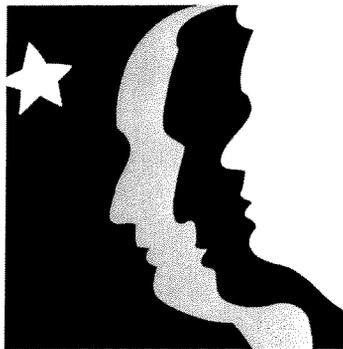


Recommendations for
ADULT
“COMMUNITY RESOURCE COORDINATION GROUPS”



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RECOMMENDATIONS
ADULT "COMMUNITY RESOURCE COORDINATION GROUPS"

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EXECUTIVE SUMMARY

The Children and Youth Community Resource Coordination Group ("CRCG") initiative has been successfully serving children with interagency needs since 1987. The collaborative decision-making processes used by these local interagency staffing teams have resulted in significant improvement in the delivery of coordinated, cost-efficient services. Because of the success of the CRCG model, various groups across the state have begun to apply the concept to adults with interagency needs. This report is the result of interviews with various stakeholders involved in the development of Adult CRCGs, in an attempt to formulate recommendations for coordination of this initiative.

There is broad based support at both the state and local level for the development of Adult CRCGs. There are some challenges, however, in attempting to apply this model to the adult population. Most of the Adult CRCGs currently formed are limited to specialized populations such as the elderly or dually diagnosed. While this "specialist" focus facilitates the delivery of appropriate services, there is fear that this categorization will result in duplication and excessive time commitment from local providers. Because of this, most stakeholders interviewed felt that the scope of this initiative should extend to the entire adult population, but that the structure should be somewhat modified from the Children's initiative to accommodate the expansive scope of the endeavor.

The structure recommended consists of one Adult CRCG Oversight Board in each community. Members of this Board will include leadership from various public and private services providers. Referrals made to the CRCG will be screened for appropriateness prior to presentation to the Oversight Board. Appropriate referrals will then be presented briefly to this Oversight Board, and the Board will assign the referral to a specialized CRCG subcommittee, composed of service providers with experience in the issues involved in the case. In some communities, these subcommittees will be standing, while others may choose ad hoc appointments on a case by case basis. The outcomes of these subcommittee staffings will be reported briefly back to the Oversight Board, for follow-up and feedback about system coordination issues in the community.

Referrals to the Adult CRCG can come either from local agencies, or directly from the community. While the CRCG should certainly be available to "last resort" cases, there is also support for attempting to mold this initiative on a more pro-active basis. At risk criteria should be developed to identify up front those individuals who are likely to end up in a last resort situation before it happens. Specific referral criteria for each community should be developed at the local level.

Virtually every stakeholder interviewed strongly recommended hiring a local coordinator for the CRCG in each community. Paid local coordinators have enhanced the success of local children's CRCGs, and the concept should be built in up front for the adult model. This coordinator would receive and screen referrals, provide information about alternate resources, schedule CRCG meetings, provide follow-up information on outcomes of staffings, collect and transmit data to the State CRCG Office, and act as liaison with the State Adult CRCG Team.

There is also strong support for the development of Memoranda of Understanding between core agencies to support this initiative. Pilots should be established through various regions across the state, and data collected over the next two years about the effectiveness of the model should be used to solicit legislative support in future sessions. Pilot sites should include areas in which CRCG initiatives are already developing, such as Austin, Lubbock, Dallas, Fort Worth, Houston, Bryan and El Paso. Development of an interagency fund pool was also suggested to eliminate the service barriers imposed by categorical funding.

Other special issues addressed in this report include confidentiality, involvement of non-HHSC agencies in the CRCG initiative, consumer choice and transition from children to adult CRCG.

The Texas Health and Human Services Commission is seen as the appropriate agency to take the lead on this initiative. In order to preserve the local nature of the CRCG, however, the Adult CRCG endeavor should be

considered more a local process than a "state program". The role of the state should consist of training, guidance, data collection and the provision of appropriate resources. A State Adult CRCG Coordinator with appropriate administrative support should be hired to take the lead, and a job description for this position is included in this report.

Development of Adult CRCGs in each local community is consistent with the state's vision of improvement in interagency coordination and service integration. HHSC has been given the task of providing a policy framework for the integration of health and human services. Building upon the success of the Children's CRCG model is an efficient and cost-effective way to achieve coordinated service delivery.

RECOMMENDATIONS FOR ADULT COMMUNITY RESOURCE COORDINATION GROUPS

I. BACKGROUND

Since 1987, children with interagency needs in Texas have benefited from Community Resource Coordination Groups. These local interagency staffing teams use collaborative decision-making processes to create and locate resources for youths whose needs cannot be met by any single agency. This "CRCG" model has resulted in remarkable improvement in the delivery of coordinated services. The success of this CRCG model encompasses not only improvement of services for each individual child and family served, but also the development and strengthening of interagency relationships at the local level. CRCG staffings are cost efficient because they promote interagency cost sharing and elimination of duplication in the delivery of services.

Because of the demonstrated success of the Children and Youth CRCG model, various communities across the state are attempting to apply the model to adults with interagency needs. In El Paso, for example, a CRCG model has been utilized to address the needs of elderly persons who are in need of guardianship. The Bryan-College Station Area has implemented a broad-based CRCG model which has been poised to serve individual adults since February of 1998. The Texas Department of Criminal Justice is piloting a CRCG initiative for women being released to the Harris County area from the Plane State Jail. The Area Agencies on Aging in Dallas and Lubbock have created interagency staffing groups for at risk elderly in those communities. TCADA and TDMHMR have required the development of CRCGs for persons with both mental illness and substance abuse disorders in their recently awarded Dual Diagnosis Service Expansion grants. The Supported Employment Interagency Workgroup is considering the use of an interagency staffing model to address employment needs in various communities. The compatibility of the CRCG model to address these "at risk" adult populations is evidenced by the "grass roots" nature in which this idea is developing.

II. GOALS AND OBJECTIVES

One of the challenges increasingly placed upon state government is balancing state leadership and coordination with local control and decision-making. The major premise, in fact, of the CRCG model is the benefit of local, collaborative team-work in identifying community needs and resources. The question posed in this project is how the state can be helpful in coordinating these adult "CRCG" efforts. Specific issues to be considered include state and local level structure for an Adult CRCG model, relative roles and responsibilities between the state and local groups, criteria for referral to an Adult CRCG, and specific tasks to be performed implementing this model.

III. DATA OBTAINED IN PREPARING THE REPORT

Over the course of two months, more than 30 interviews with various stakeholders were conducted in a private and confidential setting. These interviews were designed to obtain honest feedback about the proposed initiative. These stakeholders included service providers at the local level, both private and public, as well as state level leadership and advocates. A list of persons interviewed is attached to this report as Addendum I.

In addition to these interviews, written materials regarding initiatives which use interagency staffing models which resemble Community Resource Coordination Groups were reviewed. Both children and adult CRCG staffings were observed, as well, in order to obtain a full perspective of the model.

IV. RECOMMENDATIONS

A. Overall Impressions

Every stakeholder interviewed was supportive of the concept of using the CRCG model to assist adults with interagency needs. There was broad consensus that interagency staffings would better identify resources in the local community and develop important relationships at the local level. There was also general agreement, however, that implementation of Adult CRCGs will present even greater challenges than were faced in the development of the Children's CRCG movement. The broad variety of issues and needs faced by at risk adults in Texas implies enormous scope to the Adult CRCG development. These issues and dilemmas will be elaborated below.

B. What to Call It

There was a split among stakeholders interviewed as to whether this initiative should carry the title "CRCG." The majority felt that using this name will draw upon the success of the Children and Youth CRCG model, in both the communities and with the Legislature. Others felt the CRCG title prevent this initiative from building its own, independent momentum. No concrete suggestions for alternative names were received.

C. Structure of the Model

Most of the adult CRCG initiatives in development across the state focus on a clinically specific "at risk" group. While this focus is seen by most as being important to the ability of the group to develop appropriately specialized services, there is also fear among most that these specialized CRCGs will result in duplication and more "meeting time" for local providers. Furthermore, this specialization can lead to the risk of developing arbitrary, and sometimes limiting, criteria for accessing the interagency staffing process. The challenge is to develop a model which serves the entire adult population in a community, while maintaining efficiency and the avoidance of duplication.

As part of the interview process, the development of the Children's CRCG model was reviewed in detail. There were several important aspects of this development that were seen as important to the Adult CRCG initiative. First, participants in the CRCG process must be at a high enough level in their organization's structure to have some decision-making authority. Second, every participant must feel that there's a "quid pro quo" for attending, i.e., that they will directly benefit from participation at some point. Finally, participants should not be required to come to too many staffings which don't involve them.

There were some aspects of the Children's CRCG model, however, which do not fit the adult model because of the expansive scope of Adult CRCG concept. The fear of many stakeholders interviewed was that already overburdened providers will be required to attend too many CRCG meetings. In order to avoid this, the model being proposed envisions a single Adult CRCG Oversight Board in each community. Participants in this group will include leadership from various service providers, both private and public, in the community. Core participants from the public sector in this group would include representatives from the Department of Human Services, The Department of Mental Health and Mental Retardation, the Department of Health, the Department of Protective and Regulatory Services, the Texas Rehabilitation Commission, the Texas Workforce Commission, the Commission on Alcohol and Drug Abuse, the Department on Aging, local parole offices, the local Community Supervision Department (local probation), and the Department of Housing and Community Affairs. In addition, various private providers in the community will be included, as well as family and consumer representatives, and representatives

from academic institutions, if appropriate. Agencies such as the Texas Commission for the Blind and the Commission for the Deaf and Hearing Impaired, whose involvement is limited to very few staffings, should not be required to attend these meetings, although their participation in individual staffings will be solicited, as appropriate.

The function of this group will be: 1) to designate subcommittees to address specific issues, e.g., elderly, dual diagnosis, etc.; 2) to assign the appropriate staff members from their organization to each subcommittee; 3) to briefly review cases referred to the CRCG and assign these cases to the appropriate subcommittee; 4) receive brief reports back to the CRCG of the outcomes of the subcommittee staffings; and 5) review and identify service gaps and system coordination issues in the community. The subject matter handled by each subcommittee will be decided at the local level. Some subcommittees may have rotating members who participate only in certain cases, e.g. nursing home providers, churches, attorneys, or physicians. A graphic representation of this structure is attached to this report as Addendum II.

In order to prevent an excessive caseload for these CRCGs, it was recommended that each case referred to the CRCG be reviewed by a Coordinator who works for the CRCG. The purpose of this review would be to ensure that routinely available resources have been accessed prior to CRCG involvement, and to ascertain whether CRCG referral is appropriate.

In addition to local Adult CRCGs, it was recommended by most interviewees that a State Adult CRCG Team be established, as well. This state level team would consist of providers, both public and private, and advocates. The role and function of the State Adult CRCG team will essentially mirror the activities of the Children's State CRCG Team.

D. Referral Process

Like the Children's CRCG model, referrals to the CRCG would be made by agencies providing services for the individual being staffed. There was significant support for also allowing referrals directly from the community, e.g., from a local church, family, or in some cases self-referral. Including community referrals has the advantage of building local support for the CRCG and consistency with person-directed planning, but it carries with it the risk of overburdening the CRCG. If direct community and self-referrals are permitted, the triage function performed by a Coordinator will be essential.

Criteria for referral to the Adult CRCG is a complex issue because of the expansive scope of issues faced by at risk adults. Everyone interviewed felt that the CRCG must be available to staff cases in which attempts to address the individual's needs from a single agency perspective have been unsuccessful. This mirrors the function of the Children's CRCG. The specific criteria for referral should be developed at a local level, with assistance from the State CRCG Office.

In addition to staffing cases which have already unsuccessfully worked through the system, there was some support for developing a more pro-active role for the Adult CRCG. From both a human and economic standpoint, it makes sense to identify these "at-risk" adults before they have moved through the various systems to no avail. At risk criteria could be developed from a review of data and literature which identify those issues which are likely to lead to serious problems at a later time. Examples of "pro-active" at risk criteria would include combinations of a history of victimization, substance abuse, serious and persistent mental illness, lack of social supports, previous criminal justice contacts and chronic illness. While the State CRCG Office can provide guidance and assistance with this approach, the ultimate decision about whether to adapt the Adult CRCG to this more preventative role should be made at each local CRCG level.

E. Role of the Local Coordinator

Local dedicated CRCG coordinators have proven to be a valuable component to the development of Children and Youth CRCG initiative. Virtually all stakeholders agreed that this coordinator position be included at the outset of Adult CRCG development. This coordinator would receive and screen referrals, provide information about alternative resources, when appropriate, schedule CRCG meetings, provide follow-up information on outcomes of staffings, collect and transmit data to the State CRCG Office, and act as liaison with the State CRCG Office and State CRCG team. The coordinator will also be responsible for "getting the word out" to the local community about the CRCG. In most larger communities, this will be a full time position which reports to "the CRCG" rather than to any particular agency. Qualifications of the local coordinator should include organizational and marketing skills, some experience in direct service delivery and knowledge of various resources available in the community.

F. Role of the State

All stakeholders interviewed agreed that the Texas Health and Human Services Commission is the appropriate agency to take the lead on this initiative. This was based on the role of HHSC as a coordinating body, but also upon the great benefits provided by the Children's State CRCG Office. There was tremendous praise and appreciation expressed for the work of the State CRCG Office in providing training, technical assistance, data development and coordination of the Children's CRCG movement. A similar role was articulated for an Adult State CRCG Office. A job description for an Adult CRCG Coordinator position is attached to this report as Addendum III.

All interviewees emphasized that the Adult CRCG should remain a local initiative, with state coordination. The state role should be one of assistance, guidance, and provision of various resources, but the model in each community should be tailored to that community's specific needs. It was suggested that the state should consider this more a local process than a "state program."

G. Data Collection

While interviewees at the local level expressed some wariness of data collection by the state, most felt that a certain amount of data would be helpful to the development of the Adult CRCG movement. Suggested data elements included number of referrals to each CRCG, subcommittees formed in each area, participation in the CRCG process, and presenting problems which resulted in CRCG referral. Individual and aggregate outcomes of the interagency staffing process were seen as an important way to identify service gaps and system coordination issues, and to demonstrate the effectiveness of the CRCG process. This data should be collected in some sort of automated format, rather than written reports. Because none of the above mentioned data requires the use of client-identifying information, an interactive web site may be the simplest way to gather this information.

H. Legislation and Funding Issues

There is general agreement that specific legislation supporting Adult CRCG development would be helpful to achieve momentum. Furthermore, there was general concern among interviewees that Adult CRCG would become an "unfunded mandate." The initial approach to this initiative should include execution of Memoranda of Understanding between core agencies related specifically to the development of an Adult CRCG initiative. Pilots of the Adult CRCG initiative should then be established to obtain specific data about efficiencies achieved by utilization of the interagency staffing approach. These pilots should take place in communities in which Adult CRCG activities

are already taking place, such as Houston, Lubbock, Austin, El Paso, Ft Worth, Bryan, and Dallas. In El Paso, for example, efforts of the Guardianship Task Force, Dual Diagnosis CRCG, and the Alzheimer's Project could be combined to test the concept of a broad based, inclusive model. These pilots should also test the effectiveness and potential cost savings of hiring a local coordinator "up front", by analyzing staff time spent on the Adult CRCG in areas which do not include the local coordinator position.

Data collected during the pilot phase of this initiative should focus on cost benefits of using the interagency staffing model. Specific examples of data to be collected should include aggregate outcomes of the individual staffings, as well as before and after measurements of community impact, such as numbers of guardianships, hospitalizations, crime, stable housing, homelessness, parole revocation, criminal justice recidivism, etc. This data should be prepared for presentation to the Legislature in future sessions.

While obtaining state funding was considered necessary to build momentum for this initiative, the "local responsibility" concept of the CRCG also demands the inclusion of local resources. Some of the most successful initiatives in this area have been developed locally with minimal expenditures. Local coordinators, for example, could be hired by contributions from each local core agency. Obtaining this kind of local economic support enhances community ownership of the initiative.

Another significant barrier to interagency endeavors identified by many stakeholders was categorical funding. Development of an interagency fund pool available for serving individuals with interagency needs would greatly assist this initiative. This fund pool would ideally consist of new funds allocated by the Legislature. This money would be available to assist individuals whose needs fall outside the scope of a single agency's funding strategy.

I. Miscellaneous Issues

There are also several miscellaneous, but complex issues which must be considered in the development of the Adult CRCG model.

1) Confidentiality

While confidentiality is an issue in any interagency endeavor, it raises particularly difficult issues in a CRCG model which includes a wide variety of participants. While release of information forms will likely be sufficient to address the confidentiality issues, using a separate form for each participant will become overly burdensome to the process, and potentially intimidating for the individual attempting to access assistance from the CRCG. All stakeholders interviewed expressed support for a single confidentiality form to be used for CRCG purposes.

2) Transition from Children and Youth CRCG to Adult CRCG

Some, but not all, children being staffed by the Children's CRCG in a local community will continue to need interagency assistance as they progress into adulthood. This transition issue has presented great challenges in the past for several reasons. First, the age range for providing "children's" services varies among service providers. This lack of a consistent age of transition creates confusion and challenges to service coordination. Second, in the past there have been no formal interagency mechanisms to serve these at risk youths as they transition to adulthood. Development of Adult CRCGs will ease this transition period, although this mechanism should not be used as a substitute for individual agency attention to transition issues.

While there is general agreement among stakeholders that a consistent transition age must be established, there is disagreement about the designated age. In any event, designating a set transition point would minimize confusion and help to prevent transition age kids from "falling through the cracks." Some overlap in function between the Children and Adult CRCGs was suggested as a way to ease the transition. This could either be accomplished by blending members of the two groups for a certain period of time (e.g. six months) before and after the transition age to ensure continuity of services being provided, or creating a subcommittee of the Adult CRCG specifically dedicated to transition issues.

3) Non-HHSC Agency Involvement

Some of the suggested participants in the Adult CRCG process do not fall under the purview of the Texas Health and Human Services Commission. This will present some special issues, but the Children's CRCG initiative successfully faced these same issues related to the participation of the Texas Youth Commission and Texas Education Agency, which also fall outside HHSC. Various ways to address this issue include legislation specifically addressing the need for these agencies to be involved in the CRCG process, formal Memoranda of Understanding, and utilizing interagency forums already in place. The Texas Council on Offenders with Mental Impairments, for example, which itself is an interagency initiative designed to bridge the gap between criminal justice and human services agencies, could also be used as a vehicle for coordination of CRCG efforts as they pertain to criminal justice system involvement.

4) Choice

All participants felt that the Adult CRCG model must specifically address person directed planning and a strength based approach in coordinating services for individuals in need. This must be balanced, however, with reasonable allocation of resources. Most thought this balance could be achieved by focusing the CRCG process upon the specific problem or problems which resulted in the referral.

It will also be important in the development of this model that individuals accessing the CRCG be encouraged to attend the staffing when possible. For some individuals, meeting with the entire team may be intimidating, so modifications may need to be made to allow meaningful participation by the person accessing services. A small subgroup of the committee may, for example, meet with the consumer as part of the overall staffing process. Standing family/consumer representation on the CRCG will be essential to facilitate this participation.

J. Training and Technical Assistance Needs

One of the first steps necessary in building the Adult CRCG Model will be to disseminate information about CRCGs to the local communities. Some adult service providers may not be familiar with the Children's CRCG model and its success. Presentations about the CRCG model should take place at meetings of judges and attorneys, physicians, local churches, public service providers, private service providers and criminal justice entities.

Training designed to enhance the effectiveness of current Adult CRCG initiatives should be offered. This training should take place on both the state and local levels, and should be focused on effective teamwork, use of collaborative decision-making processes, strategies for blending funding streams, and the various CRCG models being developed in other localities. Quarterly meetings should be held to allow participants in Adult CRCG initiatives to share information obtained and lessons learned.

In addition to hands on training, an Adult CRCG resource manual should be compiled to assist local providers on getting started with the process. This manual should contain information about various models being utilized, information on collaboration and negotiation skills, and a list of potential non-conventional participants in the CRCG process for specialized cases. The CRCG Web Site should be expanded to include information about Adult initiatives, as well.

K. Next Steps

1) Adult CRCG Task Force

An interagency task force composed of local providers, state agency staff, and individuals currently involved in Adult CRCG initiatives should be convened to assist in further development of these recommendations. Some of the initial functions of this task force will be to identify other stakeholders to be included in the process, draft and procure Memoranda of Understanding, and to establish criteria and guidelines for the various pilots to be developed.

2) Pilots

Several current initiatives present opportunities for immediate testing of the above proposed structure. Some sites which were awarded TDMHMR/TCADA Dual Diagnosis Service Expansion Grants, for example, also have CRCG-type initiatives underway which deal with issues surrounding the elderly. Testing the proposed structure of the Adult CRCG model in these areas will provide useful feedback as to the feasibility of the initiative.

3) State Adult CRCG Coordinator

Providing state level support at the outset of this initiative will greatly enhance the momentum with which it develops. This support will be more efficiently provided by the development of a Coordinator position within the State Health and Human Services Commission. This Coordinator will provide technical assistance, training, data development, facilitation of CRCG orientation for local teams, and staffing the State interagency team. This will be a full time position with administrative support. A job description for this position is attached to this report as Addendum III.

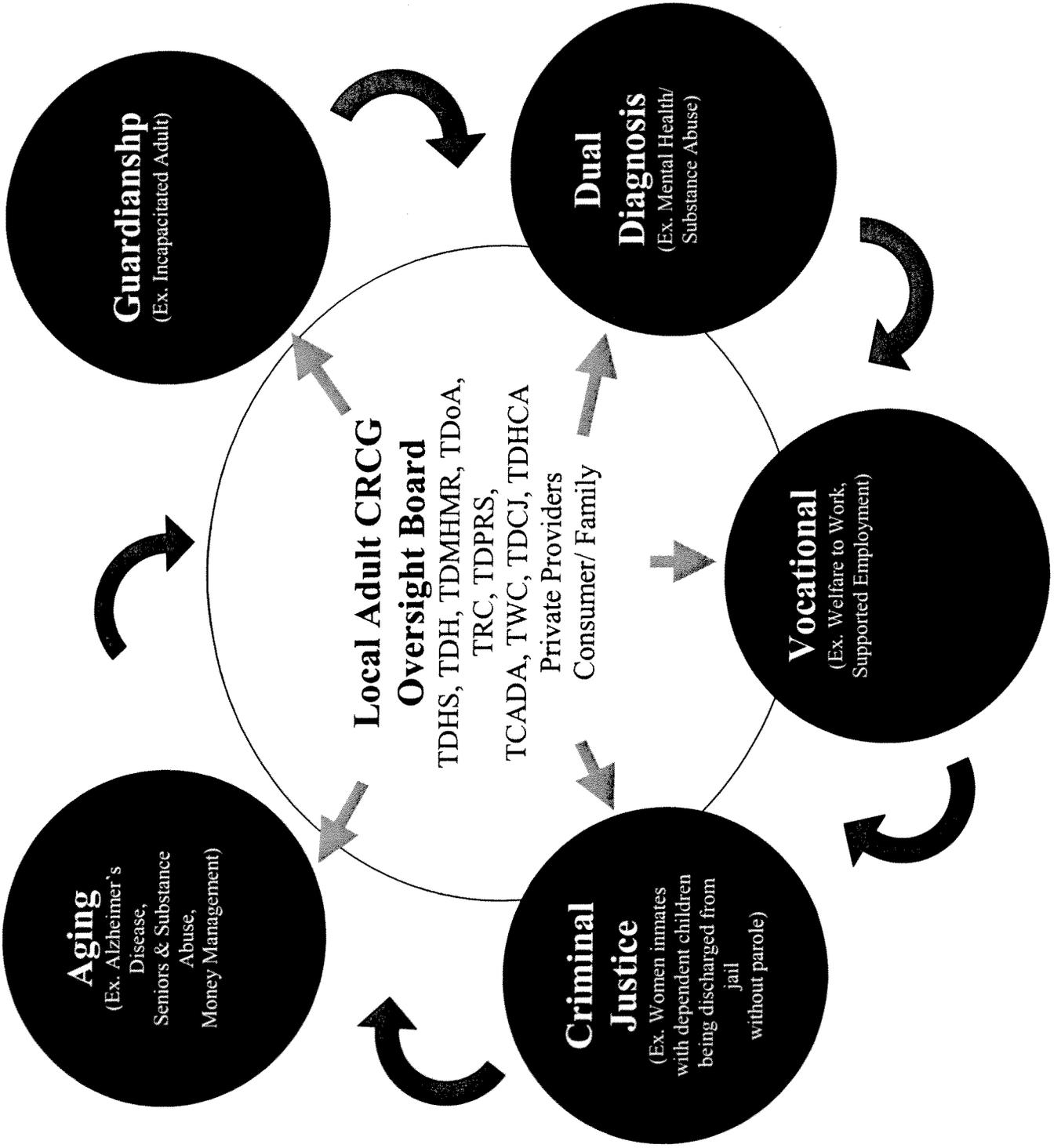
V. Summary

There is broad-based support for the development of an adult CRCG model from those at both local and state levels. The logistics of implementation, however, present a great challenge, because of the expansive scope of the endeavor. There is agreement among the stakeholders that the Texas Health and Human Services Commission is the appropriate lead agency for this initiative, although there are some issues which may fall outside of the specific scope of the HHSC mission. Specific legislation supporting the development of Adult CRCG's is considered necessary to provide momentum to the movement, but Memoranda of Understanding and the establishment of pilots should be the first step. These pilots can provide cost-benefit data about the model to be used in soliciting future legislative support. While state level involvement is seen as beneficial to support this movement, most of the specifics of Adult CRCG development must come from local level leadership. Local judges, City Councils, Legislators and City Officials should be educated about the model in an effort to build that support.

ADDENDUM 1: STAKEHOLDER INTERVIEWS

INTERVIEWEE	ORGANIZATION AFFILIATION	ROLE IN CRCG PROCESS
John Willis	Texas Department on Aging	Member, Alzheimer's Council
Christy Fair	Texas Department on Aging	Guardianship and AAA Initiatives
Paula Johnson	Texas Department on Aging	Alzheimer's Council, Seniors with Substance Abuse, Texas Money Management
Galen Brewer	Texas Department of Mental Health and Mental Retardation	Alzheimer's Council, Seniors with Substance Abuse, Texas Money Management
Stephanie Huie	Texas Housing and Community Affairs	Seniors with Substance Abuse/Housing Issues, generally
Barbara Ellis	Family ElderCare	Texas Money Management
Jackie Johnson	Texas Department of Human Services	State CRCG Team, Long Term Care Issues
Marc Gold	Texas Department of Human Services	Alzheimer's Project
Dee Church	Texas Department of Human Services	State CRCG Team, Seniors with Substance Abuse, Texas Money Management
Delma Juarez	Texas Department of Protective and Regulatory Services	Seniors with Substance Abuse
Nick Festa	Texas Department of Protective and Regulatory Services	APS Perspective
Nanci Morris	Texas Commission for the Blind	Supported Employment Initiative
Ann Williamson	Texas Department of Health	Alzheimer's Council, Seniors with Substance Abuse
Dee Kifowit	Texas Council on Offenders with Mental Impairments	Criminal Justice issues
INTERVIEWEE	ORGANIZATION AFFILIATION	ROLE IN CRCG PROCESS
Mark Weedon	The Bridge Homeless Shelter, Bryan, TX	Chair of Bryan, TX Adult CRCG
Debbie Garcia	Director, Area Agency on Aging,	El Paso Guardianship CRCG

	El Paso, TX	
Karen Carruth	Texas Department of Criminal Justice	Plane State Jail CRCG Pilot
Catherine Gorham	Texas Commission on Alcohol and Drug Abuse	Seniors with Substance Abuse
Patrick Haney	Texas Commission on Alcohol and Drug Abuse/ Texas Department of Mental Health and Mental Retardation	Dual Diagnosis Service Expansion Grants, Seniors with Substance Abuse
Pamela Daggett	Texas Department of Mental Health and Mental Retardation	Supported Employment Interagency Task Force
Janet Powe	Area Agency on Aging, Lubbock, TX	Lubbock Interagency Service Planning Group
Steven Fields, J.D.	Guardianship Alliance of Texas	Guardianship Initiative, Texas Money Management Program
Elizabeth Lee	Texas Youth Commission	State CRCG Team
Larry Lottman	Texas Rehabilitation Commission	State CRCG Team
Edgenie Lindquist	Texas Commission for the Blind	State CRCG Team
Rita Powell	Casey Family Program	State CRCG Team
Liz Shelby	Texas Department of Mental Health and Mental Retardation	State CRCG Team
Duane Thomas	Texas Department of Health	State CRCG Team
Judy Bell	Tarrant County Workforce Development Board	Welfare to Work Initiative
Charles Locklin	Advocate, Private Sector	Mental Health Advocate
INTERVIEWEE	ORGANIZATION AFFILIATION	ROLE IN CRCG PROCESS
Vanessa Martin	Charter Hospital, Austin	Travis County Adult CRCG Initiative
Ron Lucey	Texas Commission for the Blind	Consumer Resources Coordinator
Jane Wetzel	Private Advocate	State CRCG Team



Aging
(Ex. Alzheimer's Disease, Seniors & Substance Abuse, Money Management)

Guardianship
(Ex. Incapacitated Adult)

Criminal Justice
(Ex. Women inmates with dependent children being discharged from jail without parole)

Dual Diagnosis
(Ex. Mental Health/ Substance Abuse)

Vocational
(Ex. Welfare to Work, Supported Employment)

Local Adult CRCCG Oversight Board
TDHS, TDH, TDMHMR, TDoA, TRC, TDPRS, TCADA, TWC, TDCJ, TDHCA
Private Providers
Consumer/ Family

JOB DESCRIPTION: STATE ADULT CRCG COORDINATOR

Functional Title: State Adult CRCG Coordinator

Classification Title: (Agency Specific)
Division: Service Integration/CRCG
FLSA Status: Administrative Exemption
Class Number: (Agency Specific)

General Description

The State Adult CRCG Coordinator is selected by and reports to the Director for State CRCG. Under general direction of the State CRCG Director, this Coordinator will assist in the development and support of the Adult CRCG initiative in Texas. This position is responsible for providing resource information, training and technical assistance to local communities, state agencies, and various organizations about the CRCG model, collaborative decision-making, consensus building, group process, and best practices in integrated service delivery. In addition, this individual will be responsible for data collection and analysis pertaining to Adult CRCG's, as well as investigation of state of the art practices, and research on the effectiveness of the model. This position will serve as the contact point for persons in local communities conducting Adult CRCG activities, and will investigate funding opportunities related to this initiative. This individual will be responsible for developing and maintaining written and electronic materials related to CRCG development. This position will staff and act as liaison with the State Adult CRCG Team. In addition, this individual will support the Director of State CRCG's in other endeavors, as assigned, and provide consultation and technical assistance to other complimentary initiatives targeting integrated service delivery. This position supervises clerical staff and requires 30% travel time with 10% overnight stays.

Essential/Marginal Job Functions/Performance

Standards

- E
1. Coordinates Adult CRCG implementation strategies across the state
 2. Provides training and technical assistance in both one on one and group settings to local communities and various groups about collaborative decision-making and the CRCG process.
 3. Establishes data base related to Adult CRCG activities, which includes outcome data, state of the art practices, quality research, and evaluation studies, when appropriate. Maintains draft policies and procedures for use by developing Adult CRCG's, and resource guide for local communities.
 4. Acts as liaison to State CRCG Team including staffing State CRCG Team Meetings, and providing information, as requested about adult CRCG activities in a timely fashion.
 5. Under direction of the Director of State CRCG, prepares information for the legislature about Adult CRCG in a timely fashion.
 6. Represents the State CRCG Office at planning sessions, committees, work groups or meetings related to service integration activities.

7. Under the direction of the Director of State CRCG, conducts liaison activities with other agencies, funding entities, local providers, consumers, families, advocates, professional groups and advisory committees to advance the goals of the Adult CRCG initiative.
8. Supervises, mentors and develops staff through timely and effective performance appraisals, leadership and training.

Job Qualifications

As documented in personnel file, application for employment, or Request for Transfer

Knowledge, Skills and Abilities

1. Broad knowledge of health and human resource development and of adult services;
2. Knowledge of government organization and administration; principles, objectives and operating procedures of state governmental planning;
3. Skill in developing and maintaining effective working relationships with diverse groups;
4. Knowledge of and experience in collaborative decision making processes;
5. Knowledge of data analysis techniques, and ability to organize and collect data;
6. Skill in expressing ideas clearly, concisely and effectively in writing, orally and in addresses to audiences.

Education and Training

Graduation from an accredited four year college or university. Prefer major course work in the human services area, public administration, or related field. One additional year of related work experience may substitute for one year of college for a maximum of two years.

Experience

Two years of experience in community based organizations or community organizing efforts, with at least one year in health and human services collaboration and coordination. Prefer experience with the adult interagency initiatives.