

# **MEMORANDUM OF UNDERSTANDING FOR COORDINATED SERVICES TO PERSONS NEEDING MULTIAGENCY SERVICES**

Revised February 2018

## **A. Overview**

Pursuant to the Texas Government Code, Subchapter B, Chapter 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. The Agencies include:

**Texas Health and Human Services Commission (HHSC),  
Texas Department of State Health Services (DSHS),  
Texas Department of Family and Protective Services (DFPS),  
Texas Department of Criminal Justice (TDCJ) – Texas Correctional  
Office on Offenders with Medical or Mental Impairments (TCOOMMI),  
Texas Department of Housing and Community Affairs (TDHCA),  
Texas Education Agency (TEA),  
Texas Juvenile Justice Department (TJJD), and  
Texas Workforce Commission (TWC).**

## **B. Purpose**

The Memorandum, as adopted by each Agency, provides for the implementation of a statewide system of county-based, interagency community resource coordination groups, hereinafter referred to as "CRCGs," to identify and coordinate services in the least restrictive setting for persons of all ages 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 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 persons which no one Agency can meet.

### **D. Definitions**

- 1) Adult – People 18 years and older.
- 2) Children - People from birth through 12 years old.
- 3) Family representative(s) - A representative(s) who is or was the family member or caregiver of a person needing multi-Agency services.
- 4) Least restrictive setting - A service setting for a person that, in comparison to other available service settings, is most able to meet the identified needs of the person, prioritizes a home and community-based care setting, and engages the strengths of the family.
- 5) Persons with complex needs - Persons who require multiagency services and, who have exhausted the resources of any one Agency and whose needs can be met only through interagency cooperation.
- 6) Youth - People 13 through 17 years old.

### **E. Guiding Model(s)**

Local CRCGs established pursuant to this Memorandum must conform to the current CRCG model(s) approved by the State CRCG Office. These models are available from the State CRCG Office: <https://crcg.hhs.texas.gov/>.

### **F. Person and family choice and the role of people, their families and caregivers**

- 1) The Agencies recognize that person and family choice drives the collaborative and person-centered 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 child/youth, the child/youth's family, the child/youth's legally authorized representative (if other than the child/youth'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 adult, the adult's legally authorized representative (if other than the adult), and, as appropriate, the adult's family and/or caregiver.
- 4) To facilitate partnership with child/youth, family members, and adults, all oral and written communication is provided in the person's language of choice.

#### **G. Agency Responsibilities**

- 1) Each member Agency is required to promote a community-based approach to facilitate coordination of services for people with complex needs through the development of local coordination groups.
- 2) Additional information for health and human services Agencies statutory responsibilities for children, youth and adults is referenced at the following websites:
  - a. <https://hhs.texas.gov/laws-regulations/policies-rules/texas-administrative-code>.
  - b. <https://hhs.texas.gov/laws-regulations/policies-rules/state-statutes>.
- 3) Consistent with Texas Government Code 531.055(b)(6), each Agency will provide local Agency representation and participation in local CRCG activities by local or regional Agency offices, regional education service centers, local authorities, providers, or local contractees, hereinafter called "Local Entities," to the extent authorized by law or contract. See Section I(3) regarding circumstances when an Agency representative may be excused from attending a local CRCG meeting.
- 4) 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 people needing Agency services identified by the local CRCG in accordance

with law and resources that are available to the Local Entity to contribute for this purpose.

- 5) To the extent that operating under this Memorandum helps the Local Entities to identify strengths, issues, gaps, barriers and opportunities in the state's systems for delivering health and human services to persons with complex needs, the Agencies will request the Local Entities to provide to the local CRCG, the state CRCG workgroup and HHSC information about the strengths, issues, gaps, barriers and opportunities so identified. HHSC will appropriately incorporate information provided by the state Agencies, Local Entities and the local CRCGs into HHSC's strategic plan and into the biennial CRCG report.
- 6) The Texas System of Care will support the State CRCG Office and local CRCGs to implement the system of care philosophy and approach in their local communities.
- 7) Each Agency will provide HHSC and the state CRCG workgroup with relevant additional information about its financial and statutory responsibilities when such information is necessary for HHSC to provide information to the local CRCG 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 family preservation and strengthening; physical and behavioral health care; prevention and early intervention services; including services designed to prevent child abuse, neglect, or delinquency, truancy, or school dropout; diversion from juvenile or criminal justice involvement; housing, aging in place; emergency shelter; residential care; aftercare; information and referral; and investigation services.
- 8) Interagency cost sharing
  - a. 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 the Memorandum, the Agencies agree to identify and provide state-level funding, or staff assistance to support the coordination responsibilities of the state-level Agency coordinating

group, as resources are available for this purpose and permissible by law, for state level coordination as determined by HHSC with consultation from member Agencies.

- c. If a person's needs exceed the resources of an Agency, the Agency may, with the consent of the person's legal guardian, if applicable, submit a referral on behalf of the person to the local-level CRCG for consideration by the Agencies to coordinate interagency funding, cost sharing, to implement individual service plans to the extent permissible by law, and subject to the availability of funds, when needed services cannot be provided by any single entity.
- 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.

#### 9) 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 CRCGs 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 to ensure the collection of data needed for the biennial report.
- c. With consent of the person's legal guardian, if applicable, the individual service plan data will be documented and submitted through the CRCG secure database to HHSC by the local CRCG with

confidentiality of the persons protected as required by this MOU and in accordance with applicable state or federal law.

- d. Records that are used or developed by local-level CRCGs 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 state and federal law.
  - e. Each local CRCG must have confidentiality procedures in place that permits the sharing of confidential information while preserving the confidential nature of the information in accordance with state and federal law. Each local CRCG member will obtain written consent from participating individuals or their legal representatives to share confidential information for the authorized purposes of the local CRCG. Each local CRCG member will sign the Community Resource Coordination Group Confidentiality Agreement, developed and approved by HHSC CRCG State Office, agreeing to safeguard confidential information.
- 10) Each member Agency will implement the activities of this Memorandum in a manner that defines, supports, and maintains local autonomy and facilitates provision of recommendations to the member Agencies, legislature, Governor, and HHSC. Recommendations will address the development, implementation, and evaluation of local CRCGs as well as coordination and identification of gaps in services for persons with complex needs in Texas.

#### **H. 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 persons served. Natural supports identified by the person should also be included in developing the coordinated individual service plans. An Agency will refer a person to a CRCG in accordance with State law, or make a determination that the person has exhausted that Agency's resources and requires multi-agency service coordination. A person, their family or caregiver may self-refer or make a referral to a local CRCG. Other community members may also make a referral.

- 2) Collateral functions of local CRCGs includes identification of gaps in the service delivery systems or barriers to accessing services, collecting and sharing available data regarding persons served, in accordance with state and federal confidentiality laws, 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 as the option of last resort and as the least restrictive setting appropriate for a child/youth, the group will engage in a permanency planning process that focuses on family support by facilitating a permanent living arrangement with the goal of reunification when appropriate, and with the primary feature being an enduring and nurturing family relationship. Similarly, when an out-of-home placement is considered as the option of last resort and as the least restrictive setting appropriate for an adult, the group will also engage in a planning process that facilitates an ongoing living arrangement that meets the adult's needs, goals, and independence.
- 4) CRCGs will seek to inform local system of care governance bodies on behavioral health trends, strengths, gaps, barriers and solutions. While systems of care traditionally serve children, youth, young adults, and families, the system of care values and principles may also be applied to adults. Where a community has a local system of care governance body, the CRCG chair will participate in its meetings.

## **I. Membership and Organizations 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. People served and family representatives.
- 2) Members of the local CRCG, including representatives of people served by the CRCG, family representatives, and caregiver representatives share equal status with regard to making recommendations.

3) Each agency representative is strongly encouraged to attend all meetings to contribute to the collective knowledge and ability of the staffing group to resolve a person's need for multiagency services. A member may be excused from attending a local CRCG meeting if the staffing group, which includes the family, determines that the age or needs of the person to be considered are clearly not within the agency'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

## **J. 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 and diagnosis, treatment, residential placement and care, and case management of persons needing multiagency services. Each Local Entity agrees to notify the State CRCG Office 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.

## **K. Responsibilities of the Health and Human Services Commission and Member Agencies**



- 1) HHSC will lead the State CRCG Workgroup, with participation from each member Agency. The State CRCG Workgroup will provide information, guidance, training, and technical assistance to local CRCGs regarding:
  - a. The availability of programs and resources in the community.
  - b. Best practices for addressing the needs of persons with complex needs in the least restrictive setting appropriate.
  - c. Interagency collaboration.
  - d. Health equity, disparities, and cultural responsiveness.
  - e. Data collection.
  - f. Evaluation.
  - g. Resource development.
  - h. Other priority areas as resources allow.
- 2) Data and other information on the effectiveness of local CRCGs and service system gaps and barriers will be compiled and shared with local CRCGs, member state Agencies, state leaders, and other interested parties in accordance with applicable state or federal law.

#### **L. Interagency Dispute Resolution**

- 1) Each member 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, or
  - b. The ability to interpret policy and allocate funding.
- 2) When two or more members of a local CRCG disagree about the respective Agencies' service responsibilities, the local CRCG will send the designated negotiators for those Agencies written notification that the dispute exists. Within 45 days after receiving written notification, the negotiators will 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 and the dispute resolution or complaint process of an Agency as authorized by law.

#### **M. Terms of Agreement**

The Memorandum will be:

- 1) Effective upon adoption by each signatory Agency.
- 2) Reviewed at least every four years by HHSC and member Agencies.
- 3) Expanded, modified, amended, or terminated as needed, at any time, or updated at least every eight years by the unanimous written consent of the Agencies.

**This agreement is executed by the Parties in their capacities as stated below.**

Sonja Gaines 5.31.18

Sonja Gaines                      Date  
Associate Commissioner  
Texas Health and Human Services  
Commission IDD and Behavioral  
Health Services

Camille Cain                      Date  
Executive Director  
Texas Juvenile Justice Department

Larry E. Temple                      Date  
Executive Director  
Texas Workforce Commission

Henry Whitman                      Date  
Commissioner  
Texas Department of Family and  
Protective Services

John Hellerstedt, M.D.                      Date  
Commissioner  
Texas Department of State Health  
Services

Timothy Irvine                      Date  
Executive Director  
Texas Department of Housing and  
Community Affairs

Jerry McGinty                      Date  
Chief Financial Officer  
Texas Department of Criminal  
Justice

Mike Morath                      Date  
Commissioner of Education  
Texas Education Agency

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Sonja Gaines                      Date  
Associate Commissioner  
Texas Health and Human Services  
Commission IDD and Behavioral  
Health Services

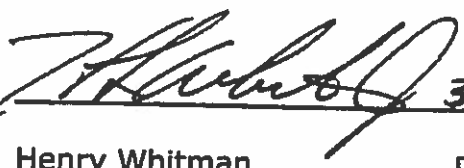
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Camille Cain                      Date  
Executive Director  
Texas Juvenile Justice Department

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Larry E. Temple                      Date  
Executive Director  
Texas Workforce Commission

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 3-20-18  
Henry Whitman                      Date  
Commissioner  
Texas Department of Family and  
Protective Services

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John Hellerstedt, M.D.                      Date  
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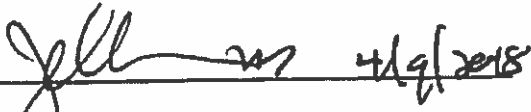
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Larry E. Temple                      Date  
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Henry Whitman                      Date  
Commissioner  
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Protective Services

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 4/9/2018  
John Hellerstedt, M.D.    Date  
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**TDCJ Contract Number 696-TC-18-25-M146**

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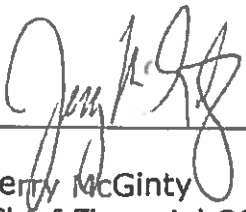
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                      3/13/18                      Date  
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 - *March 26, 2018*  
Timothy Irvine                      Date  
Executive Director  
Texas Department of Housing and  
Community Affairs

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Commissioner of Education  
Texas Education Agency

 5/14/18



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Sonja Gaines                      Date  
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Commission IDD and Behavioral  
Health Services

 4/25/18  
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Camille Cain                      Date  
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Mike Morath                      Date  
Commissioner of Education  
Texas Education Agency

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Charles Smith                      Date  
Executive Commissioner  
Texas Health and Human Services  
Commission

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Camille Cain                      Date  
Executive Director  
Texas Juvenile Justice Department

 for 5/4/18  
Edward Seeman

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Larry E. Temple                      Date  
Executive Director  
Texas Workforce Commission

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Commissioner  
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Brian Collier                      Date  
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