Community Resource Coordination
Groups of Texas Report

As Required By
Texas Government Code §531.055(e)

Health and Human Services Commission
February 2017
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1. Executive Summary

The Texas Health and Human Services Commission (HHSC), in partnership with each state agency engaged with the Community Resource Coordination Groups (CRCG), respectfully submits the biennial report to the Governor and the 85th Texas Legislature. The CRCG program is authorized in Texas Government Code §531.055. The statute requires collaboration through a local interagency staffing process and the production of a biennial report summarizing related activities. This report reflects the experiences CRCGs report in their efforts to provide a coordinated approach to service delivery for children, families, and adults with complex multi-agency needs.

As of November 2016, there are 141 distinct CRCGs covering 235 counties. There are 59 child and youth-serving CRCGs, 76 family-serving CRCGs and six adult-serving CRCGs.

Local CRCGs voluntarily submit program data to the State CRCG Office, which is housed at HHSC. Based on information submitted to HHSC, local CRCGs staffed 717 cases in calendar year 2014, and 900 cases in calendar year 2015. The primary reasons identified for referral to a CRCG were for multi-agency involvement and coordination, the need for out-of-home placement, and an inability for community services to meet the individual and/or family need. Individuals referred for a CRCG case consultation most often require services related to mental health, multi-system coordination, and caregiver/parent need.

CRCG staffings resulted in:
- 346 letters of recommendation for state-based resources
- 177 signed non-educational fund applications
- 111 staffings addressing the placement of an individual in an institution
- 391 follow-up staffings

Local CRCGs reported the following barriers to service delivery:
- Client choice to not access services due to previous negative experience accessing services, services not culturally competent, or limited knowledge recognizing need for services
- Service availability
- Physical barriers
- Agency follow-up

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

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2 CRCG staffings refer to the process in which an individual or family shares their experience with the CRCG and the group develops an Individual Service Plan. Staffings resulted in community based solutions a majority of the time.
All CRCGs report increased state agency participation would improve their ability to address gaps in services, remove barriers, and improve service delivery.\(^3\)

Despite the continued success of some local CRCGs, there are several barriers limiting the ability of state agencies to provide effective services to people with multi-agency needs. CRCGs reported challenges to collaboration including limited resources and services as well as limited awareness of the CRCG.

In 2013, the 83rd Legislature provided funding to reestablish the State CRCG Office in HHSC. In 2014 and 2015, the State CRCG Office led key initiatives in the areas of training and technical assistance, communication and engagement, and data and research. These initiatives resulted in the accumulation of data included in this report and provide ongoing support to address the challenges and concerns of local CRCGs.

2. Introduction

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

State Community Resource Coordination Group Office

The HHSC Medical and Social Services division provides additional support for the CRCG program through the State CRCG Office. The State CRCG Office provides local CRCGs with:

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

State Community Resource Coordination Group Workgroup

The State CRCG Workgroup serves as the state-level point of contact to respond to regional or state-level concerns of local CRCGs. The State CRCG Workgroup includes a representative from each state agency participating in the CRCG program and representatives from the

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statewide non-profit partners Texans Care for Children, Texas Network of Youth Services, and United Ways of Texas. The State CRCG Workgroup meets quarterly to inform state-level interagency coordination activities.

**Local Community Resource Coordination Groups**

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

As of November 2016, there are 141 distinct CRCGs covering 235 counties. Of the 141 CRCGs, 59 serve children and youth, 76 serve families, and 6 serve adults.

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

Each CRCG elects one of their members as chairperson to serve in a leadership or facilitator role. These leadership positions are voluntary, and no monetary compensation is involved. Each chairperson serves as a point of contact for his/her local CRCG. Some local CRCGs also have a designated coordinator position, to assist with operations and coordinate services. Funding for coordinator positions is generated locally, through grants and financial support from individual counties. At this time, 15 of the 141 CRCGs have a paid coordinator.

Individuals are connected to CRCGs by state agencies, a family representative, or directly from the community. A person may also refer themselves by contacting their local CRCG Chairperson. The primary reasons identified for referral to a CRCG were for multi-agency involvement and coordination, need for out-of-home placement, and an inability for community services to meet the individual and/or family need. Individuals referred for a CRCG case consultation most often require services related to mental and behavioral health care and caregiver/parent need.

CRCG coverage is inconsistent across the state. Some counties have robust CRCGs meeting regularly, while other CRCGs meet infrequently and staff few cases. Without financial support, many CRCGs struggle to maintain leadership, regular participation, and cohesion. Most leaders and members see their CRCG roles as volunteer positions and struggle to prioritize and dedicate time to CRCG duties. The most successful local CRCGs frequently employ a dedicated coordinator position, receive financial support, and involve financially invested and participatory members. These CRCGs meet frequently, staff a high number of cases, and develop ISPs for their clients addressing gaps in services and removing barriers to accessing existing services.

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3. Background

Legislation

Senate Bill (S.B.) 298, 70th Legislature, Regular Session, 1987, required coordination among state agencies through the development of state and local coordination groups to improve services provided to children and youth. The legislation directed state agencies serving children to develop a community-based approach to facilitate coordination of services for children and youth with complex multi-agency needs. The CRCG program was first piloted in four sites in 1988. By 1996, all Texas counties were covered by a CRCG serving children and youth. Based on the success of the CRCG model for children and youth, a CRCG program for adults was piloted in six sites in 1999.

S.B. 1468, 77th Legislature, Regular Session, 2001, formalized the CRCG program requiring a joint Memorandum of Understanding (MOU) across multiple state agencies. S.B. 1468 also:

- Updated state statute authorizing CRCGs for children and youth and added to statute the requirement to serve adults through the CRCG process
- Added the requirement to have a parent or family member as a standing representative on each type of CRCG
- Required a biennial legislative report on the outcomes and barriers of CRCG activities

Ten state agencies are included in the MOU. Each of these agencies or their local representative participates in local CRCG work, as well as related coordinating efforts at the statewide level. The agencies are the following:

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

Consistent with state statute, the MOU requires reporting on:

- The number of persons served through the local-level interagency staffing groups and the outcomes of the services provided

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6 Texas Government Code Section 531.055 also requires the participation of each health and human services agency. As of September 1, 2016, the Texas Legislature has transferred all programs and services previously administered or delivered by the Department of Assistive and Rehabilitative Services to the Texas Workforce Commission or the Texas Health and Human Services Commission as part of the HHS Transformation Plan. This list reflects those agency changes.
• A description of any barriers identified to the state's ability to provide effective services to persons needing multi-agency services
• Any other relevant information to improving the delivery of services to persons needing multi-agency services

4. Community Resource Coordination Groups Data and Outcomes

Data Sources

CRCGs voluntarily submit monthly meeting notes, basic demographic data, and other information to the State CRCG Office through a web-based data collection system created in March 2005. In calendar years 2014 and 2015, 49 counties (20 percent of counties covered by a CRCG) submitted data through the web-based data collection system.

In 2016, the State CRCG Office surveyed local CRCG leaders on local CRCG efforts to supplement the web-based data collection system findings for the previous year. This second data set, referred to as the "2015 Local CRCG data sample," increased the number of reporting counties from 49 to 125 or 53 percent of counties covered by a CRCG. This additional data provided a more complete picture of local CRCG efforts.

In 2015, the State CRCG Office contracted with SUMA Social Marketing to conduct qualitative research regarding the needs of CRCG website users to strengthen support to local CRCG agency members and CRCG clients. The study included key findings in line with legislatively mandated reporting guidelines. These findings are included in the Local CRCG Data section of this report.

In 2015, the Texas Institute on Excellence in Mental Health (TIEMH) at The University of Texas at Austin conducted a CRCG needs assessment of local CRCGs. The results of this study speak to the needs of CRCGs as well as outcomes of and barriers to service delivery by local CRCGs. The findings of the CRCG needs assessment are incorporated in the Local CRCG Data section.

Local Community Resource Coordination Groups Data

At the request of the CRCG State Office, CRCGs voluntarily submit monthly meeting notes, basic demographic data, and other information to the State CRCG Office. Data submitted to the State CRCG Office also provides information on:

• The outcomes of the services provided
• Most pressing service needs
• Services and resources available in the area
• Agencies and organizations involved with CRCGs
• Any gaps or barriers preventing service needs from being fully addressed

7 The CRCG guiding legislation requires reporting on the number of persons served through the local-level interagency staffing groups and the outcomes of the services provided; a description of any barriers identified to the state's ability to provide effective services to persons needing multiagency services; and any other relevant information to improving the delivery of services to persons needing multiagency services.
Of the 141 distinct CRCGs in the state, 125 (covering 53 percent of counties with a CRCG) submitted data as requested by HHSC for calendar years 2014 and 2015. Data indicates those CRCGs conducted 1,617 staffings. Since reporting is not mandatory and only 53 percent of covered counties submitted data, the actual number of staffings conducted is believed to be much higher.

Of the 1,617 staffings, CRCGs conducted 391 follow-up staffings. Additionally, the 2015 local CRCG data sample reported follow-up was conducted 69 percent of the time.

Of the 391 follow-up staffings, CRCGs reported the rate of service provision, as provided from the ISP. As Table 1 shows, service provision is divided into the ten categories of basic needs, mental health, physical health, substance abuse, family support, legal, education, employment, social interaction and skill development. These are rated as all services provided, some services provided, or no services provided.

### Table 1. Rate of Service Provision for Follow-Up Staffings

<table>
<thead>
<tr>
<th>Service</th>
<th>All Services Provided</th>
<th>Some Services Provided</th>
<th>No Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Needs</td>
<td>69%</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>52%</td>
<td>35%</td>
<td>13%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>74%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>75%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Family Support</td>
<td>50%</td>
<td>41%</td>
<td>9%</td>
</tr>
<tr>
<td>Legal</td>
<td>68%</td>
<td>8%</td>
<td>24%</td>
</tr>
<tr>
<td>Education</td>
<td>63%</td>
<td>27%</td>
<td>10%</td>
</tr>
<tr>
<td>Employment</td>
<td>84%</td>
<td>0%</td>
<td>16%</td>
</tr>
<tr>
<td>Social Interaction</td>
<td>72%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>Skill Development</td>
<td>61%</td>
<td>30%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Based on the 2015 local CRCG data sample, the ISPs addressed client needs in the vast majority of cases. These findings are consistent with the CRCG needs assessment showing similar results, with a majority of CRCG leaders noting they could always meet the needs of the individual by the end of the staffing. Furthermore, 64 percent of respondents indicated staffings typically ended in a community-based solution.8

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ISPs often include state-based resources, such as the state residential treatment center and mental health facility, the TEA's non-educational funds, and permanency planning for individuals 21 and under with developmental disabilities.9

Statute and agency policies designate local CRCGs to be a required partner in the process of accessing these resources. The content below provides examples of how resources were accessed as an outcome of a CRCG staffing:

- Local CRCGs held 280 staffings resulting in a letter of recommendation to the Waco Center for Youth.
  - Referrals made to the state residential treatment center, Waco Center for Youth, should be presented to and endorsed by the local CRCG. CRCGs submitted a letter of recommendation to accompany the referral from the local mental health authority, stating the CRCG met and endorsed the referral.

- Local CRCGs held 66 staffings resulting in a letter of recommendation to North Texas State Hospital.
  - Referrals made to the state mental health facility, North Texas State Hospital, should be presented to and endorsed by the local CRCG. CRCGs submitted a letter of recommendation to accompany the referral stating the CRCG met and endorsed the referral.

- Local CRCGs signed 177 non-educational fund applications.
  - Local CRCGs meet with independent school districts to conduct planning meetings to determine how the funds will be used. Some examples include respite care, parent and peer support groups and transportation to access approved non-educational services. The applications for non-educational funds were then reviewed and signed by the local CRCG.

- Local CRCGs held 111 staffings due to the notification of a placement.
  - Texas Government Code §531.154 requires, following the admission of a child to certain HHSC-operated institutions, the institution must, within three days of admission, notify the local CRCG where the legally-authorized representative of the child resides. After being contacted by an institution, the CRCG may contact the child's parent or guardian to ensure the parent or guardian is aware of services and supports that could provide alternatives to placement of the child in the institution, including available placement options and opportunities for permanency planning.

Most Frequent Needs

Individuals referred for a CRCG case consultation most often required services related to mental health, multi-system coordination, and caregiver/parent need. Eighty percent of respondents to the CRCG needs assessment documented mental health as the top issue discussed in a staffing. Individuals referred for a CRCG staffing required behavioral health assistance, such as substance

use/abuse, with similar frequency. Chart 1 depicts the most frequent needs discussed during a CRCG staffing. Needs are represented through the categories of mental health, housing, justice involvement, education assistance, basic needs, transition planning, child welfare, multi-system coordination, caregiver/parent need, substance use/abuse, vocational training, and physical health. Numbers represent the rate the need was discussed with higher percentages representing more frequent discussion.

**Chart 1: Most Frequent Needs Discussed During a CRCG Staffing**

![Chart showing the most frequent needs discussed during a CRCG staffing](chart.png)

Agencies and Organizations Involved with CRCGs

Local CRCG leaders and members consistently report meeting participation and attendance is critical to the ability of the CRCG to successfully connect a client to resources and coordinate services. In a series of focus groups, CRCG leaders and members described a sense of synergy when their local CRCG worked together, and participants had profound gratitude for the partners at the table. One local CRCG described what happens when MOU state agencies participate in CRCGs:

"The diversity of provider expertise at the local CRCG is one of the keys to its success in helping parents and families. It’s amazing that you can be in the same industry, and they can have a resource you had no idea about. We’ve been going through this in Galveston in regards to transportation. We found out that [Department of Assistive and Rehabilitative Services] DARS has a bus we can use, but we didn’t know it before.” - Harris County

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The CRCG needs assessment revealed the local mental health authority was identified as the most frequent participant in a CRCG. The second most frequent participant was TJJD, most often represented by juvenile probation officers. The CRCG needs assessment also showed there is greater participation of child-services organizations compared to adult-serves organizations across CRCGs.12

The local CRCG 2015 data sample reported participation of representatives from the agencies at their CRCG meetings.13 Chart 2 shows the rate of regular participation of mandated state agency partners at local CRCG meetings. Numbers are in percentages with higher numbers representing higher rates of participation.

**Chart 2: CRCG Regular Attendance by State Agency Affiliation or Organization**

<table>
<thead>
<tr>
<th>State Agency Affiliation or Organization</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Mental Health Authority</td>
<td>74%</td>
</tr>
<tr>
<td>Department of Family and Protective Services</td>
<td>67%</td>
</tr>
<tr>
<td>Juvenile Justice Department</td>
<td>67%</td>
</tr>
<tr>
<td>Health and Human Services Commission</td>
<td>57%</td>
</tr>
<tr>
<td>Department of Assistive and Rehabilitative Services</td>
<td>48%</td>
</tr>
<tr>
<td>Family Representative</td>
<td>43%</td>
</tr>
<tr>
<td>Department of Aging and Disability Services</td>
<td>29%</td>
</tr>
<tr>
<td>Department of Criminal Justice</td>
<td>26%</td>
</tr>
<tr>
<td>Texas Workforce Commission</td>
<td>21%</td>
</tr>
<tr>
<td>Department of Housing and Community Affairs</td>
<td>13%</td>
</tr>
<tr>
<td>Department of State Health Services</td>
<td>12%</td>
</tr>
<tr>
<td>Correctional Office on Offenders with Medical or Mental Impairments</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>5%</td>
</tr>
</tbody>
</table>


13 The local CRCG 2015 data sample included the Department of Assistive and Rehabilitative Services since the survey period was prior to the Health and Human Services Transformation on September 1, 2016.
Gaps and Barriers

Local CRCGs reported barriers to service delivery in four categories:
- Physical (transportation, communication, scheduling, language and lack of disability friendly access)
- Service availability (lack of affordability, waitlists, no service provider available and eligibility requirements)
- Agency follow-up (insufficient staffing or staff changes)
- Clients chose to not access services (negative experience accessing services previously, services not culturally competent and limited knowledge recognizing need for services)

The frequency of barriers to accomplishing the ISP recommendations is identified by CRCG leaders through follow-up staffings.

Chart 3 depicts data on barriers to the ISP with barriers divided into physical, service availability, agency follow-up, and clients choosing not to access services as categories. Numbers are in percentages with higher numbers representing more frequent barriers.

Chart 3: Barriers to Individual Service Plan

5. State Community Resource Coordination Groups Office Efforts

The 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, HHSC, Rider 78) provided funding to create a CRCG state coordinator position to support the CRCG Program. This position re-established the state CRCG office in early 2014. It re-engaged the state CRCG office training and technical assistance efforts, enhanced communications and engagement between local CRCGs to statewide partners, and identified data and research needs of the CRCG program at both the local and state levels.
Training and Technical Assistance

In calendar year 2014, the state CRCG office revitalized its effort to respond to the training and technical assistance needs of local CRCGs. The state CRCG office began conducting site visits, hosting a webinar series and monthly bridge calls, presenting at key conferences to inform stakeholders about the CRCG program and providing training to local CRCG leaders. Highlights of these training and technical assistance efforts are detailed below.

Throughout calendar year 2015, the State CRCG Office conducted 17 site visits to local CRCGs covering 30 counties. Site visits provided an opportunity for the State CRCG Office to observe local CRCG processes, glean best practices, and provide training and support.

In March 2015, the State CRCG Office introduced a webinar series for CRCG stakeholders. The webinar series highlights state agency partners and provides training on key statewide initiatives and programs serving individuals involved with CRCGs. Five webinars were held in 2015 on the following topics:

- Youth Empowerment Services Waiver
- Non-educational Community Based Support
- Legislative Updates on Mental Health and Juvenile Justice
- Child and Protective Services Transformation

Webinar participants represented 190 Texas counties. Of those participants that completed a post-webinar survey, 97 percent reported an increase in knowledge on the topic presented.

In March 2015, the state CRCG office began hosting a monthly bridge call for all CRCG stakeholders to receive peer-to-peer support, share ideas, discuss challenges, and network. Over the course of the year, nine bridge calls were held with participants representing 94 Texas counties.

In October 2015, the state CRCG office led a workshop on collaboration through the CRCG process at the Partners in Prevention Conference. The state CRCG office also hosted two pre-conference workshops for CRCG leaders at the 11th Annual Strengthening Youth and Families conference. The sessions illustrated how CRCGs work together with families to help individuals with complex needs. They also trained CRCG leaders on practices to strengthen local CRCG membership.

Communications and Engagement

The state CRCG office leads statewide communications, maintains the CRCG leader directory, and hosts the CRCG program website. To rebuild the CRCG network, the state CRCG office launched a series of strategic communications including a quarterly newsletter, a webinar series, and monthly leadership emails. In 2014, the state CRCG office initiated a process to update the CRCG website to better meet the needs of clients, CRCG leaders and members, and key stakeholders. Below are highlights of these communications and engagement efforts.

The state CRCG office maintains the local CRCG leader directory. In 2014, the CRCG leader directory was out-of-date with inaccurate contact information. Under state CRCG office efforts,
the local CRCG leader directory was brought up-to-date and is updated online each month. The online database is searchable by both county and HHS region. The online database includes the following information:

- The CRCG chairperson's contact information;
- The population the CRCG serves (i.e., children/youth, adults or both populations through a CRCG for families);
- The CRCG coordinator (if applicable); and
- The service area, or grouping of counties, each CRCG covers.

In 2015, the state CRCG office published a quarterly newsletter. The newsletter includes state agency partner updates, local CRCG spotlights, and information on relevant resources and upcoming events. At the end of 2015, the distribution list for the newsletter included 3,500 total recipients, comprised of CRCG members and leaders, stakeholders, agency leaders, and community partners.

In 2015, the state CRCG office launched the monthly leadership email to all CRCG chairs, co-chairs, and coordinators. Monthly leadership emails share news and information on valuable resources, tools, and opportunities to strengthen CRCGs.

*Data and Research*

The state CRCG office is responsible for the CRCG biennial report, identifying data needs of CRCGs at the local and state levels, and commissioning research to inform efforts to strengthen the CRCG Program. In 2015, the state CRCG office contracted with SUMA Social Marketing to conduct qualitative research to inform a revamp of the CRCG website and data collection system and commissioned a comprehensive needs assessment of CRCGs across Texas in partnership with the Texas System of Care initiative and TIEMH. Below are the highlights of this data and research efforts:

- In June 2014, the state CRCG office began efforts to revamp the website.
- In 2015, the State CRCG Office contracted with SUMA Social Marketing to conduct qualitative research regarding the needs of CRCG website users in order to improve the quality and relevancy of website materials to strengthen support to local CRCGs.
- In August 2015, the state CRCG office commissioned focus groups composed of local CRCG members across the state. The focus groups were held in Travis, Tarrant, Hidalgo, Bexar, and Harris counties. The focus groups explored agency member perceptions on the:
  - Priority areas for providing online technical assistance
  - Messaging related to CRCG program goals and existing resources
  - Strategies for more effectively communicating information about the CRCG program to website users
  - Perceptions of the current website design, functionality, and repository of online materials

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Feedback from the focus groups was used to revamp the CRCG website for both local CRCGs and families looking for help. HHSC launched the new stand-alone CRCG website on January 3, 2016.

- The CRCG needs assessment gathered information about community collaboration and engagement through the CRCG process. The assessment engaged representatives from local CRCGs, HHSC, State CRCG Workgroup members, external stakeholders, and the University of Texas at Austin. The report provides analysis on the:
  - Structure and demographics of local CRCGs
  - Populations served by local CRCGs
  - Interagency collaboration efforts
  - The training needs of local CRCGs

The CRCG needs assessment results indicated the most significant need is for increased training of CRCG leaders and members. The assessment results also identified the need for improved interagency collaboration. One of the key barriers to community collaboration reported by respondents was insufficient resources. The state CRCG office intends to use the findings to strengthen CRCG office training, technical assistance, and data collection efforts and enhance the CRCG program model to facilitate state agency participation and increased interagency collaboration.

### 6. Challenges

**Community Resource Coordination Groups Agency Attendance**

Despite the continued success of some local CRCGs, there are several barriers that limit the state's ability to provide effective services to individuals with multiagency needs. A key finding from the SUMA Social Marketing Report described a challenge many CRCGs face:

"All the groups lamented the absence of at least one or more key agencies at their CRCG. They spoke of the value a multi-agency perspective brings when solving complex cases. While no one person may know the answer or policies, they said a team approach can fill in knowledge or service gaps for the families."

"We have several [agencies on MOU] that don't attend and never have." – Harris County

The local CRCG 2015 data sample reported on how the attendance of MOU agencies would have improved their ability to assess a client's needs and create an adequate ISP.

Chart 4 below presents which agencies' participation would have improved the CRCGs ability to assess a client's needs and create an adequate ISP as reported by respondents to the 2015 local CRCG data sample. Agencies listed are the mandated state agency

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partners, while numbers are in percentages with higher numbers representing a higher need for participation.

Chart 4. Agencies Needed at CRCG

Barriers to Collaboration

CRCGs serve to enhance cooperation and collaboration in the community among state agencies to close gaps and remove barriers to services. CRCGs reported challenges to collaboration including limited resources, a lack of cooperation between agencies and limited awareness of the CRCG.

When agencies are willing to collaborate "they are limited on staff time, space, and/or funding to collaborate in the most effective manner," according to one respondent. The same respondent

stated "Other agencies are not interested in collaborating at all and only seek to provide services to their own individual clients." 

Many barriers to collaboration, including scarce resources and the need for more service ability, are internal to agencies. CRCG needs assessment respondents ranked barriers to collaboration. As shown in Table 2, types of barriers are listed in rank order from greatest to smallest. The table also lists the numerical average score of each barrier in rank order from greatest to smallest.

Table 2. Barriers to Community Collaboration

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Rank</th>
<th>Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources (funding, materials, space, etc.)</td>
<td>1</td>
<td>3.76</td>
</tr>
<tr>
<td>Needed Services</td>
<td>2</td>
<td>3.54</td>
</tr>
<tr>
<td>Awareness of Available Services</td>
<td>3</td>
<td>2.96</td>
</tr>
<tr>
<td>Workforce Shortage</td>
<td>4</td>
<td>2.78</td>
</tr>
<tr>
<td>Staff Training</td>
<td>5</td>
<td>2.64</td>
</tr>
<tr>
<td>Distance/Travel Time</td>
<td>6</td>
<td>2.54</td>
</tr>
<tr>
<td>Individual agency policies and procedures</td>
<td>7</td>
<td>2.53</td>
</tr>
<tr>
<td>Referrals processes between agencies</td>
<td>8</td>
<td>2.44</td>
</tr>
<tr>
<td>Leadership of individual agencies</td>
<td>9</td>
<td>2.31</td>
</tr>
<tr>
<td>Cooperation between agencies</td>
<td>10</td>
<td>2.02</td>
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</tbody>
</table>

*Barriers were ranked on a scale of one to five by participants. Higher scores correspond to greater barriers to collaboration. (1= Not a barrier; 5= Significant barrier)

7. Conclusion

During the 2014-2015 biennium, local CRCGs continued to serve children, families, and adults with complex needs through interagency collaboration and coordination of services.

Local CRCG reporting reflected:
- 1617 staffings
- 391 follow-up staffings
- 111 staffings assisted with permanency planning

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Local CRCGs also reported:

- Client choice to not access a service is the greatest barrier to services recommended in the ISP.
- Mental health is the most pressing need identified at staffings.
- State agency attendance at local CRCG staffings is critical to the efficacy of the CRCG program.
- The local mental health authority and juvenile justice are the two most frequent participants at local CRCG meetings.
- Community-based solutions were found for individuals with complex needs, according to 64 percent of CRCG needs assessment respondents.
- CRCG staffings helped connect individuals to state-based resources such as Waco Center for Youth (280 staffings), North Texas State Hospital (66 staffings), and Non-educational Funds (177 applications).

State CRCG Office efforts resulted in:

- A current local CRCG leader directory
- Two academic studies demonstrating the needs of local CRCGs
- Strategic communications including a newsletter, webinar training series, and peer-to-peer networking calls

Additional challenges include:

- Building attendance from state agencies
- Collaborating due to lack of resources, availability of services, and awareness of services

CRCG activities at the state and local levels have evolved and changed many times through the past three decades. To meet the ever-changing needs of CRCG clients, the state CRCG office, state CRCG workgroup, and local CRCGs must continue to work collaboratively to identify services gaps and solutions to barriers. The structure of the CRCG program affords a great opportunity to engage new partners and maximize existing social service resources.

Moving forward, the State CRCG Office will continue to support and enhance the work of local CRCGs by providing training and technical assistance, maintaining communications and engagement, and initiating relevant data and research efforts. The state CRCG office plans to conduct the following activities to strengthen the CRCG program:

- Continue to provide technical assistance in response to local CRCG needs to increase knowledge and capacity of CRCG leaders and members. Since the reporting period (2014-2015), the State CRCG Office developed a new "One Page Series" about frequently accessed resources. The state CRCG office will strive to develop innovative tools and resources to support local CRCGs, and highlight best practices at the local level.
- Undertake efforts to update the current MOU to reflect the new Health and Human Services (HHS) agency structure. The updated MOU can be used as a tool to increase mandated agency and stakeholder participation at the local level. In conjunction with the process of updating the MOU, the state CRCG office will seek to restructure the CRCG program model to incorporate lessons learned and best practices to enhance the effectiveness of the CRCG program.
• Continue efforts to improve the new CRCG website as recommended by findings from the SUMA report. The stand-alone CRCG website was completed in January 2016. Improvements to the new website will include American with Disability Act compliant materials, content in Spanish and additional training and technical assistance tools.

• Strengthen strategic communications to increase public awareness of CRCGs and improve stakeholder participation in the local CRCG process. This will include developing materials local CRCGs can use to educate both potential clients and stakeholders about CRCGs.

• Develop a new data collection system for local CRCGs. The new system will be more user-friendly, provide increased reporting functionality, and incentivize local CRCGs to report data. The system will also capture critical data that illustrates outcomes, needs, services, and service gaps.
# List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>CRCG</td>
<td>Community Resource Coordination Groups</td>
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<tr>
<td>HHS</td>
<td>Health and Human Services</td>
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<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
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<tr>
<td>ISP</td>
<td>Individual Service Plan</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>S.B.</td>
<td>Senate Bill</td>
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<tr>
<td>TEA</td>
<td>Texas Education Agency</td>
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<tr>
<td>TIEMH</td>
<td>Texas Institute on Excellence in Mental Health</td>
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<tr>
<td>TJJD</td>
<td>Texas Juvenile Justice Department</td>
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