

Information Item M

Memorandum of Understanding for Coordinated Services to Persons Needing Services from More Than One Agency Revised March 2006

A. Overview

Pursuant to the Texas Government Code, Subchapter B, Chapter 531, Section 531.055, this memorandum of understanding ("the Memorandum") has been developed by the following member agencies, hereinafter referred to as "the agencies," in consultation with the Texas Health and Human Services Commission (HHSC), and advocacy and consumer groups. These agencies include:

Texas Health and Human Services Commission (HHSC) and other health and human agencies:

**Texas Department of Aging and Disability Services (DADS),
Texas Department of Assistive and Rehabilitative Services (DARS),
Department of Family and Protective Services (DFPS),
Texas Department of State Health Services (DSHS),** and partnering agencies:

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI),

**Texas Department of Criminal Justice (TDCJ),
Texas Department of Housing and Community Affairs (TDHCA),
Texas Education Agency (TEA),
Texas Juvenile Probation Commission (TJPC),
Texas Workforce Commission (TWC), and
Texas Juvenile Justice Department (TJJD)**

B. Purpose

The Memorandum, as adopted by each agency, provides for the implementation of a statewide system of county-based, multiagency community resource coordination groups, hereinafter referred to as "CRCGs," to coordinate services for persons of all ages, including children, youth, and adults needing multiagency services (defined as persons with complex needs). Revisions to this Memorandum will be developed as needed to reflect major agency reorganizations or statutory changes that affect the agencies.

This Memorandum sets forth the intention of the agencies, the local CRCGs, and HHSC to work together to ensure that the strategic plan for delivering health and human services in Texas includes appropriate plans for delivering coordinated services in Texas includes appropriate plans for delivering coordinated services to persons with complex needs.

C. Mission

The CRCGs provide a mechanism that enables local public and private agencies, organizations, and families to work together in collaboration to meet the needs of individuals which no one agency can meet.

D. Guiding Model(s)

Local CRCGs established pursuant to this Memorandum must conform to the current CRCG model(s) approved by HHSC. A local CRCG may be children and youth-specific, adult-specific or family-specific depending on the needs of the community. These models are available from the Office of Program Coordination for Children and Youth, P.O. Box 13274, Austin, TX 78711 or www.hhsc.state.tx.us/crcg/crcg.htm.

E. Consumer Choice And The Role Of Families, Consumers, and Caregivers

1. The agencies recognize that client choice drives the collaborative service planning process. The agencies are committed to supporting the provision of services pursuant to this Memorandum in the least restrictive environments possible.
2. Recognizing the importance of the family in the life of each child/youth, the coordinated individual service plan for a child/youth is developed in partnership with the individual's family, legally authorized representative (if other than the individual's parents), and, as appropriate, other caregivers or persons important in the life of the child/youth.
3. The coordinated individual service plan for an adult is developed in partnership with the client, the client's legally authorized representative (if other than the client), and, as appropriate, the client's family and/or caregiver.

F. Agency Responsibilities

1. Each participating local entity's statutory responsibilities for children, youth, and adults are set forth in, or referenced through, the State CRCG Website at www.hhsc.state.tx.us/crcg/crcg.htm.
2. Each agency will support agency representation and participation in local CRCG activities by local or regional agency offices, local authorities, providers, or local contractees, hereinafter 'local entities,' to the extent authorized by law or contract. See §H (3) regarding circumstances when an agency representative may be excused from attending a local CRCG meeting.
3. The local representative(s) of each agency will have the authority to contribute to decisions and recommendations made by the local CRCG and to contribute resources toward resolving problems of individuals needing agency services identified by the local CRCG.
4. To the extent that operating under this Memorandum helps the local entities to identify problems, gaps, and inefficiencies in the state's systems for delivering health and human services to persons with complex needs, the local entities

agree to give HHSC information about the problems, gaps, and inefficiencies so identified. HHSC will appropriately incorporate information provided by the local entities and the local CRCGs into HHSC's strategic plan.

5. Each agency will provide the local CRCGs with relevant additional information about its financial and statutory responsibilities when such information is necessary for the groups to meet their responsibilities. The additional information may include, but is not limited to, descriptions of subcategories of funding for different types of services such as prevention, family preservation and strengthening, serving persons in the least restrictive environment, in-home support, permanency planning, emergency shelter, diagnosis and evaluation, residential care, after-care, information and referral, medical care, and investigation services.
6. Interagency cost sharing.
 - a) To the extent possible, the agencies agree to assist the efforts of the local CRCGs in developing local funding mechanisms and in seeking additional resources within the agencies to address service gaps as funding is available.
 - b) To support this Memorandum of Understanding, the agencies agree to identify and provide state-level funding, as available and permissible by law, for state level coordination as determined by the HHSC with consultation from member agencies.
 - c) The agencies will cooperate in interagency funding of individual service plans, to the extent permissible by law, and subject to the availability of funds, when services needed cannot be provided by any single agency.
 - d) Cost sharing includes, but is not limited to:
 - i. one or more agencies, and
 - ii. one or more third parties under purchase-of-service contracts with one or more agencies.
7. Data
 - a) HHSC, in consultation with member agencies, will provide a biennial report to the chief executive officer of each agency, the Legislature, and the Governor that includes:
 - i. the number of persons served through the local community resource coordination groups and the outcomes of the services provided;
 - ii. a description of any barriers identified to the state's ability to provide effective services to persons with complex needs; and
 - iii. any other information relevant to improving the delivery of services to persons with complex needs.
 - b) The agencies will assist in ensuring the collection of data needed for the biennial report by encouraging the documentation and submission of aggregate data or de-identified individual service plan data to HHSC by their local agency staff or affiliates who are participating in the local CRCGs.
8. Each member agency will implement the activities of this MOU in a manner that defines, supports and maintains local autonomy and facilitates provision of recommendations to member agencies, the Legislature, the Governor, and HHSC related to the development, implementation, and evaluation of local CRCGs in coordinating services for persons with complex needs in Texas.

G. Functions Of Local CRCGs

1. The primary function of local CRCGs is to develop coordinated individual service plans for persons with complex needs agreed upon by members of the group and the consumers, caregivers, and family(ies) served. An agency shall exhaust its regular avenues for accessing services before referring an individual to a local CRCG.
2. Collateral functions of local CRCGs may include identification of gaps in the service delivery systems or barriers to accessing services, collecting and sharing available data regarding clients, and establishing relationships among local service providers for collaboration outside of the local CRCG setting.
3. When a local CRCG considers an out-of-home placement for a child or youth, the group will also engage in a permanency planning process that focuses on family support by facilitating a permanent living arrangement, with the primary feature being an enduring and nurturing family relationship. Similarly, when an out-of-home placement is considered for an adult, the group will also engage in a planning process that facilitates an ongoing living arrangement that meets the consumer's needs, desires, and independence.
4. Data submission to HHSC
 - a) Local CRCGs will submit de-identified data in a timely manner to HHSC when an individual is served through the local CRCG process.
 - b) Local CRCGs will submit de-identified data in the format developed and approved through HHSC and member agencies.

H. Membership And Organization Of Local CRCGs

1. The composition of the local CRCGs will include, but not be limited to:
 - a) Representative(s) from each participating state agency or local affiliate/contractor/provider.
 - b) Representatives from private sector provider organizations.
 - c) Participation by families, consumers and caregivers as standing representatives.
2. Members of the local CRCG, including family, consumer, and caregiver representatives share equal status and may call a local CRCG meeting or refer persons with complex needs to the local CRCG.
3. Each member of the local CRCG is encouraged to attend all meetings to contribute to the collective ability of the group to solve a person's need for coordinated services; however, a member may be excused from attending a local CRCG meeting subject to:
 - a) the group's protocols or procedures on meeting attendance, and or
 - b) if the age or needs of the persons referred are clearly not within the scope of the member's service responsibilities.
4. Each local CRCG will develop bylaws, including, but not limited to:

- a) Group Leadership/Officers (i.e. chair, co-chair/vice-chair, recorder, secretary, etc.)
- b) Meeting Schedule
- c) Committee Structure
- d) Attendance/Participation Expectations
- e) Targeted Age Group
- f) Identification and Referral Criteria
- g) Confidentiality and Release of Information - Records that are used or developed by a local CRCG or its members that relate to a particular person are confidential and may not be released to any other person or agency except as provided by law. The release of confidential information within local CRCGs must comply with applicable state and federal confidentiality laws, as well as individual agency policies. Each agency is responsible for determining its legal or policy limits to the sharing of information to local CRCGs.

I. Eliminating Duplication Of Services

Within the limits of existing legal authority, each local CRCG will make reasonable efforts to eliminate duplication of services relating to the assessment, treatment, and case management for persons with complex needs. Each local entity agrees to notify HHSC about federal or state laws and regulations that result in duplication of services. Each state level member agency also agrees to notify its governing entity about rules that result in duplication of services, and to pursue amendments to state laws, rules, and policies when necessary to eliminate such duplication.

J. Responsibilities Of The Health And Human Services Commission And Member Agencies

1. HHSC and member agencies will collaborate with local CRCGs to provide training and technical assistance to local CRCGs and others with regard to promising practices, interagency collaboration, data collection, evaluation, resource development, and other priority areas as resources allow.
2. Data and other information on the effectiveness of local CRCGs and service system gaps will be compiled and shared with local CRCGs, member state agencies, state leaders, and other interested parties.

K. Interagency Dispute Resolution

1. Each agency will designate a negotiator who is not a member of any local CRCG to resolve disputes. The negotiator must have:
 - a) decision-making authority over the agency's representative on the local CRCG, and
 - b) the ability to interpret policy and commit funds.
2. When two or more members of a local CRCG disagree about their respective agencies' service responsibilities, the local CRCG will send the designated negotiators for those agencies written notification that a dispute exists. Within 45 days after receiving the written notification, the negotiators shall confer together to resolve the dispute.
3. When an interagency dispute cannot be resolved in the manner described in paragraph (2) of this subsection, the aggrieved party may refer the dispute to the HHSC Executive Commissioner.

L. Terms Of Agreement

The Memorandum will be:

1. Effective upon adoption by each signatory agency.
2. Reviewed at least every two years by HHSC and member agencies.
3. Expanded, modified, or amended, as needed, at any time by the unanimous consent of the agencies.