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An Exploratory Analysis of Best Practices for

Community Resource Coordination Groups of Texas

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An Exploratory Analysis of Best Practices for

Community Resource Coordination Groups of Texas

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Report

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Abstract

An Exploratory Analysis of Best Practices for

Community Resource Coordination Groups of Texas

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During the 70th Legislative Session in 1987, the Texas Legislature mandated the establishment of local county-based Community Resource Coordination Groups (CRCGs) to collaborate on the development of individualized service plans and the service provision for children and youth with complex, multi-agency needs. While this was an unfunded mandate for localities, the State's budget for the Health and Human Services Commission (HHSC) provided training and technical assistance to local CRCGs from the State CRCG Office. However, the 82nd Texas Legislature reduced HHSC's budget, which resulted in the defunding of the CRCG program at the state level. During fiscal years 2012 and 2013, county CRCG leaders across Texas were left to sustain local operations, if possible, without state-level support. Although some CRCGs did not remain active, the majority of CRCGs did in the absence of the State Office's support.

Local CRCG leaders across the state of Texas experience difficulty maintaining adequate representation from CRCG partners from the 11 mandated state agencies, as

well as limited funding and resources to meet the needs of individuals served by CRCGs. In light of the unfunded mandate and in an effort to identify strategies to enhance the quality of CRCG agency collaboration and service delivery, the purpose of this report is to explore various models for multi-agency collaboration, identify relevant best practices, and discuss potential funding mechanisms for Texas CRCGs. The report presents program and policy recommendations to increase the capacity that the State CRCG Office and local CRCGs have to serve individuals with complex, multi-agency needs.

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Introduction

During the 70th Legislative Session in 1987, the Texas Legislature mandated the establishment of local county-based Community Resource Coordination Groups (CRCGs) to collaborate on the development of individualized service plans and the service provision for children and youth with complex, multi-agency needs. While this was an unfunded mandate for localities, the State's budget for the Health and Human Services Commission (HHSC) provided training and technical assistance to local CRCGs from the State CRCG Office. However, the 82nd Texas Legislature reduced HHSC's budget, which resulted in the defunding of the CRCG program at the state level. During fiscal years 2012 and 2013, county CRCG leaders across Texas were left to sustain local operations, if possible, without state-level support. Although some CRCGs did not remain active, the majority of CRCGs did in the absence of the State Office's support.

Local CRCG leaders across the state of Texas experience difficulty maintaining adequate representation from CRCG partners from the 11 mandated state agencies, as well as limited funding and resources to meet the needs of individuals served by CRCGs. According to an October 2014 survey of local CRCG leaders, 57% of respondents indicated the availability of resources in their area as a barrier to serving individuals staffed by CRCGs.[1] Nearly half (49%) reported lack of consistent participation by CRCG members and 43% reported a lack of flexible funding to adequately serve consumers.[2]

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[1] *A Report to the Governor and the 84th Legislature on the Community Resource Coordination Groups of Texas: Calendar Years 2012 and 2013*. Texas Health and Human Services Commission. 2015, 5. Accessed June 15, 2015. http://www.hhsc.state.tx.us/reports/2015/community-resource-coordination-groups.pdf.

[2] Ibid.

Purpose of the Report

In light of the unfunded mandate and in an effort to identify strategies to enhance the quality of CRCG agency collaboration and service delivery, the purpose of this report is to explore various models for multi-agency collaboration, identify relevant best practices, and discuss potential funding mechanisms for Texas CRCGs. The report will present program and policy recommendations to increase the capacity that the State CRCG Office and local CRCGs have to serve individuals with complex, multi-agency needs. In doing so, the report addresses the following questions:

- What are some alternate, existing models for social service interagency collaboration?

- What best practices for interagency collaboration could benefit Texas Community Resource Coordination Groups?

- In what ways are partners in multi-agency collaborations engaged and motivated to participate?

- What methods of funding are available for Community Resource Coordination Groups?

- What program and/or policy recommendations could increase the capacity that the State CRCG Office and local CRCGs have to serve individuals with complex, multi-agency needs?

Chapter 1: Community Resource Coordination Groups – An Overview

WHAT ARE COMMUNITY RESOURCE COORDINATION GROUPS?

Community Resource Coordination Groups (CRCGs) of Texas are local interagency collaborations that are composed of representatives from public and private agencies who come together for individuals with multi-agency needs and who may otherwise fall through the cracks.[3] The CRCGs' members work together with consumers to develop individualized service plans to address the consumers' needs.[4] While the majority of CRCGs serve children, youth, and families, some Texas counties have established CRCGs that serve adults. As of October 2015, there were 140 distinct CRCGs across Texas.[5] Of these, 75 serve children and youth, 57 serve families, and 8 serve adults.[6] Of Texas's 254 counties, 235 (93%) were covered by at least one type of CRCG; whereas 19 counties (7%) were not covered by a CRCG.[7] Depending upon the counties' size and staffing needs, a particular CRCG may cover one or multiple counties. CRCGs meet on a regular basis according to their localities' case staffing needs. In addition to their regular meetings, some CRCGs meet informally to respond to an individual or family's needs.[8] While CRCGs primarily convene for case staffings and associated follow-ups, they may also meet for trainings and presentations about programs and available resources.

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[3] Community Resource Coordination Groups of Texas. 2011. "What Are CRCGs?" Accessed July 11, 2015. https://www.hhsc.state.tx.us/crcg/WhatAreCRCGS/WhatAreCRCGsHome.html.

[4] Ibid.

[5] Osburn, Annabel, personal communication, October 9, 2015.

[6] Ibid.

[7] Ibid.

[8] Springer, David, Sharp, Deborah, and Foy, Theresa. 2000. "Community Service Delivery and Children's Well-Being: Community Resource Coordination Groups of Texas." *Journal of Community Practice* 8:43.

Local stakeholders operate CRCGs across the state. A chair or co-chairs voluntarily and without compensation provide leadership for each CRCG and are selected on a basis determined by their CRCG.[9] These individuals are responsible for facilitating CRCG meetings. Some CRCGs also have individuals who serve as coordinators or secretaries, who are responsible for service coordination and case management.[10] In addition, coordinators may also be in charge of their CRCG's data entry on the State CRCG Office's website. Across localities, the participating private agencies and advocates of CRCGs vary. However, state statute mandates participation of the following eleven public agencies:[11]

- Texas Department of Health and Human Services

- Texas Department of Assistive and Disability Services

- Texas Department of Disability and Rehabilitative Services

- Texas Department of Family and Protective Services

- Texas Department of State Health Services

- Texas Department of Housing and Community Affairs

- Texas Correctional Office on Offenders with Medical and Mental Impairments

- Texas Department of Criminal Justice Department

- Texas Juvenile Justice Department[12]

- Texas Education Agency

- Texas Workforce Commission

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[9] Ibid.

[10] *A Report to the Governor and the 82nd Legislature on the Community Resource Coordination Groups of Texas*, 4.

[11] Texas Government Code §531.055.

[12] It should be noted that the Memorandum of Understanding needs to be updated to reflect that the Texas Juvenile Probation Commission and the Texas Youth Commission are no longer in existence. The Texas Juvenile Justice Department is the mandated juvenile justice agency.

These agencies have agreed to the revised 2006 CRCG Memorandum of Understanding (MOU) that outlines a) CRCGs' purpose and mission, b) the CRCG model and guiding principles, c) consumer choice and role of families and caregivers, d) agencies' responsibilities, e) local CRCGs' functions, f) membership and organization of local CRCGs, g) eliminating duplication of services, h) HHSC's responsibilities, and i) interagency dispute resolution.[13]

Currently, the State CRCG Office, which is housed in HHSC's Office of Social Services, oversees local CRCGs throughout Texas. The Texas Legislature tasked the State Office with identifying CRCGs' challenges, barriers, gaps, and service outcomes.[14] Most importantly, the State Office provides training and technical assistance to local CRCGs through site visits, monthly webinars, monthly leadership e-mails, quarterly newsletters, monthly CRCG chats known as Bridge Calls, and presentations. In addition to regularly scheduled training and technical assistance opportunities, the State CRCG Office is available to respond to individual inquiries that local CRCGs present.

The State CRCG Office collaborates with the CRCG State Work Group (SWG), which is responsible for the CRCG MOU's implementation at the state level.[15] The SWG is composed of a representative within Travis County from each of CRCGs' 11 mandated public agencies, as well as representatives from non-profits serving children, youth, and families, and family representatives. SWG members sit on one of three CRCG subcommittees: a) the Data and Research Subcommittee, b) the Communications

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[13] Texas Health and Human Services Commission. 2006. "Memorandum of Understanding for Coordinated Services to Persons Needing Services from More Than One Agency - Revised March 2006." Accessed June 26, 2015. https://www.hhsc.state.tx.us/crcg/RelatedLegislation/MOU_October2006.pdf.

[14] *A Report to the Governor and the 84th Legislature on the Community Resource Coordination Groups of Texas: Calendar Years 2012 and 2013*. Texas Health and Human Services Commission. 2015, 3. Accessed June 15, 2015. http://www.hhsc.state.tx.us/reports/2015/community-resource-coordination-groups.pdf.

[15] Springer, Sharp, and Foy, 43.

and Engagement Subcommittee, and c) the Training and Technical Assistance Subcommittee. The State CRCG Office meets quarterly with the entire SWG and monthly with each subcommittee to discuss and strategize upcoming plans. In addition to assisting the State CRCG Office with strategic planning, the public agency SWG members have another key responsibility. In the event that a local CRCG expresses that a particular mandated public agency is not being represented at its meetings, the corresponding SWG member can facilitate the re-engagement with appropriate agency personnel in the locality to attend the CRCG meetings.

HISTORY AND BACKGROUND

In 1987, the Texas Legislature mandated better coordination of services for children and youth through the passage of Senate Bill (SB) 298 in response to the number of youth who were falling through the cracks. SB 298 directed the collaboration of eight child-serving public agencies in conjunction with the Texas Commission on Alcohol and Drug Abuse.[16] Together, along with advocates and private sector organizations, these agencies established the Community Resource Coordination Group model.[17] By 1988 and 1989, Henderson, Tarrant, Travis, and Val Verde counties were piloting the CRCG model.[18]

In 1993, the State of Texas established the State CRCG Office under HHSC to provide training and technical assistance to local CRCGs.[19] By 1996, all Texas counties had CRCG coverage for children and youth.[20] The HHSC's fiscal years 2008 and 2009

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[16] Community Resource Coordination Groups of Texas. 2011. "CRCG Timeline." Last modified August 18, 2011. https://www.hhsc.state.tx.us/crcg/WhatAreCRCGS/CRCG_Timeline.html.

[17] Ibid.

[18] Ibid.

[19] Ibid.

[20] *A Report to the Governor and the 82nd Legislature on the Community Resource Coordination Groups of Texas*, 3.

budget provided partial funding for three full time equivalent positions to support on-site and web-based training and technical assistance to local CRCGs.[21]

Recognizing the successes and benefits of CRCGs for children and youth, local and state CRCG partners began inquiring about adapting the CRCG model to serve adults with complex needs in 1995.[22] By June 1999, the State supported six pilot CRCGs for Adults (CRCGAs).[23] Of the six sites, five areas had already begun operating CRCGAs.[24] These were the Brazos Valley, Panhandle, El Paso, Harris, and Travis counties CRCGAs. The sixth site covering Smith and Henderson counties was started through the initiative.[25] In October 1999, the State Team focused on CRCGAs developed a CRCGA Model and Guiding Principles.[26]

In 2001, the 77th Texas Legislature passed SB 1468 mandating the creation of a Memorandum of Understanding (MOU) concerning CRCGs, their partnering agencies, and the services rendered to individuals in need of CRCG assistance.[27] In 2003, the 78th Texas Legislature enacted House Bill (HB) 2292 requiring the revision of the CRCG MOU to reflect the Health and Human Services agency's structural changes.[28] The 2006 MOU remains in effect.

In 2011 in response to decreased HHSC funding by the 82nd Texas Legislature, HHSC transferred the CRCG program from the Office of Program Coordination for

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[21] Ibid, 4.

[22] Community Resource Coordination Groups of Texas, "CRCG Timeline."

[23] *A Report to the Governor and the 82nd Legislature on the Community Resource Coordination Groups of Texas*, 4.

[24] Community Resource Coordination Groups of Texas, "CRCG Timeline."

[25] Ibid.

[26] Ibid.

[27] *A Report to the Governor and the 82nd Legislature on the Community Resource Coordination Groups of Texas*, 4.

[28] Ibid.

Children and Youth to the Office of Family and Community Services.[29] During fiscal years 2012 and 2013, the CRCG program did not have a state funded director position. Thus, local level CRCG partners had to maintain operations without training and technical assistance from the state. While some CRCGs remained operational, others diffused or disbanded.

With the refunding of the CRCG program at the state level, HHSC hired a program director for the State CRCG Office in 2014. Since then, the State Office has been working to re-engage with local CRCGs, develop a CRCG strategic plan, provide regular training opportunities, conduct local site visits, respond to technical assistance requests, improve the CRCG data collection system, and develop a new CRCG website. In collaboration with the Texas Institute for Excellence in Mental Health at The University of Texas at Austin, the State CRCG Office conducted a CRCG Needs Assessment Survey of local CRCG partners across Texas in September 2015.

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[29] Community Resource Coordination Groups of Texas, "CRCG Timeline."

Chapter 2: Multi-Agency Collaboration and Models

MULTI-AGENCY COLLABORATION

In spite of budget cuts, human service organizations are expected to provide quality and cost-effective services. With pressure from policy makers and various stakeholders, such organizations have sought alternative methods to coordinate services for consumers', especially those with multi-agency needs.[30] Both nationally and internationally, human service organizations have engaged in multi-agency collaboration to enhance their capacities to match and provide services to individuals in need.

Multi-agency collaboration or partnership occurs when representatives from private, public, and/or voluntary organizations work jointly towards a common goal through the sharing of aims, information, and responsibilities.[31] In the case of CRCGs, the goal would be to serve and engage with the children, youth, or adult consumers through the development and implementation of their individualized service plans.

Unlike service coordination, which entails one agency having authority to direct other agencies, collaboration situates partnering agencies to have parity with each other to work jointly as peers.[32] Working together fosters mutual support and the sharing of knowledge, expertise, and resources in a manner that can lead to an increased fit of services.[33] With diverse partnering agencies, multi-agency collaborations allow partners to be responsive to the changing needs and circumstances of the individuals seeking

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[30] Packard, Thomas, Patti, Rino, Daly, Donna, and Tucker-Tatlow, Jennifer. 2013. "Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties." *Administration in Social Work* 37:1. Accessed August 27, 2015. doi: 10.1080/03643107.2012.714719.

[31] Cheminais, Rita. *Effective Multi-Agency Partnerships: Putting Every Child Matters into Practice*. London: Sage Publications, Ltd, 2009, 4.

[32] Kaiser, Frederick. *Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations*. Congressional Research Service. R41803. 2011, 6. Accessed September 20, 2015. https://www.fas.org/sgp/crs/misc/R41803.pdf.

[33] Cheminais, 26.

services.[34] Human service oriented multi-agency collaborations not only have the potential to improve service delivery and outcomes for consumers, but also to enhance capacity and relations for the individual agency representatives participating in the collaborations.[35] In addition, collaborations could enhance efficiency and eliminate service duplication, which could potentially reduce associated program costs related, but not limited, to shared supplies, facilities, and services.[36]

MULTI-AGENCY COLLABORATION MODELS

There is not a predominant model for all types of multi-agency collaboration.[37-38] Two models that demonstrate the variation in structure and functionality across different multi-agency collaborations are a) a multi-agency panel and b) a multi-agency team.

A multi-agency panel, which is most similar to the CRCG design, is composed of representatives who are employed by their home agencies and meet regularly to discuss the needs of individuals who could benefit from multi-agency expertise.[39] The panel could include representatives from education, health, social services, and justice agencies.[40] Like CRCGs, panels have a chair or coordinator and meet to develop support plans for consumers.

A multi-agency team is composed of members from various agencies who work together on the micro, mezzo, and macro levels.[41] Unlike with a multi-agency panel, the

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[34] Cheminais, 4.

[35] Kaiser, 15.

[36] Ibid, 17.

[37] Packard, Patti, Daly, and Tucker-Tatlow, 1.

[38] Springer, Sharp, and Foy, 41.

[39] *Multi-Agency Working Models*. Lancashire County Council. Accessed October 3, 2015. http://www3.lancashire.gov.uk/corporate/calendar/views/entries/showAtt.asp?id=17422.

[40] Ibid.

[41] Ibid.

members work together on a regular and possibly daily basis, rather than coming together solely for meetings.[42] Some multi-agency teams may be housed within the same office space. A team leader may be responsible for directly managing the members as opposed to employees from their respective agencies.[43]

VARIOUS EXAMPLES OF MULTI-AGENCY COLLABORATION

Multi-agency collaborations "differ in structure, organizations, authorities, purposes, size, scope, scale, life-span, and expectations."[44] This section presents three examples to illustrate both the diversity and the potential operational arrangements multi-agency collaborations can offer: a) Colorado's Collaborative Management Program, b) Maryland's State and Local Interagency Coordination, and c) United Kingdom's Every Child Matters.

Similar to CRCGs, Colorado's Collaborative Management Program is based at the county level and is supplemented with state level guidance and support. Maryland's State and Local Interagency Coordination expands upon a local model for multi-agency collaboration and includes a state level collaborative, as well. The United Kingdom's Every Child Matters initiative offers both a nation-wide and an international perspective of multi-agency collaboration.

While legislation mandated the establishment of all three of these collaborative examples, it should be noted that multi-agency collaboration does not necessitate legislative authorization. In addition, collaborative arrangements expand beyond human service delivery; these examples with a human service focus were presented due to the nature and purpose of CRCGs.

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[42] Ibid.

[43] Ibid.

[44] Kaiser, 24.

Colorado's Collaborative Management Program

In 2004, the Colorado General Assembly enacted HB 04-1451 that called for the development of collaborative management programs (CMPs) with the overall goal to "improve outcomes for multi-system involved youth and families through cross-system service planning and coordination."[45] CMPs are county-based collaborative management structures with processes that bring together agencies related to social services, justice departments, health departments, schools, mental and behavioral health organizations, family advocacy groups, and other community agencies.[46] Six pilot counties initiated CMPs during the 2004-2005 fiscal year. By the 2011-2012 fiscal year, Colorado had 29 distinct CMPs covering 31 of its 64 counties.[47] The Colorado Department of Human Services (CDHS) oversees the CMP initiative.[48] In addition to the CDHS, a State Steering Committee composed of state agency representatives, CMP coordinators, a state family-driven organization, and other CMP partners offers guidance for CMPs.[49] CMPs are evaluated on performance-based measures related to the domains of child welfare, juvenile justice, education, and health.[50]

Maryland's State and Local Interagency Coordination

Maryland developed a two-fold interagency collaboration at the state and local levels. Established in the 1980s, the State Coordinating Council (SCC) is focused on children and youth placed in residential treatment centers and agencies' abilities to

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[45] *HB 1451 Collaborative Management Program Year 2 Statewide Evaluation Findings*. OMNI Institute. 2011, 1-2. Accessed July 12, 2015. http://www2.cde.state.co.us/artemis/huserials/hu118internet/hu1182011internet.pdf.

[46] Ibid, 1.

[47] Ibid, 2. It should be noted that two of the CMPs covered two counties as opposed to a single county like the others.

[48] Ibid, 3.

[49] Ibid.

[50] Ibid.

provide them with a quality continuum of services for education, treatment, and residential treatment.[51] The SSC is composed of representatives from child-serving agencies with one member serving as the chair for a year-long term.[52] The SCC meets at least 6 times a year as opposed to the frequency of CRCGs.[53] The SCC is tasked with fostering interagency collaboration by providing training and technical assistance to local partners and identifying the gaps and needs of in-state services.[54]

At the local level, Maryland has local care teams (LCTs), which were also established in the 1980s. LCTs vary across jurisdictions and develop policies and procedures according to their communities' needs.[55] In addition to having representatives from local child-serving agencies, LCTs include a parent of a child with intensive needs or a parent advocate.[56] LCTs assist families with children with intensive needs in accessing the appropriate services and community resources.[57]

United Kingdom's Every Child Matters

In response to the tragic death of Victoria Climbié[58], the United Kingdom launched the Every Child Matters (ECM) initiative to strengthen multi-agency

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[51] Maryland.gov: Governor's Office for Children. 2014. "State and Local Interagency Coordination." Accessed September 03, 2015. http://goc.maryland.gov/scc_lct/.

[52] Ibid.

[53] Ibid.

[54] Ibid.

[55] Ibid.

[56] Ibid.

[57] Ibid.

[58] Victoria Climbié died at the age of eight due to prolonged abuse inflicted by her caretaker and the caretaker's partner. London physicians, social service practitioners, and police personnel were involved in Victoria's case and were aware of her multiple hospital stays for abuse inflicted injuries. However, a lack of proper inquiry and communication among the involved social service system practitioners into Victoria's situation is cited as contributing to her death. As a result in 2001, Lord Laming opened a public inquiry to examine the shortcomings of the child protection system. "Timeline: Victoria Climbie," *BBC News World Edition*, January 28, 2003. Accessed November 27, 2015. http://news.bbc.co.uk/2/hi/uk_news/2062590.stm.

collaboration through local authorities (LAs), in order to promote the well-being of children and youth in 2003.[59] ECM's five aims for each child or youth are to stay safe, be healthy, enjoy and achieve, make a positive contribution, and achieve economic well-being.[60] The legislation requires all children or youth serving organizations to protect their welfare.[61] It also mandates that children and youth have a voice and that service providers consult them about their services.[62] The LAs' primary goals are to a) identify the needs and goals of children and youth, b) determine the contribution each agency would contribute to ECM's outcomes, c) improve information sharing between agencies, and d) oversee the multi-agency collaboration for service coordination.[63]

CONCLUSION

Multi-agency collaboration provides a mechanism for various agencies to jointly work together and more effectively combine their expertise, resources, and services to achieve common goals. Without a predominant model, existing multi-agency collaborations exhibit a diversity of operational structures, authorities, sizes, and purposes. The examples presented in this section focused on human service delivery particular to children, youth, and families, in order to provide models that can be compared to CRCGs.

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[59] Cheminais, 2.

[60] EveryChildMatters.co.uk. "Aims & Outcomes." Accessed September 22, 2015. http://www.everychildmatters.co.uk/.

[61] EveryChildMatters.co.uk. "Home." Accessed September 22, 2015. http://www.everychildmatters.co.uk/.

[62] Ibid.

[63] Cheminais, 2.

Chapter 3: Best Practices for Multi-Agency Collaboration

Multi-agency collaboration can be complex due to the number and diversity of partnering agencies, as well as the situations that are being addressed. Without strategic planning and incorporation of best practices, multiple barriers may prevent effective multi-agency collaboration. For instance, some potential barriers include a lack of interagency structures and protocols, a lack of information about partnering agencies' roles and services, and a lack of a collaborative environment.[64] This section identifies best practices for multi-agency collaboration from the literature and governmental reports that could be applied to CRCGs to enhance their capacity to provide quality coordinated services to the individuals and/or families whom they serve.

ENGAGING THE PROPER PARTICIPANTS

Multi-agency collaboration necessitates stakeholders' participation and commitment from various agencies. Effective multi-agency collaboration is contingent upon engaging and sustaining involvement from the proper participants who are suited for addressing a group's mission and purpose. David Chrislip's collaboration premise posits that "if you bring the appropriate people together in constructive ways with good information, they will create authentic visions and strategies for addressing shared concerns of the organization or community."[65] This necessitates engaging both traditional and non-traditional participants within the community who can offer valuable perspectives on the issues in a manner in which they can build trust, skills for

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[64] Darlington, Yvonne, and Feeney, Judith. 2008. "Collaboration Between Mental Health and Child Protection Services: Professionals' Perceptions of Best Practice." *Children and Youth Services Review* 30:188. Accessed October 10, 2015. http://ac.els-cdn.com.ezproxy.lib.utexas.edu/S019074090700165X/1-s2.0-S019074090700165X-main.pdf?_tid=74b33a3c-7a0f-11e5-966c-00000aacb35d&acdnat=1445664430_8bff8c761eea8df8bd3ea413ca0282d8.

[65] Chrislip, David, and Larson, Carl. *Collaborative Leadership*. San Francisco: Jossey-Bass, 1994, 14.

collaboration, and an understanding of the issues.[66] Research suggests that building and maintaining relationships based on mutual respect and trust for the involved parties is important for effective collaboration.[67-68] This includes fostering respect and trust for the individual stakeholders of the collaborative, as well as the varying professional disciplines and knowledge represented in a multi-agency collaboration.[69] Creating opportunities that promote and encourage communication and relationship building among participants can facilitate this process and provide interagency support.[70] Effective collaborations include partners who "have knowledge of the relevant resources in their agency; the ability to commit these resources and make decisions on behalf of the agency; the ability to regularly attend all activities of the collaborative mechanism; and the knowledge, skills, and abilities to contribute to the outcomes of the collaborative effort."[71]

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[66] Chrislip, David. *Collaborative Leadership Fieldbook: A Guide for Citizens and Civic Leaders*. San Francisco, Jossey-Bass, 2002, 51.

[67] Darlington, Yvonne, Feeney, Judith, and Rixon, Kylie. 2005. "Interagency Collaboration Between Child Protection and Mental Health Services: Practices, Attitudes, and Barriers." *Child Abuse & Neglect* 29: 1087. Accessed September 29, 2015. http://www.sciencedirect.com.ezproxy.lib.utexas.edu/science/article/pii/S0145213405002115.

[68] Darlington and Feeney, 192.

[69] Ibid.

[70] Branson, Diane, and Bingham, Ann. 2009. "Using Interagency Collaboration to Support Family-Centered Transition Practices." *Young Exceptional Children* 12: 19. Accessed October 15, 2015. doi:10.1177/1096250609332306.

[71] United States Government Accountability Office. *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*. GAO-12-1022. Washington, D.C.:U.S. United States Government Printing Office, 2012, 19.

NON-PARTICIPATING OR RESISTANT STAKEHOLDERS

As reported by multiple CRCGs and previously noted, consistent member participation from the mandated agencies is an issue. The following best practices are advised to re-engage absent members or build commitment from resistant partners:[72]

- Establish common ground and reiterate a common purpose between the collaboration and the stakeholder's agency.

- Revisit the stakeholder's engagement plan – In relation to CRCGs, this would be the MOU, which lists the mandated agencies and their responsibilities.

- Inquire about and address any concerns the stakeholder may have for not participating – This could include concerns regarding time, resources, and confidentiality.

- Ensure the stakeholders understand the benefits of the collaboration and the value they could provide to it, as well as their roles and responsibilities.

INTERAGENCY CASE STAFFING

Interagency case staffing that occurs through multi-agency collaboration has the potential to address individuals' and families' complex needs in a multifaceted manner to a greater extent than a single agency would be able to do on its own. Multiple best practices offer guidance for multi-agency collaborations to enhance their capacity to staff cases effectively.

When various agencies collaborate to staff a consumer's presenting situation and needs, the diversity of professionals can require the group to take specific actions to ensure it functions effectively. It is helpful for partnering agencies to have an accurate

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[72] *Everyone on Board: How to Engage Reluctant Stakeholders and Stakeholders Experiencing Leadership Transitions*. Institute for Education Sciences. 2014. 1-3. Accessed September 25, 2015. http://nces.ed.gov/programs/slds/pdf/everyone_on_board_Jan2014.pdf.

understanding of organizational boundaries and realistic expectations about the services and capabilities that the other agencies have to assist consumers.[73] This mutual understanding could be fostered by clarifying their roles and responsibilities as they pertain to a multi-agency collaboration's efforts.[74] The group's professional diversity may necessitate a discussion about common language and terminology to be used during case staffings.[75]

Effective multi-agency collaborations provide partners with an equal voice, which helps to alleviate any perceived status inequities among the participating individuals.[76] This is not limited to the involved professionals, but is also recommended to be applied to consumers and their families. Some service frameworks, such as the wraparound philosophy, require youth and their families to be full and active partners in the process.[77] Facilitators, such as the CRCG chairs and co-chairs, can assist with ensuring staffing participants have an equal voice.

PERSON/FAMILY-CENTERED PLANNING

Person or family-centered planning is an approach that calls practitioners and consumers to jointly develop individualized service plans based on the consumers' identified priorities and life goals.[78] Consumer participation facilitates practitioners'

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[73] Darlington and Feeney, 193.

[74] Abram, Faye, Mahaney, Heather, Linhorst, Donald, Toben, Jackie, and Flowers, Marie. "Interorganizational Collaboratives for Children of Prisoners: One that Succeeds, Another that Struggles." *Journal of Community Practice* 13: 31-47. Accessed September 30, 2015. doi: 10.1300/J125v13n01_03.

[75] Darlington, Feeney, and Rixon, 1094.

[76] Percy-Smith, Janie. "What Works in Strategic Partnerships for Children: A Research Review." *Children and Society* 20:313-323. Accessed September 30, 2015. doi: 10.1111/j.1099-0860.2006.00048.x.

[77] Walter, Uta, and Petr, Christopher. 2011. "Best Practices in Wraparound: A Multidimensional View of the Evidence." *National Association of Social Workers* 56:74. Accessed September 29, 2011. https://depts.washington.edu/wrapeval/docs/Best_Practices_in_Wraparound_Walter_andPetr.pdf.

[78] Stanhope, Victoria, Ingoglia, Chuck, Schmelter, Bill, and Marcus, Steven. 2013. "Impact of Person-Centered Planning and Collaborative Documentation on Treatment Adherence." *Psychiatric Services*

understanding of their needs and presenting situations.[79] Plans can be modified in response to the consumers' needs.[80] In addition, it provides practitioners the flexibility to engage with consumers in a culturally competent manner that is respectful of their ethnic, cultural, and linguistic attributes.[81] Research suggests that effective multi-agency service planning involves the collaboration of the partnering agencies and the individual consumer and/or families.[82] Person-centered planning is associated with greater consumer engagement with the services identified in the service plan.[83]

LEVERAGING COMMUNITY ASSETS

Multi-agency collaborations, particularly those that are human service-oriented, depend upon the surrounding community's resources and available services. To maximize potential to address consumers' needs and goals, multi-agency collaborations need to identify and leverage their communities' assets, which is characteristic of asset-based community development.[84] By leveraging community assets, multi-agency collaborations could facilitate community capacity-building to address issues. These resources can include, but are not limited to individuals, networks, local councils, non-governmental agencies, schools, hospitals, community health/resource centers, and local

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64:76. Accessed October 10, 2015.
http://ps.psychiatryonline.org.ezproxy.lib.utexas.edu/doi/pdf/10.1176/appi.ps.201100489.

[79] Fox, Chris, and Butler, Gavin. 2004. "Partnerships: Where Next?" *Community Safety Journal* 3:36-44. Accessed October 15, 2015. doi: 10.1108/17578043200400021.

[80] Branson and Bingham, 22.

[81] Ibid, 25.

[82] Walter and Petr, 76.

[83] Stanhope, Ingoglia, Schmelter, and Marcus, 79.

[84] Mathie, Alison, and Cunningham, Gord. 2003. "From Clients to Citizens: Asset-based Community Development as a Strategy from Community-driven Development," *Development in Practice* 13:474. Accessed November 29, 2015. doi: 10.1080/0961452032000125857.

businesses.[85] Research suggests that engaging community partners to assist youth in developing their strengths enhances youths' well-being and ability to thrive.[86]

TRAINING

Multi-agency collaborations enhance their effectiveness by providing on-going training to their members. Training could include, but is not limited to, agency presentations to increase participants' understanding of the other partnering agencies, their roles, and their services.[87] Representatives of multi-agency collaborations indicate that joint-training with fellow stakeholders offered them the opportunity for professional development while simultaneously creating a forum to cultivate interagency relationships with others associated with the collaboration.[88] Joint-trainings facilitate information exchange among participants and the demystification of stereotypical beliefs about partnering agencies, which can enhance further collaboration.[89] These trainings can occur at both the state and local levels as applicable.

LEADERSHIP

Effective multi-agency collaborations have strong, direct leadership. Given that collaborative efforts bring together peoples of diverse disciplines to work jointly, effective leadership includes chairing or facilitating meetings in a manner in which

[85] Boyd, Candice, Hayes, Louise, Wilson, Rhonda, and Bearsley-Smity, Cate. 2008. "Harnessing the Social Capital of Rural Communities for Youth Mental Health: An Asset-based Community Development Framework." *The Australian Journal of Rural Health* 16:189-193. Accessed November 29, 2015. doi: 1111/j.1440-1584.2008.00996.x.

[86] McCammon, Susan. 2012. "Systems of Care as Asset-Building Communities: Implementing Strengths-Based Planning and Positive Youth Development." *American Journal of Community Psychology* 49:556-565. Accessed November 29, 2015. doi: 10.1007/s10464-012-9514-x.

[87] Atkinson, Mary, Jones, Mary, and Lamont, Emily. 2007. *Multi-agency Working and Its Implications for Practice: A Review of the Literature*. CfBT Education Trust, 66. Accessed September 2, 2015. https://www.nfer.ac.uk/nfer/publications/MAD01/MAD01.pdf.

[88] Darlington and Feeney, 193, 195.

[89] Darlington, Feeney, and Rixon, 1085-1098.

relevant decisions can be made.[90] Effective facilitative leaders in such positions guide participants through conflict and group tensions, enforce group norms, promote an inclusive space for members, and express the benefits of collaboration to the group.[91] In addition, effective leaders demonstrate cultural competency. With multi-agency collaboration of human service organizations, cultural competency is important for two primary reasons. Professionals and practitioners are advised to be sensitive and responsive to the consumers' cultural diversity, in order to engage with them respectfully and successfully.[92] In relation to each other, the various collaborative partners who exhibit cultural competency may be better able to identify and respond to the differing cultures of the represented partner agencies.[93] An effective leader with cultural competency can work with associated partners to build a shared culture and vision among the various agencies of a multi-agency collaboration.[94] Research suggests providing leaders with adequate time to fulfill their responsibilities facilitates effective leadership.[95] This could correspond to CRCG leaders, such as some coordinators, whose CRCG responsibilities are built into their paid position descriptions as opposed to others who volunteer their time in addition to their full-time jobs. Effective leadership is enhanced by support networks of other leaders.[96] The State CRCG Office provides opportunities for CRCG leaders and members to network and share best practices from their CRCGs

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[90] Atkinson, Jones, and Lamont, 63.

[91] Chrislip, 54.

[92] Branson and Bingham, 25.

[93] Fox and Butler, 36-44.

[94] Ibid.

[95] Townsley, Ruth, Watson, Debbie, and Abbott, David. 2004, "Working Partnerships? A Critique of the Process of Multi-agency Working in Services to Disabled Children with Complex Health Care Needs." *Journal of Integrated Care* 12:24-34. Accessed October 15, 2015. doi: 10.1108/14769018200400013.

[96] Atkinson, Jones, and Lamont, 76.

with each other through monthly Bridge Calls during which participants share their experiences and ask questions related to a pre-selected topic.

CLEARLY DEFINED INTERAGENCY STRUCTURES AND PROTOCOLS

The presence and implementation of clearly defined interagency structures and guiding protocols are beneficial to both professionals and consumers involved in multi-agency collaboration.[97] Interagency structures and protocols can prevent or be referenced to mitigate potential conflict.[98] These could address items that include, but are not limited to: the group's purpose, confidentiality, partners' roles and responsibilities, referral procedures, the timeline for which the agreement is effective, and the clarification of resource and time commitments by partnering agencies.[99-100] Research suggests that having well documented structures and processes that are jointly developed by participating partners and supported by training facilitates multi-agency collaboration by reducing gaps in the individual agencies' processes.[101] They help to promote a continuity of support and operations between the referring agencies and the servicing agencies for consumers.[102] The absence of such structures and policies are linked to collaborative partners reporting that initiating and maintaining interagency relationships is difficult.[103]

Multi-agency collaborations form around a common cause or purpose though a multitude of missions and visions may be represented by the participating partners at their home agencies. For this reason, it is important that the collaboration has a shared

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[97] Ibid, 71.

[98] Darlington and Feeney, 195.

[99] Rous, Beth, and Hallam, Rena. *Tools for Transition in Early Childhood: A Step-by-step Guide for Agencies, Teachers, and Families*. Baltimore: Brookes, 2006.

[100] Darlington and Feeney, 187-198.

[101] Darlington, Feeney, and Rixon, 1094.

[102] Branson and Bingham, 19.

[103] Darlington, Feeney, and Rixon, 1087.

purpose that is clearly defined to guide its work towards desired outcomes for consumers. The presence of a clear purpose can facilitate greater commitment from participants, as well as increased trust between partnering agencies.[104] From a defined, shared purpose, a multi-agency collaboration can develop shared aims and outcomes. Research suggests that effective multi-agency collaborations involve partners developing agreed upon objectives[105] and identifying targeted outcomes.[106]

CLEAR COMMUNICATION

Clear and open communication between partnering agencies and participants of a multi-agency collaboration are necessary for its effectiveness. Guidelines for communication and information exchange among agencies in multi-agency collaborations lend to more effective collaboration.[107] While research suggests that face to face meetings for participants are beneficial, it is also helpful to have opportunities for informal modes of communication through phone calls and e-mails as necessary.[108]

CONFIDENTIALITY

Collaborating human service agencies, such as those that participate in CRCGs, need to consider the confidentiality of consumers seeking their services. Given the importance of open communication in collaborative initiatives, partnering agencies can

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104 Atkinson, Jones, and Lamont, 69.

105 Ibid.

106 *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, 3.

107 Frost, Nick, and Lloyd, Andy. 2006. "Implementing Multi-disciplinary Teamwork in the New Child Welfare Policy Environment." *Journal of Integrated Care* 14:11-17. Accessed October 10, 2015. doi: 10.1108/14769018200600013.

108 Atkinson, Jones, and Lamont, 66-67.

develop protocols for ensuring confidentiality and protecting consumers.[109] Without protocols addressing confidentiality and partners' respect for confidentiality agreements, stakeholders may be reluctant to share consumers' case details to help the others understand the presenting situation.[110]

CONCLUSION

Interagency collaboration is a multi-faceted approach that is influenced by numerous factors and will look different across collaborations. Each collaboration will need to assess and determine the conditions for it to operate optimally. While the best practices presented in this section are not exhaustive, they are presented in generalizable manner that could be applicable to CRCGs regardless of size, location, or other varying demographics that could affect a particular CRCG's functions.

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[109] Johnson, Lawrence, Zorn, Debbie, Tam, Brian, Lamontagne, Maggie, and Johnson, Susan. 2003. "Stakeholders' Views of Factors that Impact Successful Interagency Collaboration." *Exceptional Children* 69:195-209. Accessed October 10, 2015. doi: 10.1177/001440290306900205.

[110] Darlington, Feeney, and Rixon, 1087.

Chapter 4: Funding Mechanisms for Multi-Agency Collaboration

Human service agencies, such as those involved with CRCGs, are placed in a position to seek creative funding mechanisms due to limited funding and resources related to personnel and service availability. This section describes various funding mechanisms that could be relevant to CRCGs to increase available funding and its flexibility for allocation to operations and consumer services.

VARIOUS FUNDING MECHANISMS

The involvement of multiple agencies in collaborations increases the likelihood that a greater number of funding streams support the coordinated services. Each participating agency may have multiple funding streams that could differ from those funding the other agencies. Certain funding streams are categorical in nature meaning that funds are designated for particular populations, services, and/or activities.[111] The following funding options aim to lessen the rigidity of categorical funding by pooling funding from various sources across programs and/or agencies.

Braided Funding

Braided funding occurs when "financial assistance from individual funding streams to states, local governments, and other pass-through entities is coordinated by all stakeholders so each individual award maintains its award specific identity."[112] Braided funding is typically implemented with unified, single initiatives as a way to better

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[111] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*. AGA's Intergovernmental Partnership. 2014, 8. Accessed October 15, 2015. https://www.agacgfm.org/AGA/ResearchPublications/documents/Blended-and-Braided-Funding_final.pdf.
[112] Ibid, 5.

integrate multiple funding streams.[113] Although the funding streams maintain their distinct identity, braided funding can result in greater efficiency and effective service delivery for the involved programs and agencies.[114] If agencies' administrations need to report the usage and outcomes of spending for particular funding streams separately, braided funding as a pooled funding mechanism makes this a possibility.[115]

Braided Funding Example: Boston Healthcare for the Homeless Program

The following example of the Boston Healthcare for the Homeless Program's braided funding financial model illustrates how a multi-service initiative can employ various funding streams to cover different types of services for an individual. As described by Center for Health Care Strategies,:[116]

> Boston Health Care for the Homeless Program (BHCHP) provides primary care, behavioral health services, oral health, and supportive services – including housing and case management – to thousands of homeless individuals each year. It is funded through a braided financing model, in which different funding sources cover different program components: (1) [Federally Qualified Health Center] Medicaid reimbursement covers medical care provided in clinical settings; (2) Massachusetts Medicaid's Massachusetts Behavioral Health Partnership funds a program for individuals with behavioral health and substance use conditions; (3) a Health Resources and Services Administration grant covers street and home-based clinical team services; and (4) foundation grants and philanthropic contributions pay for specialty dental and medical respite services.

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[113] *Blending and Braiding Funds and Resources: The Intermediary as Facilitator*. National Collaborative on Workforce and Disability for Youth. 2006, 3. Accessed October 20, 2015. http://www.ncwd-youth.info/information-brief-18.

[114] Ibid, 3-4.

[115] Ibid, 3.

[116] Crawford, Maia, and Houston, Rob. *State Payment and Financing Models to Promote Health and Social Service Integration*. Center for Health Care Strategies, Inc. 2015, 7. Accessed November 27, 2015. http://www.chcs.org/media/Medicaid_-Soc-Service-Financing_022515_2_Final.pdf.

Blended Funding

Blending funding occurs when "financial assistance from individual funding streams to states, local governments, and other pass-through entities is merged by all stakeholders into one award and each individual award loses its award-specific identity."[117] Due to the funding sources of blended monies becoming indistinguishable, blended funding offers greater flexibility to state and local agencies than braided funding does. However, it requires legislative authorization to waive or lessen regulations that specify how monies must be spent and tracked.[118-119] While agencies lose the ability to autonomously control their individual funds, they experience reduced efforts for accountability and reporting of monies spent.[120] In addition, blending funding makes it possible for agencies to allocate resources to the highest priority needs and services covered by the pooled monies.[121] Blending funding could consist of portions of grant monies being allocated to the pooled monies and the remainder being used for the grant's designated activity. For instance, some collaborations have their agencies each contribute a small annual amount to fund its initiatives.[122]

Blended Funding Examples: Performance Partnership Grants

Performance Partnership Grants (PPG) is an example of how some agencies employ blended funding. The following two examples illustrate how PPG works.

Environmental Protection Agency's Performance Partnership Grants

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[117] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 5.

[118] *Blending and Braiding Funds and Resources: The Intermediary as Facilitator*, 1.

[119] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 6.

[120] *Blending and Braiding Funds and Resources: The Intermediary as Facilitator*, 1.

[121] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 11.

[122] *Blending and Braiding Funds and Resources: The Intermediary as Facilitator*, 2.

In the mid-1990's, the Environmental Protection Agency (EPA) began PPG with states and tribal communities in an effort to "achieve more programmatic, financial and management flexibility in implementing the nation's environmental protection system."[123] Recognizing that categorical grants create response silos to environmental issues that typically cut across funding boundaries involving air, water, waste, pesticides, and toxic substances, the EPA sought a blended funding mechanism that would offer agencies the flexibility to more comprehensively address environmental concerns.[124] The Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act of 1996 authorizes states and tribal communities to blend monies from multiple EPA program grants into a single grant budget for those funds.[125] After the entities blend the original grant awards, the monies are no longer restricted to the activities designated by the original grant.[126] As designed, PPG strengthens partnerships between EPA and the partnering agencies through collaborative planning and strategic utilization of resources.[127]

Performance Partnership Pilots for Disconnected Youth

The Performance Partnership Pilots for Disconnected Youth are aimed at improving outcomes for disconnected youth[128] through "innovative, cost-effective, and outcome-focused strategies."[129] The Consolidated Appropriations Act of 2014 authorizes

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[123] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 8.

[124] Ibid.

[125] *Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 1996*, Public Law 104-134.

[126] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 10.

[127] Ibid, 8.

[128] Disconnected youth are defined as youth who are low-income between the ages of 14-24 and are either homeless, in foster care, justice-involved, unemployed, or at-risk of dropping out of school.

[129] youth.GOV. "Performance Partnership Pilots for Disconnected Youth (P3)." Accessed October 22, 2015. http://youth.gov/youth-topics/reconnecting-youth/performance-partnership-pilots.

the Departments of Education, Labor, and Health and Human Services, as well as the Corporation for National and Community Service and the Institute of Museum and Library Sciences to engage in a maximum of ten performance partnerships with states, regions, localities, or tribal communities for the purpose of blending monies from federal programs.[130]   The partnering entities can blend both formula and competitive grant discretionary funding to increase the flexibility of application towards improved youth outcomes.[131]

Combined Braided and Blended Funding

Braided and blended funding mechanisms are not mutually exclusive and can be combined based on the needs and regulatory feasibility of organizations and collaborations.[132]   Both mechanisms allow service providers to creatively respond to consumers' needs and presenting situations.   In addition, they enable practitioners to more holistically address consumers' needs, to target performance goals over outputs, and to streamline administrative tracking requirements.[133]   By increasing stakeholder collaboration and coordination of services, they provide the opportunity to reduce program duplication and service fragmentation.[134]

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[130] *Consolidations Appropriations Act,2014*, Public Law 113-76.

[131] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 15.

[132] Ibid, 6.

[133] *A Framework for Alternative Human Service Financing*. The American Public Human Services Association Innovation Center. 2012, 2. Accessed on October 15, 2015. http://www.aphsa.org/content/dam/aphsa/pdfs/Innovation%20Center/2012-09-Framework-for-Alternative-Human-Service-Financing-PolicyBrief.pdf.

[134] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 17.

Funding the State CRCG Office through Private Businesses and Philanthropic Foundations

Some private businesses and philanthropic foundations partner with human service agencies to assist with funding human service initiatives.[135] While the funding offered typically is not allocated to direct program services, it can supplement traditional funding for support services and technical assistance that indirectly enhances the capacity for agencies to provide human services to consumers.[136] For example the Robert Wood Johnson Foundation awarded the Louisiana Department of Health and Hospitals a $600,000 grant to develop express lane eligibility for Medicaid eligible children, which allows providers to identify Medicaid eligible children and automatically enroll them in Medicaid.[137] Although this funding avenue may not be best suited for the direct services CRCG partners provide, it could be an option for the State CRCG Office's technical assistance and support activities offered to local CRCGs. While this funding mechanism increases the recipient entities' financial capacity, it does pose challenges. Earmarked philanthropic funds could potentially sway public service organizations from operating in alignment with broad public interest.[138] In addition, decision-making around projects and programs may become less bureaucratic and objective and more politicized in the presence of potential for philanthropic funding for particular types of projects. For instance, if government match funding is a stipulation for philanthropic monies, decision-makers may deviate from their usual criteria for determining funding allocations to

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[135] *A Framework for Alternative Human Service Financing*. 5.

[136] Ibid, 6.

[137] Ibid.

[138] Brecher, Charles, and Wise, Oliver. 2008. "Looking a Gift Horse in the Mouth: Challenges in Managing Philanthropic Support for Public Services." *Public Administration Review* 68:S146. Accessed November 27, 2015. http://www.thecyberhood.net/documents/papers/brecher08.pdf.

prioritize funding projects or programs that could generate such philanthropic investments.[139]

CONCLUSION

      The numerous CRCG partnering agencies and their associated funding streams imply that CRCG services addressing consumers' complex needs are subsidized in a fragmented manner. To maximize the limited resources that CRCGs have, funding mechanisms, such as braided and blended funding, could increase the flexibility and integrative ability CRCGs have to serve consumers. In addition, the private and philanthropic sectors could provide additional support to leverage the State CRCG Office and local CRCGs' capacity.

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[139] Ibid, S158.

Chapter 5: Recommendations

Given the limited funding for CRCGs at the state and local levels and the reported challenges CRCGs experience with mandated agency participation and the availability of sufficient resources, the following programmatic and policy recommendations are advised based on a review of relevant best practices and funding mechanisms. The recommendations aim to increase the capacity that CRCGs across Texas have to provide quality services to youth, families, or adults with complex, multi-agency needs.

PROGRAM RECOMMENDATIONS

State Level

To support and enhance the effectiveness of local CRCGs, the State CRCG office may want to consider the following program recommendations.

Update Program Resources

Considering the importance of clearly defined interagency structures and protocols for effective multi-agency collaboration, it is recommended that the State CRCG Office update its CRCG of Texas handbook, new member guide, and new chair guides. While these resources may still contain relevant information they are dated 2005 or earlier.[140-141] Updating the resources will provide the State Office the opportunity to revise the materials to reflect any necessary changes. For instance, the resources could be revised to include some of the best practices and funding mechanisms described in this report. They should also reflect the current organizational structure and names of the 11

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[140] Community Resource Coordination Groups of Texas. 2011. "CRCG Toolbox." Accessed October 20, 2015. https://www.hhsc.state.tx.us/crcg/CRCGToolbox/products.html.

[141] The Community Resource Coordination Group of Texas Handbook is dated 2002. The New Member Guide for Community Resource Coordination Groups and Guide for New Chairs of Community Resource Groups are dated 2005.

mandated state agencies. Once updated, stakeholders will more likely perceive the information as relevant and current as opposed to outdated.

Provide Person/Family-Centered Training

Given that CRCGs are designed to develop individualized service plans for consumers, coupled with the aims and effectiveness of person/family-centered planning, it is recommended that the State CRCG Office provide technical assistance and training to local CRCG leaders and members in the person/family-centered approach. While most CRCGs include consumers in CRCG meetings, there is a difference between consumer involvement and consumer-centered care. Some practitioners are not accustomed to incorporating consumers into the planning approach in a person-centered manner. Research suggests that professionals who are not familiar with the values of person-centered planning may find it difficult to engage with consumers in such a way, because it is contrary to their previous form of consumer engagement.[142] Although professionals may be able to identify consumers' strengths, which aligns with the person-centered planning's strength-based approach, some struggle with incorporating the identified strengths into the consumers' service plan.[143] Training on person-centered planning offered to CRCG partners could address how to switch from traditional forms of consumer involvement to consumer-centered engagement and how to incorporate one's strengths and expressed life goals into service plan development and implementation. Knowledge and incorporation of person-centered planning by CRCGs could increase both the potential that developed service plans are consumer-oriented and the rate of consumer engagement.

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[142] Walter and Petr, 76.
[143] Ibid, 77.

Seek Funding from Private and Philanthropic Sources

As a means to increase the amount of funding available to support CRCG initiatives, it is recommended that the State CRCG Office seek funding from private and philanthropic sources. As previously noted, such funding could be utilized to supplement funding from the State's budget to indirectly support local CRCG services through the provision of training and technical assistance. This funding could be blended with current CRCG public funding streams as allowed by statute.[144]

Local Level

To increase the capacity and quality of services of CRCGs across Texas, local CRCG partners may want to consider the following program recommendations.

Periodic Reviews of the Memorandum of Understanding, Structures, and Protocols

As previously discussed the presence and implementation of clear structures and protocols is important to the effectiveness of interagency collaboration. Due to the changing composition of local CRCGs with new and exiting members, leadership transitions, and inconsistent attendance by mandated agency partners, it is recommended that local CRCG leaders review the CRCG MOU, guiding principles, model, and their distinct CRCG protocols. This will increase the likelihood that all members of a CRCG have a clear and common understanding of the CRCG mission and their distinct CRCG's operations. The MOU can be referenced, especially with mandated partner agencies that are not actively participating in CRCG meetings. Reviewing protocols regularly is considered best practice for cultivating a shared vision and collaborative protocols.[145] In

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[144] *A Framework for Alternative Human Service Financing*. 5.
[145] Frost and Lloyd, 11-17.

addition, training on interagency processes helps to alleviate gaps and misunderstandings that participants associate with them.[146]

Consider Braided/Blended Funding Mechanisms

Funding and resource constraints enhance the appeal that braided and blended funding mechanisms could offer CRCGs across Texas to increase funding flexibility, service coordination, and strengthened collaborations. Local CRCG leaders and members may want to explore options to braid and/or blend funds available to host agencies that could be pooled for CRCG initiatives. When implementing such funding mechanisms, it is recommended for CRCGs to include all partners in the development of a consolidated initiative plan and budget that details the amount of funds to be contributed by each agency and how accountability will be managed.[147]

POLICY RECOMMENDATIONS

This section offers policy recommendations aimed to enhance the effectiveness of CRCGs.

Update State Legislation and Memorandum of Understanding

As previously noted the Texas CRCG legislation and CRCG MOU do not reflect the current juvenile justice agency's structure. The CRCG legislation should be updated during the upcoming legislative session to reflect the changes to Texas's juvenile justice system. In addition, the 2006 CRCG MOU section that lists the mandated agencies needs to be updated to accommodate these changes as well. Once updated, the 11 mandated agencies will need to sign the revised MOU. Having updated legislation and an MOU will further establish commitments from the agencies for CRCG participation and a

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[146] Darlington, Feeney, and Rixon, 1094.

[147] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 17.

current binding protocol that the CRCG State Office and local CRCG leaders can reference when engaging agencies that are not consistently participating.

Allocate Funding for CRCGs

Limited resources can place a strain on social services in terms of personnel and service capacity, which can hinder the effectiveness of multi-agency collaboration.[148] As indicated, current legislative funding for the CRCG program provides funding for one full-time employee, who is responsible for offering training and technical assistance to all 140 distinct Texas CRCGs. During the 81st legislative session, HHSC requested $3 million additional funding for CRCGs through a budget exceptional item.[149] While the Legislature denied the funding request, the intended purpose of the funding was to provide increased flexible funding to serve more youth and families with complex, multi-agency needs. Due to local CRCG stakeholders' indication of resource constraints for service provision and the limited CRCG personnel at the state level to assist localities, it is recommended that legislators redirect existing appropriations and resources designated for social services specifically to CRCGs. For instance, legislators could reallocate some monies designated for the juvenile justice system and child welfare systems to CRCG services with the intent of youth remaining in their communities for services. Research suggests that providing services to at-risk youth closer to their families and communities is more effective and less costly.[150] At the state level, this could enhance the State CRCG

[148] Darlington, Feeney, and Rixon, 1085-1098.

[149] *The Texas Children's Mental Health Forum 81st Legislative Session Priorities.* The Texas Children's Mental Health Forum. 6. Accessed September 30, 2015. http://texanscareforchildren.org/Images/Interior/mh%20forum/childrens%20mental%20health%20forum%20lege%20priorities.pdf.

[150] *State-Local Partnership in Ohio Cuts Juvenile Recidivism, Costs*. The PEW Charitable Trusts. 2013. 3. Accessed November 27, 2015. http://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/statelocal-partnership-in-ohio-cuts-juvenile-recidivism-costs.

Office's capacity to support the localities. At the local level, this could increase CRCGs' abilities to use funding in creative and customizable ways to meet the varying needs of individuals based on the services available in their regions.

Authorize Blended Funding of Monies Allocated to CRCG Partnering Agencies

CRCGs serve youth, families, and adults with complex, multi-agency needs. If categorical grant stipulations govern how agencies respond, there is the likelihood that the agencies will address their needs in silos. In an effort to maximize the available funding through increased flexibility afforded to agencies, it is recommended that legislators authorize the types of human service agencies involved in CRCGs to blend awarded monies. Legislators could specify a variety of blending permissions, such as the following:[151]

- "Increase effort in some programs and decrease effort in others. This allows grantees to target higher priority activities."
- "Use project funds for any activity that is eligible under at least one of the combined grants"
- "Allow funds available after [an entity] has met all of its project plan commitments to be used for activities that cut across program boundaries. Examples include upgrading data systems and carrying out initiatives on geographic basis."

Legislation focused on outcomes and performance-based accountability as opposed to compliance better lends itself to blended funding.[152] Authorizing blended funding could promote interagency collaboration and participation in CRCGs.

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[151] *Blended and Braided Funding: A Guide for Policy Makers and Practitioners*, 18.
[152] Ibid.

RESEARCH LIMITATIONS

The research presented in this report was conducted as an exploratory analysis to provide ideas and strategies for CRCG stakeholders at the state and local levels to increase the capacity and effectiveness of CRCGs across Texas. The described best practices, funding mechanisms, and program and policy recommendations are non-exhaustive and may need to be customized to fit the needs of specific CRCGs. Due to time constraints, interviews were not conducted with CRCG partners to inquire about their experiences, successes, and challenges related to the identified research questions. This should be done as part of future research and policy agenda development. However, the intent is to provide CRCG stakeholders with additional information to better engage with consumers to meet their needs with available resources.

References

A Framework for Alternative Human Service Financing. The American Public Human Services Association Innovation Center. 2012, 1-10. Accessed on October 15, 2015. http://www.aphsa.org/content/dam/aphsa/pdfs/Innovation%20Center/2012-09-Framework-for-Alternative-Human-Service-Financing-PolicyBrief.pdf.

A Report to the Governor and the 82nd Legislature on the Community Resource Coordination Groups of Texas. Office of Program Coordination for Children and Youth Texas Health and Human Services Commission. 2010, 1-20. Accessed June 15, 2015. https://www.hhsc.state.tx.us/crcg/RelatedLegislation/CRCG-Biennial-Report.pdf.

A Report to the Governor and the 84th Legislature on the Community Resource Coordination Groups of Texas: Calendar Years 2012 and 2013. Texas Health and Human Services Commission. 2015, 1-6. Accessed June 15, 2015. http://www.hhsc.state.tx.us/reports/2015/community-resource-coordination-groups.pdf.

Abram, Faye, Mahaney, Heather, Linhorst, Donald, Toben, Jackie, and Flowers, Marie. "Interorganizational Collaboratives for Children of Prisoners: One that Succeeds, Another that Struggles." *Journal of Community Practice* 13:31-47. Accessed September 30, 2015. doi: 10.1300/J125v13n01_03.

Atkinson, Mary, Jones, Mary, and Lamont, Emily. 2007. *Multi-agency Working and Its Implications for Practice: A Review of the Literature*. CfBT Education Trust, 1-111. Accessed September 2, 2015. https://www.nfer.ac.uk/nfer/publications/MAD01/MAD01.pdf.

Blended and Braided Funding: A Guide for Policy Makers and Practitioners. AGA's Intergovernmental Partnership. 2014, 1-23. Accessed October 15, 2015. https://www.agacgfm.org/AGA/ResearchPublications/documents/Blended-and-Braided-Funding_final.pdf.

Blending and Braiding Funds and Resources: The Intermediary as Facilitator. National Collaborative on Workforce and Disability for Youth. 2006, 1-8. Accessed October 20, 2015. http://www.ncwd-youth.info/information-brief-18.

Boyd, Candice, Hayes, Louise, Wilson, Rhonda, and Bearsley-Smity, Cate. 2008. "Harnessing the Social Capital of Rural Communities for Youth Mental Health: An Asset-based Community Development Framework." *The Australian Journal of Rural Health* 16:189-193. Accessed November 29, 2015. doi: 1111/j.1440-1584.2008.00996.x.

Branson, Diane, and Bingham, Ann. 2009. "Using Interagency Collaboration to Support Family-Centered Transition Practices." *Young Exceptional Children* 12:15-31. Accessed October 15, 2015. doi:10.1177/1096250609332306.

Brecher, Charles, and Wise, Oliver. 2008. "Looking a Gift Horse in the Mouth: Challenges in Managing Philanthropic Support for Public Services." *Public Administration Review* 68:S146-S161. Accessed November 27, 2015. http://www.thecyberhood.net/documents/papers/brecher08.pdf.

Cheminais, Rita. *Effective Multi-Agency Partnerships: Putting Every Child Matters into Practice*. London: Sage Publications, Ltd, 2009.

Chrislip, David. *Collaborative Leadership Fieldbook: A Guide for Citizens and Civic Leaders*. San Francisco, Jossey-Bass, 2002.

Chrislip, David, and Larson, Carl. *Collaborative Leadership*. San Francisco: Jossey-Bass, 1994.

Community Resource Coordination Groups of Texas. 2011. "CRCG Timeline." Last modified August 18, 2011. https://www.hhsc.state.tx.us/crcg/WhatAreCRCGS/CRCG_Timeline.html.

Community Resource Coordination Groups of Texas. 2011. "CRCG Toolbox." Accessed October 20, 2015. https://www.hhsc.state.tx.us/crcg/CRCGToolbox/products.html.

Community Resource Coordination Groups of Texas. 2011. "What Are CRCGs?" Accessed July 11, 2015. https://www.hhsc.state.tx.us/crcg/WhatAreCRCGS/WhatAreCRCGsHome.html.

Consolidations Appropriations Act,2014, Public Law 113-76.

Crawford, Maia, and Houston, Rob. *State Payment and Financing Models to Promote Health and Social Service Integration*. Center for Health Care Strategies, Inc. 2015, 1-16. Accessed November 27, 2015. http://www.chcs.org/media/Medicaid_-Soc-Service Financing_022515_2_Final.pdf.

Darlington, Yvonne, and Feeney, Judith. 2008. "Collaboration Between Mental Health and Child Protection Services: Professionals' Perceptions of Best Practice." *Children and Youth Services Review* 30:187-198. Accessed October 10, 2015. http://ac.els-cdn.com.ezproxy.lib.utexas.edu/S019074090700165X/1-s2.0-S019074090700165X-main.pdf?_tid=74b33a3c-7a0f-11e5-966c-00000aacb35d&acdnat=1445664430_8bff8c761eea8df8bd3ea413ca0282d8.

Darlington, Yvonne, Feeney, Judith, and Rixon, Kylie. 2005. "Interagency Collaboration Between Child Protection and Mental Health Services: Practices, Attitudes, and Barriers." *Child Abuse & Neglect* 29:1085-1098. Accessed September 29, 2015. http://www.sciencedirect.com.ezproxy.lib.utexas.edu/science/article/pii/S0145213405002115.

Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 1996, Public Law 104-134.

EveryChildMatters.co.uk. "Aims & Outcomes." Accessed September 22, 2015. http://www.everychildmatters.co.uk/aims/.

EveryChildMatters.co.uk. "Home." Accessed September 22, 2015. http://www.everychildmatters.co.uk/.

Everyone on Board: How to Engage Reluctant Stakeholders and Stakeholders Experiencing Leadership Transitions. Institute for Education Sciences. 2014. 1-4. Accessed September 25, 2015. http://nces.ed.gov/programs/slds/pdf/everyone_on_board_Jan2014.pdf.

Fox, Chris, and Butler, Gavin. 2004. "Partnerships: Where Next?" *Community Safety Journal* 3:36-44. Accessed October 15, 2015. doi: 10.1108/17578043200400021.

Frost, Nick, and Lloyd, Andy. 2006. "Implementing Multi-disciplinary Teamwork in the New Child Welfare Policy Environment." *Journal of Integrated Care* 14:11-17. Accessed October 10, 2015. doi: 10.1108/14769018200600013.

HB 1451 Collaborative Management Program Year 2 Statewide Evaluation Findings. OMNI Institute. 2011, 1-68. Accessed July 12, 2015. http://www2.cde.state.co.us/artemis/huserials/hu118internet/hu1182011internet.pdf.

Johnson, Lawrence, Zorn, Debbie, Tam, Brian, Lamontagne, Maggie, and Johnson, Susan. 2003. "Stakeholders' Views of Factors that Impact Successful Interagency Collaboration." *Exceptional Children* 69:195-209. Accessed October 10, 2015. doi: 10.1177/001440290306900205.

Kaiser, Frederick. *Interagency Collaborative Arrangements and Activities: Types, Rationales, Considerations*. Congressional Research Service. R41803. 2011, 1-34. Accessed September 20, 2015. https://www.fas.org/sgp/crs/misc/R41803.pdf.

Maryland.gov: Governor's Office for Children. 2014. "State and Local Interagency Coordination." Accessed September 03, 2015. http://goc.maryland.gov/scc_lct/.

Mathie, Alison, and Cunningham, Gord. 2003. "From Clients to Citizens: Asset-based Community Development as a Strategy from Community-driven Development," *Development in Practice* 13:474-486. Accessed November 29, 2015. doi: 10.1080/0961452032000125857.

McCammon, Susan. 2012. "Systems of Care as Asset-Building Communities: Implementing Strengths-Based Planning and Positive Youth Development." *American Journal of Community Psychology* 49:556-565. Accessed November 29, 2015. doi: 10.1007/s10464-012-9514-x.

Multi-Agency Working Models. Lancashire County Council. Accessed October 3, 2015. http://www3.lancashire.gov.uk/corporate/calendar/views/entries/showAtt.asp?id=17422.

Packard, Thomas, Patti, Rino, Daly, Donna, and Tucker-Tatlow, Jennifer. 2013. "Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties." *Administration in Social Work* 37:356-371. Accessed August 27, 2015. doi: 10.1080/03643107.2012.714719.

Percy-Smith, Janie. "What Works in Strategic Partnerships for Children: A Research Review." *Children and Society* 20:313-323. Accessed September 30, 2015. doi: 10.1111/j.1099-0860.2006.00048.x.

Rous, Beth, and Hallam, Rena. *Tools for Transition in Early Childhood: A Step-by-step Guide for Agencies, Teachers, and Families*. Baltimore: Brookes, 2006.

Springer, David, Sharp, Deborah, and Foy, Theresa. 2000. "Community Service Delivery and Children's Well-Being: Community Resource Coordination Groups of Texas." *Journal of Community Practice* 8:39-48.

Stanhope, Victoria, Ingoglia, Chuck, Schmelter, Bill, and Marcus, Steven. 2013. "Impact of Person-Centered Planning and Collaborative Documentation on Treatment Adherence." *Psychiatric Services* 64:76-79. Accessed October 10, 2015. http://ps.psychiatryonline.org.ezproxy.lib.utexas.edu/doi/pdf/10.1176/appi.ps.201100489.

State-Local Partnership in Ohio Cuts Juvenile Recidivism, Costs. The PEW Charitable Trusts. 2013. 1-5. Accessed November 27, 2015. http://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/statelocal-partnership-in-ohio-cuts-juvenile-recidivism-costs.

Texas Government Code §531.055.

Texas Health and Human Services Commission. 2006. "Memorandum of Understanding for Coordinated Services to Persons Needing Services from More Than One Agency - Revised March 2006." Accessed June 26, 2015. https://www.hhsc.state.tx.us/crcg/RelatedLegislation/MOU_October2006.pdf.

The Texas Children's Mental Health Forum 81st Legislative Session Priorities. The Texas Children's Mental Health Forum. 6. Accessed September 30, 2015. http://texanscareforchildren.org/Images/Interior/mh%20forum/childrens%20mental%20health%20forum%20lege%20priorities.pdf.

"Timeline: Victoria Climbie," *BBC News World Edition*, January 28, 2003. Accessed November 27, 2015. http://news.bbc.co.uk/2/hi/uk_news/2062590.stm.

Townsley, Ruth, Watson, Debbie, and Abbott, David. 2004, "Working Partnerships? A Critique of the Process of Multi-agency Working in Services to Disabled Children with Complex Health Care Needs." *Journal of Integrated Care* 12:24-34. Accessed October 15, 2015. doi: 10.1108/14769018200400013.

United States Government Accountability Office. *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*. GAO-

12-1022. Washington, D.C.:U.S. United States Government Printing Office, 2012, 1-37.

Walter, Uta, and Petr, Christopher. 2011. "Best Practices in Wraparound: A Multidimensional View of the Evidence." *National Association of Social Workers* 56:73-80. Accessed September 29, 2011. https://depts.washington.edu/wrapeval/docs/Best_Practices_in_Wraparound_Walter_andPetr.pdf.

youth.GOV. "Performance Partnership Pilots for Disconnected Youth (P3)." Accessed October 22, 2015. http://youth.gov/youth-topics/reconnecting-youth/performance-partnership-pilots.