

**STATE OF TEXAS
STATE OFFICE OF CRCG**

**EXECUTIVE SUMMARY FOR
EVALUATION OF THE
COMMUNITY RESOURCE COORDINATION GROUPS (CRCGs)
OF TEXAS: PHASES I & II**



**Prepared by
The University of Texas at Austin
School of Social Work
Center for Social Work Research**

**David W. Springer, PH.D., Principal Investigator
Theresa A. Foy, MSSW, Project Manager
Deborah Stokes Sharp, MSSW
Stacy L. Bratton, BA**

This evaluation was prepared for the State of Texas, State CRCG Team, Texas Health and Human Services Commission, State Office of Community Resource Coordination Groups (CRCG). The conclusions and opinions expressed in this report are those of The University of Texas at Austin, School of Social Work, Center for Social Work Research, and do not necessarily represent those of the State of Texas, State CRCG Team, Texas Health and Human Services Commission, State Office of CRCG or any other agency of the state or federal government.

August 1999

Executive Summary: Phases I & II

Introduction¹

In 1995, the largest proportion (29%) of Texas' population was under age 18 with 5.3 million youth (Texas Kids Count Project, 1998). Furthermore, one in four children in Texas live in poverty. Over the past two decades the economic security of families with children has severely declined, thereby increasing the risks for these children. Social services are a vital part of ensuring the physical, emotional and mental well being as well as the safety and success of this at-risk population (Texas Kids Count News Release, 1997), placing health and social service providers in great demand.

In response to these and other concerns, the Children and Youth Services State Coordinating Committee was created by the 70th Legislature in Texas in 1987 to assist state and local agencies with the coordination of their local service delivery for children with problems that could be addressed only with the participation of more than one agency. *Texas Family Code 264.003* (formerly *Texas Human Resources Code 41.0011*), enacted at the time, requires state agencies to maintain a Memorandum of Understanding (MOU) to provide service to Texas children who "fall through the cracks." The primary purpose of the memorandum is to establish a system for interagency coordination of services to children and youths. The agencies are asked to recognize the importance of the family in the life of each youth whom the agencies serve and to provide services in the most normal and least restrictive environments possible. Currently, 151 local Community Resource Coordination Groups (CRCGs) serve all 254 counties of Texas.

¹ Portions of this section excerpted from the Community Resource Coordination Groups (CRCG) of Texas Fiscal Year 1996/97 Annual Report, *Making a Difference One at a Time*.

Research Methodology

Phase I

The main objectives of Phase I of this two-year study were essentially two-fold: to determine to what extent selected Community Resource Coordination Groups (CRCGs) were meeting the stated goals of the Memorandum of Understanding (MOU), and to learn about the best practices of CRCGs in relation to the charge of the MOU. The research team of The University of Texas at Austin, School of Social Work, Center for Social Work Research (CSWR) conducted a focus group with CRCG members, visited four (4) CRCG sites covering 11 Texas counties to observe the process of CRCG meetings, conducted semi-structured face-to-face interviews with CRCG members, and mailed out questionnaires to CRCG members.

Phase II

The main objective of Phase II was to determine the extent to which families that were staffed by CRCGs were satisfied with the process. During Phase II, the research team selected 52 CRCGs across the State of Texas to participate in this part of the study. Potential subjects included the parents/guardians of all children/adolescents served by the 52 selected CRCGs and who attended a CRCG meeting or case staffing from January through July 1999. [A case staffing is a meeting where representatives from various agencies collaborate under the direction of a CRCG chair to discuss how to best meet multiple needs of individual clients (youth and their families), often with the youth and his/her family present]. Subjects had to be at least 18 years of age to participate in the study. Questionnaire packets (Client Satisfaction Questionnaires [CSQ-8]), cover letters/consent forms, and demographic face sheets) were mailed in bulk to each CRCG

selected for participation in the study. The CRCG chair or coordinator handed out the packet to parents or guardians that had just been served by the CRCG, and the parents or guardians at that time determined whether or not they wished to participate in this study. All forms were available in English and Spanish. Subjects that agreed to participate, and mailed in their completed forms, were also contacted two months later to complete a 2nd (follow-up) CSQ-8, and to answer some open-ended questions, to determine if their perceptions about the CRCG process changed over time.

Client Satisfaction Questionnaire (CSQ-8). The Client Satisfaction Questionnaire (CSQ-8) is an eight-item pencil-and-paper instrument, measured on a four-point Likert scale, which has been used successfully in numerous settings to assess client satisfaction with services provided. *The CSQ-8 is not necessarily a measure of a client's perception of gain from intervention, or outcome, but rather elicits the client's perspective on the value of services received.*

Major Findings: Phase I

Memorandum of Understanding (MOU)

Overall, the Community Resource Coordination Groups (CRCGs) that participated in this study appear to be meeting the stated objectives of the Memorandum of Understanding (MOU). This is evidenced by the following findings as it corresponds to the objectives of the MOU.

- Most respondents agreed that family participation is important to the CRCG process, and expressed a desire for an increase in the amount of family participation. Some respondents felt that more could be done to prepare the families for staffings.

- The CRCGs appear to be serving children/youth and their families with multi-agency needs.
- While CRCGs accept referrals openly, there is at times confusion over what the specific criteria are for referrals (e.g., cutoff age of youth served). The referral process is at times loosely structured with unclear guidelines.
- There does not appear to be a duplication of services, and there are no identified laws or regulations that cause duplication.
- With regard to interagency cost sharing, most CRCGs seem to be effectively meeting the charge of the MOU by offering the services and funds available. However, there are often restrained resources and limited members with the proper decision-making authority to donate services or funds (especially in rural areas), in which case a handful of select agencies end up carrying the load.
- Dispute resolution was typically handled competently and this was not cited as a major problem for most sites.
- It appeared that most mandated agencies were attending staffings, but a greater variety of participants were desired. Non-attendance by mandated agencies was more of a problem in rural areas.
- Respondents were overwhelmingly satisfied with how often their CRCG met. Many CRCGs hold mini-staffings as needed that allow them to convene in between regular monthly staffings.
- Most respondents had no knowledge about permissible non-attendance, but in several cases it was reported that the chair contacted representatives from mandated agencies that did not attend a staffing.

- The CRCGs that were observed all used a confidentiality form that members had to sign, and handled confidential information of clients in a professional, ethical manner.

Best Practices

In addition to the above findings relating to the Memorandum of Understanding, several “best practices” were identified among CRCGs, some of which are outlined below.

- Creating new resources (e.g., respite care), especially in rural communities where resources are limited.
- Continuing to meet every month, even when there is no child or youth to serve. This time could be used to familiarize each other on resources and to work on other projects.
- Combining CRCGs and Community Management Teams (CMTs) together in order to work on both micro and macro issues. [CMTs are the local operating mechanism for the Texas Children’s Mental Health Plan, which is an integrating initiative targeting mental health needs of children and youth.]
- Inviting a variety of agencies and participants, such as judges, to offer their expertise, if not resources and money, was highlighted.
- The collaborative effort of parents and agencies getting together, laying their resources out on the table, and allowing parents to have some input in the plans was identified as an essential part of CRCG practice.
- Immediate implementation of service plans (e.g., making relevant phone calls while interagency service planning is still on-going at the meeting).

- CRCG coordinators have been known to make a difference in the CRCG process by acting as case managers, facilitating meetings, and helping capture data.

Additional recommended best practices are explored at greater length below.

Major Findings: Phase II

Client Satisfaction

Fifty-two (52) respondents (parents/guardians of children served by a CRCG) completed and returned the Client Satisfaction Questionnaire (CSQ-8) immediately following a CRCG staffing, and thirty-five (35) of these 52 were available for contact two months later to complete the CSQ-8 again. With a range of scores between 8 and 32 on the CSQ-8, higher scores reflect greater levels of satisfaction.

- Initially, scores ranged from 9 to 32, with an average score of 28. Two-thirds (66%) of respondents scored between 29 and 32, indicating that overall respondents were satisfied with the CRCG process.
- For the two-month follow-up, total scores on the CSQ-8 ranged from 10 to 32, with an average score of 26. Just under half (45%) of respondents scored between 29 and 32, and almost one-fifth (17%) scored a 24 at the two-month follow-up.
- The average total score on the CSQ-8 lowered by two points over the two-month period following the staffing. While slight, this two point difference was enough to produce statistically significant differences ($\alpha = .05$, $p = .02$) between the first and second administration of the CSQ-8 when comparing mean scores.

Thus, there was a general trend toward slight degeneration of satisfaction with the CRCG process as time passed. One possible explanation for this trend is that immediately after

the initial staffing parents/guardians feel some relief from having their concerns addressed and they have hope for the future resolution of their child's problem.

Recommendations

The operation of interdisciplinary efforts has the potential to bring many benefits, but also brings stress and complications. Both strengths and areas needing improvement are discussed below, and recommendations are made when appropriate.

There are many strengths of the CRCG process, which tends to be flexible. Many resources are brought to the table, and it appears that representatives are able and willing to share their expertise and available resources as needed. The teamwork and collaboration within each CRCG is dynamic, yet members respect and trust one another enough that healthy confrontation and challenging takes place between members, which is always in the best interest of the child/youth and his or her family. The chairs appear to possess the needed skills to facilitate the meetings. Importantly, the CRCG process lends itself to fostering an enhanced sense of community among helping professionals within a geographical area, which in and of itself creates increased seamless services.

While many CRCG staff complained of not having enough resources (in-cash and in-kind) in this study, data compiled by the State Office of CRCG from 1996 to 1998 examining barriers to service reveals that approximately 75% of CRCGs reported "no barriers" in 1998 to providing services, and that less than 10% of CRCGs reported "service unavailable" as a problem for the same year. Thus, even though many respondents noted anecdotally in face-to-face interviews in this study that they needed additional resources, more comprehensive data collected by the state indicates that barriers to service provision are relatively minimal. However, the State Office of CRCG has also compiled data that indicates a need for specific services (e.g., residential care,

respite care) in many communities. Based on our interviews with respondents, it is probably safe to assume that each community has different and unique needs.

This leads one to the conclusion that it may be necessary to utilize additional resources by building community action structures in each community. Most communities do not have a structure that allows local citizens to identify health care/mental health needs and to make decisions relevant to these issues. Planning and decision making are often governed by federal and state policy officials, by health professionals, and by local social service providers. For a community to become organized, action structures must be developed or revitalized (Poole, 1997). Action structures provide channels through which responsible citizens can take part in community health and mental health decision making through local planning and voluntary social action. Typically, these channels are called councils, commissions, and task forces. According to Poole (1997), “to qualify as *action* structures, they must include the top political, economic, and social welfare leadership of the community” (p. 82). For instance, a reformed Texas service delivery system known as “Safeguarding Our Future” links state and communities in the planning and delivery of services by making decisions at the local level. This program enables state government and individual communities to work towards common goals, to increase knowledge, and to identify and utilize resources in order to help families.

While such an effort may be beyond the charge of the MOU for CRCGs, they certainly have in place some of the needed infrastructure to actively participate in (and maybe spearhead!) community action structures. For example, CRCGs with a paid

coordinator could assume such a charge. However, due to the time and energy of such an effort, we recommend that a paid position (at least half-time if not full-time) is required. Getting at top-level issues in each community requires top-level leadership involvement, especially from the business community and key elected officials (Poole, 1997). One CRCG (Travis County) that we know of is already participating in a similar network by actively participating in the Children's Mental Health Partnership, which actively involves parents and community leaders to drive the delivery of community-based wraparound services to children and their families. (Note: The Travis County CRCG has a full-time paid coordinator.)

It may be helpful to provide additional training for the chairs and coordinators around issues such as theoretical frameworks or practice models used in interagency service planning, as their personal biases and frameworks for viewing clients can certainly shape the facilitation and focus of the CRCG process. Chairs and coordinators might also benefit from training on burnout prevention. (The State Office of CRCG would be responsible for providing such training.) As indicated above, there is a need for paid coordinators (full-time or part-time) whenever feasible, with the expectation that the coordinator possesses a certain skill level to deal with different treatment providers and increasingly challenging cases. In addition to the need for building the type of community coalitions described above, the added benefits that a paid coordinator brings to the CRCG include the flexibility to: follow up on multi-agency service plans, clean up complex client histories for presentation to the local decision-makers at the CRCG, prioritize the referrals of children and youth to be staffed, maximize decision-makers'

time and make the process more efficient, and hold frequent mini-staffings (pre-meetings or post-meetings) as needed.

The cases being staffed are often challenging in a variety of ways. Typically, it seems that there are enough sophisticated treatment providers at CRCG staffings to adequately address treatment issues. However, there seems to be a dearth of medical and legal expertise at the staffings. CRCGs might consider including medical doctors, nurses, and attorneys to fill this lacuna. One added benefit of having medical and legal professionals sitting on CRCGs is that these professions often bring resources (in-cash and in-kind) to the table. It is important to emphasize, however, that the CRCG process should not be hindered while waiting for medical or legal professionals to attend (whether for scheduling conflicts or other reasons).

Having co-chairs, especially at larger CRCGs in urban or metropolitan areas, is suggested. Responsibilities, such as group facilitation and securing resources, could be shared. This, in turn, might prevent burnout.

An important part of the success of a CRCG is an energetic, hard-working, and competent leader. Additionally, each CRCG should have a paid coordinator. This person should have strong interpersonal and facilitation skills. Having the right leader is a key ingredient to the success of any collaborative community network (Poole, 1997; Springer, Shader, & McNeece, in press). Because the leader is a key ingredient, each CRCG would benefit by having a leader who is compensated so that he/she will be able to devote the necessary time and energy to the tasks at hand.

The State Office of CRCG gathers local CRCG data in order to report service needs and groups to state level policy and decision-makers. This reporting process is

voluntary by local CRCGs and there is little to no incentives or penalties. Having support staff or co-chairs may help in this area.

Additional support for chairs could come in the way of a grant writer. A few respondents noted the need for such a position to secure external funding. How many grant writers are needed remains unclear at this point, but one possible suggestion is to hire one or two grant writers per region as needed.

Respondents identified lack of participation from certain agencies as a problem. (Non-participating agencies varied by site.) Some agencies appear to not have a representative at the CRCG staffings on a regular basis. One possible solution is to require that each mandated agency have a regular back-up representative that can serve as an alternate if the primary representative cannot attend. Additionally, attrition might decrease if mandated agency representatives are required to call the CRCG chair or the State Office of CRCG if they are unable to attend a meeting. If placing the responsibility on the individual representative is problematic, an alternative solution is to have the CRCG chair call the representative's immediate supervisor following missed meetings. Finally, an additional solution is that CRCG participation becomes a part of the representative's job description, which would provide representatives with needed support from their employer as well as the responsibility to participate as part of their duties. Employers would then have the option of including the representative's CRCG participation in his or her performance evaluation.

It is highly plausible that the mission of CRCGs would be better supported by the community of citizens and helping professionals if there was an increased awareness of what CRCGs do in a given community. It is recommended that public service

announcements (PSAs) and other forms of media coverage (newspapers, radio, and television) be utilized. The majority of respondents echoed this concern. Of course, this ties in to the discussion above about the importance of developing community action networks.

The State Office of CRCG produces a newsletter and maintains a website page. These are vital resources that can be used to share information (e.g., best practices) among the 151 CRCGs around the state. However, many respondents recommended that either a newsletter or a website be created, indicating that the CRCG members are unaware of the State Office's efforts in this area. Therefore, it is recommended that the CRCG members be made aware of these efforts, which will allow for the dissemination of information, and will also promote a greater sense of community among CRCG members across sites.

A concern for one rural CRCG regarding confidentiality and parent representatives was that in a small community most people know one another and have contact with each other on a regular basis and it may therefore be more challenging to maintain a client's right to privacy. However, with proper training on confidentiality, a parent representative can certainly maintain a client's right to privacy regardless of the size of the city or town. Based on information gathered, the inclusion of a parent representative on the CRCG should support overall family participation and level of comfort of families to participate in this collaborative process.

Overall, respondents were concerned about family attendance and expressed concern that it needs to improve. Additionally, once families do attend, there was an overwhelming concern that the families need to be better prepared for the staffing, as it

can be a rather intimidating process. For example, the contact person should be responsible for obtaining background information (conducting an assessment) on the child/youth and his or her family, clarifying the expectations of the family, and exploring how this fits with the CRCG mission. In addition, it would be helpful to explain beforehand how the CRCG process works and how a typical meeting proceeds.

Respondents (parents/guardians of children served by a CRCG) from Phase II of the study appeared generally satisfied with the CRCG process and with the type of services received. Even though in some cases the child's/family's problems had not been resolved entirely, parents/guardians still had positive perceptions of the CRCG process and personnel after a period of time had passed since the initial staffing. There was a general trend toward slight degeneration of satisfaction with the CRCG process as time passed. One possible explanation for this trend is that immediately after the initial staffing parents/guardians feel some relief from having their concerns addressed and they have hope for the future resolution of their child's problem. Very few children that come to the attention of CRCGs will have a complete resolution of their problem in a short period of time (although some did). Over time, parents/guardians may become disillusioned with the process when they continue to experience difficulty. This disillusionment with their life situation may carryover to their assessment of the CRCG process itself. In fact, Roberts, Pascoe and Attkisson (1983) found that there might be a relationship between service satisfaction and level of well-being overall in a respondent's life.

Considerations for Future Research

The following suggestions for future researchers to consider in their efforts are based on the experiences that the research team gained over a two-year period of evaluating different aspects of Community Resource Coordination Groups (CRCGs).

- Examine to what extent CRCGs are involved in community action structures in their local community, as well as the impact that such efforts have on the community and the children and families that CRCGs serve.
- In the event that some CRCG chairs receive specialized training (e.g., using the strengths perspective as a guiding theoretical framework, how to facilitate task groups, community organizing), examine the impact that the trained chairs' leadership and facilitation skills have on the CRCG process when compared to chairs with no specialized training.
- Explore the best ways to utilize CRCG parent representatives in serving children/youth and their families.
- When implementing a mail survey with CRCG service recipients, follow-up phone contact (on evenings and weekends) will maximize the response rate.
- Attend local CRCG staffings, as they provide a setting with rich resources for data collection (e.g., CRCG chairs, staff and service recipients).

Overall, the CRCGs that participated in this two-year evaluation appear to be meeting the stated objectives of the MOU and effectively meeting the needs of a difficult population to serve. As with any collaborative interdisciplinary effort, there is room for enhanced delivery of services. Nevertheless, the CRCGs should be commended on their continued progress.

References

Community Resource Coordinating Groups of Texas. Fiscal year 1996/97 annual report: Making a difference one at a time. Austin, TX: Author.

Poole, D. (1997). Achieving national health goals in prevention with community organization: The "bottom up" approach. Journal of Community Practice, 4(2), 77-92.

Springer, D. W., Shader, M. A., & McNeece, C. A. (in press). Operation of juvenile assessment centers: Trends and issues. Journal of Juvenile Justice and Detention Services.

Texas Kids Count Project (1997). News release [Brochure]. Austin, TX: Center for Public Policy Priorities.

Texas Kids Count Project (1998). The state of Texas children. Austin, TX: The Center for Public Policy Priorities.