



Community Resource Coordination Groups of Texas Report

**As Required by
Texas Government Code §531.055(e)**

**Texas Health and Human Services
November 2024**



TEXAS
Health and Human
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Executive Summary

The Community Resource Coordination Groups (CRCG) biennial report is submitted in compliance with Government Code Sections 531.055(e). The report is prepared by the Health and Human Services Commission (HHSC), in partnership with the State CRCG Workgroup. The data presented in this report includes information from calendar years 2022 and 2023 and reflects the experiences of local CRCGs in their efforts to provide a coordinated approach to service delivery for children, families, and adults with complex needs, and State CRCG Office activities. The previous report, published in December 2022, covered calendar years 2020 and 2021.

As of January 2024, there are 142 distinct CRCGs covering 245 counties. Of these CRCGs, 77 serve children, youth, and adults; 60 serve children and youth; and 5 serve adults.

Local CRCGs voluntarily submit staffing data to the State CRCG Office at HHSC. Based on information submitted to HHSC, local CRCGs staffed 2,559 cases in calendar years 2022 and 2023. A staffing refers to the treatment planning meeting a local CRCG holds when an individual or family is referred for assistance. Individuals referred to a CRCG most often require services related to mental health care, risky behaviors, academics and school, placement into an inpatient or residential facility for behavioral health care, and family therapy services.

CRCG staffings resulted in:

- Recommendations for community-based services 94 percent of the time;
- 105 signed non-educational fund applications;¹
- 301 staffings addressing placement in a 1915(c) Medicaid waiver program;²

¹ Texas Education Code Section 29.013 appropriates funds for families of certain students with disabilities who would remain or would have to be placed in residential facilities primarily for educational reasons without the provision of non-educational community-based support services (i.e., non-ed services). Non-ed services help families care for their children and enable them to better cope with having a child with a disability at home. School districts and charter schools that choose to apply for non-educational (non-ed) funds must have a planning meeting to discuss options for non-ed services and complete a non-ed fund application. CRCG members may attend the planning meeting and endorse non-ed fund applications.

² 1915(c) Medicaid Waiver programs include the Texas Youth Empowerment Services (YES) Waiver, Texas Home and Community-based Services Waiver, Texas Community Living Assistance and Support Services Waiver, and Texas Home Living Waiver.

- 510 follow-up staffings; and
- The identification of caregiver involvement as a strength by individuals and families in 39 percent of first-time staffings.

Local CRCGs reported the following barriers to service delivery:

- Client choice and service preference;
- Service availability;
- Physical barriers;³ and
- Agency barriers.

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

In 2022 and 2023, the State CRCG Office increased training and technical assistance for the local CRCGs, increased communication and engagement, and refined data. Local CRCGs accomplished objectives laid out in the 2022 and 2023 Strategic plan, furthering the goals of enabling CRCGs to implement best practices and ensuring CRCGs are recognized, supported, and serve all counties in Texas across a person's lifespan.

³ Physical barriers include transportation, language limitations, and scheduling conflicts.

1. Introduction

CRCGs are county-based, interagency staffing groups comprised of public and private agencies who work with children, adults with complex needs, and their families or legally authorized representative to develop a customized, integrated, Individual Service Plan (ISP)⁴ for individuals served through the CRCG. Local CRCG members include representatives from schools, public and private sector health and human services agencies, faith and community-based organizations, and local criminal justice organizations. As part of the ISP process, CRCG members help individuals and families identify needed resources and services in their communities.

Texas Government Code, Section 531.055(e), requires an interagency staffing⁵ process and the production of a biennial report summarizing related activities to the administrative head of each agency, the legislature, and the governor that includes:

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

This report uses data collected from January 1, 2022, through December 31, 2023, through the CRCG data collection system. This dataset is hereafter referenced as the “2022 and 2023 Local CRCG Data Sample.”

⁴ An ISP is an agreement for coordination of services developed between the person or the family and the CRCG. The planning process involves looking at the person’s or the family’s complex needs, developing the ISP, and getting the family the services they need.

⁵ CRCG staffings refer to the process in which an individual or family shares their experience with the CRCG and the group develops an ISP.

2. Background

CRCG Memorandum of Understanding

Texas Human Resources Code (HRC) Section 41.0011, required coordination among state agencies through the development of state and local coordination groups to improve services provided to children and youth. The legislation directed state agencies serving children to develop a community-based approach to facilitate coordination of services for children and youth with complex multi-agency needs.⁶

Texas Government Code, Section 531.055(a), formalized the CRCG program by requiring a joint Memorandum of Understanding (MOU) across multiple state agencies.

The MOU is signed by the following eight state agencies:⁷

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

CRCG Structure

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

⁶ HRC Chapter 41 was repealed by H.B. 655, 74th Legislature, Regular Session, 1995.

⁷ Section 531.055 also requires the participation of each health and human services agency. As of September 1, 2017, the Texas Legislature has transferred all programs and services previously administered or delivered by the Department of Aging and Disability Services to HHSC as part of the HHS Transformation Plan. This list reflects those agency changes.

State CRCG Office

The State CRCG Office consists of three full-time staff members. The State CRCG Office, in collaboration with the State CRCG Workgroup, provides information, guidance, training, and technical assistance to local CRCGs regarding:

- Interagency collaboration;
- Access to services and supports that are affordable, available, accessible, acceptable, and meet the unique needs of clients and their families;
- Best practices for addressing the needs of persons with complex needs in the least restrictive setting;
- Data collection, reporting, and evaluation; and
- Resource development such as training tools, forms, and educational materials.

The State CRCG Office also:

- Ensures adherence to the program model;
- Issues statewide communications;
- Develops and issues policy guidance;
- Manages the state program budget;
- Collects and analyzes data; and
- Hosts the State CRCG Workgroup.

The State CRCG Workgroup serves as the point of contact for local CRCGs to report concerns that require regional or state-level intervention. The State CRCG Workgroup includes a representative from each state agency participating in the CRCG program; the Texas Veterans Commission; representatives from Texans Care for Children, Texas Alliance of Child and Family Services, and Texas Network of Youth Services; family representatives; and local CRCG leaders. The State CRCG Workgroup meets monthly to inform state-level interagency coordination activities and provides feedback and guidance on objectives and initiatives of the State CRCG Office.

Local Community Resource Coordination Groups

CRCGs are developed, managed, and funded locally. To ensure basic standards and consistency across the state, the State CRCG Office developed a program model and guiding principles.⁸ At the local level, CRCGs are encouraged to include representatives from agencies regulated by state agencies who are members of the State CRCG Workgroup, faith and community-based organizations, and youth and their families.

As of January 2024, there are 142 CRCGs covering 245 counties. Of these CRCGs, 60 serve children and youth, 5 serve adults, and 77 serve all ages. The 77 CRCGs that serve all ages cover 148 counties, resulting in roughly 60 percent of counties being served by CRCGs that serve children, youth, and adults.

After receiving a referral for a CRCG staffing, local CRCGs meet to identify and connect children, families, and adults to services. Local CRCG members work together to efficiently utilize existing resources, identify service gaps, remove barriers, and find solutions for each individual or family.

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

Individuals are connected to CRCGs by state agencies, a family representative, or directly from the community. A person may also refer themselves by contacting

⁸ State CRCG Office. About CRCGs. Accessed September 4, 2024. Available: <https://crcg.hhs.texas.gov/about.html>.

their local CRCG chairperson.

"I think every month is a success. It's not just helping the families we staff, but the networking and bond we establish with our members. I love hearing feedback from them when we have been able to help one of their challenging clients. I love when our members refer new members to me, and they thank me for inviting them to join because they have heard such good things about the CRCG."

- Janis Burdett, Ellis County CRCG

3. CRCG Data and Outcomes

Statewide Data Collection System

The State CRCG Office operates a data collection system that gathers local CRCG monthly staffing data to identify:

- Outcomes of services provided;
- Individual strengths;
- Immediate service needs;
- Recommended services and supports;
- Agencies and organizations involved with CRCGs; and
- Gaps or barriers preventing service needs from being fully addressed.

CRCGs voluntarily enter their monthly staffing data. The system provides monthly and annual reports to local CRCGs to help inform their practices. The State CRCG Office uses the data to inform training and technical assistance.

Ninety-four percent or 134 of the CRCGs entered monthly staffing information into the CRCG data collection system representing 245 Texas counties. Fifty-five percent of these CRCGs served all age groups while the remainder limited their services to specific age groups.

Community Level Outcomes

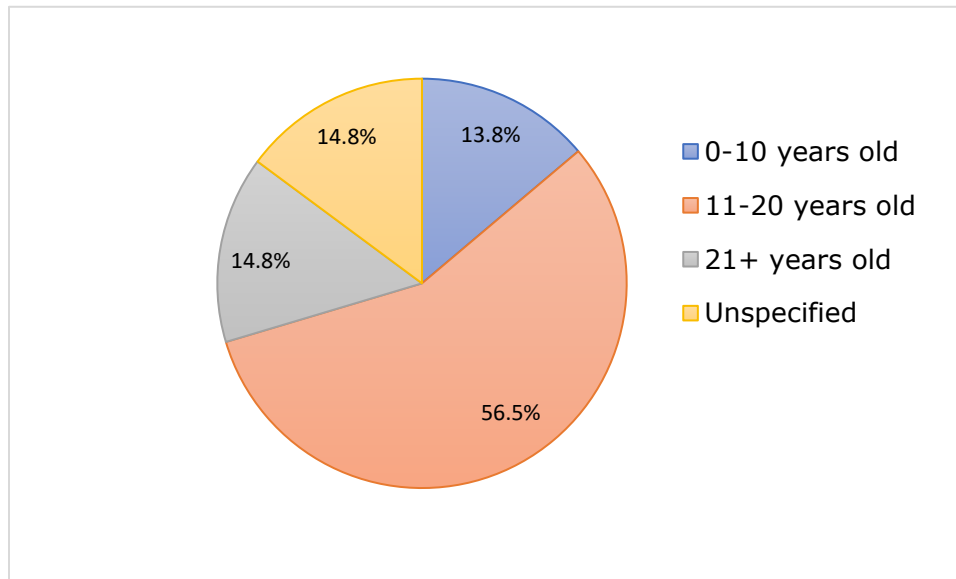
Demographic Information

CRCGs report demographic data on persons served. This information helps CRCGs determine whether the clients being served are representative of those needing multi-agency services in their community and allows the State CRCG Office to target training and outreach efforts to reach the population of focus.

Of the clients who had a CRCG staffing, 56.5 percent were ages 11 to 20 years old, 14.8 percent were ages 21 and older, 14.8 percent had an unspecified age, and 13.8 percent were ages 0 to 10 years old. Parents or guardians participated in staffings with children and youth under 18 years old.

Figure 1 shows the percentage of clients who had a CRCG staffing by age range.

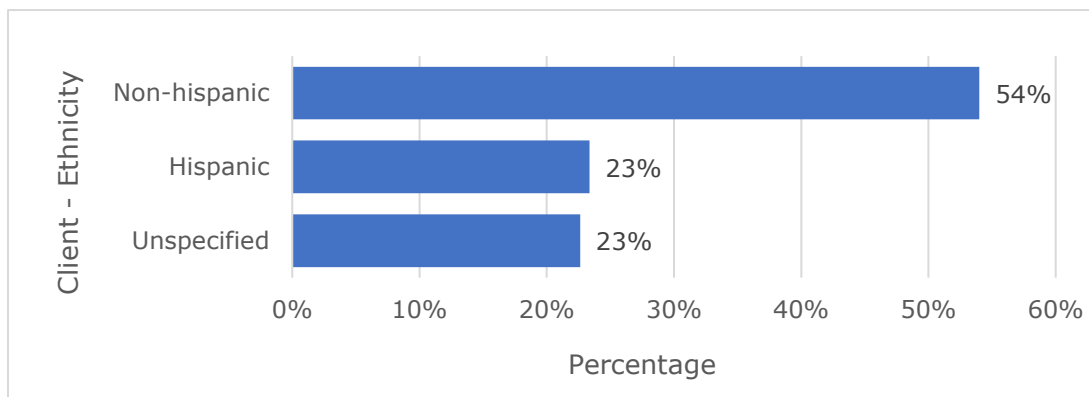
Figure 1. Percentage of Clients by Age Range Who were Served in Total CRCG Staffings



Of the clients who had a CRCG staffing, 54 percent were non-Hispanic, 23 percent were Hispanic, and 23 percent identified an ethnicity that was unspecified.

Figure 2 shows the percentage of clients who had a CRCG staffing by ethnicity.

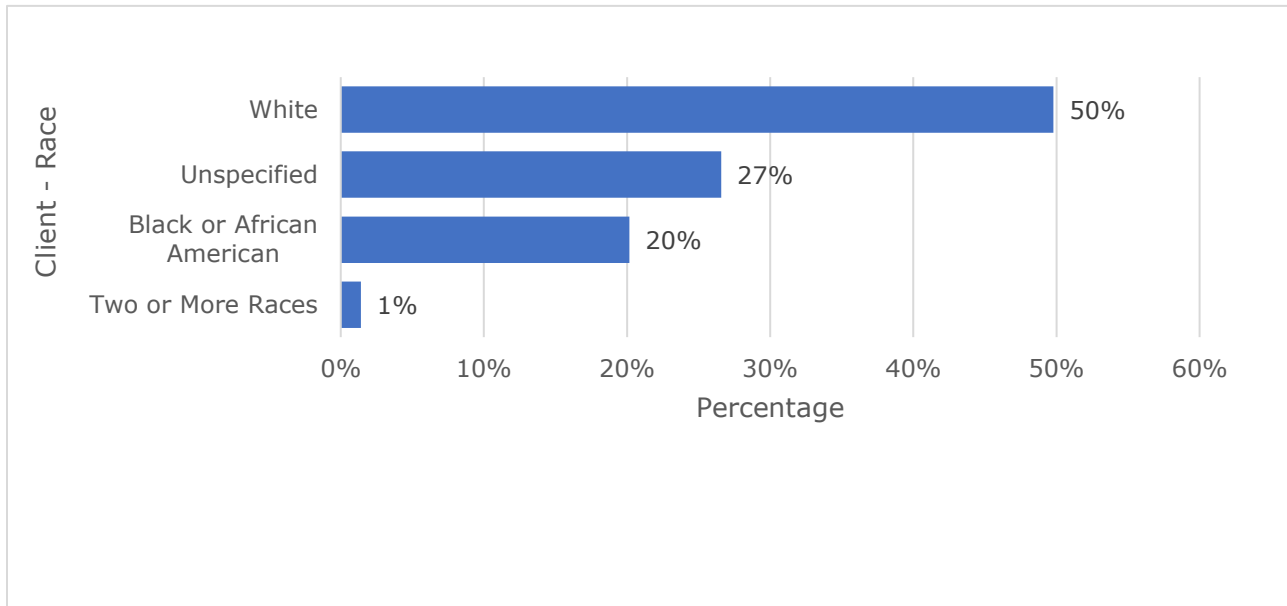
Figure 2. Percentage of Clients by Ethnicity Who were Served in Total CRCG Staffings



Of the clients who had CRCG staffings, 50 percent were white, 27 percent did not specify race, 20 percent were black or African American, and one percent were two or more races.

Figure 3 shows the percentage of clients who had a CRCG staffing by race.

Figure 3. Percentage of Clients by Race Who were Served in Total CRCG Staffings

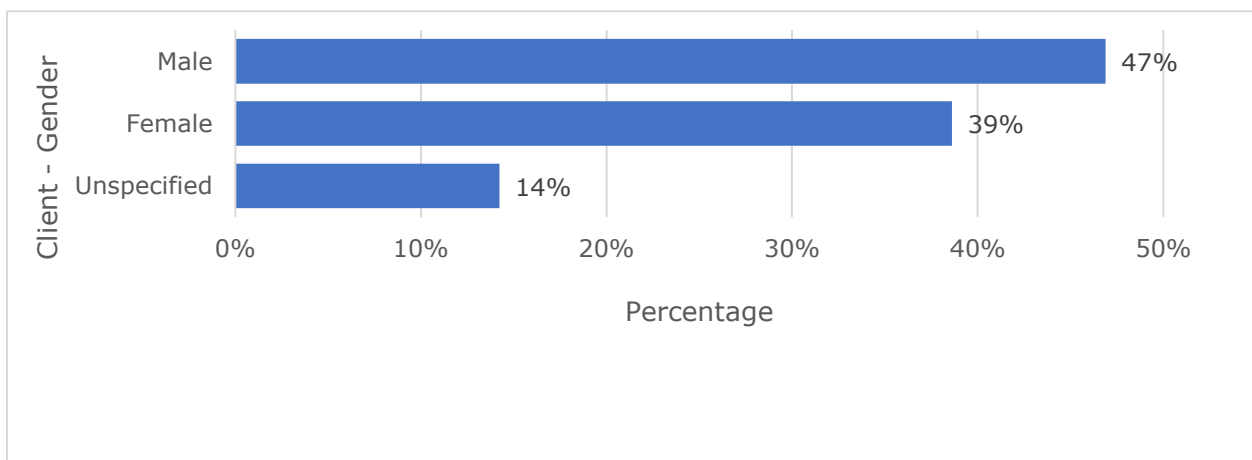


Note. Less than one percent of individuals identified as Middle Eastern/North African, American Indian/Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or other race category.

Of the clients who had a CRCG staffing, 47 percent identified as male, 39 percent as female, 14 percent did not specify gender, and less than 1 percent identified as an unspecified gender or chose not to disclose their gender.

Figure 4 shows the percentage of clients who had a CRCG staffing by gender.

Figure 4. Percentage of Clients by Gender Who were Served in Total CRCG Staffings

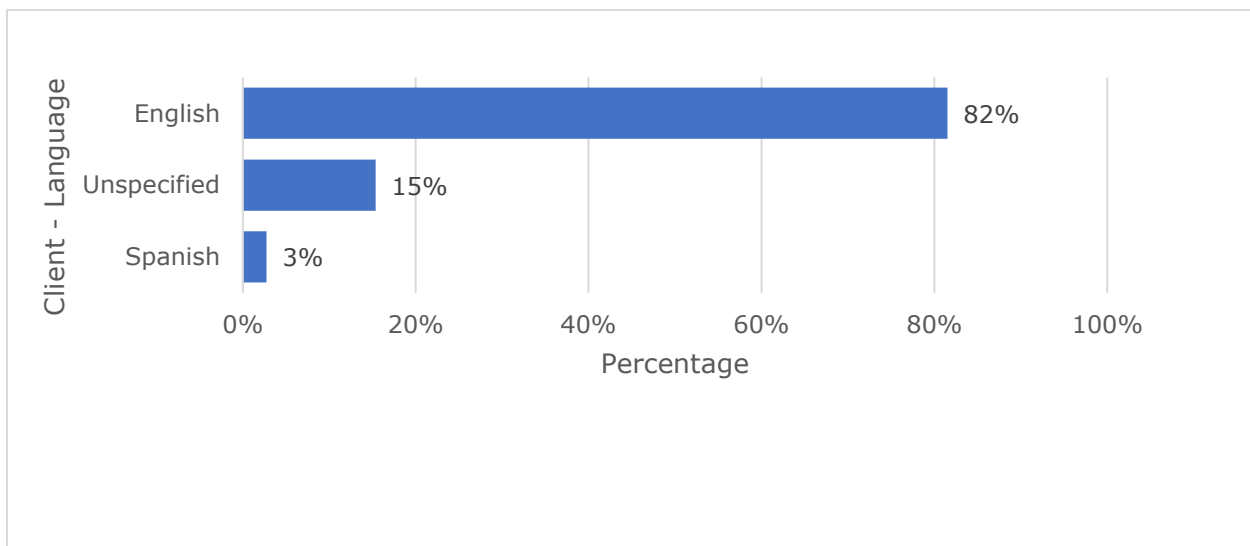


Note. Less than one percent of clients who had a CRCG staffing identified as other gender category or chose not to disclose.

Of the clients who had a CRCG staffing, 82 percent identified English as their primary language, 15 percent did not specify their primary language, 3 percent identified Spanish as their primary language, and less than 1 percent identified Vietnamese or other language as their primary language.

Figure 5 shows the percentage of clients who had a CRCG staffing by primary language.

Figure 5. Percentage of Clients by Primary Language Who were Served in Total CRCG Staffings



Note. Less than one percent of clients who participated in all CRCG staffings identified their primary language as Vietnamese or other language category.

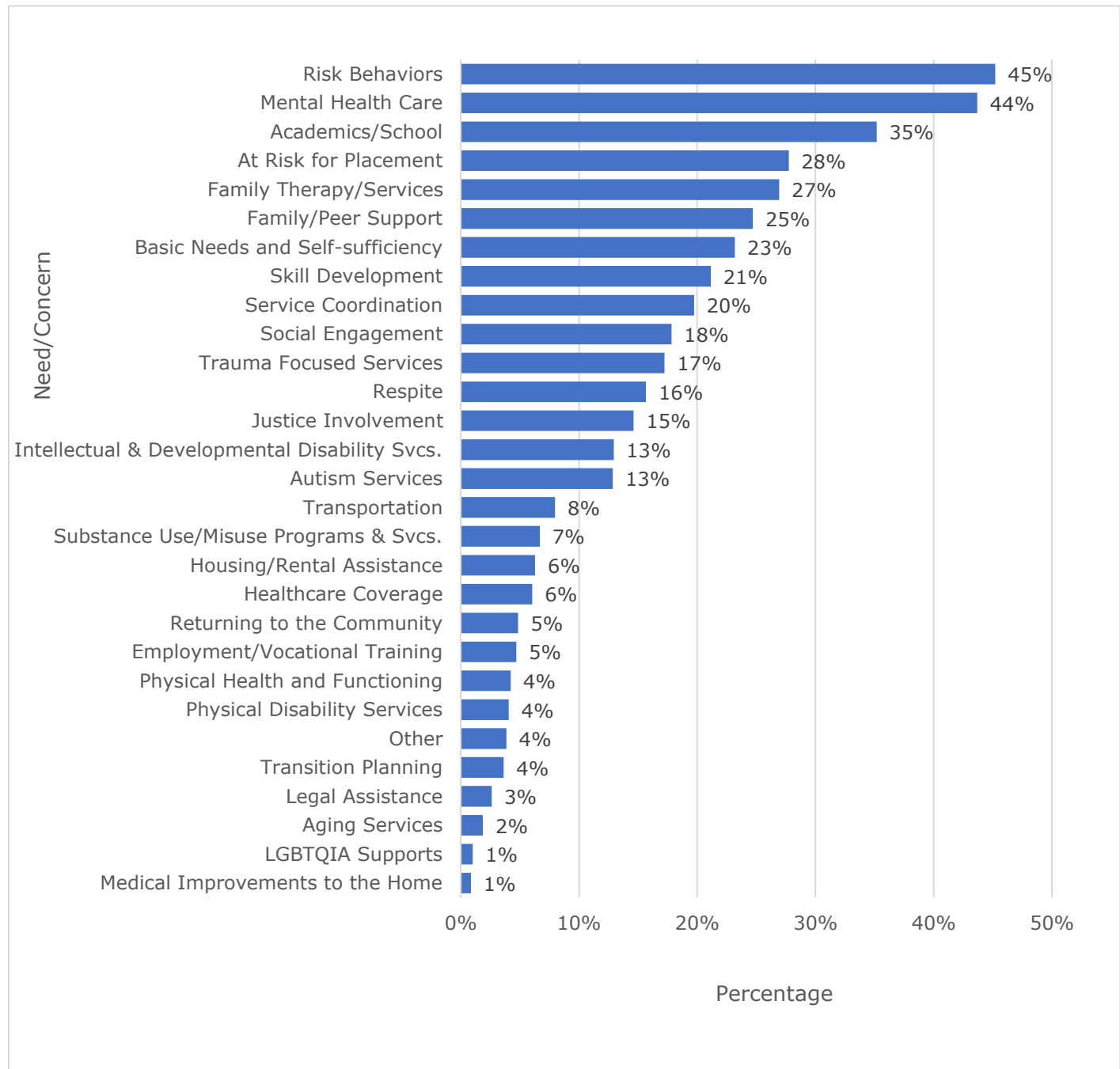
Community Needs

Individuals and families referred for CRCG staffings most often expressed needs or concerns regarding risky behaviors (45 percent), mental health care (44 percent), academics or school (35 percent), risk for placement in an inpatient or residential facility (28 percent), and family therapy or services (27 percent).

Figure 6 shows the percentage of various needs or concerns expressed by individuals and families for all CRCGs. An individual or family may express more than one need or concern. Higher percentages represent needs or concerns that were expressed by more individuals and families and lower percentages represent needs or concerns that were expressed by fewer individuals and families.

Figure 6. Percentage of Needs and Concerns Expressed by Individuals and Families by Type for All CRCGs

Note: An individual or family may express more than one need or concern.

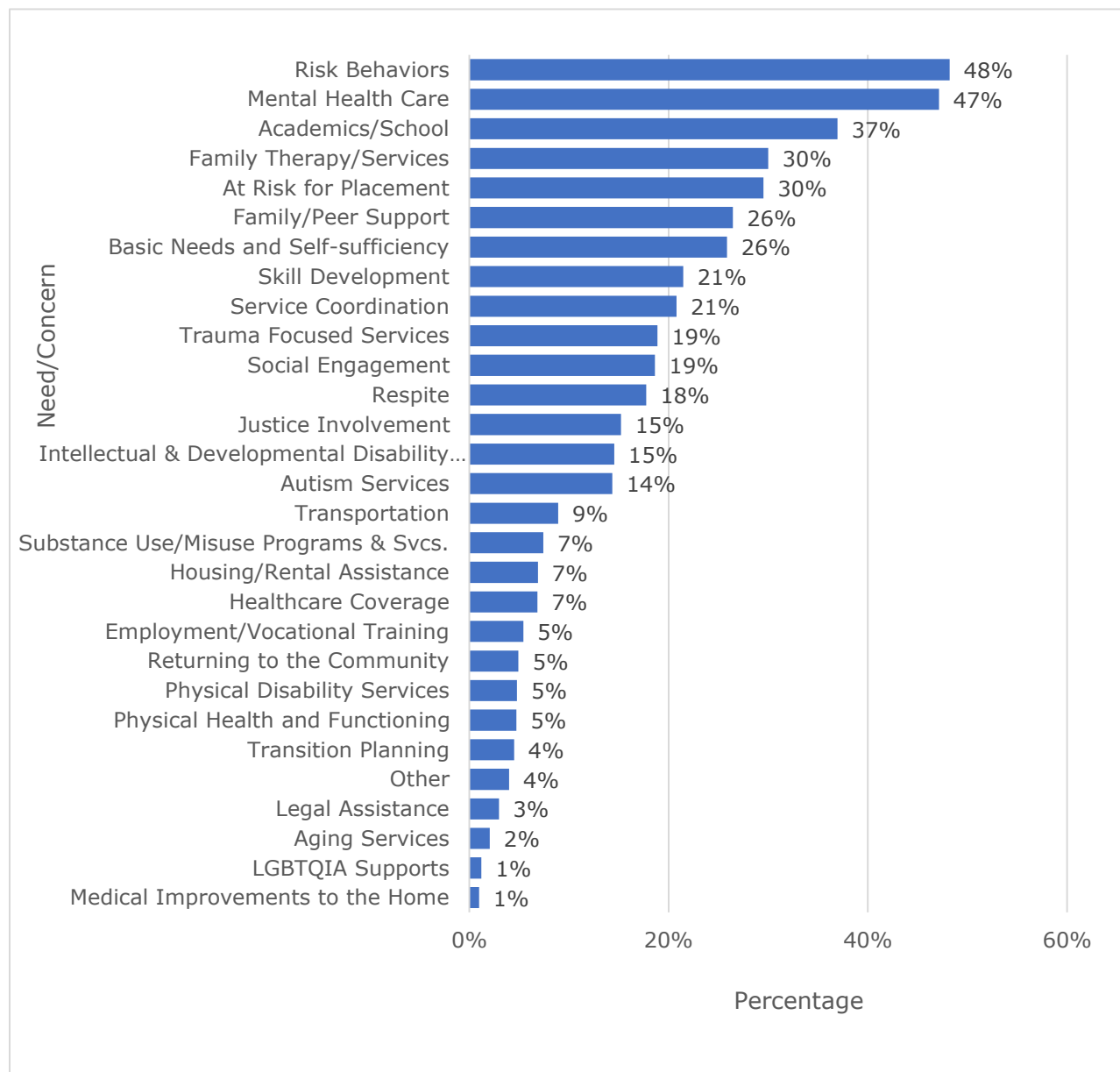


The leading needs and concerns expressed by individuals and families for first time staffings were risky behaviors (48 percent), mental health care (47 percent),

academics or school (37 percent), family therapy or services (30 percent), and placement to an inpatient or residential treatment facility (30 percent).

Figure 7 shows the percentage of needs and concerns expressed by individuals and families during first time staffings in order of the most expressed need or concern, with higher percentages, to the least expressed need or concern, with lower percentages.

Figure 7. Percentage of Needs and Concerns Expressed by Individuals and Families by Type for First Time Staffings

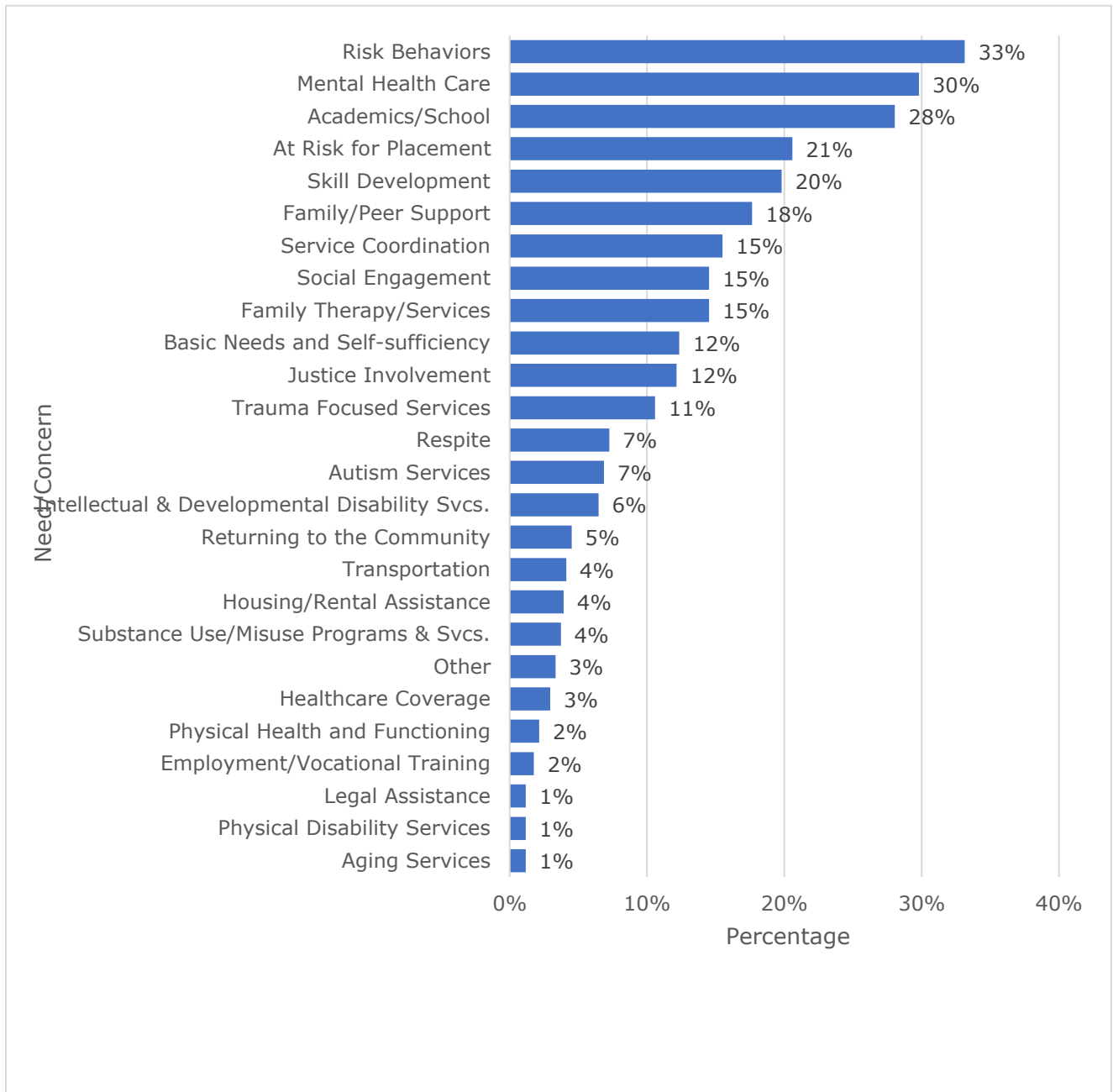


The leading needs and concerns expressed by individuals and families for follow-up staffings were risky behaviors (33 percent), mental health care (30 percent), academics or school (28 percent), placement to an inpatient or residential treatment facility (21 percent), and skill development (20 percent).

As noted previously, follow-up staffings typically occur one to three months after the first-time staffing and are frequently treated as check-ins to determine if additional services and supports are needed. The lower percentage of overall needs and concerns for follow-up staffings is congruent with a decreased need for additional services at the time of the follow-up.

Figure 8 shows the percentage of needs and concerns expressed by individuals and their families for follow-up staffings in order of the most expressed need or concern, with higher percentages, to the least expressed need or concern, with lower percentages.

Figure 8. Percentage of Needs and Concerns Expressed by Individuals and Families by Type for Follow-up Staffings



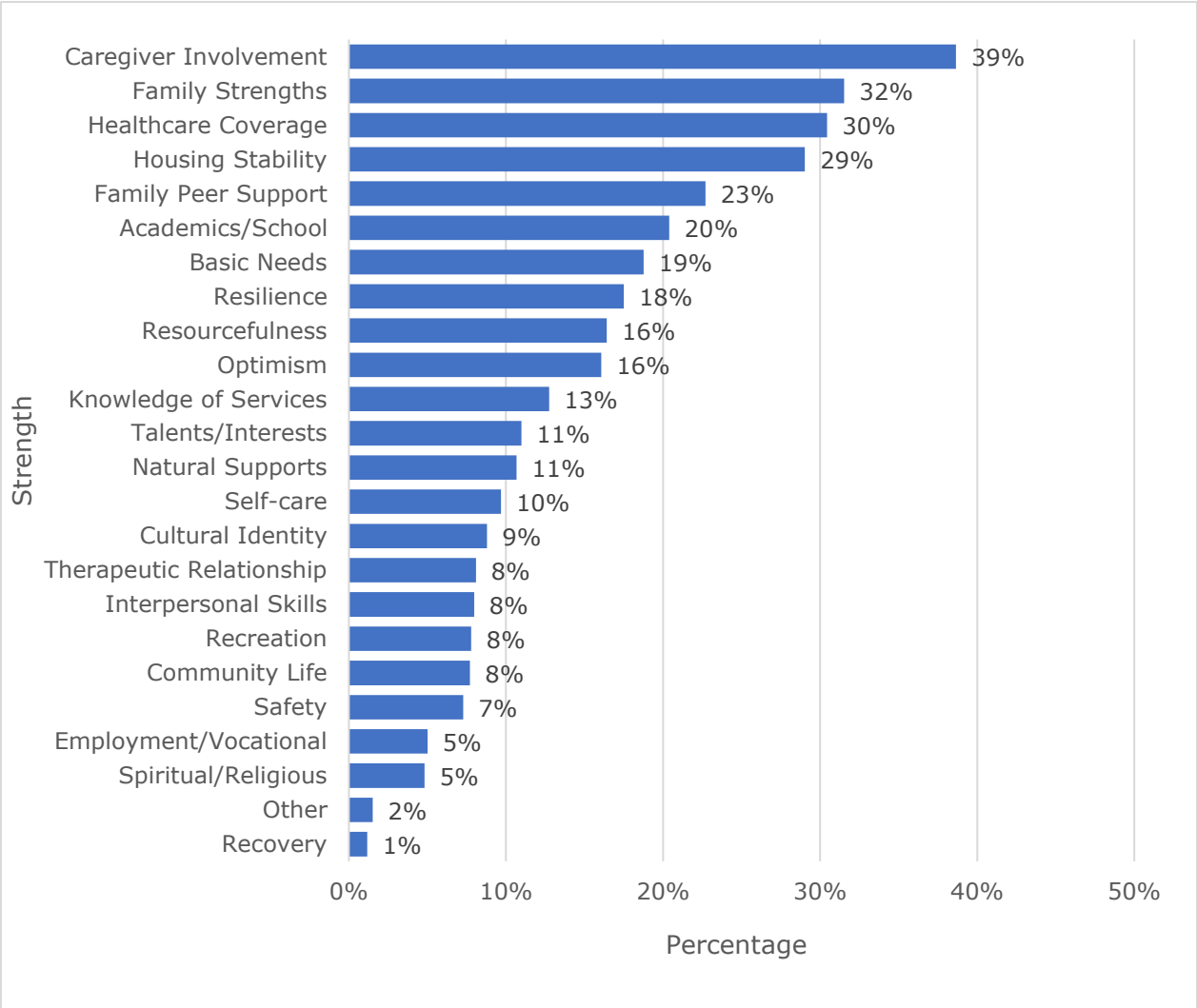
Note. Less than one percent of individuals and families expressed the need/concern for LGBTQIA supports, medical improvements to their home, or transition planning services during follow-up staffings.

Community Strengths

Individuals and families referred for all CRCG staffings most often expressed strengths regarding caregiver involvement (39 percent), family strengths (32 percent), healthcare coverage (30 percent), housing stability (29 percent), and family peer support (23 percent).

Figure 9 shows the percentage of strengths expressed by individuals and families during all staffings. Higher percentages represent strengths that were expressed by more individuals and families and lower percentages represent strengths that were expressed by fewer individuals and families.

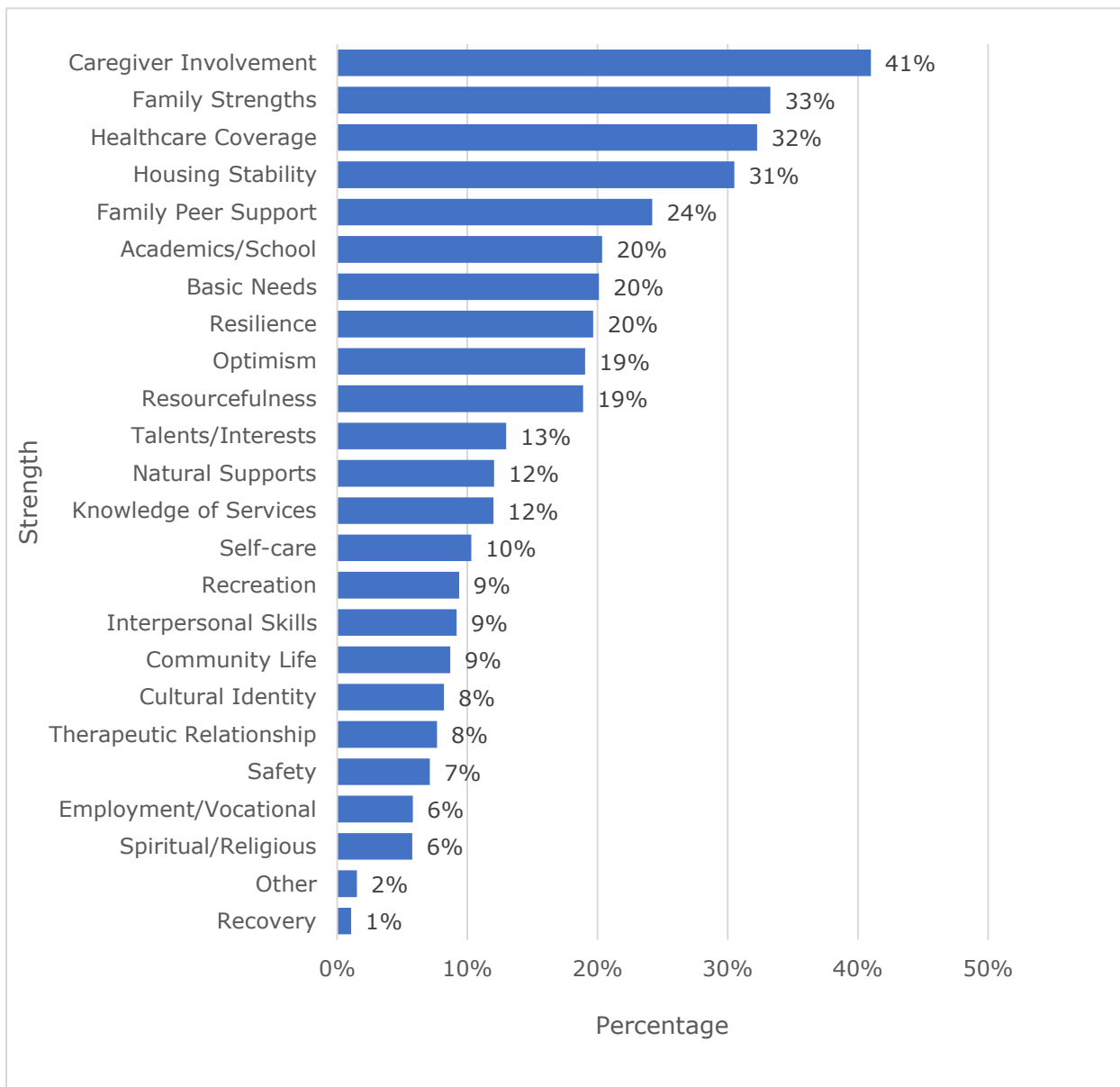
Figure 9. Percentage of Strengths Expressed by Individuals and Families by Type for Total Staffings



The leading strengths expressed by individuals and families for first-time staffings were for caregiver involvement (41 percent), family strengths (33 percent), healthcare coverage (32 percent), housing stability (31 percent), and family peer support (24 percent).

Figure 10 shows the types of strengths expressed by individuals and families during first-time staffings from the greatest percentage of strengths expressed to the least percentage of strengths expressed.

Figure 10. Percentage of Strengths Expressed by Individuals and Families by Type for First-Time Staffings

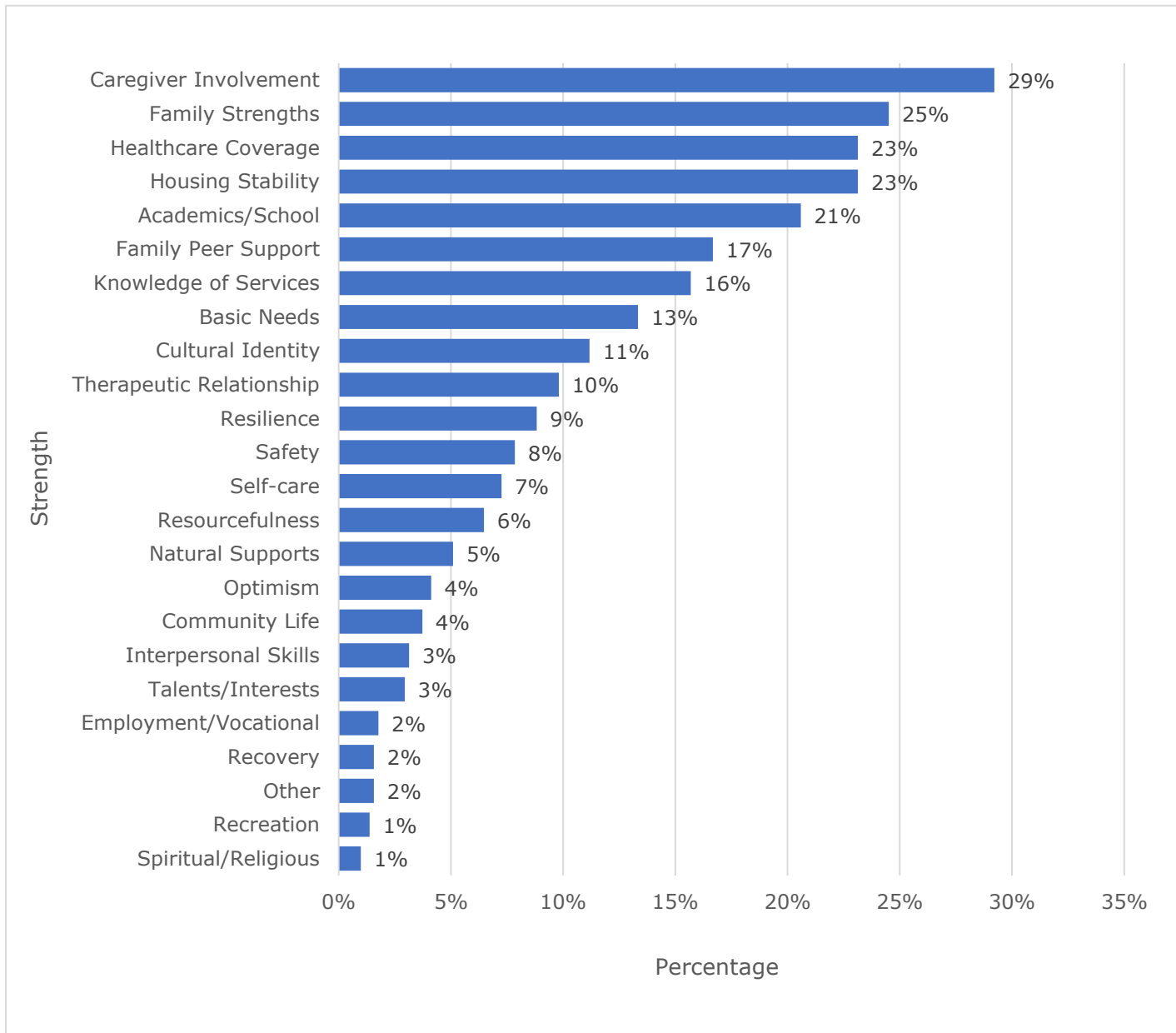


The strengths expressed by individuals and families for follow-up staffings were for caregiver involvement (29 percent), family strengths (25 percent), healthcare coverage (23 percent), housing stability (23 percent), and academics or school (21 percent).

The low percentage of strengths for follow-up staffings is reflective of the nature of follow-up staffings, where referring agencies typically provide check-ins and a full CRCG staffing that includes a discussion of strengths does not occur unless a need for this is identified.

Figure 11 displays the percentage of strengths expressed by individuals and families during follow-up staffings in order of the most expressed need or concern, with higher percentages, to the least expressed need or concern, with lower percentages.

Figure 11. Percentage of Strengths Expressed by Individuals and Families by Type for Follow-up Staffings



"The Potter/Randall CRCG continues to see an increase in the children we serve - many with mental health concerns. Several times, parents and families have returned for assistance with resources for other children in their care. This last year, we had children successfully graduate from high school when they were previously at risk for placements."

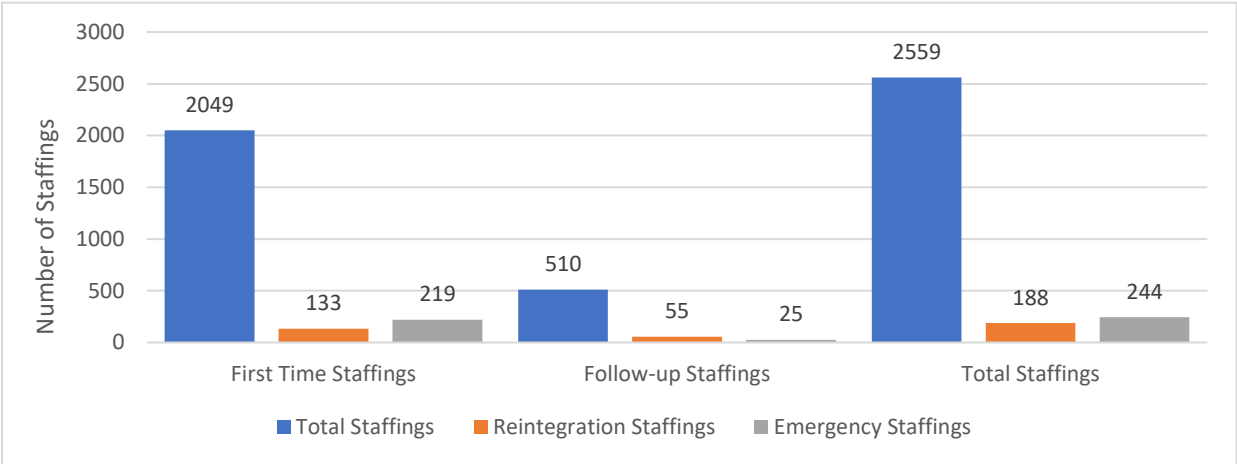
- Ginger Guy, Potter and Randall Counties CRCG

Recommended Services and Supports

Collectively, the 134 CRCGs that entered data into the CRCG data collection system conducted 2,559 case staffings in 2022 and 2023. These staffings involved meetings with CRCG partners and members of the public to learn about client needs and make recommendations for services offered by several organizations and agencies. Of these staffings, 2,049 (80 percent) were first-time encounters with children, youth, or adults in need of services and 510 (20 percent) were follow-up staffings. Of the total staffings, 244 (10 percent) were emergency staffings and 188 (seven percent) were reintegration staffings.

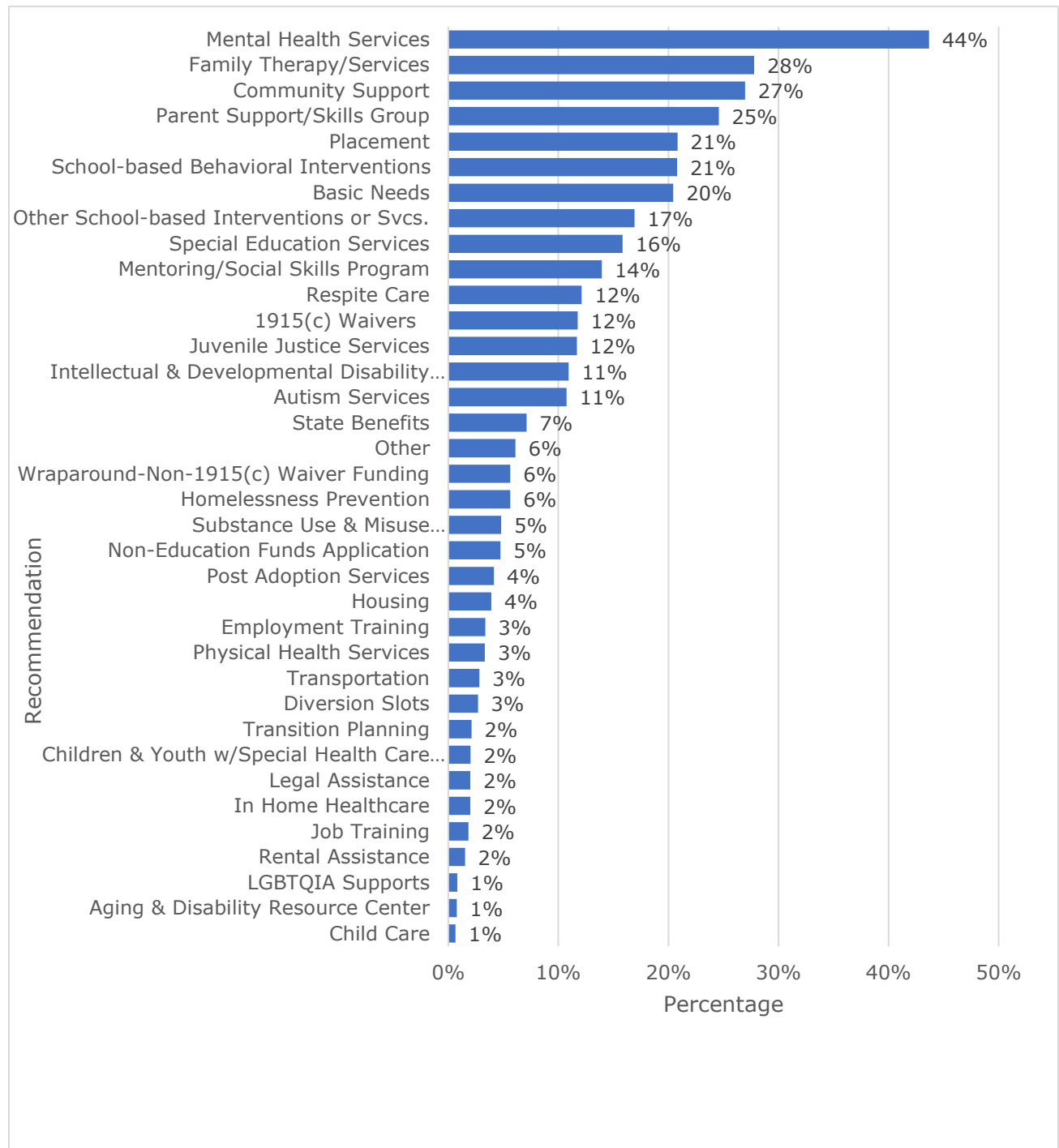
Figure 12 shows the number of total staffings, including first-time staffings, and follow-up staffings by type statewide.

Figure 12. Number of First Time, Follow-up, and Total Staffings by Type



CRCGs reported the types of services recommended through ISPs. Recommendations covered a range of resources, though the leading ISP recommendations for all staffings were for mental health services (44 percent), family therapy or services (28 percent), community support (27 percent), parent support or skills groups (25 percent), and placement to inpatient or residential treatment facility (21 percent). Figure 13 shows the percentage of ISP recommendations by type during all staffings in order of the most recommended services, with higher percentages, to the least recommended services, with lower percentages.

Figure 13. Percentage of ISP Recommendations by Type for Total Staffings

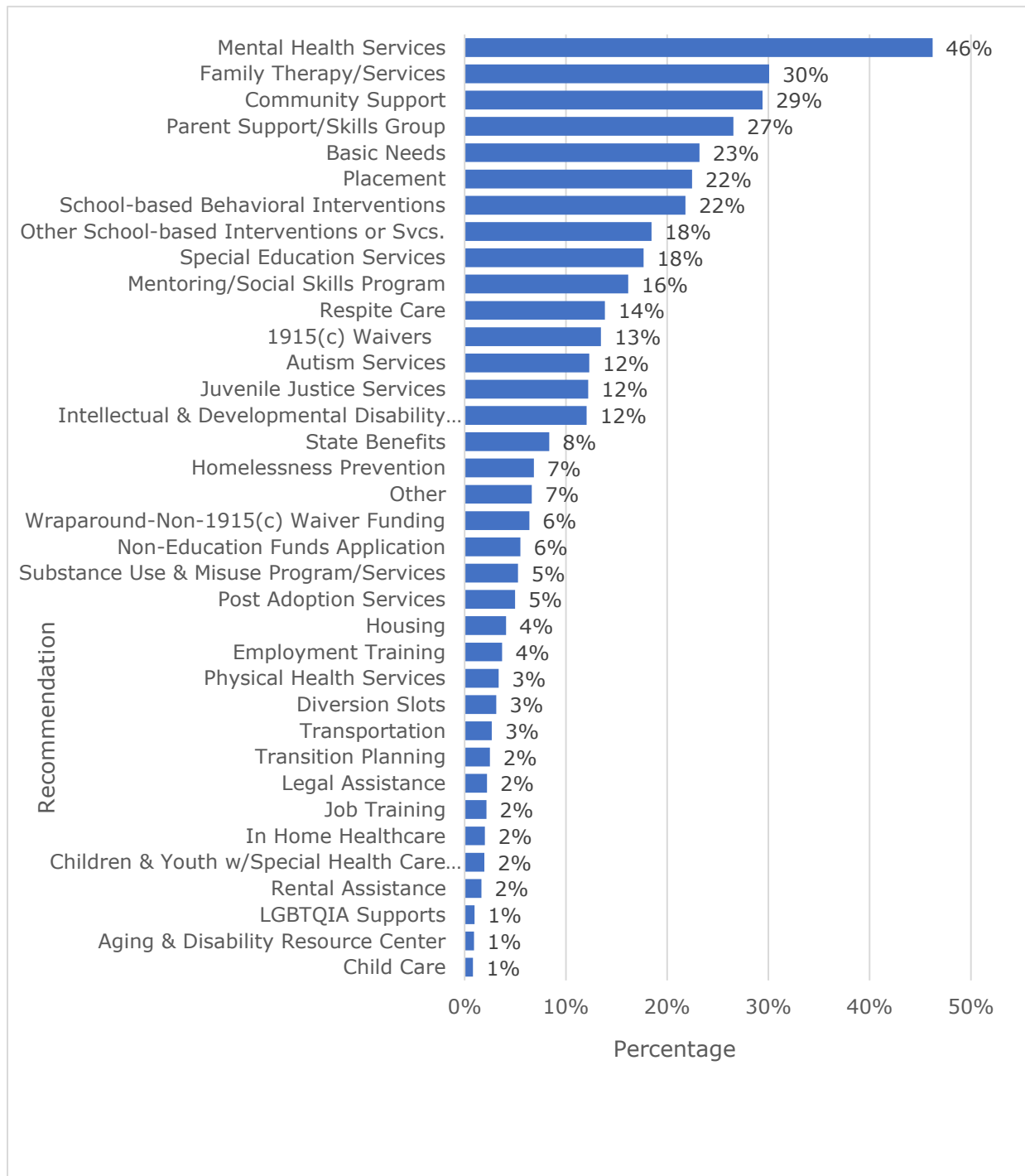


Note. Less than one percent of all staffings resulted in recommendations for Home and Community-based Services - Adult Mental Health.

The leading ISP recommendations for first-time staffings were for mental health services (46 percent), family therapy/services (30 percent), community support (29 percent), parent support or skills group (27 percent), and basic needs (23 percent).

Figure 14 shows the percentage of ISP recommendations by type during first-time staffings in order of the most recommended services, with higher percentages, to the least recommended services, with lower percentages.

Figure 14. Percentage of ISP Recommendations by Type for First-Time Staffings



Note. Less than one percent of first-time staffings resulted in recommendations for Home and Community-based Services- Adult Mental Health.

The leading ISP recommendations for follow-up staffings were for mental health services (34 percent), family therapy or services (19 percent), community support (17 percent), school-based behavioral interventions (17 percent), and parent support or skills group (17 percent).

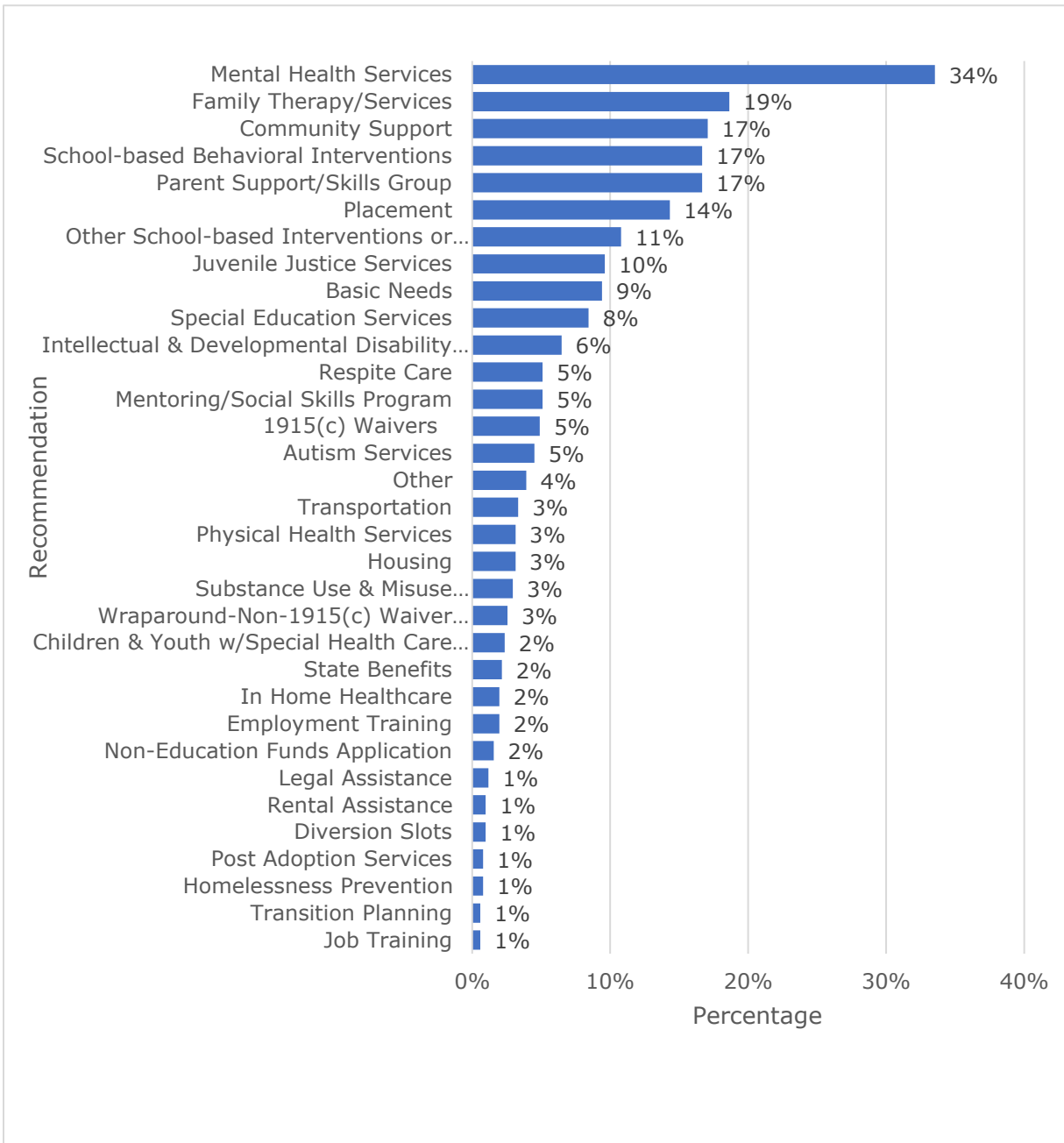
"The McLennan County Adult and Family CRCG had an emergency staffing that full circle closed this year. We had a family who thanked us for the success of our effectiveness and efforts in providing a young woman who was wheelchair bound with person-centered training. She is now living in Florida and working for Disney and is living her life independently. We are super proud of all the agencies that helped this young lady's dreams come true."

- Tiffany Soto, McLennan County Adult CRCG

After allowing time for engagement in services, follow-up staffings typically occur one to three months after the first-time staffing and serve as a check-in to determine if additional services and supports are needed. The lower percentage of overall recommendations for follow-up staffings is congruent with a decreased need for additional services at the time of the follow-up.

Figure 15 shows the percentage of ISP recommendations by type during follow-up staffings in order of the most recommended services, with higher percentages, to the least recommended services, with lower percentages.

Figure 15. Percentage of ISP Recommendations by Type for Follow-Up Staffings

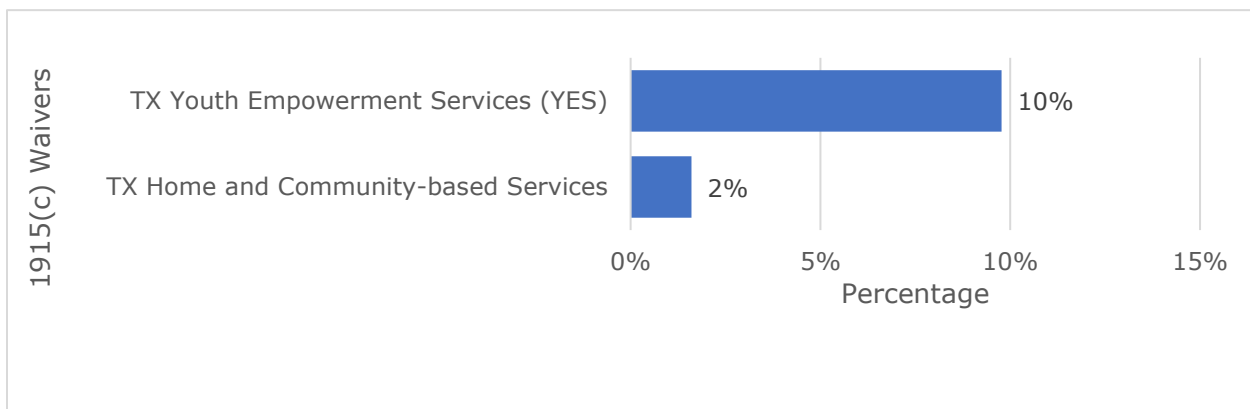


Note. Less than one percent of follow-up staffings resulted in recommendations for Aging and Disability Resource Center or LGBTQIA supports.

Some ISPs included recommendations to 1915(c) Medicaid waiver programs. CRCGs reported the following percentage of recommendations for these waiver programs: Youth Empowerment Services (YES) waiver (10 percent), Home and Community-based Services waiver (2 percent), Community Living Assistance and Support Services waiver (less than one percent), Texas Home Living waiver (less than one percent), and Texas Deaf and Blind with Multiple Disabilities waiver program (less than one percent).

Figure 16 shows the percentage of ISP recommendations for 1915(c) Medicaid waivers of any type for all staffings in order of the most recommended waiver program, with higher percentages, to the least recommended waiver program, with lower percentages.

Figure 16. Percentage of ISP Recommendations for 1915(c) Waivers by Type for Total Staffings



Note. Less than one percent of all staffings resulted in recommendations for the Texas Home Living waiver program, Texas Community Living Assistance and Support Services waiver program, or the Texas Deaf and Blind with Multiple Disabilities waiver program.

In addition, some ISPs included recommendations for state-based resources, such as the state residential treatment center (RTC), Waco Center for Youth; the adolescent forensic unit at the state mental health facility, North Texas State Hospital-Vernon; the TEA’s non-educational funds; and permanency planning for individuals ages 21 years and younger with developmental disabilities.

ISPs also included recommendations for the joint HHSC and DFPS RTC Relinquishment Prevention Project, nursing facilities, and other residential facilities. CRCGs reported the following number of recommendations for these resources:

- CRCGs issued 163 letters of recommendation for referrals to treatment at the Waco Center for Youth.
- CRCGs issued 40 letters of recommendation for referrals to treatment at the adolescent forensic unit at North Texas State Hospital-Vernon. Referrals to the state mental health facility, North Texas State Hospital-Vernon, should be presented to and endorsed by the local CRCG. CRCGs submit a letter of recommendation to accompany the referral stating the CRCG met and endorsed the referral.
- CRCGs recommended placement in the joint HHSC and DFPS RTC Project 17 times.
- CRCGs recommended placement at other, unidentified residential treatment facilities 310 times.
- CRCGs recommended placement in a nursing facility three times.
- CRCGs recommended 105 non-educational fund applications⁹ for approval by school districts. Local CRCGs meet with independent school districts to conduct planning meetings to determine how the funds will be used. Some examples include respite care, parent and peer support groups, and transportation to access approved non-educational services. The applications for non-educational funds were reviewed and signed by the local CRCG, and then submitted to the school districts for approval.
- CRCGs held 58 staffings due to notification of a child or youth admission to an HHSC-operated facility. Texas Government Code Section 531.154 requires that within three days following the admission of a child to certain HHSC-operated facilities, the facilities must notify the local CRCG serving the county where the legally authorized representative of the child resides. After being contacted by a facility, the CRCG may contact the child's parent or guardian to ensure the parent or guardian is aware of services and supports that could provide alternatives to placement of the child in the facility, including available placement options and opportunities for permanency planning.

CRCGs held 172 staffings for juveniles under age 12 who were referred by probation in accordance with Texas Family Code Section 53.01. This requires the person conducting the preliminary investigation to refer children under 12 years old for service coordination at a CRCG, local inter-agency staffing group, or other community juvenile service provider. CRCGs recommended placement in a facility

⁹ Non-educational funds are community-based support services for certain students with severe disabilities and their families who are at risk for being placed in residential facilities for educational reasons.

of any type for behavioral health care 533 times in 2022 and 2023, which was 6 percent of all staffings. The number of staffing recommendations during this period was 9,137, resulting in 94 percent of all staffings recommending a community-based solution, such as the YES waiver.

CRCG Partnerships

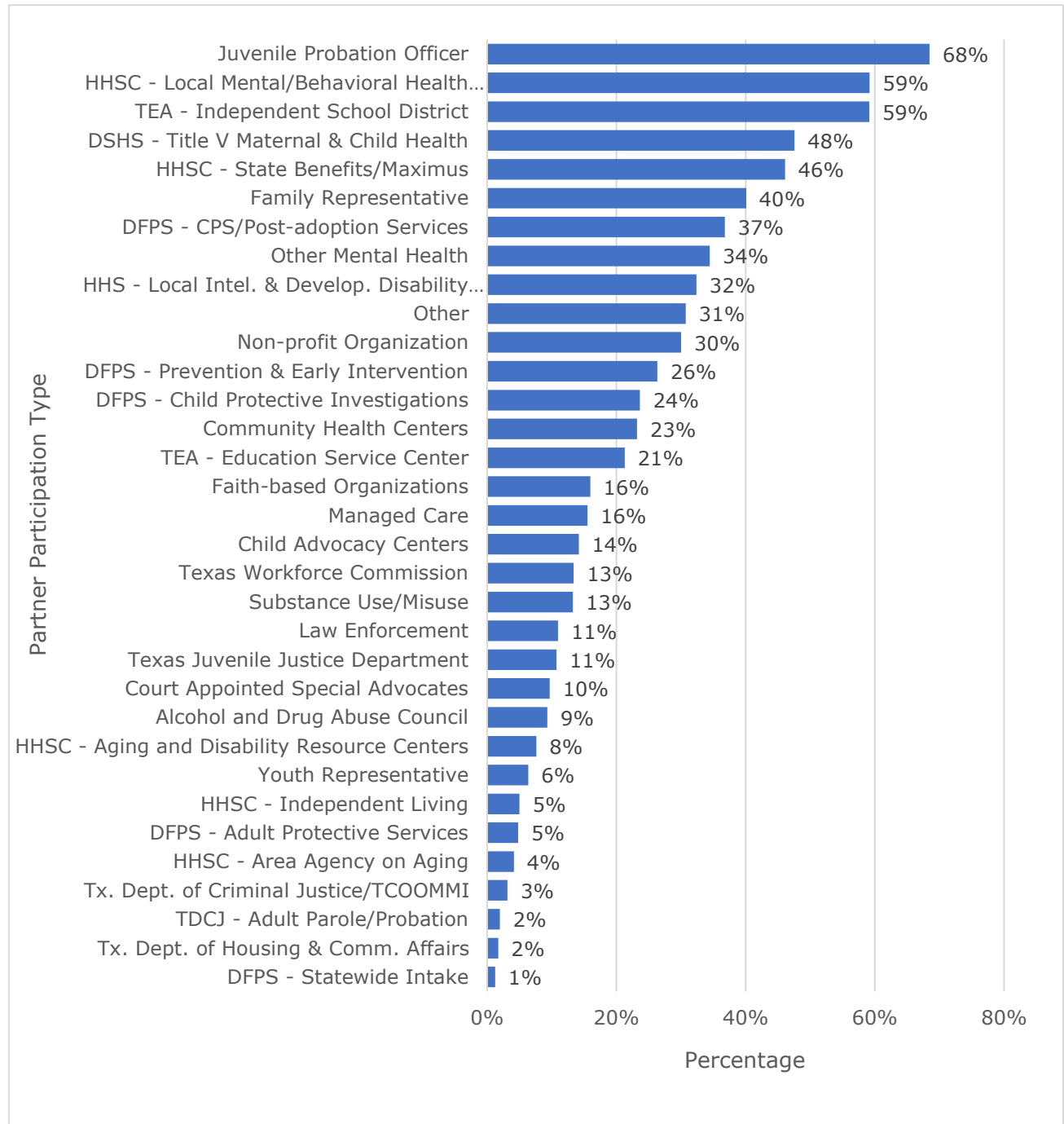
Local CRCG leaders and members consistently report that meeting participation and attendance is critical to the ability of CRCGs to successfully connect individuals and families to resources and coordinate services. CRCGs reported which partners regularly attended all staffings for 2022 and 2023. Juvenile probation officers (68 percent), LMHAs and LBHAs (59 percent), school districts (59 percent), the DSHS Title V Maternal and Child Health Programs (48 percent), and HHSC state benefits or Maximus offices (46 percent) were the most common regular partners.

"Bexar County CRCG has grown to a committed group of 29 organizations and 65 participants. The Bexar CRCG participants support our expansion into the Bexar County Children and Youth Behavioral Health System of Care (SOC). The Bexar SOC effort works to harmonize across systems by aligning goals, building trust, and coordinating efforts. The participants are working closer together and helping families navigate across systems to receive services. With the support of State CRCG and the data collection system, we are also paying closer attention to what doesn't exist and working together to raise capacity."

– Alice Alvarez, Bexar County

Figure 17 shows the percentage of attendance for partner groups who attended CRCG meetings in the order of most attended, with higher percentages, to the least attended, with lower percentages.

Figure 17. Meeting Attendance Percentages by Partner Type



Barriers for CRCGs

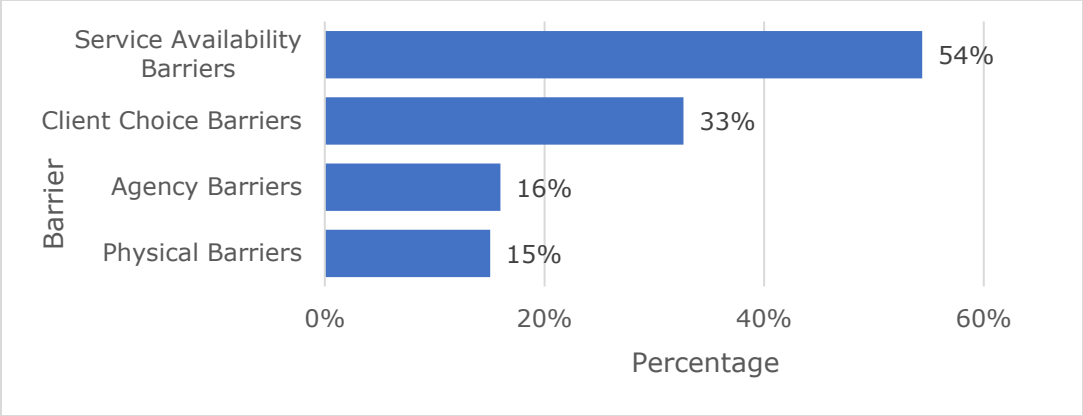
CRCGs reported local barriers to creating ISPs to include the following:

- Physical barriers: transportation, communication devices, language limitations, and scheduling conflicts.
- Service availability barriers: lack of funding for services, waitlists for services, ineligibility for services, lack of appropriate services, lack of CRCG knowledge of resources, and absence of services or service providers.
- Local agency barriers: insufficient staff, change in staff, agency language hindering collaboration, lack of clear agency processes, and lack of accountability of service providers.
- Client choice and service preference barriers: preference for small number of service providers, behaviors resulting in rejection from services, previous negative experiences with accessing services, perceived lack of culturally competent services, limited knowledge by the individual or their support system to recognize need for services, lack of understanding of processes and programs by the individual or their support system, concerns about engaging with services that may negatively impact the person, and previous non-compliance with service recommendations.

Overall, individuals, families, and CRCGs reported barriers in all categories, including service availability barriers (54 percent), client choice barriers (33 percent), agency barriers (16 percent), and physical barriers (15 percent).

Figure 18 shows the percentage of local barriers expressed by individuals, families, and CRCGs by category for all staffings in order of the most reported barrier, with higher percentages, to the least reported barrier, with lower percentages.

Figure 18. Percentage of Barriers Expressed by Individuals, Families and CRCGs by Category for Total Staffings



4. State CRCG Office Efforts to Improve Service Delivery

Training and Technical Assistance

The State CRCG Office responds to the training and technical assistance needs of local CRCGs by conducting site visits, hosting webinars on various training topics, holding monthly leader trainings and bridge calls, and providing one-on-one training and support to CRCG leaders. These efforts are geared towards assisting CRCGs in implementing best practices and navigating the complex barriers that they encounter. Highlights of these training and technical assistance efforts are detailed below.

In 2022 and 2023, the State CRCG Office conducted 43 site visits, including 41 virtual site visits. Site visits provide an opportunity for the State CRCG Office to observe local CRCG processes, identify best practices, and provide training and support.

The State CRCG Office conducts a webinar series for CRCG stakeholders that highlights state agency partners and training on key statewide initiatives and programs and best practices for serving individuals and families involved with CRCGs. In 2022 and 2023, 10 webinars were held and included the following topics: Post-Adoption Services; Substance Use Program, Planning, and Policy and Peer Services; Adult Mental Health and Crisis Services; National Alliance on Mental Illness Texas; Community Partner Program; and the Restorative Practices five-part series.

The State CRCG Office hosts a monthly technical assistance bridge call for all CRCG stakeholders to receive training, peer-to-peer support, share ideas, discuss challenges, and network. Bridge calls are held monthly and are regularly attended by CRCG leaders and members. In 2021, regional cohort breakout groups were added to the monthly bridge call. The breakout groups provide a space for leaders to connect with other leaders in their region, discuss challenges and strategies, and share resources and ideas. In 2022, training topics included non-educational funds; establishing bylaws, policies, and procedures; outreach and marketing; and CRCG processes. In 2023, the State CRCG Office restructured the monthly bridge calls to incorporate webinar-like presentations after receiving feedback from CRCG leaders for less training time commitments. These leader trainings focused on system of

care values, as well as highlighted the Waco Center for Youth admission process, Children's Mental Health Programs, Health and Independence Programs, and the Aging Services Coordination Office.

The State CRCG Office creates and maintains training and technical assistance materials for local CRCGs. In 2021, the State CRCG Office launched a comprehensive training guide and online training toolkit. The toolkit is designed to be a one-stop-shop for CRCG leaders and members to learn how to create, sustain, and support their local CRCG. The toolkit includes videos, one-pagers, step-by-step instructions, and best practice information to help align CRCGs with the system of care values of being family-driven, youth-guided and driven, culturally and linguistically responsive, and trauma-informed. In 2022 and 2023, the State CRCG Office added several resources to the toolkit including: the CRCG informational video, new legislative one-pagers, CRCG Bylaws template and worksheet, and a welcome email template for leaders to send to new members to help orient and train them about the functions of the CRCG.

Communication and Engagement

The State CRCG Office creates communications and marketing materials, presents at conferences and to stakeholders, and creates initiatives to support local CRCG efforts and increase awareness of CRCGs at a state and local level. The office also maintains the CRCG leader directory and manages the CRCG program website. Below are highlights of these communications and engagement efforts.

- The State CRCG Office maintains the local CRCG leader directory. Through State CRCG Office efforts, the local CRCG leader directory is updated each month with local CRCG leader contact information and is searchable by county and city.
- The State CRCG Office publishes a quarterly newsletter that includes state agency partner updates, local CRCG highlights, and information on relevant resources and upcoming events. As of January 2024, the distribution list for the newsletter included over 16,000 distinct recipients comprised of CRCG members and leaders, stakeholders, agency leaders, and community members.
- The State CRCG Office provides a monthly leadership email to all CRCG chairs, co-chairs, and coordinators. Monthly leadership emails share news and information on valuable resources, tools, and opportunities to strengthen CRCGs.

- In July 2023, the State CRCG Office partnered with the Texas System of Care (TxSOC) to host the third joint interagency conference for youth, family members, state leaders, child-serving providers, and community leaders. The conference allowed 297 attendees (156 in-person and 141 via Zoom) to hear from experts, network with other leaders, and gain information about best practices for coordinating systems and services for young people with significant mental health or cross-agency needs. The hybrid conference hosted speakers with lived experience from across the country, offered networking opportunities (including a CRCG-specific networking event), and creative activities.
- The State CRCG Office conducts presentations to increase awareness of CRCGs and their value as a community resource. In 2022 and 2023, the State CRCG Office presented at the TEA Mental and Behavioral Health Webinar series ¹⁰, the TJJD Training Academy SEED Conference ¹¹, DSHS Medical Home Learning collaborative, ¹² and the Region 4 Educational Service Center Behavior and Mental Wellness Leadership meeting. The State CRCG Office also presented at the HHSC Certified Family Partners Roundtable and to other various agencies and stakeholder groups.
- In 2021, the State CRCG Office launched the redesigned CRCG website. The State CRCG Office designed the new website to be more user friendly for both individuals and families seeking support as well as CRCG leaders and members. The website assists individuals in determining whether a CRCG may be the right fit to meet their needs. It also provides a user-friendly layout for CRCG leaders to find important forms, worksheets, marketing materials, and training and technical assistance support. In 2023 the State CRCG Office added maps to the CRCG website. These maps are interactive and updated quarterly, detailing current CRCG leaders, contact information, and demographic information for each CRCG.

¹⁰ The TEA Mental and Behavioral Health Team and Project AWARE Texas hosted a series of monthly webinars on timely and relevant school mental health topics including substance use/abuse prevention, school and community partnerships, parent engagement, and school safety.

¹¹The TJJD Juvenile Justice Training Academy: Skill Enhancement, Education and Development (SEED) Conference was held for TJJD staff. State CRCG Office presented an overview of CRCGs including the referral process.

¹²The DSHS Medical Home Learning Collaborative meets quarterly via webinar for members to share knowledge, implementation strategies, and best practices on the philosophy and effectiveness of medical homes.

- In 2022 and 2023, the State CRCG Office held the third and fourth annual CRCG Recognition Awards to show appreciation and acknowledge the hard work and achievements of local CRCGs. Local CRCGs and leaders were nominated by partner organizations and community members for their outstanding achievements in collaboration, person-centered care, and innovation.

Data and Research

The State CRCG Office is responsible for the CRCG biennial report, identifying gaps in data at the local and state levels, and coordinating research efforts to strengthen the CRCG Program.

In 2022 and 2023, the local reporting rate via the CRCG Data Collection System was 91 percent. The efforts of the State CRCG Office to assess and remove barriers to data entry, such as streamlining the data system access process and increasing training and technical assistance to data reporters, may have contributed to the high reporting rate.

In 2020, the State CRCG Office began gathering annual CRCG feedback through an annual CRCG leader survey. The survey gathers data about CRCG satisfaction with State CRCG Office training and technical assistance, current needs, and suggestions for training and support for the following year. In 2022 and 2023, the State CRCG Office used feedback gathered from the survey to inform the State CRCG Office training plan. Some highlights of survey results include:

- On average, 92 percent of respondents reported satisfaction with the training and support offered by the State CRCG Office.
- Increasing community awareness of the CRCGs and increasing access to and awareness of statewide and local resources and supports were the greatest needs.
- The top requests for CRCG leader support include:
 - Continued regional leader support groups and monthly leader trainings;
 - More tools and support for engaging local agency partners and increasing awareness of CRCGs;
 - More services to refer to and information about available resources and services;
 - Additional training on best practices with special populations; and
 - Mentoring and networking opportunities.

5. Conclusion

In 2022 and 2023, the number of CRCGs reporting data was 91 percent. CRCGs continued to serve children, families, and adults with complex needs through interagency collaboration and coordination of services. The State CRCG Office successfully completed 2022 and 2023 strategic plan objectives and launched new materials and initiatives to increase awareness of CRCGs, train CRCGs in best practices, and increase access to CRCGs across the state.

Local CRCGs reported:

- 2,559 staffings;
 - 58 of these staffings assisted with permanency planning;
 - 510 were follow-up staffings;
 - 188 were reintegration staffings; and
 - 244 were emergency staffings.

Local CRCGs also reported:

- 94 percent of all staffings conducted resulted in a community-based solution;
- Service availability and client choice are the greatest barriers to clients accessing recommended services;
- Juvenile probation officers and LMHAs and LBHAs are the two most frequent participants at local CRCG staffings;
- Risky behaviors, mental health care, and academics or school are the most identified needs at staffings; and
- Mental health services, family therapy or services, and community support are the leading recommendations on ISPs.

Implementation of a three-year CRCG Strategic Plan, featured in Appendix A, began in January 2022, and will be completed in December 2024. The plan's goals include implementation of best practices by local CRCGs, statewide recognition of CRCGs as valuable resources that receive support at state and local levels, and access by all Texans to a CRCG in every county.

The State CRCG Office successfully completed 2022 and 2023 strategic plan objectives and launched new materials and initiatives to increase awareness of CRCGs, train CRCGs in best practices, and increase access to CRCGs across the state.

Lack of funding, participation by entities that reflect the local community, and service availability remain barriers for CRCGs across the state; however, CRCGs continue to thrive and positively impact individuals and families as evidenced by the data and success stories reported by local CRCGs. It is the passion and drive of individual leaders and members that contribute to improvement in people's lives and fortify the continued success of CRCGs in Texas. In 2024, the State CRCG Office plans to expand, adding six CRCG regional coordinator positions, located statewide, to further the work of the State CRCG Office.

List of Acronyms

Acronym	Full Name
CRCG	Community Resource Coordination Groups
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
H.B.	House Bill
HHSC	Health and Human Services Commission
ISP	Individualized Service Plan
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MOU	Memorandum of Understanding
TEA	Texas Education Agency
TJJJ	Texas Juvenile Justice Department
TxSOC	Texas System of Care
YES	Youth Empowerment Services

Appendix A.

Goals (Calendar Years 2022-2024)

Goal 1: CRCG State Office enables CRCGs to implement best practices.

Goal 2: CRCGs are recognized and supported.

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

Objectives (Calendar Years 2022-2024)

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

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

Objective 2a: Demonstrate the impact of CRCGs.

Objective 2b: Raise awareness of CRCGs as resources.

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

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

Objective 3c: Develop and revise State CRCG Office products and training to launch CRCGs and expand service.

CRCG Strategic Plan Logic Model (Calendar year 2024)

See image on next page

