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# Taking the Time to Make *a Difference*

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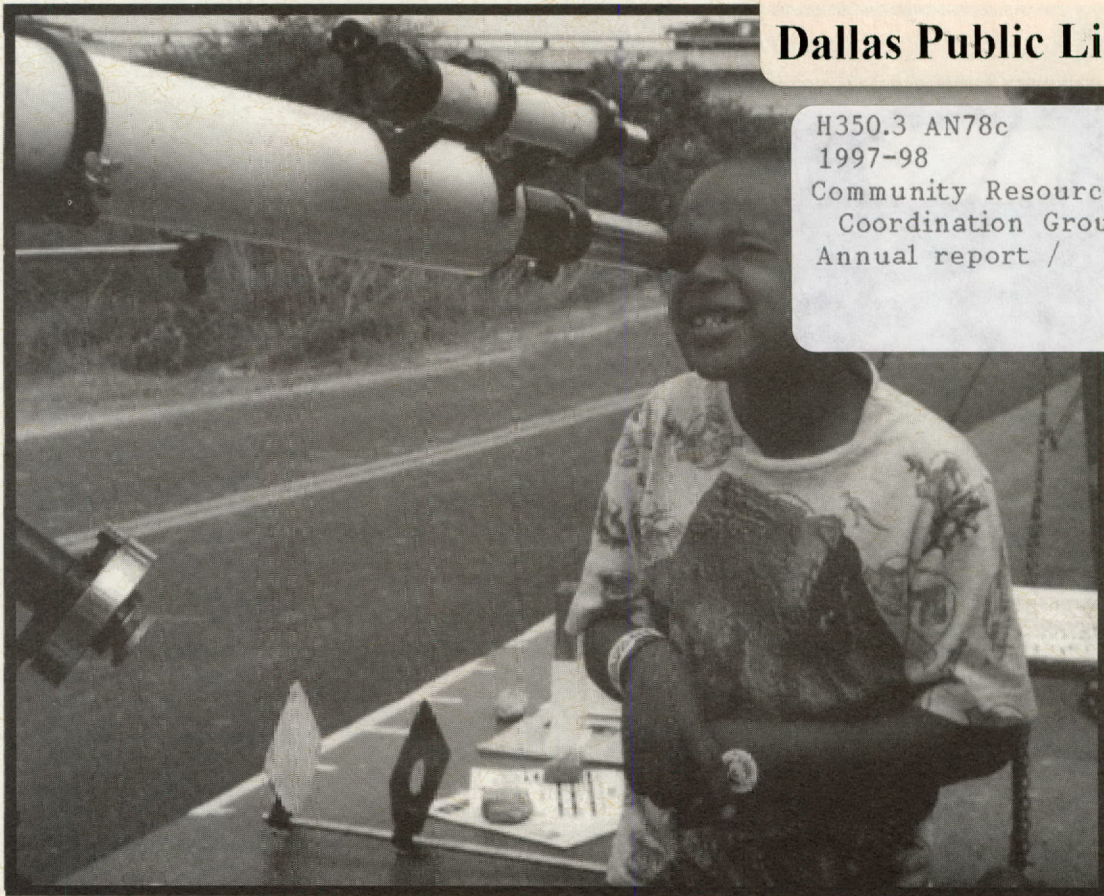
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1997-98

Community Resource

Coordination Groups

Annual report /



# Taking the Time to Make *a Difference*

**Children & Youth  
Community Resource Coordination  
Groups (CRCG) of Texas**



Fiscal Year 1997/98

Annual Report



State Office of Community Resource Coordination Groups of Texas  
Texas Health and Human Services Commission

**Supported by:**

***Parent and Family Representatives:***

Patti Buchanan, Sharon Brown, and Linda Vancil

**Private Child Serving Agencies:**

AVANCE, Rio Grande Chapter  
Community Council of Greater Dallas,  
Families Under Urban and Social Attack, Incorporated  
Texas Association of Licensed Children's Services,  
Texas Mentor, Incorporated,  
The Casey Family Program, and  
Young Men's Christian Association of Dallas

**State Agencies:**

Texas Commission on Alcohol and Drug Abuse  
Texas Commission for the Blind  
Texas Department of Health  
Texas Department of Human Services  
Texas Department of Mental Health and Mental Retardation  
Texas Department of Protective and Regulatory Services  
Texas Education Agency  
Texas Interagency Council on Early Childhood Intervention  
Texas Juvenile Probation Commission  
Texas Rehabilitation Commission  
Texas Workforce Commission, and  
Texas Youth Commission

**Contributors:**

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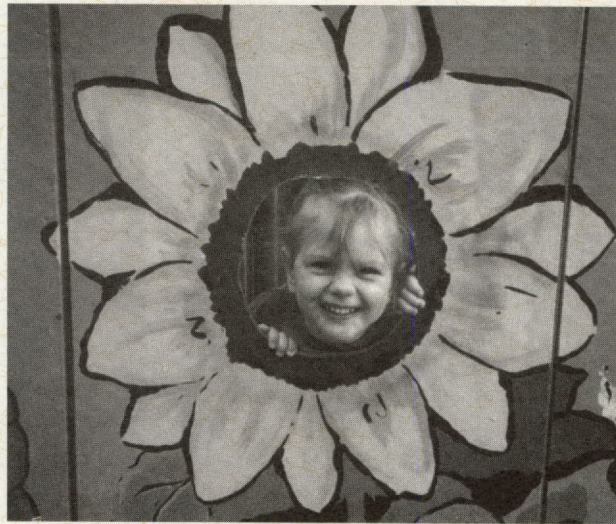


# Taking the Time to Make a Difference...

*Dedicated to the participants on the state and local  
Community Resource Coordination Groups*

Your days are hectic,  
Your time is so dear,  
Yet you've taken the time  
To be present here.

In a world that frequently,  
Falls short of its' charge,  
And it feels we've let down,  
The children at large.



Yet *you've* made the effort,  
To reach out to a child,  
To give of your time,  
And go the extra mile.

And you may not hear it,  
Nearly often enough,  
**Thank you** for hanging in there,  
When things get so tough.

You participate in CRCG,  
Because it makes so much sense,  
In the lives of these kids,  
***Who you are makes a difference.***

## The Vision...

It has been over ten years since legislation was passed and put into action the dream of a local interagency collaboration process known as the Community Resource Coordination Groups of Texas. Since 1987, this grass roots effort has spread to all the counties in this vast state.

Created from an urgency to reach many children and youth who were falling through the cracks of our systems, Community Resource Coordination Groups continue to break through the red tape and barriers to get critical services and help children and their families in need.

CRCGs operate in a rapidly changing environment, conducting business in education, health and human services, and juvenile justice fields. The participants in the Community Resource Coordination Groups through their commitment to children and families, are able to make a difference in the life of a child or youth that may be otherwise lost.

We offer this report in an attempt to describe how the Community Resource Coordination Group (CRCG) process works and how children and families can benefit.

## The Need...

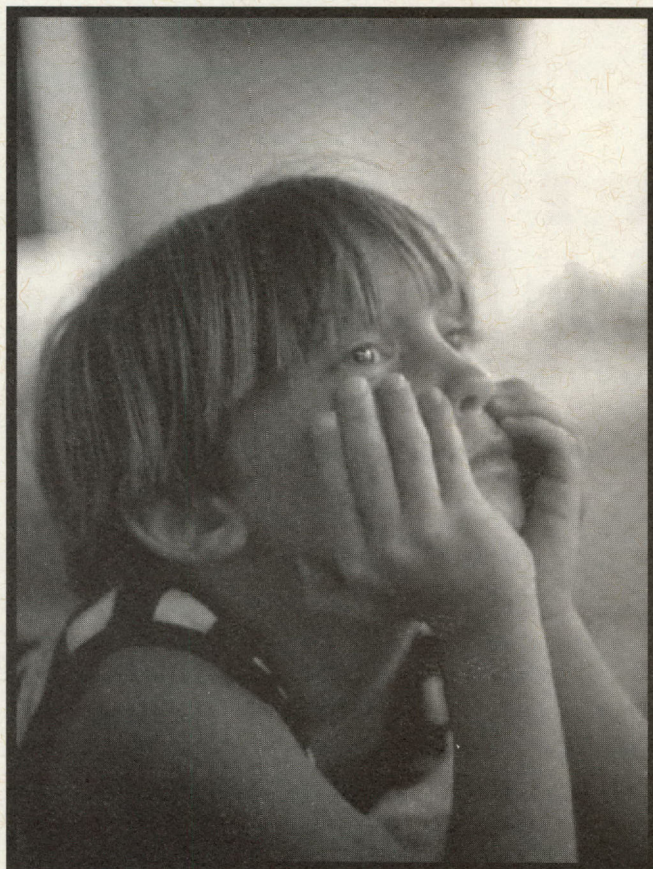
Jason, a fifteen-year-old, was referred to the local CRCG because his grandparents are concerned that it was only a matter of time before he becomes involved in the juvenile justice system. Jason has had a history of numerous psychiatric hospitalizations and was identified as seriously emotionally disturbed at the age of seven. He is currently receiving treatment and taking several medications for problems with depression, hyperactivity disorder and conduct problems. These medications help with his school performance. However, when frustrated, he becomes aggressive, disruptive at school, and displays explosive behaviors at home. Jason is jeopardizing the physical and mental health of his grandmother. His grandparents love him very much but their incomes are limited and they are unable to afford health insurance for him. *The CRCG is intervening to recommend viable services for Jason and his grandparents.*

Natalie, an eleven-year-old, has had a troubled childhood including being the victim of sexual abuse and being placed in several treatment facilities and hospitals. Natalie's grandparents are her current guardians because her mother is in an in-patient drug rehabilitation program and her father is in prison. While baby-sitting for an eight-month-old and a two-year-old, Natalie physically abused both the child and the infant by striking them. She threw the infant against the wall causing brain damage which resulted in death. The local juvenile probation department referred Natalie's situation to the local CRCG pending a ruling by the local judge. The concern is that Natalie is very young to enter the criminal justice system and obviously needs treatment and intensive supervision. *The judge is waiting to rule on Natalie's charges until the local CRCG can recommend a service plan that is based on Natalie's needs and the available local resources.*





Michael, a thirteen-year-old, was referred to the local CRCG because his mother was interested in seeking support and possible out-of-home placement when Michael had become too much for her to care for. At eleven, Michael was playing in his front yard and was electrocuted as a result of grabbing an exposed



electrical wire. Michael suffered brain damage and is in a wheel chair and is non-verbal. He is able to show his feelings through his facial expressions, although he needs his mother's assistance to be fed, toileted, and groomed. Michael's mother takes care of her sons and her mother, who suffers from a kidney disease and requires dialysis treatment. Michael's older brother is beginning to have trouble at school, showing signs of aggression, and acting out. *The local CRCG is convening to look at support and available services for Michael and his family.*

The shortened versions of these very long and complicated stories are true situations faced by children, youth and their families around Texas. These stories are not uncommon among local CRCGs. The children and youth referred to these community-based teams of service providers have complex needs. Even with the help of local service providers, attempts at accessing needed services have failed. Many times these children and their families do not meet the specific eligibility requirements for certain services because the children's behaviors or conditions are "not harmful enough yet" or are "too damaging" to qualify for a specific service. These are truly the children and youth

who are "falling through the cracks" of the service delivery systems in Texas. These are the children, youth and their families that local child-serving agencies strive to serve to allow children to live with their families, be successful in school, stay out of jail and become successful and productive adults.

## **The Mission...**

In order to allow the safest and most productive lives for the children of Texas, the Legislature created the Community Resource Coordination Group system to enable children at risk to have the support needed to allow them to develop into full and productive members of their community.

The Community Resource Coordination Group system exists to provide an ongoing mechanism which enables the local child-serving agencies to work together to meet the needs of children and their families which no one agency can meet.

## The Conception...

CRCGs of Texas originated with the passage of Senate Bill 298 in 1987. The 70<sup>th</sup> Texas Legislature charged a state workgroup, now known as the State CRCG Team, to develop a community-based model to address children and youth that potentially fall through the cracks of service delivery systems. No funding was given with this charge, but a Memorandum of Understanding was developed between all the public child-serving agencies. These agencies agreed to work together with consultation from private sector and advocacy organizations to serve this high risk population of children with multiple service needs (see Appendix A). The CRCG Model provides guiding principles and parameters to local Texas communities to build interagency teams comprised of public and private sector child-serving agencies (see Appendix B). These teams, now known as local CRCGs, were set up on a county by county basis. Their members come together in partnership with families to serve children and youth, ages 0 through 22, who require interagency coordination, no matter what their disability.

The CRCG Model provides the framework of the CRCG operation, but there is latitude for local control and customization of this interagency process. Some CRCGs have a structured system of protocol from which they operate, while others are more informal. All CRCGs have a designated chairperson that facilitates the CRCG meetings (see Appendix C). These chairpersons serve in a leadership role on a voluntary basis. Currently, the majority of CRCG chairpersons are from private-child serving agencies, followed by local MHMR, juvenile probation, and education providers.

Many CRCGs have provided a valuable service to the community resulting in an increase in the volume of children and youth served by the local CRCG. These CRCGs have pooled funds or responded to grant opportunities to employ a CRCG Coordinator position to enhance the efficiency of their collaborative operation. To date, there are sixteen dedicated CRCG Coordinator positions serving forty-six Texas counties. From four pilot sites in 1988 covering four counties, today, there are 151 local CRCGs covering all 254 Texas counties.

The efficiency of local CRCGs may fluctuate with on-going turnover of individuals on local teams, but the need for interagency coordination for this population of children and youth remains constant. Individual organizations realize that they alone can not provide all the needed services to these children. The schools can not do it all. The churches can not do it all. The health and human service systems can not do it all. The advocacy organizations can not do it all. The juvenile justice systems can not do it all. It takes a combined effort to save a child or adolescent from a lifetime of continual struggle. Local CRCGs are laying the foundation to respond to this call for help.



In 1997, CRCGs celebrated Statewide Coverage at three regional conferences in Lubbock, Corpus Christi and Dallas.

## The Collaboration...

Every local CRCG has developed its own guidelines for how a child or youth can be referred to the CRCG that match the needs of their community. Generally, a member agency or organization refers the child or youth and a date will be set to meet to develop a service plan for that child. Ordinarily, CRCGs meet on a monthly basis. The family is strongly encouraged to attend and to sit down with the significant service providers for their child and the core CRCG from the county in which the child or youth reside.

The core CRCG members representing public and private child-serving agencies are persons who are in a position to commit resources and services from their respective organizations. A history with perceived needs are presented to the CRCG. The group identifies the strengths of the child and family and prioritizes the needs. Afterwards, a recommended service plan is developed including timelines and a lead agency to coordinate services.

The following month, the lead agency presents the outcomes of what activities have been implemented. Additional agencies or organizations also contribute to the child's or adolescent's plan.

## The State Level...

### *BACKGROUND*

In 1989, the State CRCG Team, through the efforts of each of members' agencies, put together a training package, pooled money, and secured services from the Texas Coalition of Juvenile Justice to provide the training to additional communities around Texas. The State CRCG Team targeted the counties that had the highest population of children and youth.

In 1993, the State CRCG Team pooled resources and created the State CRCG Office, housed and directly supervised by the Texas Health and Human Services Commission (HHSC). The State CRCG Team decided to provide technical assistance support in addition to establishing new CRCGs.

The State CRCG Team, through its commitment to this collaborative process, has pooled dollars to support the State CRCG Office the past six years which models to local communities what can be done collectively.

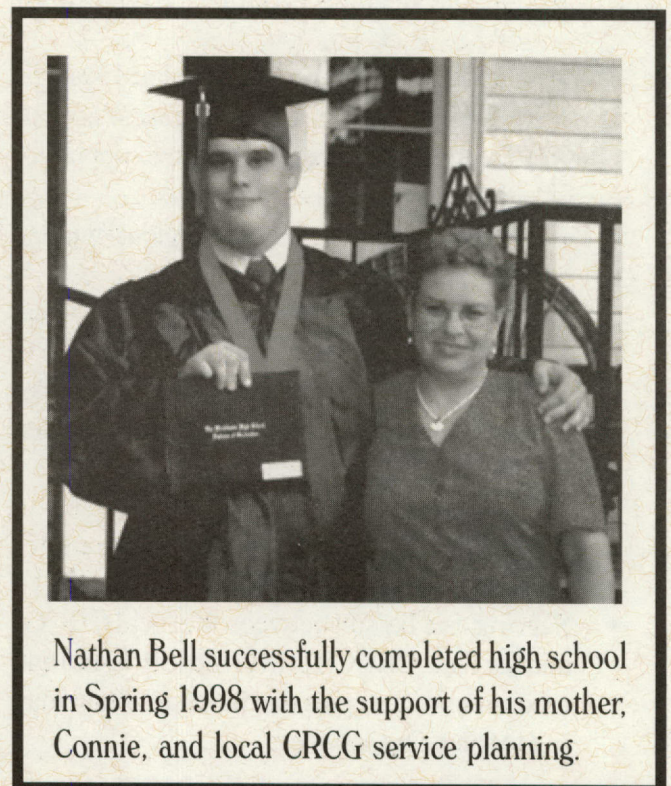
Making A Difference ~ One at a Time

There is a planned time through the CRCG meeting to respond to what worked, what did not, and what else needs to be done. Follow-up service planning ensures the accountability from all parties by preventing missed telephone calls or other opportunities for contact.

These local CRCGs are powerful, collective teams that identify service gaps in their communities, improve service coordination to children and youth, and respond to community leaders, such as judges, school administration, etc., to advocate for needed services.

The hope of CRCG members involved in this collaborative process is to support children and youth in a nurturing home and community through:

- reducing delinquent behavior and violence;
- decreasing child abuse and neglect;
- increasing access to appropriate health care;
- reducing the number of children having babies;
- decreasing the number of out-of-home placements; and
- increasing the chances for children to be successful in school.



Nathan Bell successfully completed high school in Spring 1998 with the support of his mother, Connie, and local CRCG service planning.



The Honorable Texas State Representative Garnet Coleman presented the keynote address at the Dallas Regional CRCG Conference, one of three regional conferences conducted in fiscal year 1998

The goals of the State CRCG Office are to implement the CRCG model throughout the state by:

- Providing technical assistance to local CRCGs to include:
  - On-site meetings to define the philosophy of the CRCG mission;
  - Facilitation of individual or regional strategic planning meetings or networking sessions;
  - Coordination of regional or state support for particular CRCG case reviews;
  - Production of statewide and regional training conferences;
  - Dissemination of relevant information to local CRCGs, for example, model CRCG practices, grant opportunities, legislative mandates, and general information related to CRCG service delivery; and
  - Collection of data from local CRCGs to analyze and make recommendations for improvement to the State CRCG Team.
- Serving as a liaison between the local CRCGs and the State CRCG Team to identify issues and recommend strategies that the State Team may use for planning services;

- Providing educational presentations to inform interested groups about the CRCG process; and
- Providing and maintaining a CRCG Website to provide current CRCG service and contact information. (See Appendix D)

The State CRCG Office serves at the direction of the State CRCG Team. The State CRCG Team continually analyzes strategies to further strengthen the work of local CRCGs. Currently the representation of State CRCG Team mirrors that of the local CRCG. A member from each state agency that serves children and youth, five private sector providers, and three parent representatives participate on the State Team. The State Team continues to uphold and support the Memorandum of Understanding (see Appendix A).

#### *COLLABORATION WITH OTHER INITIATIVES*

The CRCG initiative continues to work collaboratively with other interagency children initiatives including the Texas Children's Mental Health Plan, Family Preservation Program Initiatives, Texas Integrated Funding Initiative, and Permanency Planning Initiatives. In June 1996, HHSC was awarded a five year "systems change" grant, the *Families Are Valued* Project, to increase permanency planning for children and youth with developmental disabilities. The grant was originally housed and supervised by the State CRCG Office. In the summer of 1998, the scope of the grant broadened and supervision transferred from State CRCG Office. The *Families Are Valued* Project is currently a part of the Service Integration Division at HHSC and continues to work closely with local and state CRCG teams.

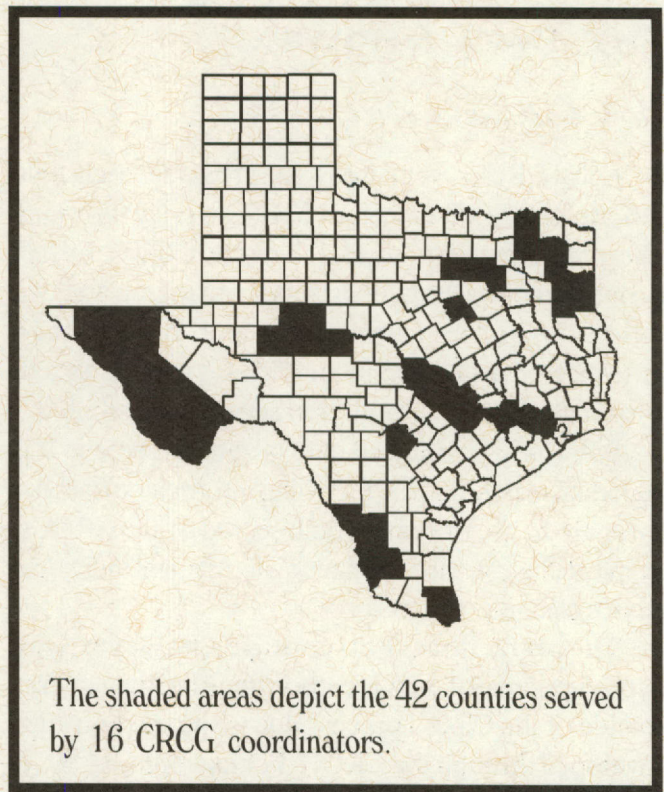
House Bill 885 and Senate Bill 118 (SB118) passed in the 75<sup>th</sup> Texas Legislature support the involvement of local CRCGs in the placement of children with developmental disabilities into residential care facilities such as nursing homes. This fiscal year, local CRCGs will facilitate the opportunity for permanency planning for children who are referred to nursing facilities. As a result of the SB118 requirements, relationships between local service providers and families have increased to explore appropriate alternatives for children with developmental disabilities.

## EVALUATING THE PROCESS

This past fiscal year, the State CRCG Team has engaged an independent evaluator to determine the extent to which CRCGs are meeting the goals outlined in the Memorandum of Understanding (MOU). Best practices of the local CRCG process were also identified in the report. The Center of Social Work Research with the School of Social Work at The University of Texas completed the first phase of a two-part evaluation study. The overall outcome of Phase I is the CRCGs that participated in the study are meeting the stated objectives.

The main recommendations that were cited by this independent evaluation team were that the local CRCGs and/or the State CRCG Team should:

- Seek legislative funding and private foundations or donors for specific services, such as residential treatment, adolescent substance abuse treatment, or respite care.
- Seek funding for discretionary money that is not tied to any specific agency to be used for needed services including non-traditional services such as paying for clothing and providing transportation.
- Provide training for the CRCG Chairpersons and Coordinators on burnout prevention and theoretical framework models that can be used in CRCG meetings.
- Procure paid Coordinators to facilitate the local CRCG through:
  - providing concise client histories for CRCG presentation,
  - prioritizing children and youth to be referred to the CRCG
  - following up on individual service plans that were created; and
  - conducting “mini” CRCG meetings as needed.
- Include more medical and legal expertise as needed in meetings.
- Consider establishing Co-Chairpersons to share the many duties of CRCG leadership.
- Support the submission of local data to the State CRCG Office.
- Explore the possibility of one or two grant writers per region to secure external funding.



- Explore the potential of recognizing CRCG participation in individual employee’s performance evaluations to increase agency participation.
- Increase community’s awareness of local CRCG processes through public service announcements, or other forms of media coverage.
- Increase community’s knowledge of the State CRCG Website and newsletter.
- Prepare families for what they can expect through the CRCG meeting and service planning.

The evaluation team determined there is the need to fully validate the conclusions and recommendations with the Phase II of the evaluation. This phase will measure consumer satisfaction with the CRCG process through a survey. This study will be conducted in fiscal year 1999. The State CRCG Team is reviewing the recommendations of the Phase I evaluation to plan for future strategies which strengthen CRCG service coordination.

The evaluation team commended the CRCGs studied for their continued progress and indicated that there is an interest locally to create CRCGs for adults.

## THE DATA SHOWS...

### How CRCGs serve

Local CRCGs voluntarily report data for each child and adolescent who receives CRCG service planning. The data are reported to the State CRCG Office through an initial individual service planning and two follow-up forms (one-month and six-months). Information about the local CRCGs operation and information about the children served are gathered.

Some of the collected data is outlined below. It is important to note that the following information does not cover all the children and youth served by the CRCGs. Graph A illustrates the last three years of initial individual service planning submissions.

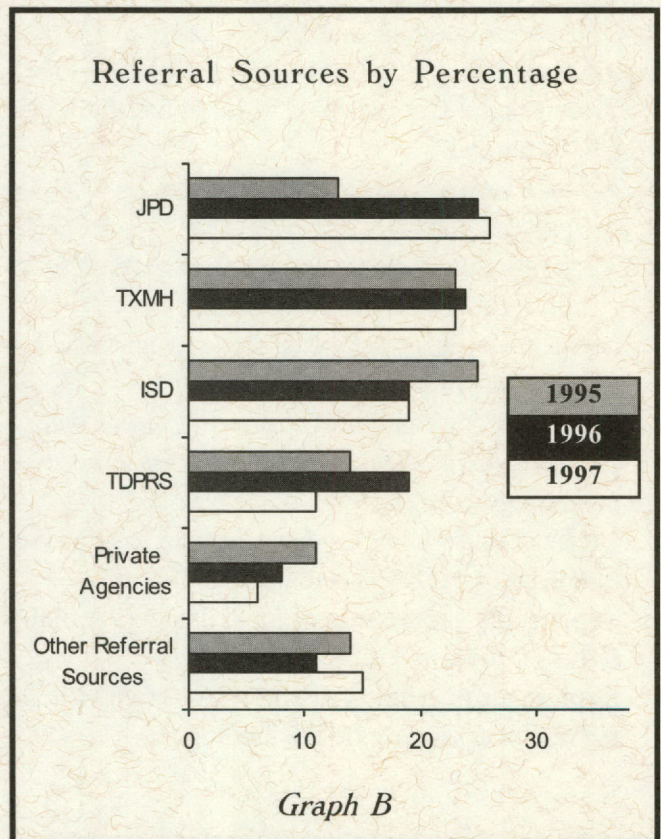
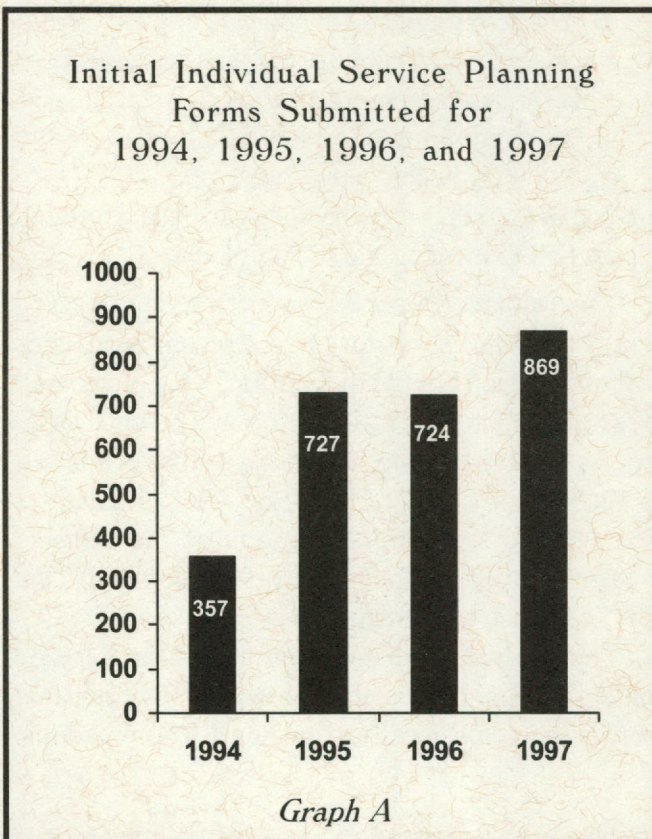
The data does not capture, however, the improvements of service coordination that occurs outside of the CRCG process due to the relationships developed through the CRCG. For example, a CRCG member feels more comfortable calling another CRCG member to coordinate services for a child or youth that is not yet in crisis because of the relationship they have developed serving together on their CRCG team.

### How CRCGs Operate

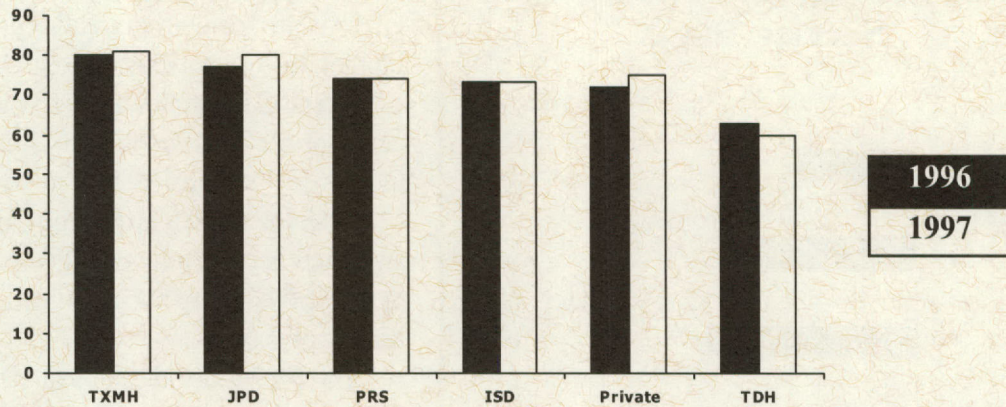
During the most current reporting period of calendar year 1997, families have consistently attended their children's CRCG meetings 53 percent of the time. Family's attendance and participation is recognized as an integral part of the CRCG team. Family agreement with the service plans increased from 52 percent in 1994 to 62 percent in 1997.

Agency participation and referral is stronger for those agencies serving children with emotional problems. The top four referral agencies for 1997 (see Graph B) were county juvenile probation departments (JPD), local mental health (TXMH) providers, and the independent school districts (ISD), and the local child protective services (The Department of Protective and Regulatory Services, TDPRS).

Graph C illustrates the attendance of the top six agencies at local CRCG meetings for the last two calendar years.



### Top Six Agencies Attending Staffings for 1996 and 1997



TXMH= Local Mental Health Providers

JPD= Local Juvenile Probation Authorities

PRS= Texas Department of Protective & Regulatory Services

ISD= Local school district or Education Service Center Representative

Private= Private Child-Serving Providers

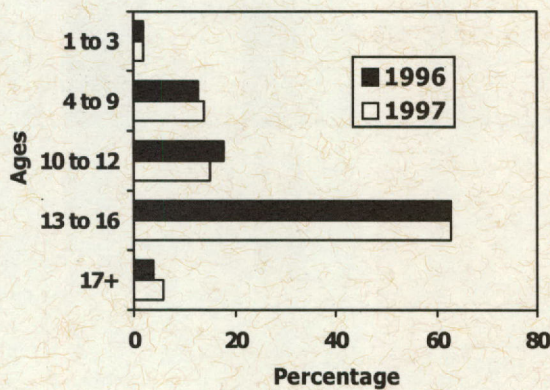
TDH= Texas Department of Health

*Graph C*

### Who Are the Children & Youth?

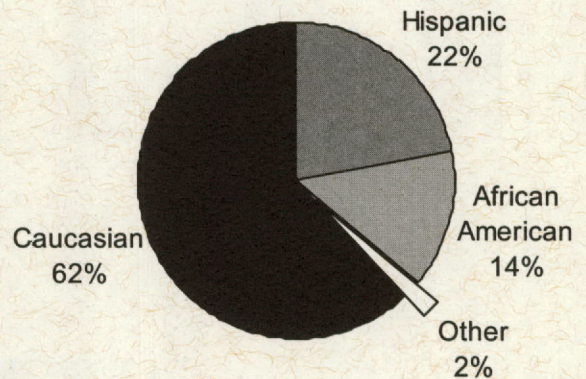
The majority of children and youth served by CRCGs are between the ages of 13 and 16 (see Graph D). Data over the past two calendar years indicates that there is a high incidence of CRCG service planning for Caucasian males between the ages of 14 and 16. The 1997 data indicates that 68 percent of the children and youth served are males. The 1997 ethnicity data is depicted in Graph E.

### Ages of Children Served in 1996 and 1997



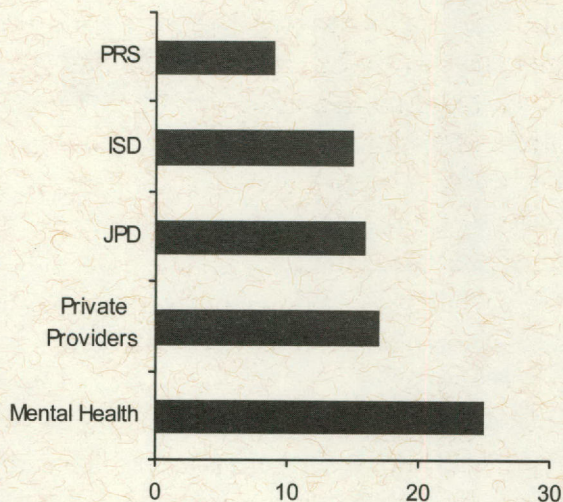
*Graph D*

### The Ethnicity of Children Served in 1997



*Graph E*

### Top Five Agencies in 1997 Responsible for Carrying Out Service Plans



Graph F

### What Are the Service Needs?

The highest needs for children and youth served by CRCGs are residential treatment, family support and training, and outpatient counseling.

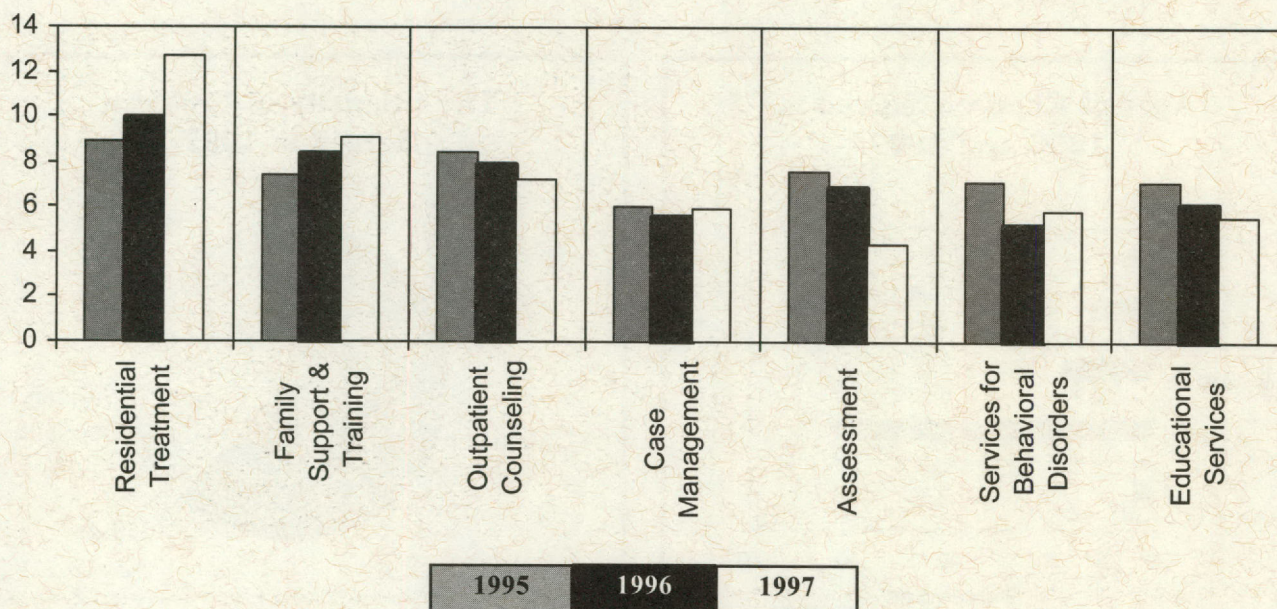
Graph G illustrates the percentage of times the most common services needs were cited on the service plans in 1995, 1996 and 1997.

After local CRCGs develop individual service plans, an agency accepts responsibility for carrying out the plan (see Graph F for top five responsible agencies for CRCG service plans).

The 1997 data indicates that “no barriers” were noted 60 percent of the time in meeting the goals on the service plans. The service barriers recorded have been consistent since 1994. The most cited barriers are “Service Unavailable” and “Family Interaction.”

Three months after their initial service planning meeting, 61 percent of the children served by CRCGs met all their goals.

### Top Five Service Needs Requested in 1995, 1996, and 1997



Graph G



## Summary

Collected data indicates that CRCGs serve a high number of children and youth with emotional disturbances. Through collaboration and increased representation of consumer and family members on local and state level CRCGs, these children will be better served. The revised CRCG Model of March 1996, includes a family representative as a core CRCG member (see Appendix B). This representative is in addition to the participation of the family of the child or youth being served by the CRCG.

The need to serve a more culturally diverse population is also indicated by the data. The State CRCG Team is continuing to develop strategies, which will address the service needs of a more culturally diverse population. Some of these strategies include training, marketing, and program evaluation and representation at CRCG meetings.

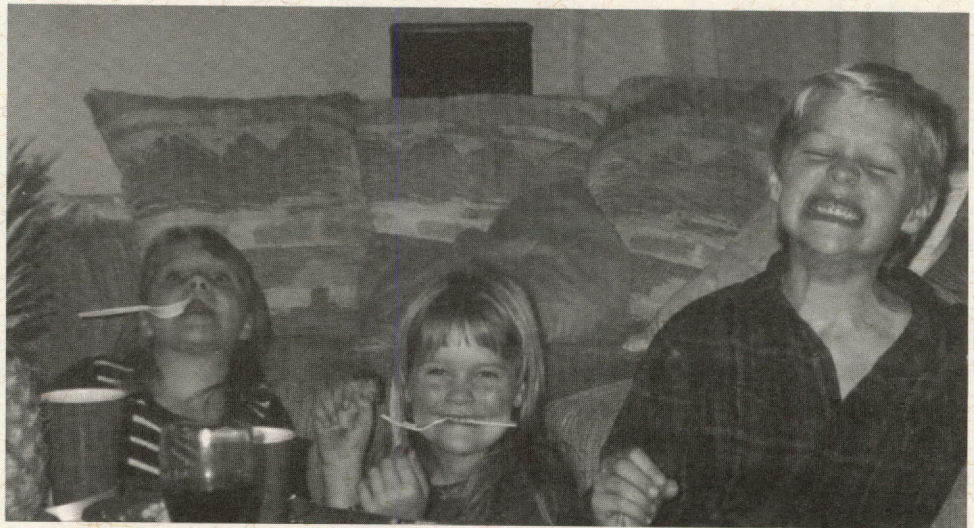
In conclusion, the children served by CRCGs, as evidenced by the data, have a high rate of multiple problems which are identified and addressed. These

problems as a result of a variety of other environmental and biological deficits create complicated challenges for families and service providers.

Children and youth with severe emotional disturbances demand a great deal of energy and resources from their families and communities. Issues related to agency's policies and limited budgets often drive the treatment decisions for these youth. In the long run, this costs the community more if youth are not able to improve and continue to cycle through agencies. Funding and treatment planning which focuses more on the individual needs of a youth is essential.

The CRCG's involvement with innovative programs, enhanced technical assistance, education, and a more streamlined reporting process will ensure that CRCGs can work together to meet the needs of children, youth and their families.

CRCGs can work together to meet the needs of children, youth and their families so kids can be kids.



## Things to Come...

Members on local CRCGs have been long recognized as experts in their communities in the knowledge and delivery of services to children and youth. CRCGs are cited as decision-making points in several protocols in accessing services and resources. Texas Department of Mental Health and Mental Retardation has directed persons interested in accessing services from Waco Center for Youth and Vernon State Hospital to access these services through the CRCG process. Texas Education Agency has also recommended that approval for non-educational community-based support services funds are accessed through the CRCG process. Two legislative statutes directly identify the work of the local CRCGs and their responsibility to permanency planning. There has been an increase of participation of managed care companies as partners on local CRCGs. This is a result of the “request for application” requirement in the



There is an interest from local service providers and various state agencies to use the the CRCG model to serve adults whose needs cannot be met by one agency.

Medicaid Managed Care roll out plan to include local CRCG’s involvement.

The relationships that have been developed through the CRCG process has led members of local teams to collaborate in other innovative ways, including responding to grant funding, entering into interagency collaborative agreements in pooling resources and funds, and educating community leaders in order to enter into supportive partnerships.

These are significant outcomes that describe the success of the children and youth served by the CRCG. Therefore, it comes as no surprise that several special adult populations are using the CRCG Model for local community interagency service planning (see Appendix B). A study has been conducted to determine the need for a broader statewide adult CRCG implementation plan. Meanwhile, outcomes from the children and youth CRCG evaluation will be closely considered for adult CRCG implementation. The major benefit is that children and families receive a more coordinated delivery of services that help families stay together.

Across the state, members of CRCGs consistently report two benefits of the CRCG process:

- Members learn about services available in their communities that they did not know existed; and
- Members gain a clearer understanding of these community services.

The main benefit is that children and families receive coordinated service delivery which helps families stay together. These are worthwhile reasons for local public and private service providers to partner with families to maximize community resources and plan for a better tomorrow for children and youth.



# Appendices

Appendix A:  
CRCG Memorandum of Understanding

Appendix B:  
CRCG Model and Guiding Principles

Appendix C:  
State CRCG Team Roster  
Local CRCG Roster  
CRCG Coordinators

Appendix D:  
State CRCG Office Outcomes for  
Fiscal Years 1994-1998



## **Memorandum of Understanding for Coordinated Services to Children and Youths**

*For printing purposes the MOU has been modified to fit the annual report.  
If you would like a copy of the original MOU, please contact the State CRCG Office at (512) 424-6561.*

### §736.701. Coordinated Services for Children and Youths.

(a) Overview.

- (1) Pursuant to the Texas Human Resources Code, §41.0011 this memorandum of understanding has been developed by the Texas Department of Protective and Regulatory Services (TDPRS), Texas Commission for the Blind (TCB), Texas Department of Health (TDH), Texas Department of Human Services (TDHS), Texas Department of Mental Health and Mental Retardation (TXMHMR), Texas Education Agency (TEA), Texas Interagency Council on Early Childhood Intervention (ECI), Texas Juvenile Probation Commission (TJPC), Texas Rehabilitation Commission (TRC), and Texas Youth Commission (TYC), hereinafter referred to as “the agencies,” in consultation with advocacy and consumer groups.
- (2) The memorandum, as adopted by rule by each agency, provides for the implementation of a system of community resource coordination groups, hereinafter referred to as “coordination groups,” to coordinate services for children and youths who need services from more than one agency, hereinafter referred to as “children and youths with multi-agency needs” or, more briefly, as “children and youths.”
- (3) All coordination groups established pursuant to this memorandum must conform to the Model of Community Resource Coordination Groups (CRCG model) approved by the Commission on Children, Youth, and Family Services on April 27, 1990. This model is adopted by reference and may be obtained from:
  - (A) TDPRS, 701 West 51st St., Austin, 78751;
  - (B) TCB, 4800 North Lamar Blvd., Austin, 78756;
  - (C) TDH, 1100 West 49th St., Austin, 78756;
  - (D) TDHS, 701 West 51st St., Austin, 78751;
  - (E) TXMHMR, 909 West 45th St., Austin, 78756;
  - (F) TEA, 1701 North Congress, Austin, 78701;
  - (G) ECI, 1100 West 49th St., Austin, 78756;
  - (H) TJPC, 2015 South IH 35, Austin, 78741;
  - (I) TRC, 4900 North Lamar Blvd., Austin, 78751; or
  - (J) TYC, 4900 North Lamar Blvd., Austin, 78751
- (4) As specified in subsection (c)(5) of this section, this memorandum also requires the agencies, the coordination groups, and the Texas Health and Human Services Commission, hereinafter referred to as “the commission,” to work together to ensure that the commission’s strategic plan for delivering health and human services in Texas includes appropriate plans for delivering coordinated services to children and youths.

(b) **Role of the family.** Although the primary purpose of this memorandum is to establish a system for inter-agency coordination of services to children and youths, the agencies:

- (1) recognize the importance of the family in the life of each child and youth whom the agencies serve, and
- (2) are committed to providing services pursuant to this memorandum in the most normal and least restrictive environments possible.

(c) **Each agency's financial and statutory responsibilities.**

- (1) Each agency's financial and statutory responsibilities for children and youth are described in Health and Human Services in Texas: A Reference Guide, published by the commission.
- (2) Each agency agrees to provide coordination groups with relevant additional information about its financial and statutory responsibilities when such information is necessary for the groups to meet their responsibilities. The additional information may include, but is not limited to, descriptions of subcategories of funding for different types of service such as investigation, risk prevention, family preservation, emergency shelter, diagnosis and evaluation, residential care, follow-up services after a stay in residential care, and information and referral assistance.
- (3) Whenever necessary in particular cases, coordination groups are responsible for further clarifying the agencies' financial and service responsibilities.
- (4) The agencies agree to seek the resources needed to comply with this memorandum.
- (5) To the extent that operating under this memorandum helps the agencies to identify structural problems, gaps, and inefficiencies in the state's systems for delivering health and human services to children and youths with multi-agency needs, the agencies agree to give the commission information about the problems, gaps, and inefficiencies so identified. The agencies also agree to ask the coordination groups to provide such information. The commission, in turn, will appropriately incorporate information provided by the agencies and the coordination groups into the commission's strategic plan.

(d) **Children and youths with multi-agency needs.** For the purpose of this memorandum, a "child or youth with multi-agency needs" is a person who:

- (1) is less than 22 years old,
- (2) meets an agency's statutory age-limitations for eligibility,
- (3) is now receiving services or has received them in the past, and
- (4) needs services that require interagency coordination.

(e) **Interagency cost-sharing.**

- (1) The agencies agree to share the cost of providing needed services when:
  - (A) a coordination group confirms that a referring agency cannot provide all of the services needed, and
  - (B) the needed services are within the financial capabilities and statutory responsibilities of one or more of the other agencies.
- (2) Cost-sharing includes, but is not limited to:

- (A) provision of services by more than one agency; and
  - (B) provision of services by
    - (i) one or more agencies, and
    - (ii) one or more third parties under purchase-of-service contracts with one or more agencies.
- (f) **Eliminating duplication of services.** Within the limits of existing legal authority, each coordination group must make reasonable efforts to eliminate duplication of services relating to the assessment and diagnosis, treatment, residential placement and care, and case management of children and youths with multi-agency needs. Each agency agrees to notify the governor's office about federal laws and regulations that cause duplication of services. Each agency also agrees to notify its board about rules that cause duplication of services, and to pursue amendments to state laws, rules, and policies when necessary to eliminate such duplication.
- (g) **Interagency dispute resolution.**
- (1) Each agency must designate a negotiator who is not a member of any coordination group to resolve disputes. The negotiator must have:
    - (A) decision-making authority over the agency's representative on the coordination group, and
    - (B) the ability to interpret policy and commit funds.
  - (2) When two or more members of a coordination group disagree about their respective agencies' service responsibilities, the coordination group must send the designated negotiators for those agencies written notification that a dispute exists. Within 45 days after receiving the written notification, the negotiators must confer together to resolve the dispute.
  - (3) When an interagency dispute cannot be resolved in the manner described in paragraph (2) of this subsection, the aggrieved party may refer the dispute to the Health and Human Services Commissioner.
- (h) **Composition of coordination groups.** Each coordination group must include one appointed representative from each participating state agency, and as many as five local representatives from the private sector. The private-sector representatives must be selected by their peers from private-sector agencies serving youths in the geographical area the coordination group serves. The private-sector representatives have the same status as state-agency representatives. The organizations they represent are considered member agencies of the coordination group, and they are encouraged to present cases from the private sector.
- (i) **Case identification and referral.** Each coordination group must implement the procedures for identifying and referring cases specified in the CRCG model. Any member of a coordination group may refer the case of any eligible child or youth to the coordination group if the referring member's agency cannot otherwise provide or arrange all the services the child or youth needs.
- (j) **Convening coordination group meetings.** Any member of a coordination group may convene a coordination group meeting pursuant to subsection (i) of this section. Each coordination group must establish procedures for scheduling meetings.
- (k) **Permissible nonattendance.** A member agency's representative may be excused from attending a coordination group meeting if the coordination group determines that the member agency's service responsibilities do not apply to the child or youth whose services will be discussed at the meeting.

- (l) **Sharing confidential information.** The members of each coordination group must treat all information about children and youths discussed at the group's meetings as confidential. Each member agency must ensure that the coordination group complies with the agency's legal requirements concerning disclosure of confidential records and information. When necessary, compliance may include case-by-case documentation of all parties reviewing a child's or youth's records.
- (m) **Implementing this memorandum.** The state CRCG advisory committee, which includes private sector representatives and one representative from each participating state agency, must develop and recommend to the commissioners and executive directors of the agencies a comprehensive plan to implement this memorandum.
- (n) **Adoption by rule and revision by unanimous consent.** Pursuant to the Human Resources Code, &sect;41.0011, each agency must adopt this memorandum by rule. The memorandum may be expanded, modified, or amended at any time by the unanimous written consent of the agencies.

The MOU was signed in 1994 by:

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Pat D. Westbrook  
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# **Model for Community Resource Coordination Groups**

## **PREFACE**

In 1987 the 70th Legislature enacted authority for the Children and Youth Services State Coordinating committee (C&YSSCC) in the Texas Health and Human Services Coordinating Council (THHSCC) in Senate Bill 298. The enabling laws for the THHSCC and the C&YSSCC are codified in Chapter 131 of the Texas Human Resource Code.

The C&YSSCC was composed of three representatives from youth related consumer and advocacy groups, three representatives of private sector youth agencies, a judge involved in the placement of children, and representatives of the state agencies which provide children's services: the Texas Department of Human Services, Texas Department of Mental Health and Mental Retardation, Texas Department of Health, Texas Youth Commission, Texas Juvenile Probation Commission, Texas Rehabilitation Commission, Texas Commission for the Blind, and Texas Education Agency.

The C&YSSCC developed the following model for initiating community resource coordination groups for services to children and youth with multi-agency service needs. As the C&YSSCC developed the model it made these assumptions:

1. Senate Bill 298 requires that the term child with multi-agency service needs be defined as children and adolescents whose needs can be met only through interagency cooperation. This avoids unnecessary labeling.
2. Any person under the age of 22 may be considered a child in this model.
3. While it is estimated that many children need care, this model focuses on situations where a private or public agency has attempted to provide needed services and has encountered an obstacle to services.
4. Family involvement is mandatory to the success of any interagency planning model.
5. Services shall be provided in the most homelike, nurturing environment and the least restrictive possible placement.
6. Any representative of an agency can only create services or commit funds for a service within the flexibility of its existing eligibility criteria and funding policy of the agency.
7. The role of the community resource coordination group is to develop an agreement for coordination of services with the family within the community or in special cases, the least restrictive environment outside the community. The service development includes services to meet the child's needs and a plan for the child's reintegration into their family and the community. The community resource coordination group develops community-level programming to meet the child's needs or follows established protocols for referral outside the community.
8. In cases with court involvement, the community resource coordination group makes service recommendations to the court.

Senate Bill 298 required the state agencies represented on the C&YSSCC to enter into a memorandum of understanding (MOU) to facilitate services to children with multiple needs by September 1, 1988. Senate Bill 298 required the memorandum to:

- (1) clarify the financial and statutory responsibilities of each agency in relation to children and youth with multi-agency service needs including subcategories of funding for different services such as prevention, family preservation and strengthening, emergency shelter, diagnosis and evaluation, residential care, after-care, information and referral, and investigation services;
- (2) include a functional definition of “children and youth with multi-agency service needs;”
- (3) define procedures for interagency cost sharing;
- (4) define procedures aimed at eliminating duplication of services relating to assessment and diagnosis, treatment, residential placement, care, and case management of children and youth with multi-agency service needs;
- (5) define procedures for addressing disputes between the agencies related to the agencies’ areas of service responsibilities;
- (6) provide that each community resource coordination group will include a local representative of each state agency, not more than five representatives of local private sector youth organizations, and one family representative who is the parent of a child with multi-agency needs or has a child with a disability;
- (7) provide that if any agency is not able to provide all the services a child requires, the agency may submit the child’s case history to the community resource coordination group for consideration;
- (8) provide that a community resource coordination group may be called together by a representative of any member agency;
- (9) provide that an agency may be excused from attending a meeting if the coordination group determines that the age or needs of the children or youth to be considered are clearly not within the agency’s service responsibilities;
- (10) provide records that are used or developed by the agencies and that related to a particular child are confidential and may not be released to any other person or agency except as provided under this section or by other law(s);
- (11) provide a procedure that permits agencies to share confidential information while preserving the confidential nature of the information;
- (12) As new community resource coordination groups are added and formed, membership information should be transmitted to the State Office of Community Resource Coordination Groups along with the geographical area encompassed within each community resource coordination group;
- (13) State agencies should continue their supportive roles in the process, should work to change funding priorities identified by Community resource coordination groups, and should encourage agency participation when Community resource coordination groups are available; and
- (14) State agencies should maintain a mechanism for continuous feedback, back and forth, between agencies and local community resource coordination groups. MOU needs to define how state agencies will communicate.

## GUIDING PRINCIPLES

The State Community Resource Coordination Group (CRCG) Team bases its model for community resource coordination groups on the following principles.

1. A child, youth or family with multi-agency needs is one who is now receiving or has received services in the past and whose needs can only be met through interagency cooperation.
2. Community resource coordination groups (CRCGs) are formed county by county, unless counties agree to combine.
3. Composition of the CRCGs shall include:
  - 3a. Each of the state agencies or its local components will designate the person or positions to be members to the CRCGs. Selection of private sector members will be the responsibility of the private sector organizations in each county or combined counties. Community resource coordination groups are encouraged to include a family member as a standing CRCG member;
  - 3b. The private sector will use its existing coordinating groups to select its members to serve on the community resource coordination groups. A minimum of one with a recommended minimum of two (2) and a maximum of (5) members may be selected. Private sector organizations of one county may join with those of other counties in selecting members. When there are at least two (2) private sector members, one must be representative of the substance abuse sector;
  - 3c. All participating agency members will solicit on-going consultation from a parent or family member of a child who has received services from an agency. A parent or family member may serve as a regular CRCG member;
  - 3d. All members will be knowledgeable of the CRCG model and guiding principles; and
  - 3e. All participating agencies will provide their member to CRCG with technical assistance and information. CRCG members are encouraged to communicate for support and information.
4. If only one agency has a court-ordered relationship with a child, it is the lead agency. If more than one agency has a court-ordered relationship with a child, any agency with a court-ordered relationship may be the lead agency as identified by the CRCG. When no agency has a court-ordered relationship with the child, the agency with primary responsibility for the providing services as determined by the CRCG is the lead agency.
5. Each agency shall exhaust its regular avenues for accessing services before referring a child or family to a CRCG. Each agency agrees to provide training for appropriate staff about the criteria for selecting children eligible for CRCG staffing.
6. Each member involved in a meeting will obtain the required consent for sharing confidential information about the child prior to the meeting.
7. Each CRCG shall develop specific procedures to implement these guidelines, including but not limited to the following:
  - 7a. Determine procedures for the meetings, including the selection of a chair. Chairperson should serve a minimum of one (1) year.

- 7b. Develop cost-effective procedures for determining how an agency is excused from participation if the age or needs of the children or youth to be considered are clearly not within the agency's service responsibilities.
  - 7c. Evaluate its success by process and outcome evaluations.
  - 7d. Understand and accommodate legally imposed time frames of the agencies for assessments, reviews, and monitoring.
  - 7e. Establish procedures for contacting the CRCG members.
8. Each agency member has knowledge of his or her agency's funding and eligibility criteria and has authority to commit resources at the meeting. *The Health and Human Services in Texas: A Reference Guide* is consulted for program information.
9. The CRCG will submit appropriate information to the State CRCG Office to track the children and youth with multi-agency services needs who have been served by a local CRCG.
10. The agreement for coordination of services developed in partnership with the involved family and the CRCG members is understood to be a general description to which agencies are committed to providing services.
  - 10a. The development and implementation of the detailed service plan is assigned to the child's or family's designated caseworker with the lead agency.
  - 10b. The agreement for coordination of services maximizes all available funding sources.
  - 10c. Both the agreement for coordination of services and the detailed service plan are part of the child's or family's records in all participating agencies.
  - 10d. The detailed service plan includes a planned schedule for monitoring the child's or family's progress and implementation of services.
  - 10e. The agreement for coordination of services ensures continued involvement of all necessary agencies.
  - 10f. The agreement ensures that services shall be provided in the most homelike, nurturing and least restrictive environment. In the event that out of home placement is an alternative, reintegration service planning is the responsibility of the CRCG.
11. Children or families for whom complete services are not available under existing criteria and funding levels are reported by the local CRCG to the State CRCG Team after the local CRCG has attempted to resolve the issue with local level or other appropriate policy development bodies. The State CRCG Team will collect this information and use it for planning services.
12. Each agency has responsibilities for some services which no other agency shares and some which overlap. Agencies can provide services either directly or by contract with a third-party provider. Funds for services may come from federal, state, local, or private sources. Each agency program will identify a specific target population for provision of services. Within the target population, groups may be identified as a higher priority for access to limited funds.

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## September 1998

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## September 1998

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**Legend:**

DHS	Texas Department of Human Services
ECI	Texas Interagency Council on Early Childhood Intervention
ESC	Regional Education Service Center
ISD	Independent School District
JPD	Juvenile Probation Department
MHMR	Texas Department of Mental Health and Mental Retardation
Private	Private Child-Serving Providers
PRS	Texas Department of Protective and Regulatory Services
TCADA	Texas Commission on Alcohol and Drug Abuse
TDH	Texas Department of Health
County	Works for county agency

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September 1998

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<vacant>

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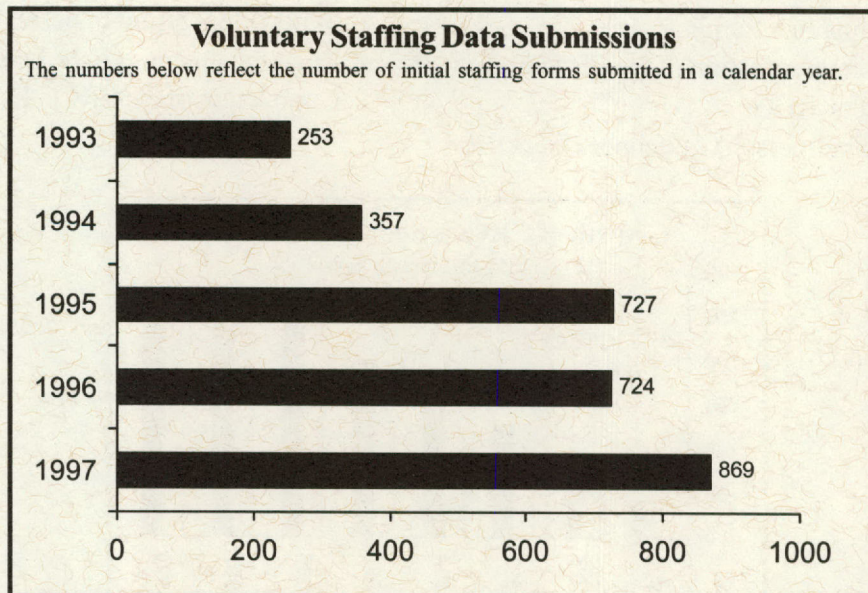
**STATE OFFICE OF COMMUNITY RESOURCE COORDINATION GROUPS  
(CRCG) OF TEXAS  
OUTCOME REPORT – FISCAL YEARS 1994-1998**

The State CRCG Office was created in September 1993 by the State CRCG Team. The goals of this office are to support the CRCG process through:

- ★ Statewide and Regional Conferences
- ★ Regional Workshops & Retreats Facilitation
- ★ Technical Assistance
- ★ Data Collection
- ★ Relevant Information Dissemination

	1994			1995			1996			1997			1998			Grand Total
	First Half	Second Half	Total	First Half	Second Half	Total	First Half	Second Half	Total	First Half	Second Half	Total	First Half	Second Half	Total	
New CRCG Counties	29	25	54	17	13	30	16	21	37	3	0	3	0	0	0	124
New CRCGs	17	17	34	4	7	11	6	9	15	14	0	14	0	0	0	74
Technical Assistance Visits	16	18	34	14	13	27	19	25	44	33	22	55	21	13	34	194
Education Presentations	8	14	22	13	6	19	13	13	26	14	10	24	10	15	25	116
Distributed Newsletters	1	2	3	2	2	4	2	1	3	1	2	3	2	1	3	16
Conferences Conducted [people trained]	1	3	4 [472]	0	1	1 [268]	2	1	3 [564]	1	0	1 [194]	1	2	3 [353]	12 [1,851]

The two six-month periods are September 1 through February 28 and March 1 through August 31.



## Highlights

### FY '94

- Revised Handbook
- First Annual Report
- Four Regional Conferences

### FY '95

- CRCG Brochure
- Annual Report
- First Statewide Conference

### FY '96

- CRCG Reference Guide
- Annual Report
- Awarded Permanency Planning Grant
- Statewide CRCG Coverage
- Three Regional Conferences

### FY '97

- CRCG Website Created
- Second Statewide Conference
- Annual Report
- Four Local Permanency Planning Sites
- Permanency Trainers Trained

### FY '98

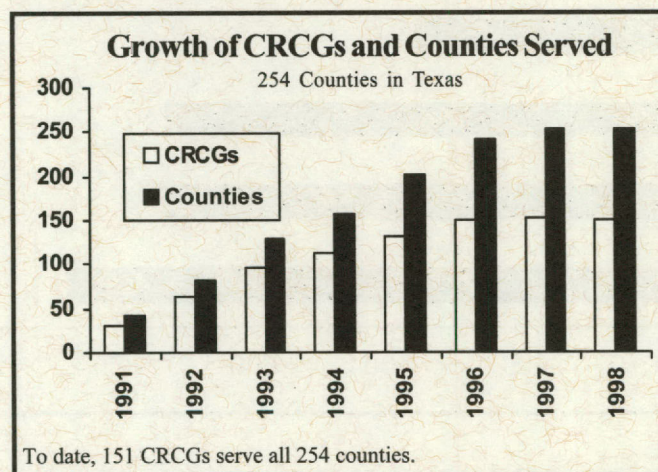
- Three Regional Conferences
- CRCG Coordinator's Seminar
- Phase I Program Evaluation of the CRCGs
- Study on Adult CRCGs
- New CRCG Chairperson Guidelines Checklist

## Milestones

- Increased CRCG inclusion or involvement with:
  - \* TXMHMR
    - Vernon State Hospital
    - Waco Center for Youth
  - \* Other
    - Medicaid Managed Care Rollout
    - Nursing Home Placements (SB 118)
    - Non-Educational Community Support Funds
- Increased number of CRCG Coordinators
- Quarterly and regional data reports instituted
- House Bill 885 and Senate Bill 118 were passed in the 75<sup>th</sup> State Legislature to include CRCG involvement in permanency planning for children with developmental disabilities at risk of out-of-home placement
- Rider 8 added to HHSC's Appropriation Act to fund the State CRCG Office
- State and local CRCGs add standing parent/family membership
- TWC appoints a liaison to the State Team

## On the Horizon for FY '99

- Statewide Summit to be held in October
- Regional meetings to be held around the state
- Completion of the CRCG Evaluation







State Office of Community Resource Coordination Groups (CRCG) of Texas

Texas Health and Human Services Commission

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