner to HHSC when an individual is served through the local CRCG process.

   b) Local CRCGs will submit de-identified data in the format developed and approved through HHSC and member agencies.

H. Membership And Organization Of Local CRCGs

1) The composition of the local CRCGs will include, but not be limited to:

   a) Representative(s) from each participating state agency or local affiliate/contractor/provider.

   b) Representatives from private sector provider organizations.

   c) Participation by families, consumers and caregivers as standing representatives.

2) Members of the local CRCG, including family, consumer and caregiver representatives, share equal status and may call a local CRCG meeting or refer persons with complex needs to the local CRCG.

3) Each member of the local CRCG is encouraged to participate in all meetings to contribute to the collective ability of the group to solve a person's need for coordinated services; however, a member may be excused from attending a local CRCG meeting subject to:

   a) the group's protocols or procedures on meeting attendance, and/or

   b) if the age or needs of the persons referred are clearly not within the scope of the member's service responsibilities.

4) Each local CRCG will develop bylaws, including, but not limited to:

   a) Group Leadership/Officers (i.e. chair, co-chair/vice-chair, recorder, secretary, etc.)

   b) Meeting Schedule

   c) Committee Structure

   d) Attendance/Participation Expectations

   e) Targeted Age Group

   f) Identification and Referral Criteria

   g) Confidentiality and Release of Information - Records that are used or developed by a local CRCG or its members that relate to a particular person are confidential and may not be released to any other person or agency except as provided by law. The release of confidential information within local CRCGs must comply with applicable state and federal confidentiality laws, as well as individual agency policies. Each member agency is responsible for determining its legal or policy limits to the sharing of information to local CRCGs.

I. Eliminating Duplication Of Services

Within the limits of existing legal authority, each local CRCG will make reasonable efforts to eliminate duplication of services relating to the assessment, treatment, and case management for persons with complex needs. Each local entity agrees to notify HHSC about federal or state laws and regulations that result in duplication of services. Each state level member agency also agrees to notify its governing entity about rules that result in duplication of services, and to pursue amendments to state laws, rules, and policies when necessary to eliminate such duplication.

J. Responsibilities Of The Health And Human Services Commission And Member Agencies

1) HHSC and member agencies will collaborate with local CRCGs to provide training and technical assistance to local CRCGs and others with regard to promising practices, interagency collaboration, data collection, evaluation, resource development, and other priority areas as resources allow.

2) Data and other information on the effectiveness of local CRCGs and service system gaps will be compiled and shared with local CRCGs, member state agencies, state leaders, and other interested parties.

K. Interagency Dispute Resolution

1) Each member agency will designate a negotiator who is not a member of any local CRCG to resolve disputes. The negotiator must have:

   a) decision-making authority over the agency's representative on the local CRCG, and

   b) the ability to interpret policy and commit funds.

2) When two or more members of a local CRCG disagree about their respective agencies' service responsibilities, the local CRCG will send the designated negotiators for those agencies written notification that a dispute exists. Within 45 days after receiving the written notification, the negotiators will confer together to resolve the dispute.

3) When an interagency dispute cannot be resolved in the manner described in paragraph (2) of this subsection, the aggrieved party may refer the dispute to the HHSC Executive Commissioner.

L. Terms Of Agreement

The Memorandum will be:

1) Effective upon adoption by each signatory agency.

2) Reviewed at least every two years by HHSC and member agencies.

3) Expanded, modified, or amended, as needed, at any time by the unanimous consent of the agencies.

C. E. Bell, M.D. 11/07/06
Charles E. Bell, M.D. Date
Deputy Executive Commissioner for
Health Services
Texas Health and Human Services Commission

for 7/19/06
Adelaide Horn Date
Commissioner
Texas Department of Aging and
Disability Services
RC

Terrell I. Murphy 6/5/06
Terrell I. Murphy Date
Commissioner
Texas Department of Assistive and Rehabilitative
Services

Carey D. Cockerell 6/15/06
Carey Cockerell Date
Commissioner
Texas Department of Family and Protective
Services

7/25/06
Dr. Eduardo J. Sanchez Date
Commissioner
Texas Department of State Health Services

8-4-07
Dee Wilson Date
Executive Director
Texas Correctional Office on Offenders with
Medical or Mental Impairments

8/31/06
Brad Livingston Date
Executive Director
Texas Department of Criminal Justice

9.8.06
Michael Gerber Date
Executive Director
Texas Department of Housing and Community
Affairs

8/2/06
Dr. Shirley J. Neeley Date
Commissioner of Education
Texas Education Agency

5/12/06
Vicki Spriggs Date
Executive Director
Texas Juvenile Probation Commission

9/18/06
Larry E. Temple Date
Executive Director
Texas Workforce Commission

5.23.0
Dwight Harris Date
Executive Director
Texas Youth Commission