Community Resource Coordination Groups of Texas Report

As Required by
Texas Government Code
§531.055(e)

Health and Human Services Commission

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Executive Summary

The Community Resource Coordination Groups (CRCG) biennial report is submitted in compliance with Texas Government Code §531.055(e). The report is prepared by the Texas Health and Human Services Commission (HHSC), in partnership with each state agency engaged with the CRCG. This report covers calendar years 2016-2018 and reflects the experiences local CRCGs report in their efforts to provide a coordinated approach to service delivery for children, families, and adults with complex multi-agency needs, along with State CRCG Office activities. The previous report covered calendar years 2014-2015 and was submitted in February 2017.

As of January 2019, there are 125 distinct CRCGs covering 221 counties. Of these CRCGs, 65 serve children, youth and adults, 59 serve children and youth, and 5 serve adults.

Local CRCGs voluntarily submit program data to the State CRCG Office, which is housed at HHSC in the Office of Mental Health Coordination. Based on information submitted to HHSC, local CRCGs staffed 1,273 cases in calendar year 2016, 1,349 in 2017, and 1,445 in calendar year 2018. Individuals referred to a CRCG most often require services related to mental health, school-based behavioral interventions, family therapy or family-based services, community support services, and placement into a residential facility for behavioral health care.

CRCG staffings resulted in the following:

- 542 letters of recommendation for state-based resources;
- 406 signed non-educational fund applications;
- 200 staffings addressing the placement of an individual in an institution; and
- 1,383 follow-up staffings.

Local CRCGs reported the following barriers to service delivery:

- Client choice/preference;
- Service availability;
- Physical barriers; and
- Agency barriers.

Local CRCG leaders and members consistently report that meeting participation and attendance by all CRCG members is critical to the ability of the CRCG to successfully connect a client to resources. Juvenile probation officers representing the Texas Juvenile Justice Department (TJJD) were specified as the most frequent participants in a CRCG, with the second most frequent participant being local mental health authorities.
In 2016, 2017, and 2018, the State CRCG Office led key initiatives in the areas of training and technical assistance, communication and engagement, and data. These initiatives resulted in the accumulation of data included in this report and informed a 2019-2021 CRCG Strategic Plan that will guide the growth of local CRCGs statewide and utilize best practices to address their challenges and concerns.
1. Introduction

Texas Government Code §531.055(e) requires an interagency staffing\(^1\) process and the production of a biennial report summarizing related activities to the administrative head of each agency, the legislature, and the governor that includes:

- The number of persons served through the local-level interagency staffing groups and the outcomes of the services provided;
- A description of any barriers identified to the state's ability to provide effective services to persons needing multi-agency services; and
- Any other information relevant to improving the delivery of services to persons needing multi-agency services.

This report uses data collected from December 13, 2018 through February 8, 2019 using a web-based survey. This dataset is hereafter referenced as the “2016-2018 Local CRCG Data Sample.”

CRCGs are county-based, interagency staffing groups comprised of public and private agencies partnering with children, families, and adults with complex needs to develop a customized, integrated, Individual Service Plan (ISP)\(^2\) for individuals served through the CRCG. Local CRCG members include representatives from schools, public and private sector health and human services agencies, faith and community-based organizations, and local criminal justice organizations. As part of the ISP process, CRCG members help individuals and families identify and coordinate needed resources and services in their communities.

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.

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\(^1\) 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 (ISP).

\(^2\) An ISP is an agreement for coordination of services developed between the person or the family and the CRCG. The planning process involves looking at the person’s or the family's complex needs, developing the ISP, and getting the family the services they need.
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 with a focus on children and youth. 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 by requiring a joint Memorandum of Understanding (MOU) across multiple state agencies. S.B. 1468:

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

House Bill (H.B.) 2904, 85th Legislature, Regular Session, 2017, directed HHSC to update the joint MOU to include the Texas Education Agency (TEA). Additionally, the legislation expanded the responsibilities of the State CRCG Workgroup to include providing:

- Information and guidance to local-level interagency staffing groups regarding:
  - The availability of programs and resources in the community; and
  - Best practices for addressing the needs of persons with complex needs in the least restrictive setting appropriate.

Finally, this legislation defined "least restrictive setting" and required that local CRCGs coordinate services for persons needing multi-agency services in the least restrictive setting.

The MOU is signed by eight state agencies to include the following:

- HHSC;
- Texas Department of Family and Protective Services (DFPS);
- Texas Department of State Health Services (DSHS);
- Texas Department of Housing and Community Affairs (TDHCA);

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3 Texas Government Code Section 531.055 also requires the participation of each health and human services agency. As of September 1, 2017, the Texas Legislature has transferred all programs and services previously administered or delivered by the Department of Aging and Disability Services to the Texas Health and Human Services Commission as part of the HHS Transformation Plan. This list reflects those agency changes.
Texas Department of Criminal Justice (TDCJ) - Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI);
TJJD;
TEA; and
Texas Workforce Commission (TWC).

Each state agency participates in CRCG activities at the state level and state agencies or their local representative take part in local CRCG meetings.

**Structure**

The CRCG program is comprised of three components: the State CRCG Office, the State CRCG Workgroup, and local CRCGs.

**State Community Resource Coordination Groups Office**

The State CRCG Office, in collaboration with the State CRCG Workgroup, provides information, guidance, training, and technical assistance to local CRCGs regarding:

- The availability of programs and resources in the community;
- Best practices for addressing the needs of persons with complex needs in the least restrictive setting;
- Interagency collaboration;
- Health equity, disparities, and cultural responsiveness;
- Data collection;
- Evaluation; and
- Resource development.

The State CRCG Office also provides:

- 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; and
- Representation in relevant workgroups and committees.

In June 2017, the CRCG program, consisting of one full-time staff member, transitioned from HHSC’s Access and Eligibility Services Department in the Office of Community Access, to the Intellectual and Developmental Disability-Behavioral Health Services (IDD-BHS) Department, Office of Mental Health Coordination (OMHC).
Upon transition of the CRCG program, a need was identified for two additional full-time staff to assist with implementation of the CRCG program, and staff were hired in August and September 2018.

The transition to HHSC’s IDD-BHS Department, OMHC, has enhanced the State CRCG Office in policy development, stakeholder collaboration, and incorporation of best practices such as trauma-informed care. In addition, it has increased alignment with other Texas cross-system initiatives such as the Texas System of Care,\(^4\) which has led to a joint CRCG and Texas System of Care conference being planned for summer 2019. The State CRCG Office also participates in cross-system collaborations to include Unified Services for All Children (USAC), which is an interagency coalition focused on improving mental health services for school-age children and contributes to the implementation of the USAC’s annual School Mental Health Summit and Strengthening Youth and Families Conference.

**State Community Resource Coordination Groups Workgroup**

The State CRCG Workgroup serves as the point of contact for local CRCGs to report concerns that require regional or state-level intervention. The State CRCG Workgroup includes a representative from each state agency participating in the CRCG program, representatives from Texans Care for Children and Texas Network of Youth Services, family representatives, and local CRCG leaders. The State CRCG Workgroup meets quarterly to inform state-level interagency coordination activities. The State CRCG Workgroup members also participate in at least one of four subcommittees:

- Training and technical assistance;
- Communications;
- Data and research; and
- System of care.

Subcommittees meet quarterly or on an as-needed basis and provide feedback and guidance on specific projects and objectives of the State CRCG Office.

\(^4\) Texas System of Care is an organizational philosophy and framework that is designed to create a network of effective community-based services and supports to improve the lives of children and youth with or at risk of serious mental health conditions. Systems of care build meaningful partnerships with families and youth, address cultural and linguistic needs and use evidence-based practices to help children, youth and families function better at home, in school, in the community and throughout life.
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 guiding principles. At the local level, CRCGs are encouraged to include representatives from the legislatively-mandated state agencies, faith- and community-based organizations, and youth and their families.

As of January 2019, there are 125 CRCGs covering 221 counties. Of these CRCGs, 59 serve children and youth, five serve adults, and 65 serve all ages.

Local CRCGs meet and plan 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 or facilitator. These leadership positions are voluntary, and no monetary compensation is provided. Each chairperson serves as a point of contact for their local CRCG. Some local CRCGs also have a designated coordinator position to assist with operations and coordination of services. Funding for coordinator positions is generated locally through grants and financial support from counties.

“Early 2017, I came in as chair as part of my paid position as a community liaison for the Local Mental Health Authority (LMHA). Having dedicated time to leading the CRCG has allowed me to bring new mandated agencies to the table and encourage more participation among members, incorporate processes and training to strengthen our staffing process, and spend more time speaking and following up with the families who were staffed to assist with accessing the referrals” - Jennifer Gonzalez, Denton County CRCG.

“All collaboration is a success story. We have remained active with no funding or staff” - Belinda Braly, Concho Valley CRCG.

Of the 104 CRCGs that completed the 2016-2018 Local CRCG Data Sample, 8 CRCGs reported they 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.
2. Community Resource Coordination Groups Data

Statewide Data Collection System

From 2005 to 2018, CRCGs voluntarily submitted monthly meeting notes, demographic data, and other information to the State CRCG Office through a web-based data collection system created in March 2005. In April 2018, the State CRCG Office discovered that the data collection system malfunctioned, causing the data to be stored incorrectly, and compromising all previously submitted data. The State CRCG Office embarked to develop a new data collection system. The structure, layout, and focus of the data collection system were determined by feedback received from local CRCGs through needs assessments and surveys. Local CRCGs voiced the following concerns:

- The data collection system was tedious to operate; and
- The system often failed and data entry was cumbersome which led to a decrease in reporting over the lifespan of the system.

Taking the feedback from local CRCGs into consideration, the State CRCG Office developed a new data collection system that is easier to navigate and collects more meaningful data to include the following:

- Outcomes of services provided;
- Identified individual strengths;
- Most pressing service needs;
- Services and resources available in the area;
- Agencies and organizations involved with CRCGs; and
- Gaps or barriers preventing service needs from being fully addressed.

The new data collection system was launched in November 2018. The State CRCG Office anticipates that the design, ease of use, and reporting functions, combined with increased State CRCG Office assistance and technical support, will result in increased data entry by local CRCGs. Reports may be generated from the data collection system that provide a real-time snapshot of CRCG activities.
Data Sources

Local Community Resource Coordination Groups Data

Due to the transition in data collection systems, the State CRCG Office utilized a web-based survey to collect data from local CRCG leaders for calendar years 2016, 2017, and 2018. The 2016-2018 Local CRCG Data Sample provides all local-level information for this report except for the total number of CRCGs and the age groups they serve.

Data submitted to the State CRCG Office in the 2016-2018 Local CRCG Data Sample included information on the following:

- Number and type of CRCG staffings;
- The outcomes of the services provided;
- Most pressing service needs;
- Services and resources available in the area;
- Agencies and organizations involved with CRCGs;
- Identified individual strengths; and
- Any gaps or barriers preventing service needs from being fully addressed.

Eighty-three percent (N = 104) of the known CRCGs responded to the survey, representing 190 Texas counties. Approximately 53 percent of these CRCGs served all age groups while the remainder limited their services to specific age groups. CRCGs shared data regarding the number of people served through case staffings, needs of people seeking CRCG assistance, types of recommendations made to service recipients through individual service plans, barriers to coordinating needed services, and partners who contributed to CRCG processes.

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6The 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.
Community Level Outcomes

Recommended Services

Collectively, the 104 CRCGs that responded to the survey conducted 4,067 case staffings from 2016 through 2018. These staffings involved meetings with CRCG partners and members of the public to learn about client needs and make recommendations for services offered by several organizations and agencies. Approximately 66 percent of these staffings were first-time encounters with children, youth, or adults in need of services and 34 percent were follow-up staffings.

CRCGs reported the types of services recommended through ISPs. Recommendations covered a range of resources, though the leading recommendations were for mental health services (76 percent), school-based behavioral interventions (57 percent), family therapy or family-based services (57 percent), community support services (51 percent), and placement into a residential facility for behavioral health care (50 percent).

“In 2016, a youth who was having difficulty in the home and academically was staffed and provided individual and family therapy, as well as mental health and transportation resources. Before the CRCG, the youth was considering dropping out of school and moving out of the home. Today the youth remains in the home and is doing well at school. The youth should graduate next year”
- Michaela Roth, Palo Pinto County CRCG.
Figure 1 shows the percentage of CRCGs that recommended various services and supports to individuals and families during staffings in order of the most recommended services, with higher percentages, to the least recommended services, with lower percentages.

**Figure 1. Percentage of CRCGs that Recommended Services by Type**

- Mental Health Services: 76%
- School-based Behavioral Interventions: 57%
- Family Therapy/Family-Based Services: 57%
- Community Support: 51%
- Placement: 50%
- Juvenile Justice Services: 49%
- Special Education Services: 48%
- Parent Support or Skills Group: 47%
- Basic Needs: 45%
- Intellectual & Developmental Disability Svcs.: 44%
- 1915(c) Waivers: 41%
- Respite Care: 39%
- Substance Abuse Program/Services: 37%
- State Benefits (SNAP, Medicaid, TANF): 35%
- Mentoring or Social Skills Program: 34%
- Autism Services: 31%
- Wraparound - Non 1915(c) Waiver Funding: 26%
- Non-educational Funds Application: 25%
- Transportation: 22%
- Physical Health Services: 22%
- Employment/Vocational Training: 22%
- Post Adoption Services: 20%
- Children with Special Health Care Needs: 19%
- Diversion Slots: 18%
- Transition Planning Youth to Adult Services: 16%
- Job Training: 13%
- LGBTQ Services: 13%
- In Home Healthcare: 13%
- Child Care: 13%
- Housing: 12%
- Homelessness Prevention: 11%
- Legal Assistance: 10%
- Aging and Disability Resource Centers: 9%
- Rental Assistance: 7%
- HCBS-AMH: 1%
Individual service plans often included state-based resources, such as the state residential treatment center, Waco Center for Youth; the adolescent forensic unit at the state mental health facility, North Texas State Hospital-Vernon; the TEA’s non-educational funds; and permanency planning for individuals ages 21 years and younger with developmental disabilities. Statute and agency policies designate local CRCGs as required partners in the process of accessing these resources. CRCGs reported the following number of recommendations for these resources:

- CRCGs issued 382 letters of recommendation for the Waco Center for Youth. Referrals made to the 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 (LMHA), stating the CRCG met and endorsed the referral.

- CRCGs issued 160 letters of recommendation for the adolescent forensic unit at North Texas State Hospital-Vernon. Referrals made to the state mental health facility, North Texas State Hospital-Vernon, should be presented to and endorsed by the local CRCG. CRCGs submitted a letter of recommendation to accompany the referral stating the CRCG met and endorsed the referral.

- CRCGs recommended 406 non-educational fund applications\(^7\) for approval by school districts. Local CRCGs meet with independent school districts to conduct planning meetings to determine how the funds will be used. Some examples include respite care, parent and peer support groups, and transportation to access approved non-educational services. The applications for non-educational funds were reviewed and signed by the local CRCG, and then submitted to the school districts for approval.

- CRCGs held 200 staffings due to notification of a child or youth admission to an HHSC-operated institution. Texas Government Code §531.154 requires that within three days following the admission of a child to certain HHSC-operated institutions, the institutions must notify the local CRCG serving the county where the legally authorized representative of the child resides.

\(^7\) Non-educational funds are community-based support services for certain students with severe disabilities and their families who are at risk for being placed in residential facilities for educational reasons.
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.

“Our success has been educating families about community resources and accessing those resources to prevent placements” – Danna Smith, Mills and San Saba County CRCGs.

Placement in a residential facility of any type for behavioral health care was recommended 783 times from 2016 through 2018. This number may seem high, however, based on the number of staffings conducted during this period (\(N = 4,067\)), 81 percent of all staffings resulted in a community-based solution.

**Community Needs**

Individuals referred for CRCG staffings most often expressed needs or concerns regarding mental health care (78 percent), risk behaviors (75 percent), academics or school (72 percent), risk for placement in a residential facility (69 percent), and family therapy or family-based services (61 percent).

Figure 2 shows the percentage of CRCGs that reported various needs or concerns identified during staffings. Higher percentages represent needs that were encountered by more CRCGs and lower percentages represent needs that were encountered by fewer CRCGs.
### CRCG Partnerships

Local CRCG leaders and members consistently report that meeting participation and attendance is critical to the ability of CRCGs to successfully connect clients to resources and coordinate services. CRCGs reported which partners regularly attended staffings for 2016-2018. Juvenile probation officers (80 percent), LMHAs (70 percent), school districts (64 percent), and HHSC state benefits offices (60 percent) were the most common regular partners.
Figure 3 shows the percentage of attendance for partner groups that most regularly attend CRCG meetings.

“All of the Independent School Districts in Colorado County participate in our CRCG and seem to believe in the process. We also have great cohesion between schools and local agencies. The local intellectual and developmental disability representative is always at meetings and is an invaluable resource and advocate” – Kara Janacek, Colorado County CRCG.
Shannon Wallace, chair of the San Jacinto County CRCG, explains the impact of these partnerships:

“Our success is really about real people from each agency learning from and communicating with one another about the strengths and limitations of what each agency can do. It is about building trust and being able to reach out to a specific individual and have the knowledge of what they do and how it can help a client.”
**Barriers for CRCGs**

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

- Physical barriers: transportation, communication devices, language limitations, and scheduling conflicts;

- Service availability barriers: lack of funding for services, waitlists for services, ineligibility for services, lack of consistent delivery of state-based services, lack of appropriate services, lack of CRCG knowledge of resources, and absence of services;

- Local agency barriers: insufficient staff, change in staff, agency policies hindering collaboration, lack of clear agency processes, lack of accountability of service providers, and lack of participation by state agencies; and

- Client choice/preference barriers: previous negative experiences with service providers, perceived lack of culturally competent services, limited knowledge or understanding of needs and services, concerns about engaging with services that may negatively impact the person, and previous non-compliance with services recommendations.

Approximately half of CRCGs reported physical barriers (50 percent), service availability barriers (53 percent), and agency barriers (46 percent). Slightly more than one-third of CRCGs (37 percent) reported barriers related to client choice or preference.

Nearly half of CRCGs (46 percent) reported a lack of regular participation in staffings by state agencies. Regular, meaningful participation by state agencies is critical to CRCG success and effective service coordination. This challenge has been noted in past legislative reports.

**CRCG Success Stories**

Despite the many barriers that CRCGs face, their positive impact on individuals, families, and communities continues to emphasize the power of community collaborations, and work to strengthen their mission to improve lives. The stories featured in Appendix A are just a few of the successes experienced by local CRCGs across Texas.
3. State CRCG Office Efforts

Training and Technical Assistance

The State CRCG Office responds to the training and technical assistance needs of local CRCGs by conducting site visits, hosting webinar series and monthly bridge calls, presenting at conferences to inform stakeholders about the CRCG program, and providing training to local CRCG leaders. These efforts are geared towards assisting CRCGs in implementing best practices and assisting CRCGs in navigating the complex barriers that they encounter. Highlights of these training and technical assistance efforts are detailed below.

The State CRCG Office visited 38 local CRCGs covering 28 counties. Site visits provide an opportunity for the State CRCG Office to observe local CRCG processes, identify best practices, and provide training and support.

The State CRCG Office conducts a webinar series for CRCG stakeholders that highlights state agency partners and provides training on key statewide initiatives and programs serving individuals involved with CRCGs. From 2016 to 2018, 12 webinars were held on the following topics: Texas System of Care and wraparound services, identifying and responding to trauma among refugee and vulnerable populations, permanency planning, and services overseen by state partner agencies.

The State CRCG Office hosts a monthly bridge call for all CRCG stakeholders to receive peer-to-peer support, share ideas, discuss challenges, and network. Bridge calls are held monthly and are regularly attended by CRCG leaders and members.

The State CRCG Office creates and maintains training and technical assistance materials for local CRCGs. The State CRCG Office publishes commonly used resources and sample forms on their website to include sample referral forms and ISPs.

The State CRCG Office presents and leads workshops at conferences to increase understanding of CRCGs and to train CRCG stakeholders across the state.
This includes pre-conference workshops for CRCG leaders at the annual Strengthening Youth and Families conference that focus on subjects such as incorporating System of Care values in the CRCG process, facilitating CRCG training, and best practices in operating CRCGs.

In November 2018, the State CRCG Office partnered with the USAC to provide a panel discussion on school and CRCG collaborations at the annual Advancing Behavioral Health Collaborations to Ensure Student Success summit.

**Communication and Engagement**

The State CRCG Office publishes statewide communications, maintains the CRCG leader directory, and manages the CRCG program website. Below are highlights of these communications and engagement efforts.

The State CRCG Office maintains the local CRCG leader directory. Through State CRCG Office efforts, the local CRCG leader directory is updated each month, and is searchable by county and city. The online database includes the following information:

- The CRCG chairperson's contact information;
- The population the CRCG serves (i.e., children, youth, adults or all ages);
- The CRCG coordinator (if applicable); and
- The service area covered by each CRCG.

In January 2019, the State CRCG Office identified 33 counties without an active CRCG and has begun outreach efforts to help these communities establish CRCGs.

In 2015, the State CRCG Office began publishing a newsletter. Presently, the newsletter is published quarterly and includes state agency partner updates, local CRCG highlights, and information on relevant resources and upcoming events. At the end of 2018, the distribution list for the newsletter included 7,700 distinct recipients comprised of CRCG members and leaders, stakeholders, agency leaders, and community members.

The State CRCG Office provides a monthly leadership email to all CRCG chairs, co-chairs, and coordinators. Monthly leadership emails share news and information on valuable resources, tools, and opportunities to strengthen CRCGs.
The State CRCG Office conducts presentations at local, state, national, and international conferences to increase awareness of CRCGs and their value as a community resource. In fiscal year 2018 and fiscal year 2019 to date, the State CRCG Office presented at the Partners in Prevention\textsuperscript{8}, Innovations in Family Engagement\textsuperscript{9}, and the Strengthening Youth and Families\textsuperscript{10} conferences.

**Data and Research**

The State CRCG Office is responsible for the CRCG biennial report, identifying gaps in data at the local and state levels, and coordinating research efforts to strengthen the CRCG Program. In 2015, the State CRCG Office contracted with SUMA Social Marketing to conduct qualitative research to inform a redesign of the CRCG website and data collection system. In addition, HHSC contracted with the Texas Institute for Excellence in Mental Health (TIEMH) at The University of Texas at Austin to conduct a comprehensive needs assessment of CRCGs in partnership with the Texas System of Care initiative. Below are the highlights of these data and research efforts:

- In 2016, the State CRCG Office completed and launched the new CRCG website. The new website was built utilizing the information gathered in both reports and provides a user-friendly platform to access information, tools, training, and resources for CRCG leaders and the public.

- In 2016, the State CRCG Office created a Family Survey to collect feedback from CRCG users about their experience. In 2018, the survey was retitled as Satisfaction Survey, and repurposed to be inclusive of individuals of all ages that utilize CRCGs.

- In November 2018, the State CRCG Office launched a new data collection system that is user-friendly and reduces the amount of time to enter data.

\textsuperscript{8} The annual Partners in Prevention Conference is a gathering of prevention and early intervention professionals in Texas, and is hosted by the Prevention and Early Intervention Division of DFPS.

\textsuperscript{9} The annual International Conference on Innovations in Family Engagement brings together a global audience of innovators to re-envision how child welfare and other systems can meaningfully engage families in planning and decision making.

\textsuperscript{10} The annual Strengthening Youth and Families Conference promotes strengthening and supporting at-risk youth and their families; positive youth development; and prevention, intervention, and treatment of high-risk behaviors for individuals in Texas.
4. Conclusion

From 2016 through 2018, local CRCGs held more staffings than in previous years and continued to serve children, families, and adults with complex needs through interagency collaboration and coordination of services.

Local CRCG reported:
- 4,067 staffings;
  - Of note, 200 of these staffings assisted with permanency planning; and
  - 1,383 were follow-up staffings.

Local CRCGs also reported:
- 81 percent of all staffings conducted resulted in a community-based solution;
- Service availability is the greatest barrier to clients accessing recommended services;
- A lack of participation in staffings by state agencies;
- Juvenile Probation Officers and LMHAs are the two most frequent participants at local CRCG staffings;
- Mental health, risk behaviors, and academics or school concerns are the most identified needs at staffings; and
- Mental health services, school-based behavioral interventions, and family therapy or family-based services are the leading recommendations on ISPs.

State CRCG Office efforts resulted in:
- A new data collection system;
- A new website; and
- A satisfaction survey to gather participant feedback on CRCGs.

The additional staff who joined the State CRCG Office in 2018 have allowed the office to increase its technical assistance and support to local CRCGs and work to ensure that CRCG leaders have adequate training, guidance, resources, and strategies to navigate barriers.

A three-year CRCG strategic plan, featured in Appendix B, was completed in December 2018 and implementation began January 2019. The plan’s goals include implementation of best practices by local CRCGs, statewide recognition of CRCGs as valuable resources that receive support at state and local levels, and access by all Texans to a CRCG in every county.
The plan includes creating a comprehensive training curriculum, marketing and outreach plan, and regional trainings and technical assistance.

Lack of funding, agency participation, and service availability remain barriers for CRCGs across the state; however, CRCGs continue to thrive and positively impact individuals and families as evidenced by the data and success stories reported by local CRCGs. It is the passion and drive of individual leaders and members that contribute to improvement in people’s lives and fortify the continued need for CRCGs in Texas.
## List of Acronyms

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<td>IDD-BHS</td>
<td>Intellectual and Developmental Disability - Behavioral Health Services</td>
</tr>
<tr>
<td>ISP</td>
<td>Individualized Service Plan</td>
</tr>
<tr>
<td>LMHA</td>
<td>Local Mental Health Authority</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>OMHC</td>
<td>Office of Mental Health Coordination</td>
</tr>
<tr>
<td>S.B.</td>
<td>Senate Bill</td>
</tr>
<tr>
<td>TCOOMMI</td>
<td>Texas Correctional Office on Offenders with Medical or Mental Impairments</td>
</tr>
<tr>
<td>TDCJ</td>
<td>Texas Department of Criminal Justice</td>
</tr>
<tr>
<td>TDHCA</td>
<td>Texas Department of Housing and Community Affairs</td>
</tr>
<tr>
<td>TEA</td>
<td>Texas Education Agency</td>
</tr>
<tr>
<td>TIEMH</td>
<td>Texas Institute on Excellence in Mental Health</td>
</tr>
<tr>
<td>TJJD</td>
<td>Texas Juvenile Justice Department</td>
</tr>
<tr>
<td>TWC</td>
<td>Texas Workforce Commission</td>
</tr>
<tr>
<td>USAC</td>
<td>Unified Services for All Children</td>
</tr>
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Appendix A: CRCG Success Stories

“A foster/adopted family was looking for a referral to Waco Center for Youth. After having the family at the meeting, we learned a more appropriate resource could be the Texas Challenge Academy. Overtime, we worked to get this young man into the program instead of residential placement. So far, he has excelled in this opportunity. While still a little homesick, he has adjusted to life at the Texas Challenge Academy. He enjoys the structure and routine; it has given him a sense of the military life and shown him this is the path he would like to take. His adopted father and mentor work together to encourage his success while also continuing to maintain contacts in the community for when he returns home from the program. While it appears there are some family issues that pull him down, he is focused on his future and making sure he fulfills his goals. All are thankful to the CRCG for helping steer them in the right direction for the youth. Without the group, they would have been headed to Waco Center for Youth which would not provide him the opportunities he currently has been able to secure” - Molly Mabery, Johnson County CRCG.

“A counselor from the schools told the members of the CRCG that the school needs more mentors. Some of the members of the group became mentors” - December Owen, Stephens County CRCG.

“Our CRCG was able to help coordinate with a family and Child Protective Services (CPS) in order for CPS to acquire joint managing conservatorship of a child who was already in placement for treatment for a severe emotional disturbance. CPS intervened to help pay for the remaining cost of that placement. The child completed the program successfully and returned home. There have been no new incidents and the family has been functioning successfully for over a year” - Joseph Wicker, Midland/Ector Counties CRCG.
“I think our top successes include providing recommendation letters to families so their children can apply to Waco Center for Youth after the parents have been struggling for a long time to find placement, educating parents and families who have Medicaid or no insurance about services offered by the Local Intellectual and Developmental Disability Authority (LIDDA) and LMHA (most have never heard of these agencies), collaborating with the special education department of Denton ISD, and advertising our CRCG to the community and receiving an increase in referrals” - Jennifer Gonzalez, Denton County CRCG.

“A family came in for a staffing at their wit’s end, not knowing what to do or who to turn to. CRCG members developed an individualized service plan detailing which agencies provided what services as well as listing a specific contact person for each agency. By the end of the staffing, the family left shedding tears of gratitude because the CRCG had helped get them on the right path towards the resources they needed” - Neil Treble, Galveston County CRCG.

“In 2018, Brown County CRCG staffed an adult referred from a local agency. The individual presented with a diagnosis on the autistic spectrum. The individual accepted to receive services through Job Corp and IDD services. The individual shared interest with obtaining housing through the local housing authority to establish self-sufficiency and independence. The individual was empowered through resources offered by the CRCG and was receptive to services and resources provided BC-CRCG. This is a great example of how the Brown County CRCG can collaborate and provide services to the communities” - Katie Snyder and Shawna Hutchins, Brown County CRCG.
“One family's story that always comes to mind is these two grandparents who took in their two young grandchildren with serious history of abuse and trauma. The initial meeting turned into a crisis as the grandfather was a veteran with PTSD and had many health problems of his own. He explained that he was struggling with thoughts of suicide. That meeting changed our CRCG meetings forever since we had always been running as a youth CRCG not adult. I realized we weren't here to staff only his grandchildren's needs, but his as well. I then expanded our CRCG members by adding Coastal Plains Community Center Peers and Veteran Services. This family was staffed regularly due to the intensity of needs. The Youth Empowerment Services (YES) waiver was introduced from the beginning and the family quickly engaged in the services. Long story short, their two grandsons were very successful with YES services and to see what this family looks like now is so amazing. These grandparents were so thankful at the last staffing because they felt supported and unjudged through the entire process. As we often have grandparents at the table, educating, being culturally sensitive, and meeting all basic needs first is pivotal to having the family fully engage in the treatment process and achieve better outcomes” - Debra Saenz, Aransas/Bee/Live Oak/San Patricio Counties CRCG.

“Our CRCG has been a driving force in providing support for numerous service providing agencies by assisting them to obtain grants and extra funding through TEA non-educational funds and other funding sources” - Ianthia Fisher, Houston/Trinity Counties CRCG.
“The Burleson Health Resource Center (BHRC) acts as a hub of service coordination in Burleson County and serves as the chair of the CRCG. With its broad network of partnering agencies, case managers of the BHRC coordinate on a daily basis with multiple agencies in developing Individual Service Plans for Burleson County residents needing help accessing a broad range of services, such as mental health, counseling and substance use prevention services, housing, rent, transportation, rent, legal and educational assistance programs. Where needed, partner agencies will request staffing of cases where further coordination is needed, or where consideration is given to placement in a residential treatment setting. With service coordination being at the core of the BHRC’s activities, county residents are able to gain access to multiple service providers by seeking out BHRC case management services. In October 2018, after 14 years of relying on a patchwork of funding sources, the BHRC was incorporated as a department of Burleson County, giving it the sustainability it requires to further expand its delivery of services. In 2019, we anticipate opening a second office in the southern area of the county, in Somerville, co-locating with a health clinic, as well as bringing in two new services, a telehealth counseling service, and substance abuse individual and group counseling to be housed in our Caldwell office. The partnership with Burleson County, the Burleson County Hospital District, the court system, the Brazos Valley Council on Alcohol and Substance Abuse, the Telehealth Counseling Clinic, Texas A&M School of Public Health, among others, has resulted in these successes, allowing the BHRC to conduct CRCG interagency coordination functions on a daily basis.” - Albert Ramirez, Burleson County CRCG.
Appendix B: State CRCG Office Strategic Plan Outline

**Goals (Calendar Years 2019-2021)**

Goal 1: State office enables CRCGs to implement best practices.

Goal 2: CRCGs are recognized and supported.

Goal 3: CRCGs serve all counties in Texas across the lifespan.

**Objectives (Calendar Year 2019)**

Objective 1a: Train CRCGs in best practices using a range of strategies.

Objective 1b: Create opportunities for CRCGs to participate in more training.

Objective 2a: Demonstrate the impact of CRCGs.

Objective 2b: Raise awareness of CRCGs as resources.

Objective 3a: Identify all CRCGs and who they serve.

Objective 3b: Identify partners to help launch new CRCGs or expand service to all ages.

Objective 3c: Develop and revise state office products and training to launch CRCGs and expand service.

**CRCG Strategic Plan Logic Model (Calendar year 2019)**

See image on next page.