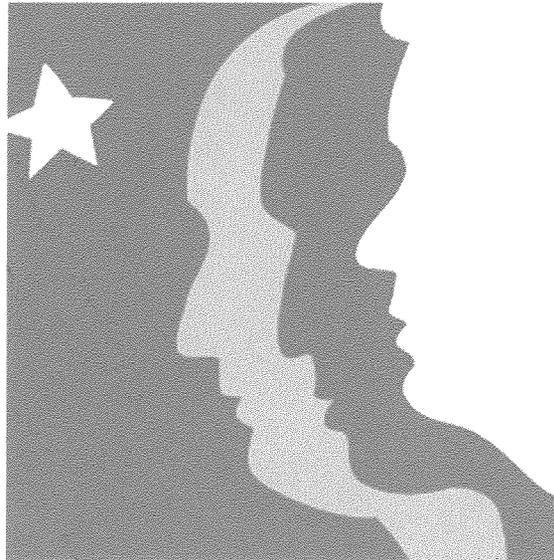


Evaluation of the Pilot Community Resource Coordination Groups for Adults (CRCGAs) of Texas



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*State of Texas
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Prepared by:

**Steve Borders, MHA
Al Mangual**

The conclusions of this report are those of the authors and do not necessarily reflect the views of the State Office of Community Resource Coordination Groups (CRCG), the Texas Health and Human Services Commission or any other agency of the State of Texas.

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About the Authors

Steve Borders is pursuing his Ph.D. in Urban and Regional Sciences at Texas A&M University with an emphasis in Health Planning. He has several years of policy experience with the Texas Department of Health and with the Texas Health and Human Service Commission - State Medicaid Office. He has authored several Medicaid research reports examining the access, quality, and cost effectiveness of the State's Medicaid managed care programs. He has also worked on projects to evaluate client perceptions of state-funded medical transportation services in Texas.

Al Mangual is currently working on a Master's in Public Health from the Texas A&M Health Science Center where he will also begin medical school this Fall. He has a B.S. in Genetics from Texas A&M University and is a native Puerto Rican.

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1. Executive Summary

This report was prepared for the State Office for the Community Resource Coordination Groups for Adults (CRCGAs), an office under the Texas Health and Human Services Commission. The study was modeled after an earlier program evaluation of the Community Resource Coordination Groups for Children, completed by the University of Texas at Austin in August of 1999.¹ The study is comprised of a process evaluation of the six pilot sites implementing CRCGAs around the state. The project focused on evaluating best practices and challenges faced by each of the CRCGAs, CRCGA member satisfaction with the CRCGAs, and client satisfaction with the CRCGAs.

1.1. Overview

With service fragmentation and few health alternatives for the uninsured, Texas residents with multiple needs face a formidable challenge with health care and coordination of social services. In response to coordination needs and diminishing resources, Texas built upon the successful Children and Youth Community Resource Coordination Group (CRCG) initiative by creating a separate program for adults, known today as the Community Resource Coordination Groups for Adults (CRCGA).

As with any new initiative, evaluation and trending may be limited or constrained by start-up issues, low client participation in some pilot sites, and few resources allocated

for administration and record keeping. Furthermore, for many CRCGA members, the CRCGAs were their first foray into community coordination, and the general lack of experience sometimes showed. Also, the population and the resources available to the adult CRCGAs proved to be quite different from those in the children's model.

Evaluating client satisfaction also produced some unique challenges. Many of the clients were difficult to locate for conducting satisfaction surveys for a variety of reasons, but primarily because of a lack of telephone availability and/or multiple disabilities such as mental illness and/or chronic illness.

With these caveats in mind, each CRCGA site was evaluated through the following means. A focus group was conducted with each pilot site during the regular monthly meeting to address CRCGA member perception of the process. Members were asked to respond to questions concerning how the CRCGA is assisting the community, the challenges the CRCGA is facing, and areas for improvement. Each CRCGA member, as well as those not in attendance, was provided a survey to gauge individual satisfaction with the CRCGAs. Caseworkers who referred clients to the CRCGA for assistance were asked to complete a satisfaction survey. Finally, clients or their caregivers who had received services through the CRCGA were asked to complete a satisfaction survey.

The following general findings emerged from these efforts:

1 Springer, D., Foy, T., Sharp, D., and Bratton, S. (1999). Evaluation of the Community Resource Coordination Groups (CRCGs) of Texas: Phases I & II. Austin, TX: The University of Texas at Austin School of Social Work Center for Social Work Research.

1.2. Findings

1. **Professionals participating in the CRCGAs have increased the level of awareness of health and human services resources .** Results from the focus groups and the CRCGA member satisfaction questionnaires revealed extensive improvement in networking and communication among CRCGA members. This increased sharing of information has allowed CRCGA members, who are working towards the same goal of providing services to those in need, to know more about the types and services offered in their community.
2. **Overall, CRCGA members are quite satisfied with the CRCGA process.** CRCGA members gave high marks for satisfaction with the CRCGA process, the frequency of meetings, and facilitation of meetings. Furthermore, they believe that CRCGA clients are satisfied with the services they receive from the CRCGAs.
3. **Overall, CRCGA clients and caregivers are quite satisfied with CRCGA process and the assistance the CRCGAs have provided.** Although only a relatively small number of clients and caregivers were contacted for this study, those who did respond to the questionnaire gave the CRCGAs high marks for satisfaction with the CRCGA process. Clients and caregivers rated highly virtually all aspects of the CRCGA process except for aspects pertaining to the client's service plan.
4. **Although CRCGA members are generally pleased with the work they are doing for the clients, many complain that they are not seeing enough clients.** In several CRCGA sites, members complained of the lack of consistent staffings.

Although the reasons for inconsistency in staffings are unclear, unmistakably, CRCGA members would like to serve more clients through their respective CRCGAs.

5. **CRCGAs have improved working relationships among state and local health and human service agencies.** The CRCGA process has fostered rapport among CRCGA members, providing members with a reliable contact within many state and local private agencies.
6. **Lack of a full-time, dedicated coordinator in each CRCGA is problematic.** CRCGA members overwhelmingly agreed that the lack of a full-time, dedicated coordinator in each pilot site is an impediment to the CRCGA reaching its fullest potential. The CRCGA members have other job commitments and the work of the CRCGA is often voluntary. As a result, CRCGA coordination, planning, promotion and further development often go unattended.
7. **The lack of available health and human services in Texas, especially for adults, creates challenging situations for clients seeking assistance through the CRCGAs.** Dwindling state and federal resources in an already overburdened environment for the indigent is creating more obstacles for CRCGA members to link clients to services. Clients seeking services through the CRCGA often do not have health insurance of any kind, few housing alternatives exist, and transportation in many pilot sites is often problematic. These factors combine to create roadblocks to coordinating services of any kind for many CRCGA clients.

8. **Active CRCGA participation among all state agencies is inconsistent.** While the State Office has recently completed a Memorandum of Understanding (MOU) to ensure participation among the state agencies contributing to CRCGA, participation and attendance among the local sites remains inconsistent. During each site visit, all CRCGA pilots had less than complete representation from all of the agencies that signed the MOU.
9. **Follow-up among CRCGA clients after staffings is irregular and inconsistent.** There appears to be no prescribed or detailed process for follow-up, and CRCGA members said these efforts were often less than effective. Client follow-up is usually a very informal process where CRCGA members report anecdotes and observations about the execution of the service plan without any objective measures or client contact. CRCGA members attributed lack of follow-up to inconsistent member attendance, CRCGA member turnover, time demands, and lack of structure.

2. Background

Service delivery collaboration among the various sectors of state and local health and human services agencies would seem to be an obvious strategy. However, for the greater part of the existence of health and human services agencies in Texas, this has not been the case. Many agencies function independently of each other. While this patchwork has sufficed over the years, it is no longer a viable option today. The current problems have been brought on by a variety of sources, but several are key: 1) high uninsurance rates and poverty rates 2) a new federalism in government, expressed by devolution and reduced funding for social and health services and 3) fragmentation among state and local agencies that hamper client access to public services.

2.1. High Uninsurance and Poverty in Texas

The problem of the uninsured has reached epidemic proportions in the United States. A recent release from the Current Population Survey indicated that the number of uninsured Americans rose to 44.3 million or 16.3 percent of the population in 1998.² As compared to the rest of the nation, the problem is particularly dire in Texas. Texas continues to lead the nation in the both the percentage and number of uninsured. In 1997, 4.8 million Texans or nearly 25 percent of the Texas population had no health insurance at all³. While the percentage of uninsured Texans remained the same in

² Campbell, J (1999). Health Insurance Coverage: 1998. (U.S. Department of Commerce Publication No. P60-208). Washington, DC: U.S. Department of Commerce Economics and Statistics Administration, Bureau of the Census.

³ Bennefield, R (1998). Health Insurance Coverage: 1997. (U.S. Department of Commerce Publication No. P60-202). Washington, DC: U.S. Department of Commerce Economics and Statistics Administration, Bureau of the Census.

1998, the ranks of the uninsured grew by over 200,000 to an estimated 4.9 million Texans because of the state's burgeoning population.

Although the Texas economy is performing at its best since the oil boom days of the early 1980s, many employed workers in Texas find it difficult to find jobs with benefits, such as employer sponsored health insurance. Approximately 75 percent of Americans without health insurance are non-elderly adults. These adults are 40 percent more likely than children to be uninsured and less than half as likely to have public coverage⁴. Employer-based health insurance in Texas trails national averages. Many Texas workers are employed in personal services and agriculture, fields which typically do not provide health insurance for their employees. Texas workers have a lower rate of employer-based health insurance coverage (66 percent) versus the national average of 72 percent. While many think that the uninsured are also unemployed, nearly 70 percent of the state's uninsured adults are employed. However, many of these jobs do not provide health benefits or the costs for health benefits for employees and matching contributions for employees may be too expensive.⁵

While the Texas Medicaid program provides benefits for approximately 1.8 million Texans each year, that figure is somewhat misleading, especially for the adult

4 Spillman, B.C. (2000). Public Health Coverage for Adults: How States Compare. (The Urban Institute. Series B, No. B-2).

5 Employee Benefits Research Institute (1998). Sources of Health Insurance and Characteristics of the Uninsured: West South Central States, 1996. [On-line]. Available: <http://www.ebri.org/facts/0798bfact.htm>

population in Texas. Nearly 55% of the Medicaid population in Texas is under the age of 21.⁶ Texas has very stringent eligibility requirements for adults seeking Medicaid. A great deal of the Medicaid services provided in Texas are primarily for pregnant women or single parents (most often women) who receive welfare benefits, otherwise known as Temporary Assistance to Needy Families or TANF. The remaining Medicaid population in Texas is made up of blind or disabled persons. As a result, Texas Medicaid covers virtually no impoverished men or women who do not fall into the above categories.

Poverty is also rampant in Texas, which also strains the indigent health systems in Texas. In 1997, over 3.2 million or 16.7 percent of all Texans lived at or below the federal poverty level. Hispanic and African-American groups represent a disproportionate number of Texans living in poverty. Nearly one-third of the Hispanic population in Texas is living at or below poverty level, followed by 26 percent of African-Americans and 8 percent of Caucasians.⁷

2.2. New Federalism and Changes in the Safety Net

The demand for safety net services is growing across Texas for a variety of reasons. Many of the recent immigrants to Texas and those transitioning from welfare to work are finding health insurance increasingly difficult to obtain. The shift towards retail, service and part-time work, coupled with recent increases in health premiums

6 1997 Texas HCFA 2082. [On-line]. Available: <http://www.hhsc.state.tx.us/med/2082.htm>

7 Texas Medicaid in Perspective, Third Edition (1999). Texas Health and Human Services Commission.

continue to push higher the number of uninsured. With fewer dollars to spend on safety net services and a growing uninsured population, the safety net for vulnerable populations is shrinking.

2.2.1. Changes in Public Health Funding

As Medicaid has shifted to managed care in many parts of the state, so have the funding streams once available that expanded the safety net in Texas. In areas with managed care, safety net providers must now compete for Medicaid patients with other provider, further decreasing their revenues. Further compounding the problem is the changing of funding streams from the state and federal government for health care services, such as the well-know block grant program called Title V.

The conditions of the Title V program have shifted in recent years. In the early 90s, Title V was given exclusively to local health departments in Texas with few strings. Title V grants are now subject to a competitive bidding process, opening up the funds to entities that were previously ineligible. The grants now have requirements for the provision of direct care services and population-based services. Prior to the separation into the two funding streams, the majority of these funds were used to provide direct care services in local Texas health departments for the indigent. Many local health departments sorely missed those funds and as a result, reduced direct care services to

the indigent in Texas. This is no small problem in a state where over 25% of the population has no insurance.⁸

2.2.2. Welfare Reform and its Impact on Medicaid

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 instituted a fundamental change in United States welfare policy. Aid to Families with Dependent Children (AFDC), renamed Temporary Assistance to Needy Families (TANF), requires adult recipients of TANF benefits to participate in work activities with two years of entering the program. They may not receive federally-funded TANF benefits for more than sixty months over a lifetime.⁹ The Texas legislature began its own version of welfare reform in 1995, before the U.S. Congress passed PRWORA in 1996. The 74th Texas Legislature passed House Bill (HB) 1863 requiring the Texas Department of Human Services to seek a waiver for a demonstration welfare program called Achieving Change for Texans (ACT).¹⁰

Since welfare reform was fully implemented in January of 1997, Medicaid roles have steadily decreased. From their peak in 1995, Medicaid roles have dropped by over 314,000 recipients annually or more than 15 percent. Table 2.1 depicts the Medicaid declines each year from 1997, the year welfare reform began in Texas,

⁸ The Impact of Medicaid Managed Care on the Public Health Infrastructure (1998). Texas Health and Human Services Commission.

⁹ Eliwood, M. & Leighton, K (1998). Welfare and Immigration Reforms: Unintended Side Effects for Medicaid. Health Affairs, 19 (3), 137-152.

through calendar year 2000 projections. The biggest decline came in 1998, when the Medicaid roles dropped by over 124,000 individuals, or more than 6 percent from 1997. While the declines in 1999 and 2000 have slowed, the trend continues.¹¹

Table 2.1: Texas Medicaid Enrollment Declines

Year*	Cumulative Decline in Medicaid Eligibles	Yearly Percent Decline	Cumulative Decline from 1995 Peak
1997	113,860	-4.22%	-5.50%
1998	238,328	-6.36%	-11.51%
1999	283,558	-2.47%	-13.69%
2000	314,076	-1.71%	-15.17%

2.2.3. The Safety Net

The financial distress of the largest public hospital district in the state, Harris County Hospital District (HCHD), has been well documented over the past several years. Given authority by the Texas Legislature for the establishment of a hospital taxing district, HCHD is obligated to provide services to the low-income population in Harris County. HCHD's financial condition turned bleak in 1996, marked by rising operating costs, decreased patient revenues and tax revenues. The future also does not bode well for HCHD. HCHD is projected to run larger operating deficits and deplete cash reserves within the next few years. Without major modifications to the HCHD

10 Pindus, N., Capps, R., Gallagher, J., Giannerelli, L., Saunders, M., & Smith, R (1998). Income Support and Social Services for Low-Income People in Texas. Washington, D.C.: The Urban Institute, (p.2-3).

11 Texas Health and Human Services Commission (2000). HHSC Quarterly Caseload Forecasting (SFY 2000, Quarter 2).

business plan, the district is expected to lose \$65 million in 1999, \$76.5 million in 2000 and \$88.9 million in 2001. The results could pressure HCHD to set priorities on services, raise cost-sharing requirements, or restructure eligibility for charity care.¹²

In rural areas, such as Plainview, care for the uninsured is complicated by the great distances involved to merely obtain care. Hospital care for the uninsured is provided by Texas Tech University Medical Center, over 45 miles away.¹³

2.3. Service Fragmentation

Public services to assist adults are fragmented in Texas among a variety of state agencies. Virtually all clients face a baffling maze of programs with different eligibility criteria, multiple case managers, and overlapping services. Adults with disabilities or a variety of needs find coordination ineffective or services difficult to find.

Many state and local agencies often do not collaborate on planning, budgeting, or policy development. The results are often reduced efficacy and accessibility of the service delivery.¹⁴

For example, clients with multiple needs who require assistance with Medicaid and TANF, transportation, and mental health services must navigate a myriad of agencies and mountains of paperwork to merely apply for eligibility. No single state

12 Meyer, J., Legnini, M., and Fatula, E. (1999). The Role of Local Governments in Financing Safety Net Hospitals: Houston, Oakland, and Miami. (Occasional Paper No. 25). Washington, DC: The Urban Institute.

13 Ormond, B., Wallin, S., and Goldenson, S. (2000). Supporting the Rural Health Care Safety Net. (Occasional Paper No. 36). Washington, DC: The Urban Institute.

agency is solely responsible or serves as a single contact point for the individual. Individuals requiring services for such needs may obtain services through the Texas Department of Human Services (for Medicaid eligibility), the Texas Department of Health (delivery of Medicaid services and any medical related transportation), and the Texas Department of Mental Health and Mental Retardation (delivery of counseling or mental health services). Often, Texans in need attempt to navigate among various programs, but fail to obtain services. A person may not meet the specific eligibility requirements for certain services and "fall through the cracks."¹⁵

2.4. Creation of the CRCGAs

With service fragmentation and few health alternatives for the uninsured, Texas residents with multiple needs face a formidable challenge with health care and coordination of services. In response to coordination needs and diminishing resources, Texas built upon the successful Children and Youth Community Resource Coordination Group (CRCG) initiative by creating a separate program for adults, known today as the Community Resource Coordination Groups for Adults (CRCGA).

A state level CRCGA team that mirrors the composition of the local CRCGAs is providing oversight to a CRCGA demonstration program that includes six local demonstration sites. The demonstration sites are: El Paso County (the El Paso

¹⁴ Challenging the Status Quo, 1999 Texas Comptroller's Texas Performance Review [On-line] Available <http://www.window.state.tx.us/tpr/tpr5/6hh/hh05.html>

¹⁵ Challenging the Status Quo

Guardian Task Force); Brazos Valley (seven counties around Bryan/College Station); Travis County; Panhandle (nine counties around Plainview); Smith and Henderson Counties (the greater Tyler area); and Harris County (the Plane State Jail Project). A Memorandum of Understanding among the fourteen participating state agencies was developed as of June 2000 with advice from the private sector and advocates. The CRCGA Model and Guiding Principles have been developed by the State Team with input from the demonstration CRCGAs.

2.5. The Pilot Sites

Below is a short description and background on each of the six pilot CRCGA sites:

2.5.1. Brazos Valley

The Brazos Valley CRCGA serves a seven county area around Bryan – College Station in East Texas. The counties are Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington. The Brazos Valley CRCGA emerged in October 1997 as agencies witnessed the success of the CRCG for Children and Youth. After some initial meetings, the Brazos Valley CRCGA began serving individuals in the spring of 1998. The Brazos Valley CRCGA is also a site for the state Dual Diagnosis Initiative, a joint program of the Texas Commission on Alcohol and Drug Abuse and the Texas Department of Mental Health and Mental Retardation. This initiative specifically addresses the needs of individuals with both substance abuse and mental illness diagnoses.

2.5.2. Travis County

The Travis County CRCGA grew out of the *Community Action Network*, an interagency group that had fulfilled its initial charge. The group began meeting monthly as a CRCGA in January 1999 and began serving individuals in April. Travis County CRCG for Adults shared a dedicated service coordinator with the CRCG for Children and Youth, known as the *Children's Partnership* until March 2000, when the demands of the CRCG for Children and Youth Required the full time support of the Coordinator.

2.5.3. El Paso

The El Paso Guardian Task Force was established in 1995 when a local probate judge commissioned a task force to find more efficient interagency methods for addressing the needs of incapacitated adults. The Task Force has evolved into a CRCGA that serves a broad range of adults with complex needs, not just those facing the appointment of guardians. The El Paso Guardian Task Force has developed individual service plans for about 40 people in 4 years. In addition to serving as a CRCGA, the El Paso Guardian Task Force assists the probate court in addressing larger service issues. For example, the Task Force worked with residential service providers to establish a Protocol Agreement, the "El Paso Standard of Care," to set minimum standards of care and to lay out the "rules" for transferring individuals from one setting to another to prevent inappropriate referrals or "dumping." The El Paso Guardian Task Force has become the vehicle for developing individual service plans for the Community Alzheimer's Resource and Education program (CARE), a CRCG model

serving people with Alzheimer's Disease or their caregivers. The El Paso Guardian Task Force is comprised of 24 state and local agencies including local law enforcement.

2.5.4. Panhandle

The Panhandle CRCGA serves nine rural and "frontier" counties around Plainview Texas. The counties are Hale, Parmer, Castro, Swisher, Briscoe, Baily, Lamb, Floyd and Motley. The Panhandle CRCGA started in March 1998 as an attempt to adapt the successful CRCG for Children and Youth paradigm to adult needs. Representatives from several agencies began meeting quarterly to plan and develop the Panhandle CRCGA. At present 12 public and private agencies are involved in the Panhandle CRCGA. It serves as the Dual Diagnosis (mental health and substance abuse) interagency service planning pilot program as well. The local drug and alcohol council is actively involved. Most individuals served by the CRCGA to date have had both mental health and substance abuse challenges.

2.5.5. Harris County

The Texas Department of Criminal Justice established a pilot project employing an adult version of the CRCG model for individual reintegration planning for women confinees to be released into Harris County from the Plane State Jail. Most of the women are released without parole, probation, or other supervision. With 24 state and local agencies involved, the Harris County CRCGA began developing individual service plans in September 1998. Texas Department of Criminal Justice authorized the CRCGA to

serve 40 releasees. This was completed by May 1999 and an additional 40 women were authorized. By mid November 1999, the Harris County CRCGA had served 80 women. Beginning in 2000, TDCJ has authorized five women each month to participate in the Harris County CRCGA. In addition, up to two additional women with criminal justice histories may be referred by other members of the CRCGA.

Five women are bused from the Plane State Jail in Dayton to the CRCGA Meeting in Houston. One at a time, the women meet with the CRCGA team to discuss their needs following their discharge two or three months later. All of the women have a history of substance abuse and most have children. A service plan is developed and resources committed. Just prior to release, a case manager reviews the service plan with the releasee and provides all the necessary contact information for the agencies who will provide services.

2.5.6. Smith/Henderson

The state level stakeholders were interested in working with a site that had little or no history of using the CRCG model with adult populations. Due to the dense population of aging adults and the interest of local service providers, the greater Tyler area was selected as a sixth demonstration site.

An initial organizing meeting was held in July 1999. With 28 stakeholders in attendance, the group established a CRCGA to serve Smith and Henderson Counties. The state agency members of the CRCGA were designated, private sector possibilities

were considered, a regular monthly meeting date established, and an agency referral schedule implemented.

2.6. How the CRCGA Process works

The CRCGA model focuses on individuals 18 years or older who have met obstacles obtaining necessary health and human services in their community. The role of the CRCGA is to develop a coordinated, individual service plan agreed to by the client and the CRCGA members and service providers. The CRCGA acts as a conduit to facilitate access and remove barriers to community services. In addition, local CRCGAs identify service barriers and gaps and strive to influence positive system change.

Clients seeking CRCGA services typically follow the flow chart as depicted in Figure 2.1. Clients facing barriers and in need of service coordination are referred to the CRCGA process by one of two methods: 1) self-referral or 2) referral through a caseworker. Prior to actually bringing the client's case to the CRCGA for assistance, in what is typically referred to as a "staffing," each agency explores known resources for accessing services. Criteria and procedures for accessing and prioritizing client referrals are developed at the local level.

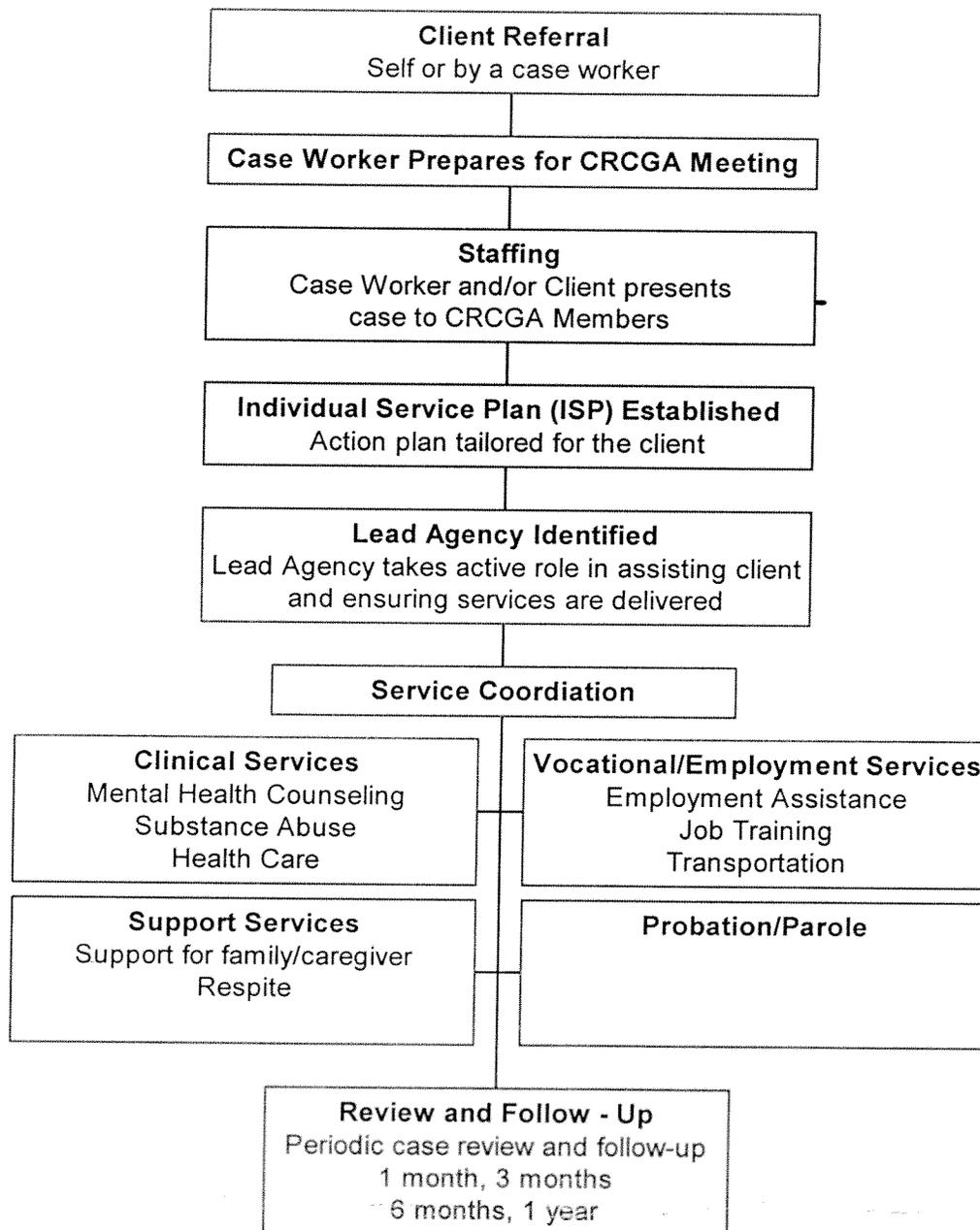
If the client's needs meet the criteria for referral to the CRCGA, typically a caseworker prepares the client for the meeting as well as preparing detailed background information about the client for the CRCGA. The goal of a CRCGA staffing is to develop a coordinated, individual service plan. This plan is a commitment on the part of participants to provide the agreed upon services, such as assistance with

housing, health care, transportation, etc. Implementation of the service plan is assigned to the individual's designated caseworker with the lead agency, which in most cases is the same caseworker from the referring agency or entity. Monitoring the implementation of the plan is performed on a schedule defined in the individual service plan.

The plan is developed during the monthly CRCGA meetings. When possible, the plan involves the client and/or caregiver. Confidentiality is an essential component of the CRCGA process. The referring agency is responsible for obtaining written informed consent from the client and/or caregiver to share information with those present at the CRCGA meeting. Finally, the CRCGA has a periodic follow-up beginning a month after the staffing. During that time, the caseworker brings the CRCGA members up to date on the client. For quality assurance, the case is discussed and assessed to ensure that the client's needs have been attended to and that the service plan has been fully implemented.

Figure 2.1

CRCGA Typical Flow Proccs



3 Methodology

The study methodology for the CRCGA was modeled after an earlier evaluation of the Community Resource Coordination Groups (CRCGs) for Children. A team from the University of Texas at Austin, School of Social Work completed the study in August of 1999, entitled, Evaluating of the Community Resource Coordination Groups (CRCGs) of Texas: Phases I & II.

The goals of the CRCGA evaluation were to examine:

1. Best practices and challenges of each of the six CRCGA pilot sites
2. CRCGA participant satisfaction with the CRCGAs
3. Client satisfaction with the CRCGAs

The study consisted of two parts conducted at each of the six demonstration site CRCGAs:

1. Focus groups and questionnaires for CRCGA members.
2. Satisfaction surveys of CRCGA clients/caregivers, referring entity.

The focus groups were conducted at each sites' monthly staffing meeting. A list of nine questions developed by the state CRCGA office was verbally presented at the meeting. The focus group session was recorded for analysis. A questionnaire and a stamped, self-addressed enveloped was given to each member at the conclusion of the meeting. To reach members not in attendance, a survey and cover letter was mailed to the CRCGA member's business address. The questionnaire consisted of eighteen questions with space for additional comments. CRCGA members were asked to fill out

and return the questionnaire to the evaluation team within the week following the focus group session. Postcards thanking the CRCGA members for participation and reminding them to complete the questionnaire were also sent the week following the focus groups. The evaluation team's goals were to determine how the group felt about the CRCGA process, what client-needs the group can handle that otherwise would be neglected, and which practices worked or needed to be improved.

For each demonstration site, the evaluation team attempted to survey CRCGA clients or caregivers, the referring entity, and the lead entity. This part of the evaluation was difficult because the CRCGAs themselves had difficulty in tracking some of their clients. Also, many clients were incapable of responding to a survey, had no telephone, no permanent address, or no transportation. The lack of a full-time, paid coordinator for the CRCGAs compounded the problem of reaching clients for survey. With this in mind, the evaluation team determined that when a client was not reachable, the caregiver of that client would be the closest alternative for completing a survey. We hoped that the caregiver would complete his/her own survey and assist the client in completing a survey. If clients were present at the staffing meeting at which the focus group was conducted, then the surveys were administered immediately. Client and caregiver surveys were also mailed to the client's caregiver along with two stamped, self-addressed envelopes for return. Each survey was ten questions long and assessed satisfaction towards the CRCGA meetings and process.

4 Results

4.1 Focus Groups

Several themes emerged in the focus groups interviews and are presented below according to the outcomes of interest:

- 1) How the CRCGA benefits the clients and the community,
- 2) Challenges that each CRCGA is facing,
- 3) Best practices, and
- 4) Recommendations.

The focus groups were conducted at the monthly meeting in each CRCGA pilot site. Focus group discussions were moderated to ensure participation from each CRCGA member. Nearly all participants offered some comments and appeared to speak freely in the discussions, but in most case cases, the CRCGA chairperson most actively participated in responding to the questions and were often the first to answer. While this could have some biasing impact on the study results, the researchers believe the CRCGA chairpersons spoke frankly and freely about their experiences with the CRCGA. To control for any biases or domination by a few members during the focus group, a survey (see Appendix A) was administered to those in attendance at the CRCGA monthly meeting. CRCGA group members who were unable to attend the monthly meeting during the focus group were mailed a survey and asked to return it.

4.1.1 Benefiting the Community

Participants were asked to describe their experiences and how the CRCGA is serving and benefiting the community where they live. CRCGA members spoke extensively about how the group has increased the level of awareness of health and human services for the professionals participating in the group. Hopefully, this expanded awareness of programs and services offered in each pilot site will have a trickle down effect by linking those clients in need to the services. Communication and networking have been vastly improved by the CRCGA process, as illustrated in these comments:

- “(CRCGA) Provides better awareness of the limits of social services within the community as well as identifying resources that we didn’t know were available.”
- “Bringing the client to the CRCGA group has allowed the members to build rapport with the clients and helps each of the members understand the problems from the client’s and family’s perspective.”
- “Though duplication of services and lots of paperwork that each agency seems to have, the CRCGAs have increased communication among the active members.”
- “(CRCGA) provides more resources for some clients, better continuity of services between agencies and more communication.”
- The CRCGA has recognized that this population (non-violent drug offenders) needs information and services just as much as anyone else.”
- “The networking has increased knowledge of services to help all of our clients.”

- “The CRCGA has allowed our agency to network with other human service professionals and learn more about services provided (in the community) and available to clients.”

Not only did CRCGA members talk about how the process improved communication among the health and human service agencies in the community, but the CRCGA process also helped introduce them to colleagues within the community as one participant described:

- “CRCGA has had a serendipitous effect on the group, allowing each of the group’s members to become acquainted with each other, building rapport with colleagues who share the same goals, but previously did not know existed.”

4.1.2 Challenges facing CRCGA Members and Clients

CRCGA members overwhelmingly lamented the lack of having a full-time, designated coordinator for their CRCGA. The CRCGA members have other job commitments and the work of the CRCGA is often voluntary. As a result, CRCGA coordination, planning, promotion and further development often go unattended or lack sufficient attention. CRCGA members believe a full-time dedicated coordinator would assist with bringing more clients to the CRCGA, help with outreach and education, increase participation in the CRCGA and keep up with the paperwork requirements needed to successfully operate the CRCGA. The following comments illustrate the perception of difficulties that CRCGA members face:

- “We’ve had 4 (different) chairpersons (coordinators) in the past year to year and a half. The lack of (stable) leadership has affected the continuity of the group. Furthermore, this has reduced the number of staffings we’ve been able to conduct.”
- “We need funding for a full-time (service) coordinator and clerical support. A full-time coordinator would be able to solicit input and participation from private entities, which in turn may bring more resources, either donated time or money. A full-time coordinator might also do more advocacy work for the clients served by the group as well as pursue grant funding to allow the group to help more clients.”
- “The current coordinator is based out of another city and has many other duties besides coordinating the CRCGA. A local coordinator for the group would be more appropriate and could improve contact with the clients once they have been released. Furthermore, a local coordinator could assist with improving coordination that can only be accomplished with someone that has more time to dedicate to the group.”
- “With all of my other duties, it is difficult to adequately prepare (staffing packets, background materials etc.) before each CRCGA meeting. This also makes it difficult to follow-up with the clients.”

- “The time needed to properly run the CRCGA is not available. There is a considerable amount of time needed for coordination, follow-up, and administrative tasks outside the CRCGA monthly meeting.”

While funding for a full-time coordinator position may not be feasible because of a lack of resources, one CRCGA member suggested a novel approach that had not been touched upon by the other CRCGA members:

- “As many of the CRCGA pilot sites are located in areas with universities or colleges, the CRCGA may want to pursue establishing relations with nearby universities to obtain the services of a graduate student to organize, promote, and coordinate the local CRCGA in exchange for school credit. Having a graduate student act as the coordinator for the group could provide a low-cost alternative to the full-time paid coordinator position as well as providing more exposure for the CRCGA while providing excellent experience for a student.”

The CRCGA members talked about other hurdles their groups are facing, mainly dwindling health and human services resources in an already overburdened environment. CRCGA members listed a variety of factors that make serving clients in their community especially challenging, such as a lack of transportation, few housing alternatives, lack of insurance, poverty, chronic illness, substance abuse, and mental illness as depicted in the following comments:

- “Housing is an overwhelming problem for our clients. Even though shelters exist for single women, those that accept single women with children are much more difficult to come by.”
- “Each agency has different eligibility requirements. The paperwork requirements for those with low literacy skills is tremendous and discourages application for services.”
- “Affordable housing in (our) area is virtually nonexistent. The waiting lists are a year or more in many cases.”
- “Medicaid doesn’t cover many adults and getting SSI (supplemental security income or disability) can take years!”
- “Funding cuts are really beginning to show. We have more people to serve with fewer dollars.”
- “The special needs (of our clients) are often too much for the local infrastructure to endure.”

In select CRCGA sites, active participation and involvement from state and local agencies has been problematic. Despite the completion of a Memorandum of Understanding (MOU) that was signed in June, 2000 by the heads of fourteen state agencies to pledge the support and involvement of their agencies, the CRCGAs lack consistent participation from some state agencies as indicated by these comments from CRCGA members:

- “One of our biggest breakdowns is the lack of participation from all the state agencies. It might be beneficial to mandate state agency participation (in the CRCGAs).”
- “Regular attendance (by CRCGA members) is a tremendous breakdown in the CRCGA process.”
- “Unfortunately, different people show up from the agencies or don't show up at all, and we can't make uniform decisions.”

4.1.3 Best Practices

CRCGA members were asked to expound on practices or innovations that increased the effectiveness of their CRCGA or helped their CRCGA run more smoothly and efficiently. The experiences of the CRCGAs proved to be very beneficial and hopefully their positive experiences can be replicated by other CRCGAs around the state.

4.1.3.1 Regular Staffings

Many CRCGAs lack consistent client referrals and staffings at monthly meetings. Without client referrals, it appears that some CRCGA members lose interest in the group and the mission of the CRCGA suffers. To ensure regular staffings at the monthly meetings, the Smith/Henderson CRCGA has instituted a system that requires at least two CRCGA members to be responsible for bringing a client's case to the monthly meeting.

The assignments are most often based on the needs and priorities of the client, but also leave room for emergency cases that need to be dealt with on an urgent basis. Prior to the next CRCGA meeting, the caseworker knows ahead of time to prepare for the meeting and briefs the CRCGA on the client's condition and needs. Bringing at least one client case to the group each month has increased the number of clients the group has assisted as compared to most of the other sites around the state. Furthermore, designating a CRCGA member to present a case also seems to spread some of the workload, taking some pressure off the CRCGA volunteer chairperson.

4.1.3.2 Triage

Each pilot site has differing needs. In some areas, like Austin, the CRCGA is faced with a multitude of clients who are in need of service coordination from the CRCGA. Because of the limited time and resource availability of CRCGA members, Austin is seeking to establish a point person to triage referrals. The point person will determine if the client's needs can be appropriately addressed through the CRCGA or by a single agency. Once appropriate cases are identified, they will be prioritized and brought to the CRCGA for resolution.

The Austin CRCGA plans to utilize a volunteer within the CRCGA who has a thorough understanding of the participating agency's procedures and services. This person will act as a case manager at a systems level. The Austin CRCGA believes that this "point person" will help the group work more efficiently and allow the group to provide a higher level of service to the clients.

4.1.3.3 Resource Book

Attendance by CRCGA members can be sporadic at times and key members may be unavailable. To ensure that clients at the staffings are presented with the full array of options available to them in the community, the Brazos Valley CRCGA has developed a resource manual. Taken from a manual put together by a community action group in the Brazos Valley area, the resource manual details the services offered by various agencies as well as contact information at each agency. However, resource manuals are only effective if they are monitored and updated frequently to ensure that they contain the latest information.

4.1.3.4 Streamlining Eligibility and Intake Information

One obstacle that both clients and CRCGA members face is the seemingly endless sea of paperwork and eligibility forms from each health and human service agency. The lack of synchronicity among local, state, and federal agencies is painfully obvious to those seeking services. Each agency has different eligibility and background requirements; thus, different applications are required for each agency. With clients who often have low literacy levels and/or mental impairments, completing new applications at each agency can be an arduous task.

The Plainview CRCGA attempted to create their own intake/eligibility form in an effort to satisfy the various needs of each agency. While the Plainview CRCGA was unsuccessful in their attempts to find a single form that would suffice for all agencies, the process of gathering the data ahead of time and knowing what is needed has

helped reduce some barriers. The coordinated efforts of the Plainview CRCGA to streamline the paperwork process should be duly noted. The overwhelming of a group of social and health professionals trying to devise a simple intake system for eligibility is a testament to the enormous barriers adults face when applying for services, compounded even further by poverty, mental illness, etc.

4.1.4 Recommendations

Consistent with the challenges that the CRCGAs are facing, CRCGA members overwhelmingly agreed that establishing a full-time, paid coordinator was the number one priority to improve the CRCGA process. Since all of the CRCGA members have other duties assigned to them in addition to the CRCGA, virtually all of the current volunteer chairpersons at each site expressed concerns about not having enough time to adequately dedicate to the CRCGA. Without sustained and dedicated leadership in the CRCGA coordinator position, many felt the CRCGA could not reach its full potential as indicated in the following comments:

- “A full-time paid coordinator is essential.”
- “We need a (full-time) coordinator to develop more coordination with the private sector.”
- “Besides funding for a full-time coordinator, we also need assistance with office and clerical help.”

Also consistent with the challenges confronting their clients, CRCGA members talked about the need for funding. Even though some social and health service

agencies are able to assist clients, gaps in service remain. CRCGA members suggested that flexible funds be made available to fill in gaps in service or provide vital, emergency services that are most likely not provided by any other state or local agencies. Most often those needs were transportation, housing, and health care.

- “There are problems getting clients approved rapidly for services (i.e. Medicaid, housing, transportation) and we need flexible funds to provide services to meet the gaps.”
- “We need funding to promote the CRCGA so that the case workers in the community will know about the group and the resources it can provide.”

4.2 CRCGA Satisfaction Surveys

CRCGA members were provided a survey to rate their satisfaction and experiences with the CRCGA. Each CRCGA member that was present during the focus group was provided a survey and a self-addressed stamped envelope. CRCGA members who were not present at the focus meeting were mailed a survey with a cover letter that provided some background information about the study and a self-addressed stamped envelope. To improve the response rate, CRCGA members were mailed a post-card reminder approximately 10 days after receiving their survey. During that time, the researchers also attempted to call CRCGA members to further remind them to complete and return their surveys. The survey implemented for the study was adapted from an instrument designed by the University of Texas at Austin School of Social Work. The research methodology mimics that of the research design from University of Texas

evaluation of CRCGs for children, entitled Evaluation of the Community Resource Coordination Groups (CRCGs) of Texas: Phases I & II.

Between the focus groups and mailing surveys to those CRCGA members not in attendance, 42 of the 87 surveys were returned for a 48.2 percent completion rate. Of the 42 that were returned, four surveys were unusable as the members stated their brief experience with the CRCGA process made it impossible to fully complete the survey. Since a handful of the CRCGA members were attending their first CRCGA meeting, the researchers believe that their limited experience with the process contributed to keeping the response rate below 50 percent.

4.2.1 CRCGA Member Survey Results

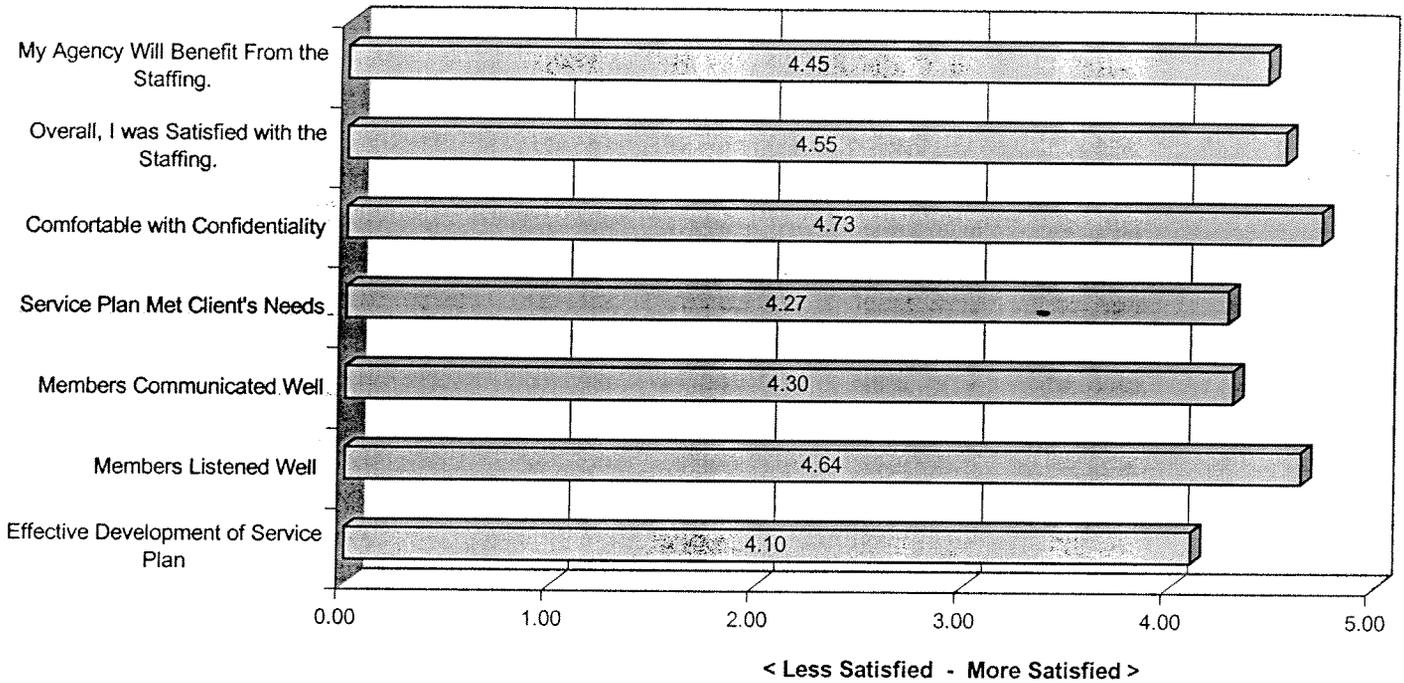
The CRCGA Member Survey contained several questions pertaining to satisfaction with the CRCGA process. CRCGA members were asked to rate, on a scale of 1 to 5, with 1 being the least satisfied and 5 being the most satisfied, their experiences on the following items:

- Overall satisfaction with the CRCGA;
- How the CRCGA member believes their clients are satisfied with the services they received through the CRCGA;
- Frequency of meetings;
- Attendance at meetings;
- Notification of meetings;
- Facilitation of meetings;

- Proper use of protocols, by-laws, and operating procedures at meetings;
- Customer (client) referrals to the CRCGA

As reflected in Figure 4.1, the aggregate comments from the state's CRCGA members were quite positive. Overall satisfaction from CRCGA members was relatively high, averaging 3.72. CRCGA members also seem to be content with how the meetings are being conducted. The members gave high marks for meeting facilitation, frequency of the meetings, meeting notification, and appropriate use of CRCGA protocols and by-laws. Though not a cause for alarm, CRCGA members did express some frustration with poor attendance at the meetings. The mean rating for this element was the lowest of the group at 3.22. This finding is also consistent with the comments received through the focus group.

Figure 4.1: CRCGA Referring Entity Satisfaction with CRCGA
N = 42



4.2.2 Qualitative Questions

The questionnaire also asked CRCGA members to respond to a number of qualitative questions. Many of qualitative “open-ended type” questions asked in the survey were similar to those conducted in the focus groups. CRCGA member responses to the questions in the survey reflected many of the same sentiments as those expressed in the focus group.

1. What is working best in your CRCGA?

CRCGA members wrote extensively about the serendipitous effects the CRCGAs are having in each of their sites. Overwhelmingly, members documented how the CRCGA has fostered rapport among the health and human service agencies in their areas. While many of the state and local agencies shared the same goals and missions, the agencies never worked as a cohesive unit. The CRCGA process has allowed agencies to interact, share knowledge and network, fostering a sense of teamwork among the representatives who make up the CRCGA.

Although results varied by pilot site, CRCGA members detailed other positives, such as dedication and genuine concern of the CRCGA members. Several CRCGA members also chronicled the brainstorming activities that occurred at their site, finding creative solutions to serve the complex needs of those seeking services from the CRCGA.

2. What do you see as the biggest challenges your CRCGA operation is faced with?

CRCGA members described a multitude of challenges that each CRCGA faced, but the common theme was frustration. Common to virtually all CRCGAs and consistent with the information gathered in the focus groups, members were concerned with the lack of funding for adults. In many cases, though clients were in dire need of assistance, there simply were not services available to them anywhere in the community. Many CRCGA clients do not qualify for Medicaid and have no health

insurance and have few means or opportunities to obtain jobs that will provide health insurance for them. Without any real authority to make exceptions for such clients, CRCGA members felt helpless in some instances.

Another common theme CRCGA members detailed was lack of time each of them had to devote to the CRCGA. The CRCGA is made up primarily of a consortium of volunteers and each have busy professional lives that often take priority over the CRCGA. As a result, some CRCGA members believe the goals and mission of the CRCGA suffer.

CRCGA members listed other factors that have created obstacles to the CRCGA. Too few referrals for staffings seems to be having an effect on some of CRCGAs. The lack of staffings becomes a slippery slope, as staffings decrease, so does CRCGA attendance. Poor attendance hampers successful coordination and problem solving, resulting in a less effective CRCGA.

3. These next few questions deal with how your particular CRCGA operates.

a. How often do you meet?

Virtually all CRCGAs meet on a monthly basis, although some members of the CRCGA reported meeting more frequently in extenuating circumstances, such as an emergency staffing.

b. Do you meet even when you don't have cases to staff? Why or why not?

With the exception of the Plane State Jail Project which always has clients, all CRCGAs conduct a monthly meeting regardless of having client staffings or not. While the primary purpose of the monthly CRCGA meeting is to conduct client staffings, the CRCGA process also creates other details that need attention. CRCGA members listed a variety of activities that are conducted during the CRCGA monthly meetings when a client is not presented for a staffing. Those activities included strategy sessions to plan on how to motivate others to attend the meetings regularly as well as improving the overall CRCGA process. CRCGA members also listed the continuation of sharing information and networking that has and continues to be a vital component of the CRCGA process.

While most members who answered the questionnaire attend the monthly CRCGA meetings regardless of the staffing situation, a few members stated that they did not attend when they knew a staffing would not occur. Inconsistent or low staffings could be resulting in poorer CRCGA member participation in some pilot sites.

c. Who attends the meetings, and who determines permissible non-attendance?

CRCGAs are made up of state and local health and human service agencies. In all the CRCGAs, that group goes beyond state and local agencies to private agencies in the community, such as a non-profit home health agencies, the Salvation Army, etc. Because CRCGA participation is voluntary, attendance is not required. However, several CRCGA members again stated that the lack of consistent participation has been a problem. Although an issue, with voluntary participation, "permissible non-

attendance” is not something that is enforced. Each member is encouraged to attend and if attendance is not possible, the member should designate an alterative.

d. How are clients referred, and is there a prioritizing system?

In the CRCGAs other than the Plane State Project, clients may either refer themselves to the CRCGA or through a caseworker. The most typical route is through the caseworker. Clients seeking services from the CRCGA have typically exhausted all avenues for services or are overwhelmed by the current delivery system and may be requesting assistance with coordination. Because so many of the CRCGAs appear to be having problems with consistent staffings, prioritizing clients has not been a pressing issue with any of the CRCGAs. As a result, barring the Plane State Jail Project, the CRCGAs do not have a priority system in place for triage at the moment. Although not in place at this time, the Austin pilot site is currently developing a triage system to assist with prioritizing. Because the Plane State Jail Project has an ample supply of clients, the CRCGA has implemented a priority system. Clients selected for assistance from the CRCGA are chosen because of their multiple needs, release date, and their willingness to accept services upon release.

4. How has your CRCGA successfully addressed issues regarding:

a. Participation (of agencies, local representatives, customers, caregivers)?

Again, consistent and full participation from all agencies continues to be problematic for the CRCGAs. Each CRCGA appears to have a core group of members that attend the monthly meetings regularly. CRCGA members expressed diligence in

their efforts to remind agencies to attend, but often times phone calls, fliers, faxes, etc are not enough to encourage full participation. Many CRCGAs also encourage members to bring representatives from other agencies in the community to provide more exposure for the CRCGA and introduce other agencies to the process and the benefits of the CRCGA. CRCGA members continued to reiterate the fact that more agency recruitment is needed to build successful programs in each of the pilot sites.

b. Funding (inter-agency cost-sharing)?

Funding is a tremendous concern of CRCGAs across the state. Without any real dedicated funding, the CRCGAs work on a shoe-string budget and manage to keep the programs alive. Because there is such little funding, inter-agency cost-sharing seems to be almost non-existent.

c. Communication (among staff, outside of meetings, outside CRCGA)?

CRCGA members praised the communication and networking that the CRCGA has fostered among the groups. However, communication seems to be largely confined to the CRCGA meetings themselves. Although members do communicate amongst each other beyond the CRCGA monthly meetings, the majority of the communicating occurs within the monthly meetings. Communication outside the meetings seems to be limited to phone calls, faxes and emails, most often pertaining specifically to client cases. Members also stated that communicating outside the monthly meetings is often difficult because of the busy nature of the members'

schedules. With other pressing priorities, communication outside the CRCGA occurs most often when absolutely necessary.

d. Eliminating duplication of services? Are there laws, regulations, or policies that cause duplication? Is anyone notified of those laws, regulations, or policies?

For many CRCGA members, this question appeared difficult to answer and many left it blank. Because services are so scarce for adults in Texas, eliminating duplication of services is not a significant problem. Merely finding services in some cases is much more of an obstacle than eliminating duplication.

e. Increasing access to services

Building on the preceding question, CRCGA members believe that the process does increase access to services. However, the lack of availability of services for adults is a significant hindrance. To what degree CRCGA improves access to services is unclear. While the groups do attempt some follow-up with CRCGA clients, there are no definitive answers or research that can attest to the efficacy in which the CRCGAs increase access to services at this point in time.

f. Developing CRCGA service plans?

Developing a service plan is a key ingredient of the CRCGA. In each site, members reported on their procedures for building the service plan. While all CRCGA members have input into building the service plan, the writing of the plan is completed in a variety of methods. In some cases, the CRCGA volunteer chairperson is responsible for writing up the service plan. In other areas, the work is shared among several of the

CRCGA members. For example, one member may take notes during the staffing and collaboratively, several of the group's members work together to write up the service plan. In another pilot site, the task of devising the service plan rests squarely on the caseworker who referred the client to the CRCGA. With a variety of approaches available to complete the task, clearly each pilot site has chosen a method that makes the most sense for their particular group.

g. Conflict resolution (between agencies, etc)?

Conflict resolution does not appear to be a significant problem among the CRCGA member agencies and could be an indication that the various agencies of the CRCGAs are working well together. Virtually all CRCGA members stated they had no ongoing conflicts with other agencies.

5. How does your agency/organization benefit by participation in the CRCGA?

CRCGA members were quite positive in their remarks on how CRCGAs are benefiting their particular agency. Many of the benefits are quite obvious, such as increasing knowledge of other agencies and services in the community and linking clients to services from their agency that might not otherwise access their services. Beyond the linking of services and better coordination, some CRCGA members believe the shared knowledge will continue to help agencies and clients beyond those who are served by the CRCGA. As agencies improve their knowledge base of community assets and services and establish rapport with other agencies, client referrals will be much easier. Clients with significant needs, but not severe enough to seek assistance

from the CRCGA, can be easily referred from one agency to another as bridges are built from the CRCGA process.

While many of the comments were positive about the benefits of the CRCGA, some CRCGA members believe the concept of CRCGA is effective, but that it has yet to pay dividends for their particular agency. Some believe that without an increase in the level of participation and support for the CRCGA in their particular pilot site, the benefits to the agency will not materialize.

6. Tell me about the challenges your CRCGA faces in meeting customer needs (e.g., obtain certain types of services/treatment, meeting the needs of certain types of clients, etc.)?

CRCGA members listed the same challenges in the survey responses as they did in the focus groups. CRCGA members consistently listed limited health and human services in their area among the biggest challenge that each CRCGA faces in meeting customer needs. Specifically, CRCGA members said that respite and assistance with health care needs and medications are in short supply. CRCGA members listed transportation as another serious challenge to meeting customer needs. Texas has long been cited for its poor public transit systems, even in urban areas. For residents in rural areas, the consequences are much worse with little or no public transportation available. Housing is also extremely problematic in all areas. Although the CRCGA members listed differing housing needs because of the special populations they serve in each area, the results were still the same. Housing, whether it be affordable or government assisted is at a premium. Clients with special circumstances, such as

dependent children, often find that they are not eligible for the housing programs in their area. Clients with criminal and drug histories find housing particularly challenging.

7. What additional resources does your CRCGA need?

Improving the CRCGA process will continue to take additional resources.

Primarily, those resources are funds for a variety of needs to both sustain and improve the effectiveness of the CRCGAs. CRCGA members listed an assortment of needed resources, but several common themes emerged. As consistently noted in the focus groups, CRCGA members asserted the need for a full-time paid coordinator position. Many felt that the simply having a full-time, paid coordinator run the CRCGA was not enough. Beyond a coordinator, monies might also be needed for office space, records storage and dedicated phone lines for the CRCGA. Some members expressed some frustration about having to compete for office support to conduct the business of the CRCGA.

Another item not really touched upon in the focus groups, but discussed in the questionnaires is the fact that many of the CRCGA members have enormous pressures on their time. Although the CRCGA volunteer chairperson spends a great deal of time on the CRCCGA, the CRCGA members' time also appears to be thoroughly taxed. Several CRCGA members expressed a desire for their employers to allow them to spend more time with their respective CRCGAs. Hopefully, the signing of the MOU between the state agencies will increase support and participation of all CRCGA members who work for state agencies.

8. What support does your CRCGA need from the state, regional, and local levels?

During the focus groups, it was evident that CRCGA support from most agencies was sporadic and tepid, at best. As stated earlier in the focus group section, consistent CRCGA member participation is a problem. Networking, collaboration and consensus all suffer when the majority of the CRCGA members are not present. CRCGA members are encouraged to attend the monthly meetings and participate in staffings. However, the gentle encouragement from the local level CRCGAs may not be enough and several members suggested that the State Office take a more active role in recruitment and encouraging CRCGA agency participation. Hopefully, the recent completion of the MOU among the state agencies will help improve participation in the local CRCGAs.

Funding also continues to be a salient issue for CRCGAs. Unfortunately, little current funding exists for the CRCGAs, but CRCGA members repeatedly requested more funding. While many members did not specifically say what areas the funding would be used, others did. Specifically, some CRCGA members would like to see funding for services not available from other agencies or to fill in gaps in funding. Others believe funds could be used to promote the CRCGA. Many believe the CRCGAs are not well known enough around the areas in which they serve. Ample promotion could improve both attendance and client referrals as well as staffings. If funding is not available for promotion on a site by site level, some recommended more promotion from the State Office, to improve participation and staffing levels.

There were also some comments from CRCGA members to reduce the amount of paperwork from the State Office. The recording keeping system for CRCGA staffings can be quite extensive. Without administrative assistance, the task of keeping up with all the paperwork can be overwhelming. Also, CRCGA members noted that they would like more technical assistance from the State Office. Particularly, CRCGA members stated they would like to have more feedback from the State Office on the groups' effectiveness.

9. Describe the customer/caregiver involvement aspect of your CRCGA.

How often do they attend meetings? Do they assist in the planning process, and, if so, how? Is customer consent always obtained?

Ideally, CRCGAs work best when the client/caregiver can be a part of the entire process. Unfortunately, circumstances often prohibit the client/caregiver from attending the CRCGA planning meetings. CRCGA members listed a variety of factors that often prohibit the client/caregiver from attending the meetings, such as transportation, mental illness, or physical limitations. The inability of many clients to fully participate in the CRCGA process underscores the difficulties and obstacles that these clients face. Without client/caregiver presence, it is difficult for clients to assist in the planning process.

Whenever possible, clients/caregivers do attend the CRCGA meetings and are encouraged to participate actively. Clients/caregivers are often asked to present their cases. When the client/caregiver presents their case, the information is disseminated in such a way as to give the obstacles and difficulties the client is facing from the client's

perspective. To effectively obtain the best solution for the client/caregiver's needs, often the CRCGA members attempt to free associate with the client/caregiver to fully comprehend all areas of need. Once identified, the CRCGA members and the client/caregiver seek to craft a plan that reduces barriers and translates into the client receiving needed services.

Whether the client/caregiver is able to attend the CRCGA staffing, each client or caregiver must give consent prior to the staffing. CRCGA members from each pilot site emphatically answered that all clients who proceeded to a staffing always provided informed consent before the staffing could occur.

10. How essential do you feel it is to have a standing CRCGA client representative? Does your CRCGA have one and, if so, what role does he or she play?

Of the six pilot sites, only two of the CRCGAs have a standing CRCGA client representative as part of the group. Of the two CRCGAs that have a client representative, the CRCGA members reported the client as doing a "good job" or that it "worked great," but did not delineate further on exactly what role the representative played. Those CRCGAs that did not have a client representative indicated that such a person on the CRCGA team could be very helpful. CRCGA members stated that a client representative could improve community involvement as well as providing a great insight into the difficulties clients with multiple needs face. In other instances, CRCGA members stated that a consumer representative was not necessary for their particular CRCGA because of a variety of factors. One CRCGA member indicated that the needs

and types of clients (mental illness) they served in their particular CRCCGA varied so much, it would not be useful to have a client representative. CRCGA members also said that many of the agencies that belong to the CRCGA advocate so well for their clients that this further negates the necessity to have a CRCGA client representative as part of the group.

11. How essential do you feel it is to have a standing CRCGA caregiver representative? Does your CRCGA have one and, if so, what role does he or she play?

Responses to this question mirrored the response to question 10, yet none of the CRCGA members who replied to this question stated that they had a “standing caregiver representative.”

12. How are follow-ups conducted on CRCGA staffings? Do you submit CRCGA staffing data to the State Office? Why or why not?

Barring the Plane State Jail pilot, CRCGA follow-up appears to be inconsistent and irregular. CRCGA members reported having follow-ups at the monthly meetings, but that this was an area that nearly all CRCGAs could improve upon. Lack of consistent member attendance and CRCGA member turnover were credited to CRCGA members finding staffing follow-ups less than effective. Furthermore, there appears to be no prescribed or detailed process as many CRCGAs spoke of the informality of client follow-up. Many CRCGA members described the process as often being an open forum where the caseworker that referred the client to the CRCGA gives the group an update on how the case is proceeding. The caseworker update appears to be quite

informal and the evaluation is based largely around the observations or anecdotal evidence noted by the caseworker.

The Plane State Jail has a more coordinated follow-up approach. Although the follow-up is not discussed at the monthly staffing meetings as in the other pilot sites, the Texas Department of Criminal Justice (TDCJ) has instituted a system to track and follow the clients once they are released from prison. Clients are mailed a survey and asked to respond to questions pertaining to their reintegration back into society. Unfortunately, TDCJ has also experienced difficulties tracking and surveying clients after their CRCGA staffings. TDCJ mailed out 80 surveys to clients that had participated in the Plane State Jail CRCGA and only received 8 completed surveys for a completion rate of 10%.

Virtually all CRCGA members reported providing staffing data to the State Office. However, by the same token, CRCGA members also reported that providing data such as "staffing sheets" can often be cumbersome and time consuming. Without a dedicated coordinator, several of the volunteer chairpersons indicated that the paperwork requirements required to keep the CRCGA going are often a strain on their limited time.

13. How do you conduct follow-ups on CRCGA staffings? Do you submit one-, three-, and six-, and twelve month follow-ups to the State Office? Why or why not?

This question was largely skipped by most CRCGA members. Because it pertains primarily to the administrative functions of the CRCGA, the CRCGA volunteer chairperson provided the only feedback on this particular question. Most CRCGA

members simply did not answer the question or indicated that they were unsure how to answer. In regards to the CRCGA volunteer chairperson's responses, it appears that each CRCGA site provides follow-up information to the State Office at regular intervals, most often at one and six month periods subsequent to the staffing. No reasons were given as to how the follow-ups were administered or the reasons the chairpersons sent the data to the State Office.

14. Is the CRCGA focused on a particular client population? Why or why not?

With the exception of the Plane State Jail and El Paso, the remaining four CRCGA pilot sites do not focus on a particular client population, such as those with dual diagnoses or disabled, but primarily on clients with multiple needs. Many stated that their objectives were to assist clients who had "exhausted their resources and funding" because these types of clients were in most need in their community. Because there are so many without insurance, in need of transportation, and living at or close to poverty, the CRCGAs that see those clients as being in "critical need." The CRCGAs also believe they have a great deal of work ahead.

The Plane State Jail project focuses solely on women confined to the jail for nonviolent drug offenses. With backing from the Texas Department of Criminal Justice, this CRCGA has a narrowly defined population, but also one that produces steady referrals to the CRCGA. Most of the women have a long history of substance abuse and most have children. As these women return to society, they have multiple needs and the help and coordination they receive from the CRCGA is an asset to them. The

El Paso project also has a broad focus, but they primarily serve the elderly. Born out of the El Paso Guardian Task Force, the El Paso CRCGA seeks to find more efficient interagency methods for addressing the needs of incapacitated adults or those with a broad range complex needs.

15. Do you think the CRCGA is focused on the appropriate client population?

Focusing on a particular client population was not an issue for four of the six CREGAs that have no designated population. However, for the El Paso and Plane State Jail CREGAs, members responding to the survey felt the populations they had focused on were appropriate. Both El Paso and the Plane State Jail CREGAs were set up with a specific target population in mind. While the populations are narrow, a demonstrated need was observed in the community to establish these CREGAs. Furthermore, the populations for these two CREGAs to serve continue to demonstrate their need for assistance in the community.

4.3 The Referral Process

Timely and appropriate referrals from clients and caseworkers are an integral part of the CRCGA process. A steady stream of clients is necessary to maintain CRCGA momentum and focus. Overall, CRCGA members or caseworkers who referred a client to the CRCGA were very satisfied with the CRCA process as indicated in Figure 4.2. While the aggregate data implies that the majority of CRCGA members are satisfied with the number of clients referred to the CRCGA group for assistance,

satisfaction varied somewhat by pilot site as indicated in Figure 4.3. CRCGA members in El Paso (4.67) and Smith/Henderson (4.5) CRCGAs gave high marks for the appropriateness of the number of referrals made to the CRCGA. The system of designating at least one CRCGA member to bring a client to the monthly meeting for a staffing appears to be paying off in this CRCGA. While the El Paso score is impressive, it should be noted with caution because the low number of surveys (4) that were returned from El Paso CRCGA members.

Figure 4.2: CRCGA Referring Entity Satisfaction with CRCGA
N = 11

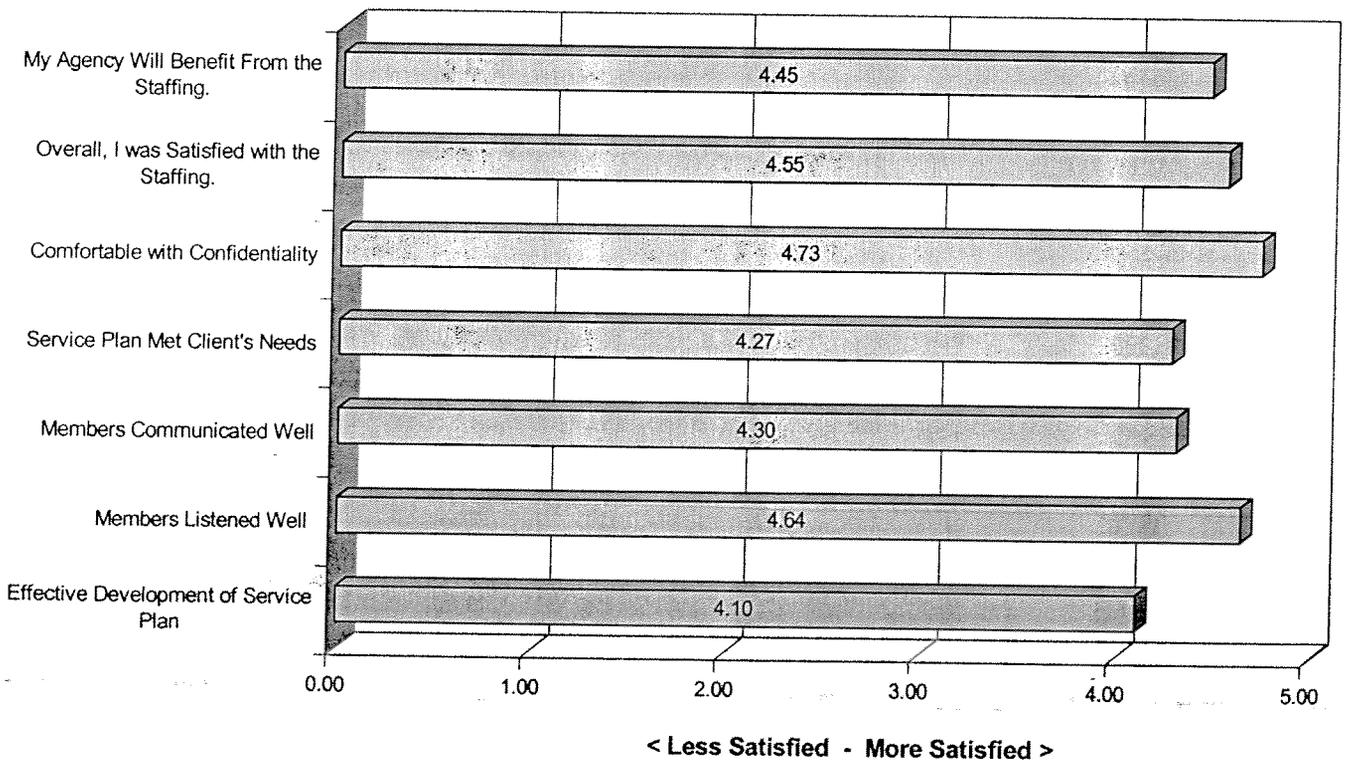
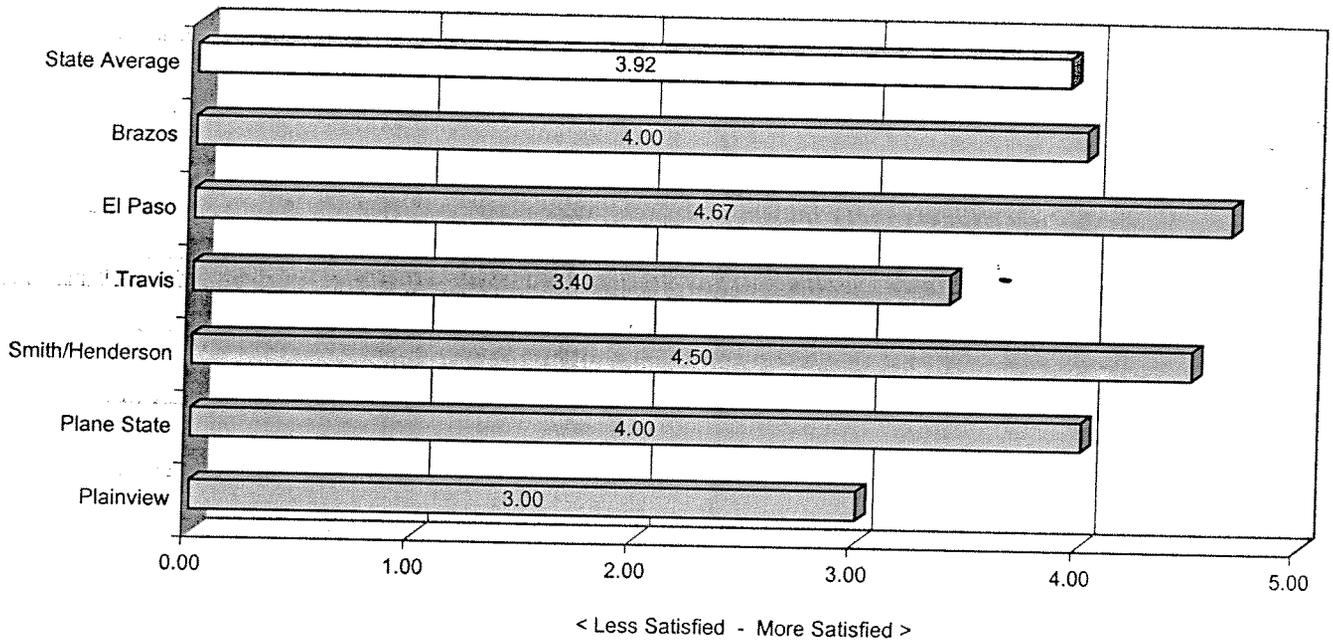


Figure 4.3: Member Satisfaction with the Number of Referrals Made to the CRCGA by Pilot Site



Two pilot sites that gave lower ratings than the state average for the appropriate number of client referrals to the CRCGA were Austin and Plainview. Interestingly, CRCGA members that gave lower satisfaction ratings for the number of referrals to their CRCGA also commented about the low number of referrals on their questionnaires. In Plainview, one CRCGA member seemed to attribute the low number of referrals to the lack of having a paid coordinator when responding to questions about the biggest challenges their CRCGA faced, although the others who also rated the CRCGA low for member referrals did not expand on their answers:

- “(We) need a paid coordinator to lead the clients”
- “(We) need more cases (referrals).”
- “(We) need more referrals.”

CRCGA members in Austin shared similar sentiments”

- “Wish there were more (referrals).”
- “(I am) Satisfied with those we’ve staffed at CRCGA. (I am) very dissatisfied about not reaching those we know are in (the) community not being served by CRCGA.”
- “Getting clients to staff.”

While it is unclear exactly why CRCGA members are somewhat dissatisfied with the number of clients that are referred to the CRCGAs in these two pilot sites, more follow-up is warranted to discover the problems these sites are facing and where the referral process is breaking down.

4.4 CRCGA Client/Caregiver Satisfaction

The original study design involved gauging client and caregiver satisfaction with the CRCGA process through surveys and interviews. Simply contacting former clients in each pilot site became a very daunting task. Completing and interviewing a small number of clients took a great deal of effort. The researchers faced unanticipated obstacles on a variety of fronts. For example, many of the clients who receive services from the CRCGA are in dire need of assistance. Many are having difficulty with housing or just maintaining basic utility services. As such, many of the clients who were

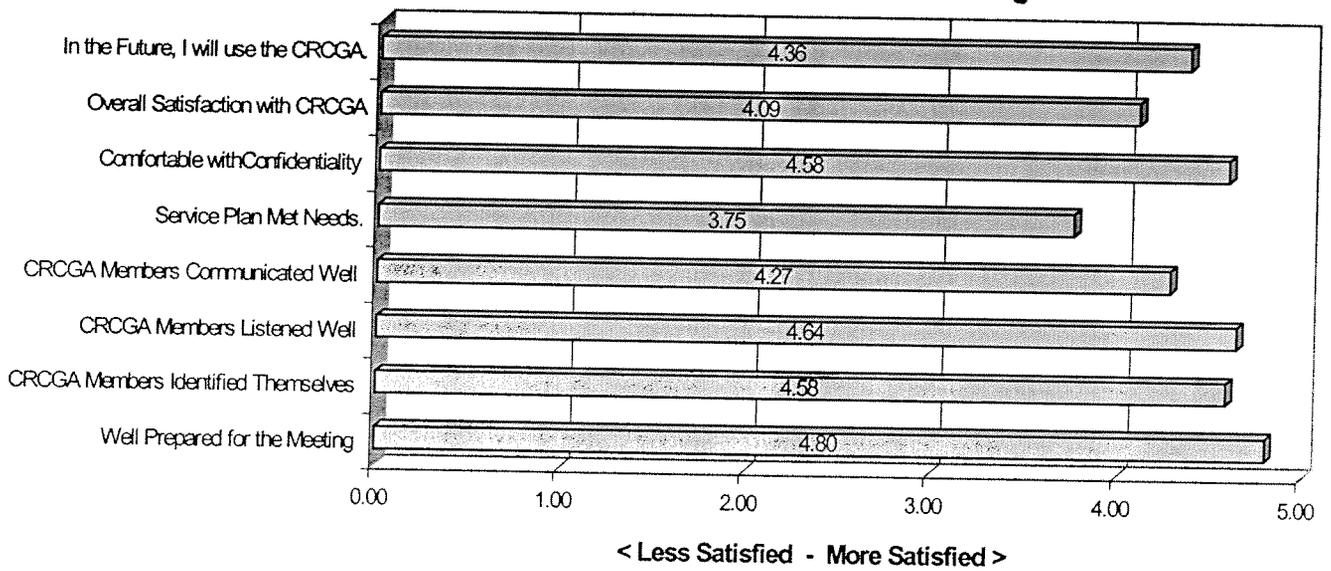
served by the CRCGA had no telephones. Home visits for satisfaction surveys were beyond the scope of this project. In other cases, the researchers found that several CRCGA clients were deceased or no longer had contact with the CRCGA or a representative of the CRCGA. The researchers also encountered clients with disabilities, such as mental and hearing impairments who were incapable of completing a survey. In cases where the client was incapable of completing a survey, the research design was to survey the client's caregiver, but the researchers ran into the same obstacles trying to reach the caregiver.

Clients and caregivers we're asked to rate their experiences with the CRCGA process. Asking the clients to strictly evaluate the CRCGA process was often confusing to them. For the clients served by a CRCGA, the outcome of the meeting and the actual service delivery is what is truly important to them. Because the service delivery is out of the control of the CRCGA, the idea was to purely evaluate only the actions that were the purview of the CRCGA.

Of the 12 completed client/caregiver surveys, the results were quite positive as indicated in Figure 4.4. However, these results should be interpreted cautiously because of the small number and may or may not be representative of all CRCGA clients or caregivers. Clients and caregivers rated highly virtually all aspects of the CRCGA process except with the aspects dealing with the service plan. The lower satisfaction ratings seemed to be partially attributable the actual service delivery itself. Though the clients/caregivers were asked only to evaluate the service plan itself, it was evident to the researchers that some clients were frustrated at their inability to obtain

services and the glacial speed in which some health and human services agencies react.

**Figure 4.4: Client/Caregiver Satisfaction with CRCGA
N = 12**



4.5 *The Client Stories*

The CRCGA's assist some of the state's most vulnerable. Each client has a unique story and set of circumstances that are not easily solved. During the focus groups and site visits, the researchers were fortunate enough to speak to a handful of clients served by the CRCGAs. Their cases are a true testament to the struggles that each of these clients face and their need for service coordination. In many cases, the CRCGA proved quite helpful and below are their stories. The names have been changed to protect the confidentiality of each client.

4.5.1 *Mary*

On the verge of being homeless, Mary learned of the CRCGA through a member of her church. A single mother of three children, Mary was nearly destitute. Although she received child support from her ex-husband, the child support check made the family ineligible for food stamps. Unemployed and the mother of a child with behavioral problems, Mary soon fell behind on her rent and utilities and sought assistance from the CRCGA.

Mary had high praise for the assistance she received from the CRCGA. A relatively new resident to the area, she was unaware of the health and human services available to her. Her most pressing need, housing, was solved within a short time period after her staffing with the CRCGA. A member from the CRCGA team was able to assist her with HUD housing, securing a roof over her family. Mary was also quite

appreciative of the assistance she received signing her children up for after-school care and a summer camp, saying that was “really wonderful!” While Mary applauded the housing and child care assistance she received from the CRCGA, she was also quite overwhelmed by the volume of information she received at the meeting. In several cases, CRCGA members provided her with phone and contact information for various health and human services, but left the coordination up to her. At her wit’s end, contacting the Medicaid office, food stamps, and other social service agencies was difficult for her because of the pressures she was facing. Mary felt that some members of the CRCGA “didn’t understand the extent of what she was feeling and the help she needed.” She wished that the CRCGA members could have provided more coordination and follow-up with her on assistance, but overall was very pleased with the help she received.

4.5.2 Andy

Andy is a severely disabled young man who suffers from mental retardation. He is confined to a wheel chair and requires tube feeding. Under the age of 21, Andy was provided a vast array of health, social and educational services by the local independent school district. As required by the Americans with Disability Act (ADA), the local school systems are responsible for providing services to disabled children until their 21st birthday. As Andy turned 21, the services he received were no longer available. Also, Medicaid services become extremely curtailed beyond a child’s 21st birthday. As a

result, Andy's mother was seeking assistance to provide care for Andy at their residence.

The family contacted the CRCGA through information they had received from the local school district and requested a staffing from the CRCGA. Specifically, Andy's mother sought some daily respite since she was Andy's primary caregiver. The CRCGA worked to coordinate with a local assisted day care center for disabled adults. Because Andy's needs were so great, the day care center did not have the license nor the nursing capacity to meet his needs. The CRCGA sought to acquire funding so that a private duty nurse could accompany Andy to the day care center and provide Andy's mother with some respite during the day. Unfortunately, the CRCGA and Andy's mother faced numerous obstacles in placing Andy with the day care center and after several months of negotiations, the respite is still not available for the family. Andy's mother cited numerous barriers, such as differing requirements and restrictions on funding from state offices such as the Texas Department of Human Services and the Texas Department of Mental Health and Mental Retardation.

While Andy's mother was extremely pleased with the hard work and assistance she received from the CRCGA, she was also quite frustrated at the inability of the CRCGA to break down bureaucracies stating that "everyone (health and human services agencies) needs to work together more." Similar to Mary's experience with the CRCGA process, Andy's mother was also given names and contact information for other health and human services in the CRCGA meeting with little assistance in those areas or follow-up.

4.5.3 Kevin

Kevin is a middle-aged mentally retarded gentleman who has lived with his mother and father his entire life. Now that his mother is aging into her 80s, she is beginning to have some difficulty operating the household and caring for her son. Kevin's brother, Jim, sought assistance from the local CRCGA to support his mother with activities of daily living (ADL). Kevin's mother was recently diagnosed with Alzheimer's. Although the disease is in its infancy, Jim became worried about his mother's ability to care for both herself and Kevin. He sought help from the CRCGA for assistance with ADL, such as cleaning, cooking, medications, and paperwork assistance with Medicaid, SSI, and Medicare that Kevin receives. Weighing most on Jim's mind was the recent fall his mother experienced. Jim worried about her falling at home and hoped that someone could assist his mother with attendant care in the afternoons and ensure that she was alright since he worked the greater part of day.

Inundated with paperwork from the Social Security Administration, Kevin's mother had recently misplaced some important documents regarding Kevin's disability payments and the health insurance he receives through Medicaid and Medicare. As a result of not returning some important documentation, some of his benefits were reduced or placed on hold. Kevin's condition requires medication and frequent doctor's appointments; thus, his health insurance benefits through Medicaid and Medicare are of utmost importance.

The CRCGA members devised a plan to send a case worker to the residence of Kevin and his mother. There, the case worker planned to make a full assessment of the situation and develop a service plan. Although the family was pleased with the attention they received from the CRCGA members, Jim believes the “assessment made at the residence and the follow-up from the CRCGA members who have agreed to help the family will be critical.” While overwhelmed with paperwork and not a dysfunction directly attributable to the CRCGA, Jim noted that a “central clearing house” for information on various services available in the community would be a tremendous benefit to him and others.

4.5.4 Jose

As a migrant farm worker for most of his life, Jose developed a debilitating and chronic pain that prevented him from working. Unfortunately, his condition is degenerative, and he has no insurance. In chronic pain and with little assistance to help him with his medications and medical care, Jose applied for disability at the local Social Security Administration office. If granted Supplemental Security Disability Income (SSDI) by the Social Security Administration, Jose would have been eligible for health benefits through Medicare and most likely Medicaid, as well as receiving a modest monthly income check to offset his inability to work. After the initial application period, SSDI can sometimes take months, if not years to be approved. Jose’s initial application was denied and the appeal process could take up to another year. Leaving Jose with

no insurance and an inability to work, he sought help from the CRCGA with assistance for medications, health care and some minor income.

The CRCGA attempted to assist Jose with his application for disability with the Social Security Administration. Though nearly penniless, CRCGA members familiar with social security regulations found that he could not work during his appeal. Even though Jose had even the most miniscule job, making keys one day a week at the flea market, he made himself ineligible for SSDI by simply trying to make a few dollars a week. Although the CRCGA was not able to assist Jose with an exemption from the Social Security Administration, he no longer works and relies on the meager income of his wife for the both of them in hopes that he will be granted SSDI. Though the CRCGA is still working somewhat with Jose, because of limited resources and funds available in the community, the CRCGA was largely unable to assist Jose.

4.5.5 The Smiths

A young couple, the Smiths are unmarried and currently have 4 children living with them and are expecting twins. The couple currently lives in government housing and has no form of reliable transportation in a rural area with no public transportation. Ms. Smith has already missed several prenatal care appointments because of her inability to find transportation to and from her doctor's office. The family is behind on their bills and many utility services such as the telephone have been disconnected.

The family sought assistance from the CRCGA to address a variety of needs. Mr. Smith is out on parole for drug violations and has an admitted cocaine and marijuana

problem. To support his family, he has attempted to find steady employment in the area, but has been unable to do so thus far because of transportation problems. Furthermore, Mr. Smith also suffers from problems with rage that have impeded his ability to find gainful employment. While Ms. Smith and the 4 children are eligible for Medicaid and welfare (Temporary Assistance to Needy Families (TANF)), they were recently cut off from those programs because transportation problems prevented them from keeping their appointments with the Texas Department of Human Services eligibility case workers to reapply for benefits.

With a host of problems, the CRCGA devised a plan to assist the family. Reliable transportation seemed to be the biggest impediment for the family. Because the family owned a car, but in disrepair, CRCGA members were able to secure emergency funds from the Texas Department of Human Services for car repairs. Another member was able to assist the Smiths with their welfare paperwork so that the family could continue receiving TANF, and the children could stay eligible for Medicaid. To combat the anger problems, the CRCGA has enrolled Mr. Smith in an anger management class. The strains on the family also seemed to be taking a toll, and the CRCGA lead agency was able to link the Smiths to a family counselor to help improve the family dynamics to help them succeed.

4.6 Incidental Findings

During the course of the project, several incidental findings emerged from the research. While not specifically a part of the scope of work for the project, these

findings do seem important to the future success of the CRCGAs. In addition, these findings should provide valuable feedback and further points of consideration for quality improvement and future evaluations. The scope of the evaluation was primarily to evaluate CRCGA processes. Although costs and time constraints precluded a more detailed analysis of structure and outcomes, several themes related to the structure emerged.

Both CRCGA clients and members noted the lack of clear expectations of the CRCGA's role. Although the CRCGAs were set up to "come together to develop individual service plans for adults whose needs can be met only through interagency cooperation" the extent to how the service plans are implemented and the execution are not always clear. Although clients were generally pleased with the assistance they received from the CRCGA, several CRCGA clients expected more from the service plan. In some cases, clients reported CRCGA members who only provided contact information through the form of telephone numbers for various services with little or no follow-up while others went the "extra mile" for them. On the other hand, CRCGA members who were assisting clients were often unsure of CRCGA expectations and were unsure as to whether the CRCGA staffing sessions were just a forum to disseminate information to the clients or whether there should be some direct action with real service coordination for the clients. For example, should the CRCGA members make phone calls of behalf of the clients? Should the CRCGA members accompany clients when applying for social services and housing? Where does the responsibility end for the CRCGA?

Ambiguity also exists among the expectations from CRCGA members about the State Office. While the State Office has provided technical support in the area of establishing by-laws and working to secure the MOU to encourage participation among the appropriate health and human service agencies, clearly some of the pilot CRCGAs are languishing. The State Office has traditionally attempted to foster participation and movement for the CRCGAs at a grassroots level. Each of the CRCGAs have enjoyed varying amounts of success working up from a grassroots level, but some CRCGA members clearly expected more support from the State Office to more actively encourage participation among the state agencies, assist with promotion, and provide more leadership for those CRCGAs that are languishing and/or have a leadership vacuum.

5 Summary and Conclusions

Effective program evaluation is critical to the success and future expansion plans of the CRCGAs across the state. Despite some initial growing pains and operating on miniscule budgets, it appears that the six pilot CRCGA sites are making a positive impacts on the lives of the clients they serve. The richness of the client and member experiences with CRCGA paint a detailed picture of both the struggles and the benefits CRCGAs bring to all those involved. The issues that emerge as most important can be summarized in several points.

5.1 Conclusions and Recommendations

Adequate performance within any organization is the result of clearly defined goals and objectives, as well as expectations. Although the mission of assisting clients through the CRCGAs is abundantly clear, several CRCGA pilot sites appear to be struggling with the extent CRCGA members should go to assist CRCGA clients. These boundaries also seem to be blurred at the State Office, where expectations about the State's role in assisting the CRCGAs is sometimes ambiguous.

- **Recommendation** - Organizations function more efficiently with focused efforts. The State Office and the CRCGA pilot sites should seek to more clearly define the roles and expectations through strategic planning or a structure - process - outcome analysis. The State Office and each of the pilot CRCGAs should consider planning sessions to identify and clarify the expectations of all CRCGA

participants. Explicitly identified goals and expectations will yield more focused and efficient efforts.

Inconsistent staffings and lack of active and regular participation among state and local agencies are primary complaints among CRCGA members. It is unclear whether the lack of inconsistent staffings leads to poor participation or vice versa. Although reasons for staffing consistencies were inconclusive, clearly CRCGA members believe there is both a demonstrated need to assist clients in the community and a willingness to accept more clients into the CRCGA for staffings.

- **Recommendation** – CRCGA State Office staff and the local pilots need to analyze exactly why consistent staffings are a problem at several of the CRCGAs and introduce steps to increase staffings through better promotion of the CRCGA and actively recruiting cases for staffings. CRCGA sites having difficulty with consistent staffings may want to adopt the strategy implemented in the Smith/Henderson CRCGA, where case workers are assigned to bring a case to staff at each monthly meeting and collectively share in the responsibility of bringing a client or case to the monthly meeting. While the MOU has been completed to encourage better participation among state agencies, it has yet to pay dividends. CRCGA State Office staff should consider revisiting the agencies that have signed the MOU and reemphasize the importance of state agency attendance at each of the CRCGA meetings.

The CRCGA chairperson position in each pilot site is critical to the CRCGA's success. Both CRCGA members and chairpersons repeatedly emphasized the stresses chairing the CRCGAs exacted on their time. Because the CRCGA chairpersons volunteer their time in addition to their other job tasks, they often feel they cannot devote enough time to the CRCGA to fully realize the group's potential. Virtually every CRCGA chairperson and member suggested that a full-time, dedicated coordinator in each CRCGA site is vital to successfully nurturing the CRCGAs.

- **Recommendation** – Funding for such a position continues to present enormous obstacles. In the absence of funding for a full-time, dedicated coordinator, the State Office and the CRCGAs need to find creative solutions to lessening the burdens of CRCGA coordinators. Because each of the six pilot sites are located within a relatively close proximity to a college or university, one CRCGA chairperson suggested that the CRCGAs appeal to the respective schools in their areas for an intern. An intern could help with coordination, planning, and many of the day to day activities of operating the CRCGA. Such an internship could provide an abundant learning opportunity for a student as well as establish relationships with universities that may be a source of expertise and funding for the CRCGA.

The lack of telephones, transportation, housing and the illnesses that afflict so many of the CRCGA clients underscores the vast needs of this clientele. Although

many attempts were made to reach CRCGA clients to gauge their satisfaction with the CRCGA process, many of those failed. The lack of client input for this study imposes some critical limitations. Unfortunately, neither this research or the case follow-up performed by the CRCGA members can conclusively answer about the effectiveness of the CRCGA's services. Client follow-up is often arbitrary and poorly documented.

- **Recommendation** - Because the clientele are so difficult to reach and the chances for future contact seem to decrease further away from the staffing, more emphasis should be placed on follow-up and evaluation of the CRCGA service plan within a shorter period of time. Currently, there are no prescribed or detailed processes to gauge the effectiveness of the CRCGA service plan. The State Office and CRCGA pilot sites should consider designing a follow-up tool, based on Total Quality Management philosophies to provide a continuous feedback loop for both the local CRCGA pilot sites and the State Office. Capturing data on the effectiveness of the service plan at one to two month intervals seems to offer the best chances for capturing better information from the clientele.

Availability of services for poor or indigent adults in Texas continues to be a problem for those attempting to coordinate services through the CRCGA. The lack of services often causes frustration among CRCGA members. Despite booming economic times, the safety net in Texas continues to be stretched to the limit as the ranks of the

uninsured rise. CRCGA members all requested flexible funds to help cover emergency situations and cover gaps in funding.

- **Recommendation** - As in the case of requesting funds for a full-time, designated coordinator for the CRCGAs, the likelihood of securing appropriations for services is also bleak. Again, the State Office and the CRCGAs should consider other alternatives to securing funding to assist with the noble mission of the CRCGAs. In many cases, grant funding may be sought to cover CRCGA expenses or to provide direct care services. Although some CRCGAs may lack staff with the expertise or time to develop grants, there are resources within the state to assist with grant writing. The Center for Community Support at Texas A&M University provides a broad range of information, data, and proposal writing services at no cost for Texas community-based, non-profit organizations. For more information on the Center for Community Support, please contact Kash Krinhop at (979) 862-3234, email kkrinhop@ppri.tamu.edu or visit their web site at: <http://ppri.tamu.edu/ccs/index.htm>.

Appendices

- Appendix A - Survey Instruments
- Appendix B - Map of CRCGA Pilot Sites
- Appendix C - Focus Group Summaries
- Appendix D - CRCGA Member Survey Results by Pilot Site
- Appendix E - CRCGA Referring Entity Results by Pilot Site
- Appendix F - CRCGA Client/Caregiver Results by Pilot Site

Appendix A

CRCGA Member Survey
CRCGA Referring Entity Survey
CRCGA Client/Caregiver Consent Form
CRCGA Client/Caregiver Survey

QUESTIONNAIRE FOR CRCGA MEMBERS

Date _____ CRCGA Location

Name (Optional) _____ Phone _____

Gender Female; Male Employer _____

Job Title

Role in CRCGA _____ How long involved in the CRCGA? _____

Ethnicity African American; Asian; Hispanic; White (non-Hispanic)

Native American; Other _____

1. What is working best in your CRCGA?

2. What do you see as the biggest challenges your CRCGA operation is faced with?

3. These next few questions deal with how your particular CRCGA operates.

- a. How often do you meet?
- b. Do you meet even when you don't have cases to staff? Why or why not?
- c. Who attends the meetings, and who determines permissible non-attendance?
- d. Who leads the meetings?
- e. Are there by-laws or protocols followed?
- f. How are clients referred, and is there a prioritizing system?

Please answer the questions on this page using the 5-point Likert scale below. Please write additional comments in the space provided. For example, if you indicate on an item that you are satisfied (circling a 4), it is helpful to know what would need to happen for you to be satisfied (circling a 5) in the future for that item, and so on.

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

4. How Satisfied are you with the following?

- | | | | | | | |
|----|--|---|---|---|---|---|
| a. | How often do you meet? | 1 | 2 | 3 | 4 | 5 |
| b. | Attendance at meetings. | 1 | 2 | 3 | 4 | 5 |
| c. | Being notified about meetings. | 1 | 2 | 3 | 4 | 5 |
| d. | Facilitation of meetings | 1 | 2 | 3 | 4 | 5 |
| e. | Use of protocols, by-laws, or operating procedures at meetings | 1 | 2 | 3 | 4 | 5 |
| f. | Customer referrals to CRCGA | 1 | 2 | 3 | 4 | 5 |

5. How has your CRCGA successfully addressed issues regarding:
- a. Participation (of agencies, local representatives, customers, caregivers)?

 - b. Funding (inter-agency cost-sharing)?

 - c. Communication (among staff, outside of meetings, outside CRCGA)?

 - d. Eliminating duplication of services? Are there laws, regulations, or policies that cause duplication? Is anyone notified of those laws, regulations, or policies?

 - e. Increasing access to services?

 - f. Developing CRCGA service plans?

 - g. Conflict resolution (between agencies, etc.)?

6. How does your agency/organization benefit by participation in the CRCGA?

7. Tell me about the challenges your CRCGA faces in meeting client needs (e.g., obtaining certain types of services/treatment, meeting the needs of certain types of clients, etc.)?

8. What additional resources does your CRCGA need?

9. What support does your CRCGA need from the state, regional, and local levels?

10. Describe the client/caregiver involvement aspect of your CRCGA. How often do they attend meetings? Do they assist in the planning process, and, if so, how? Is client consent always obtained?

11. To what extent are the clients you work with satisfied with the services they receive? [Please answer on the 5-point Likert scale below. Feel free to elaborate on your answer in the space provided].

1
Very
Dissatisfied

2
Dissatisfied

3
Neutral

4
Satisfied

5
Very
Dissatisfied

12. How essential do you feel it is to have a standing CRCGA client representative? Does your CRCGA have one and, if so, what role does he or she play?

13. How essential do you feel it is to have a standing CRCGA caregiver representative? Does your CRCGA have one and, if so, what role does he or she play?

14. How are follow-ups conducted on CRCGA staffings? Do you submit CRCGA staffing data to the State Office? Why or why not?

15. How do you conduct follow-ups on CRCGA staffings? Do you submit one-, three-, and six-, and twelve month follow-ups to the State Office? Why or why not?

16. Is the CRCGA focused on a particular client population? Why or why not?

17. Do you think the CRCGA is focused on the appropriate client population?

18. Overall, how satisfied are you with how well your CRCGA meets the needs of people who have fallen through the cracks? [Please answer on the 5-point Likert scale below. Feel free to elaborate on your answer in the space provided].

1	2	3	4	5
Very	Dissatisfied	Neutral	Satisfied	Very
Dissatisfied				Dissatisfied

ADDITIONAL COMMENTS:

Thank you for your time and help!
Please mail the questionnaire to:

Steve Borders
Texas A&M University
Dulie Bell Building, Suite 309H
College Station, TX 77843

CRCGA Referring Entity Satisfaction Survey

Please add comments as appropriate

1. My Client's participated effectively in the development of the service plan.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

2. The CRCGA Members listened well and understood my client's concerns and desires.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

3. The CRCGA members communicated well and explained things appropriately to my client.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

4. The service plan developed by the CRCGA will meet my client's needs.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

5. I was comfortable with the confidential way in which my customer's personal information was handled
Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

6. Overall, I was satisfied with the staffing.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

7. My agency will benefit from the staffing.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

Office use only

CRCGA _____ Date _____ Number _____

At Meeting: 1 month: 3 months: 6 month: 1 year

INFORMED CONSENT FORM

I am being asked to participate in a study, titled "Evaluation of Community Resource Coordination Groups (CRCGs)." Steve Borders is a graduate student at Texas A&M University and is the Principal Investigator for this study. Participation in this study entails completing a questionnaire. This study seeks to understand how satisfied families are with CRCG meetings that they attend around Texas.

I understand that if I agree to participate in the study that my participation is entirely voluntary, and that I am free to stop participating in the study at any time without penalty of any kind. It is agreed that answers to the responses on the questionnaire will be kept confidential. My name or anyone's name from my family will not appear in the final report. This Informed Consent Form will be filed separately from the completed questionnaire, and all completed questionnaires will be destroyed as soon as the final report is written. I further understand that by filling out the questionnaire, I will be asked to respond to items that address my level of satisfaction with the CRCG meeting that I just attended.

I understand that I may contact Steve Borders at Texas A&M University, College Station, Texas 77843 with regards to any questions concerning the study. Phone contact can be made at the following number: (409) 458-3251.

I understand that by signing below, I will be giving informed consent to help the researchers learn a great deal about how to better understand how satisfied families are with CRCG meeting that they attend. I have read and understand this consent form.

I, _____, hereby consent to the conditions described above.

Signature

Date

CRCGA CLIENT/CAREGIVER SATISFACTION SURVEY

1 I was well prepared for the meeting by my care coordinator.

				
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 The people around the table adequately identified themselves by name and organization.

				
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 The people around the table listened well and understood my concerns and desires.

				
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 The people around the table communicated well and explained things appropriately.

				
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 The service plan developed at the meeting will meet (is meeting) my needs.

				
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 I was comfortable with the confidential way in which my personal information was handled.

				
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page.

7 Overall I was satisfied with my meeting.



Strongly Agree

Agree



Neutral

Disagree



Strongly Disagree

8 If I need help in the future, I will use the CRCGA..



Strongly Agree

Agree



Neutral

Disagree



Strongly Disagree

9 Please recommend ways to improve services from the CRCGA.

9

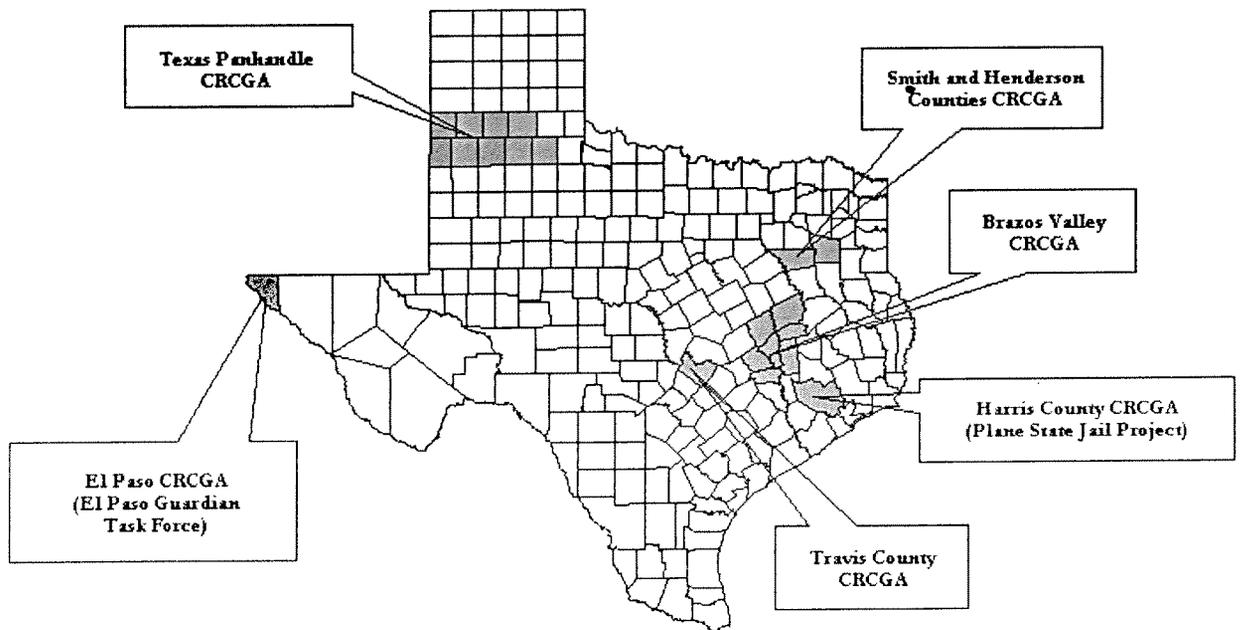
10 Please share any other comments, concerns, questions or suggestions.

10

Appendix B

Pilot Sites

CRCG for Adults Demonstration Sites



Appendix C

CRCGA Focus Group Summaries by Pilot Site

Plainview CRCGA Focus Group

May 18th, 2000

Plainview CRCGA:

Ron Trusler
Deeanna Rogers
Ericka Jathan
Marlyn Marting
Sue Bracher
Andy Decker
Brian Barkley

Background and History

Plainview is located in the Panhandle, approximately 45 miles north of Lubbock. The Plainview CRCGA is a coalition of social service and health care agencies from the surrounding area, which is predominantly rural in nature. The CRCGA has a core group with representation from community's local mental health authority, local health department, youth crisis services, county indigent health care system, adult substance abuse, and Texas Department of Human Services.

The formation of the CRCGA came about little over a year ago. The CRCGA was designed to serve clients who the group categorized as having "fallen through the cracks" of the patchwork of social and health care agencies in the community. Prior to building the group, health care and social services in the community were not coordinated and many gaps existed in services. The gaps most often existed because agency representatives did not know much about the other health and human services offered in the community. CRCGA members talked at length about the serendipitous effect of the group, allowing

Before each monthly meeting, the director of the CRCGA attempts to pull together a “staffing” packet. The packet usually consists of tracking forms and background information about the client. In ideal situations, the packet is distributed to each of the members of the CRCGA prior to the monthly meeting so that each member can familiarize themselves with the client’s background and needs. However, time and resources are extremely limited among the CRCGA members. Each member of the CRCGA is there voluntarily. Because CRCGA membership is voluntary and each of the members has multiple job functions beyond the CRCGA, the staffing packet is often not available prior to the meeting. The vast amounts of paperwork, copying, coordination, and mailing often overwhelm the director and team members. Often, the group is left to learning about and discussing the client’s needs at the monthly meeting. Once a client is brought to the CRCGA for assistance, the group develops an individual service plan. The plan is specifically tailored to the needs of the individual with an action plan and detailed assignments for each of the CRCGA members to help in assisting the client’s needs. Approximately six to eight weeks later, the group has a follow-up discussion on the client to assure that the plan is being followed and that the client’s needs are being effectively addressed.

CRCGA Challenges

Both CRCGA clients and their members face a multitude of challenges serving clients. CRCGA members listed the following problems that their clients face:

- Extreme poverty

- Mental illness
- Chronic illness
- Lack of transportation (both public and private)
- Lack of insurance
- Inadequate housing

While facing just one of the above mentioned problems would pose significant challenges for most anyone, CRCGA clients face all or a combination of these setbacks. Because many health and human service agencies do not work together, CRCGA members conveyed feelings expressed by their clients, many of whom are often overwhelmed and frustrated with the complexity of social services system in Plainview.

One such obstacle that both clients and CRCGA members face is the seemingly endless sea of paperwork and eligibility forms from each health and human service agency. CRCGA members bemoaned the lack of synchronicity among local, state, and federal agencies. Each agency has different eligibility and background requirements and thus require different applications for each agency. With clients who often have low literacy levels and/or mental impairments, creating new applications at each agency can be an arduous task. Recognizing that applying for public services can be a barrier, the CRCGA attempted to create their own intake/eligibility form in an effort to satisfy the various needs of each agency. Since the process of compiling information to satisfy all of the agencies was so complex, the CRCGA was unable to develop a single form to satisfy local, state, and federal information needs.

Consistent and adequate participation by all has also been a problem within the CRCGA. Although the group has a solid core of 6 to 8 members who attend every meeting, some health and human agencies have attended sporadically or have stopped coming altogether. The group sensed that some agencies felt their services were not appropriate for the meeting and stopped attending. As a result, even though a particular agency's services may have been needed in subsequent meetings, the group has had difficulty convincing the representative to attend the meetings regularly again.

Keeping it all Together

While the group faces many obstacles, one resounding theme that echoed throughout the focus group was the need for a full-time, paid coordinator position. The work of coordinating the CRCGA is a significant task. Members from the group lamented about the lack of having a full-time designated coordinator for the group. Because everyone in the group has other job commitments and the work of the CRCGA is voluntary, often the CRCGA coordinating, planning, promotion, and further development goes unattended. A full-time coordinator would assist with bringing more clients to the CRCGA, help with outreach and education to bring more health and human service agencies into the CRCGA, and keep up with the arduous paperwork requirements just to run the CRCGA and also from the state offices.

Hard work is also a another key ingredient to keeping the Plainview CRCGA up and running. The unwavering commitment and the perseverance of the group's core members have kept the group together and functioning for the past year. It

is very difficult to negotiate the bureaucracy of federal, state and local agencies. It can be frustrating at times and it requires considerable energy to keep the process moving. While the group has only seen 10 clients since it has been in existence, they believe with their dedication and with the aid of a full-time coordinator, they could drastically increase the number of clients they could refer to the group for further assistance.

Looking Towards the Future

Funding appears to be one of the critical components lacking in the CRCGA process. While not directly attributable to the CRCGAs, members expressed grave concerns about gaps in funding for their clients, for such basic needs as medicine, transportation to health services, and adequate housing. Because Medicaid in Texas is difficult to qualify for as an adult, many clients go without health insurance and medications. While many are applying for SSI, applying and receiving SSI is a lengthy and difficult process. While the barriers to Medicaid remain, CRCGA members also lamented at the problems they are facing with shrinking services. Continuous cuts from state and federal on social and health services have put pressure on the local health and social service infrastructure. The funds and the services simply aren't available, especially in a rural community such as Plainview to cover the needs of community's most vulnerable. At the same time funding has been cut, the feel group felt expectations about the level and results of their services have risen.

The group has seen the successes of the CRCG process, although they are difficult to quantify. Because of the successes of the CRCGA and the CRCG

for children, the members want to integrate the process to work on a family centered CRCG to help out entire families. The need is clearly evident to the group as they continue to work on the process to share information, coordinate services, and reduce barriers in their community.

Harris County CRCGA – Plane State Jail Pilot Focus Group

May 22nd, 2000

Plane State Jail CRCGA:

Kelly McCann
Leslie Woolley
Tom Arrowood
Virginia Lanham
Donna Marks
Carolyn Webb
Sister Mona Sonya
Marlene Ward
Kenneth Holmes
Gwen Boswell
Dawn Smith
Diane Keller
Lauren Laughlin
Patti Grahovec
Elizabeth Childress
Margaret Green
Wanda Redding
Gay McCurdy
Rev. Sivia Mishler

Background and History

The Plane State Jail CRCGA is the most unique of the six pilot CRCGAs. Established as one of the first adult CRCG in the state by the Texas Department of Criminal Justice (TDCJ), this program was designed to help reintegrate women who plan to return or reside in Harris County after completing their sentence in the Plane State Jail. The Plane State Jail CRCGA has the broadest array of group participation among all the six pilot sites. State agencies as well as local non-profit health and human services agencies were all extremely well represented at the monthly meeting in May. While Houston is a diverse-city with

ample resources, the participation seems to be a function of the coordination, leadership, and enthusiasm exhibited by the coordinators from TDCJ and the Montrose Counseling Center.

Like many other CRCGAs around the state, the Harris County CRCGA was also modeled after the children's CRCG, but with a specific target population in mind. This group only assists women who are serving time for non-violent drug offenses in the Plane State Jail. Health and human service agencies in the area as well as the TDJC identified a number of problems that women who were being released from the Plane State Jail were facing as they were returning to the community. Specifically, the agencies noticed extremely high rates of recidivism approaching 50%. Agency representatives believed that the high recidivism was largely due to the fact that these women are released with no parole conditions. Therefore, the women have no parole officer to check in with to "keep tabs" on their whereabouts or well-being. The women are also released with no money, only the clothes that they came into the prison system with, few job prospects and often, no home. Furthermore, some women are HIV positive. While incarcerated, the women received the expensive protease inhibitors. Once released, many have no means to obtain the HIV medications and are given only a 10-day supply. In response to the multiple needs of the women who are released from the Plane State Jail, the pilot project was born.

Serving the Community

The Plane State Jail CRCGA seems to operate very efficiently. Beyond being well organized, the efficiency of the group comes from having a steady

supply of women from the jail requesting help. In the case of the Plane State Jail CRCGA, the women refer themselves to the group when they are nearing their release date. With a multitude of women requesting assistance, the CRCGA is able to staff approximately 5 clients at each monthly meeting. Since the inception of the Plane State Jail CRCGA, the group has provided services for over 80 women. The volume of clients that the Plane State Jail CRCGA serves is in stark contrast to the other CRCGA pilot sites around the state, which in some cases have not seen 5 clients in the past year.

Five women are transported from the Plane State Jail to the United Way in Houston. During the staffing, each woman tells the CRCGA a little about herself and the problems that she is facing upon release. There appears to be much interaction between the CRCGA representatives and the women who are seeking services and coordination. The CRCGA representatives communicated with the women on such topics as housing, child care, job training and continuation of substance abuse counseling. Upon ending their conversations with each of the women seeking services, the group then identified agencies that could help each of the women with their particular needs.

CRCGA Challenges

The continuous flow of women from the Plane State Jail through the CRCGA also brings with it many challenges. Although the Plane State Jail CRCGA has an abundance of agencies and resources to help these women upon release for the prison system, many of the women face tough choices and grim prospects upon reentering the community. Many of the women in the

Plane State Jail also have children. With no money and few prospects for employment, these women face a tough road back to self-reliance and regaining custody of their children.

Many CRCGA participants listed housing as the overwhelming problem facing the former inmates. While shelters exist for single women, those that also accept single women with children are much more scarce. Further compounding the problem is the fact that the criminal record that these women have bar them from some services as well as making some non-profit agencies reluctant to offer them services. While adequate shelter is a pressing need, transportation, health and dental services, child support from the fathers, educational opportunities, and employment opportunities were also listed as significant challenges the women faced upon release.

While the former inmates face problems with daily subsistence, they also face problems that resulted in their incarceration, substance abuse. While some women receive substance abuse counseling while in prison, many need to continue with their counseling while out in the community because the temptations remain. Because the women from the Plane State Jail are granted unconditional releases upon serving their time, substance abuse counseling is not required as a parole condition. Many of the women the don't attend substance abuse counseling and end up back in prison. Also, since there is no parole officer for these former inmates, many simply disappear and the CRCGA is unable to contact them after their release. The CRCGA and TDJC have contact with less than 20% of the women after their release.

Looking Towards the Future

While the representatives from each of the agencies were most generous in their assessments of the Plane State Jail CRCGA, many of them also lamented at the fact of being somewhat hamstrung by not having representation from certain agencies that could not make decisions on the spot. Many felt that decision makers at the agencies did not have a full appreciation of what these women were facing upon release. Often times, some CRCGA members felt the representative would take the problem to his/her agency and no decision would ever be made, as if it fell into a "bureaucratic abyss" losing opportunities to assist some women.

Demand for the services is much higher than the ability of the CRCGA to meet at current levels. CRCGA representatives estimated that over 200 women at the jail have expressed some interest in seeking aid from the group. Unfortunately, current time commitments only allow 5 women to be seen each month or 60 a year. While contact with the clients is poor upon release from the prison systems, the CRCGA representatives believe that the assistance and coordination they provide these women is of an enormous benefit, especially if it reduces recidivism for even a few clients.

Since the demands are so great, the group would also like to see some type of funding for a paid coordinator. The current coordinator, Leslie Woolley, is based out of Austin with TDCJ and also has many other duties besides coordinating the Plane State Jail CRCGA. Both she and the group felt that a local coordinator would be more appropriate for the group to improve contact with

the clients once they have been released from jail, in addition to solving problems at the service level. Furthermore a local coordinator could assist with improving coordination that can only be accomplished with someone who has more time to dedicate to the group.

Although the paid coordinator was high on the "wish list" to improve services through the CRCGA, the group also brought up several other areas for consideration for legislative funding. First, the group would like to see more state and local money allocated for substance abuse treatment beds for women who have children. Family preservation is very important to both the CRCGA and the women they serve. Furthermore, the group would also like appropriations for miscellaneous supplies, postage and mileage. With such a large group as the Plane State Jail CRCGA, duplication and postage can be quite an expense. Also, the group would like some minor, flexible funds for emergency situations. Because eligibility processes are slow and these women are released without new clothes or money, they are destitute almost immediately upon release. Flexible funds would allow the group to pay for housing, food, new clothes, health care, etc. to allow these women some time to transition to housing and drug treatment.

The job of assisting these women in their transition back to the Houston community is an unenviable one. The hard work and dedication to the project is evident by the strong participation of the group. While definitive results of the group's success are difficult to assess, they continue to press on with an energy and belief that their work is benefiting the community.

Smith/Henderson CRCGA Focus Group

June 1st, 2000

Smith/Henderson CRCGA:

Debra Hill
Helen Thorton
Robin Fincher
DeMetria Haffon
Judy Porter
Mona Craig
Brenda Stewart
Nancy Clark
Genda Lauter
Summer Allan-Wilson
Wilma DeSoto

Background and History

The Smith/Henderson CRCGA is the newest expansion of the CRCGA pilot programs in the state. The newness of the CRCGA was apparent as the group had an energy level not seen in the existing CRCGAs around the state. Although, the core area of the CRCGA exists around the greater Tyler area, the group does not limit its focus to the Tyler area. Henderson and Smith Counties are diverse and rural in nature. To accommodate the great distances that each member of the CRCGA has to travel, the CRCGA has also implemented a county to county rotation, alternating meeting sites between Henderson and Smith county each month. The group members also believe rotating meeting locations every month also encourages participation from agencies in both counties.

Not only does the CRCGA group exhibit a great deal of energy, but the meetings also operate efficiently. Soon after the group formed, the CRCGA members determined it would be beneficial to hold each other responsible for bringing clients to staff. As a result, at least one agency or case worker is responsible for bringing a client or case to the monthly CRCGA meeting for resolution. The case worker knows ahead of time to prepare and briefs the group on the client's condition and needs. The presentation of the client's needs enables the group to better understand and clarify the services available in the community and how best the various agencies at the CRCGA can meet the client's needs. Bringing at least one case to the group each month has increased the number of clients the group has actually helped as compared to most of the other sites around the state. Also, the Smith/Henderson CRCGA meetings are run as loosely as possible to make members feel more at ease. The members believe their relaxed atmosphere gives CRCGA members a feeling of comfort that increases meeting attendance. Nearly all matters are voted on by the group and adopted by CRCGA member consensus.

Serving the Community

Often, clients served by the CRCGA do not actually attend the meetings. Many have physical and/or mental limitations that keep them from attending. Because the needs of the community are so great and the CRCGA members believe their group has been effective in coordinating services for the area's most needy, the primary goal of the group has been to bring the client's case to the meeting and formulate a service plan. One member stated, "When you know

your agency is responsible for bringing a staffing it makes you dig more to get one in.”

One problem the group has faced is the lack of awareness or limits of the group’s constituents. In some cases, resources were inaccessible that the case managers were unaware. Furthermore, some agencies agreed to take on certain service tasks and were then were unable able to fulfill them because of their lack of knowledge about the services offered by the agency. To better educate the members of the CRCGA, the group also began to have different agencies responsible for presenting on the services their agency provides at the meeting to extend the member’s knowledge base. Already, the group has noticed that agencies are connecting outside the meetings because they have made the necessary network connections at a CRCGA meeting as well as a deeper understanding of the services offered by the various agencies throughout Smith and Henderson Counties.

Challenges

Like many rural areas in Texas, the Smith/Henderson area has two overwhelming challenges for the community, transportation and affordable housing. Public transportation is virtually non-existent in the area. Affordable housing is also another pressing issue. Currently, there is a 1.5 year waiting for HUD housing in the area. CRCGA members find it particularly difficult to provide or arrange for housing or transportation for their clients. In cases where housing or transportation may be available, the special needs of their clients, such as mental or physical impairments are often too much for the local infrastructure to

endure. As a result, the Salvation Army provides temporary housing to some clients served by the CRCGA, but the Salvation Army has only a limited number of spaces for the homeless in the area and those spaces are occupied on nearly a continuous basis.

With the challenges the group faces, the Smith/Henderson CRCGA has also tasted some recent success through assisting a client who sought help from the group. One client requested help to assist her with daily functioning and mobility to negate the need for attendant care. Recently, she had acquired an electric scooter to assist her with shopping and medical needs. While her insurance helped provide the scooter, the client had no means of transporting the scooter in her compact car. The CRCGA attempted to arrange for the lift to be attached to her car, but her automobile was too small to carry the lift and the scooter. Although the CRCGA is still attempting to assist with transportation for the scooter, the scooter allowed her to regain some mobility and reduced the need for attendant care. In another example, the group was able to assist a mentally retarded client with poor social skills. Upon reviewing the case, the CRCGA found that the client was very functional as long as he was able to work alone. As a result, the CRCGA arranged for the delivery of a donated computer to the client's residence. Now, the client has a computer at home and "he does great" says one CRCGA member.

Looking Towards the Future

The Smith/Henderson CRCGA is off to an extremely positive start. The early successes of the CRCGA are a testimony of the hard work and dedication

of the CRCGA members and their leadership, Debra Hill, Helen Thornton, and Robin Fincher. Though the group has removed many barriers in the community and successfully coordinated services for the CRCGA's clients, the group is acutely aware of the cases and work that lie ahead of them. As the federal and state governments continue to cut funding for health and human services, the real effects trickle down to the local level. The members of the CRCGA feel that local agencies are serving more people with less money and the strains are beginning to show. The lack of health insurance and the changes involved in Medicaid once a client ages into adult years can be catastrophic. Those that are in dire need of services many times have no resources to pay for them and unfortunately, the community often does not either. As needs continue to grow and resources become more scarce, the need for the Smith/Henderson CRCGA will continue to grow.

Brazos Valley CRCGA Focus Group

June 2nd, 2000

Brazos Valley CRCGA:

Barbara Dever-Henson
Laura Dillman
Micki Baudoin
Dalia Yanez
Heather Norwood
Sherry Suarez (individual interview on June 22nd)

Background and History

The Brazos Valley CRCGA serves a seven county area around the Bryan/College Station area. While the group serves Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington counties, the main focus of the group appears to be around the Bryan/College Station area as many of the local health and human service agencies that attend the CRCGA monthly meetings are also based out of the Bryan/College Station area.

Taking their cue from the Brazos Valley CRCG for children, the group originally emerged in 1997 and has evolved somewhat over the years into its current form today. Although the original intent of the CRCGA was to provide services for dually diagnosed clients in the Brazos Valley area, the group does not limit itself to the mentally ill. Although the core group from the Brazos Valley CRCGA has ties to the local mental health authority, the group has helped clients without either mental health impairments or substance abuse problems.

While the Brazos Valley CRCGA has membership from over 20 different health and human service agencies in the area, attendance at the meetings has

been in decline for some time. The June meeting was one of the more poorly attended meetings in recent memory by members from the CRCGA. During the focus group, only 5 members from the CRCGA group were present and 3 of those members were attending their first CRCGA monthly meeting, which made gathering information from the group and soliciting a variety of viewpoints difficult. However, those familiar with the CRCGA process over the past several years were able to talk at length about the Brazos Valley CRCGA.

Serving the Community

The first few years of the Brazos Valley CRCGA seemed to have been the most productive ones. CRCGA members estimated that the group served approximately 20 clients between 1997 and 1999. Unfortunately, no records were kept during this time period. Since late 1999, the group has kept formalized records required by the State CRCGA office. Over the last year, the group has staffed 4 clients, all with a variety of needs and unique problems. The Brazos Valley CRCGA has broadened its scope to include anyone over the age of 18 who is encountering barriers and requires services from 1 or more agencies.

Of the 4 most recent clients who received services through the Brazos Valley CRCGA, two brought their own cases to the group by approaching the current coordinator of the group, Sherry Suarez. The other two were referred to the group by a case worker. Though the 4 cases brought to the Brazos Valley CRCGA were all quite unique, they also shared some common themes, such as a need for affordable housing and the limited resources available in the community. The group has very ambitious plans to find flexible and creative

solutions to individual's needs through coordination and the pooling of resources, but often finds that difficult to accomplish because of bureaucratic problems and funding restrictions.

Challenges

Obviously, one of the biggest challenges of the group has been retention and participation of the CRCGA members. While the State CRCGA Office is putting together a Memorandum of Understanding (MOU) among state agencies to offer better participation and coordination on the local level, the CRCGA members who were present discounted its effectiveness. They would like to see more "teeth" to the MOU and even go further to require state agencies to have a representative at the CRCGA monthly meetings.

Poor agency participation in the CRCGA group has seemingly become a slippery slope for the Brazos Valley CRCGA. Without consistent and active participation, the group members believe this has reduced the number of clients the group has been able to serve. As participation has slipped, the focus of regularly bringing clients to the monthly CRCGA has also suffered. CRCGA members present at the meeting believe that as some members find the monthly meetings more and more less useful, they slowly stop attending. As staffings have become less frequent, the group seems to have lost its energy, although the majority of those in the CRCGA still believe the group provides a valuable service to the community.

For the clients the group has helped in the past year, members spoke of three challenges that nearly all of the clients have faced who have sought help

from the Brazos Valley CRCGA. Transportation in the Brazos Valley continues to be problematic. A local non-profit agency called the Brazos Valley Transit Authority has been asked to attend the CRCGA meetings. As a result, the group was able to persuade the Transit Authority to extend their hours of operation, accommodating those who need transportation outside of normal business hours. Also, the group lamented over the lack of funding for clients in the community for basic health services, food, and clothing. Finally, adequate housing was also named as a top challenge faced by the group. With a booming economy and more and more people entering the community each day, affordable housing is virtually non-existent in the community.

Looking Towards the Future

Though the Brazos Valley CRCGA is struggling to find itself again, the group has continued to go forward. Sherry Suarez is resigning her position as coordinator for the group effective in August. Her commitment along with a few others, has kept the group functional over the past few months as the group took on an enormously complex case. Upon speaking with the mother of the client who had attended a Brazos Valley CRCGA, she was quite complimentary of the group and appreciated all the help she was able to receive.

Sherry also echoed the same concerns about coordinating the CRCGA as the other pilot sites around the state, such as having a coordinator to devote more time to the CRCGA. Sherry believes establishing funding for a full-time paid position may not be feasible in all areas, especially because of a lack of resources. She suggested that the group approach the School of Public Health

at Texas A&M University and obtain the services of a graduate student to organize, promote and coordinate the group in exchange for school credit. Having a graduate student act as the coordinator for the group could be a low cost alternative to the full-time paid coordinator position as well as providing more exposure of the Brazos CRCGA to the University while providing excellent experience to a student. A dedicated coordinator could organize meetings more effectively, arrange for more staffings to occur, promote the group to the community, and encourage better participation by the CRCGA members.

-

Austin-Travis County CRCGA Focus Group

June 13th, 2000

Brazos Valley CRCGA:

Surrena Schreiber
Paloma Kennedy
Frank
Lilly
Lorie
Diana
Randy

Background and History

The CRCGA in Austin initially grew out of the Community Action Network, an interagency group based in the area. Once that group has fulfilled its original mission, the group transformed into what it is know as now, the Travis County CRCGA. Since the first monthly meeting in 1999, the Travis County CRCGA began serving its first clients in April of this year.

Several months were spent on structuring the CRCGA. The group complained of being somewhat bogged down by the arduous planning tasks, such as client confidentiality and the extent to which different agencies would participate. As a result, some felt the group lost its momentum and focus and the group conveyed sentiments that neither the meetings nor the amount of client staffings had emerged the way the group had originally intended. The Travis Country CRCGA was also modeled somewhat after the Children's CRCG and initially had a full time representative coordinating the effort. Unfortunately, transitioning into a CRCGA proved difficult for many of the members. Continuity among the group has also been problematic. The leadership in of the group has

been in a state of flux for the past year, as the group has seen 4 different committee chairs. The group believes the lack of solid and consistent leadership has contributed to the sporadic attendance at the CRCGA. In some cases, CRCGA members have stopped attending altogether.

Serving the Community

Based out of the Austin-Travis County Mental Health and Mental Retardation Center, the CRCGA's focus has primarily been on clients with mental health needs, though many have a broad range of needs. The ATCMHMR is the area's local mental health authority. Each local mental health authority sets a "priority population," based on community needs. As a result, residents in the Austin area that fall under the priority population are able to receive services through ATCMHMR. As in every community, residents in the community fall outside the priority population and are often ineligible for services, despite their needs. The Travis County CRCGA was designed to help serve some Austin area clients that fall outside the priority population. As a result, the group seeks to assist clients with a dual diagnosis of substance abuse and mental illness, clients dealing with reduced service levels and benefits as they age into adulthood, and transition and support of sex offenders back into the community.

In a recent case, the CRCGA assisted a young man transitioning to school to an adult. As a child (under the age of 21) the local school system is required to provide services for all disabled clients. Many school systems such as Austin provide generous benefits and coordinate care, effectively managing the child's disability. However, upon the child's 21st birthday, the client was no longer

eligible for care through the school system. Coordinating services and finding care for this client as an adult fell perfectly into the scope of the Travis County CRCGA.

Another common need addressed by the CRCGA has been housing. Community agencies exist that handle strictly housing needs, but many times the agencies coordinating housing in the county encounter problems outside their scope of care. In one instance, the CRCGA had a client who was a convicted sex offender. The client had multiple sclerosis (MS) and needed housing because the prison system could not provide support for his medical disabilities. Finding suitable housing for someone with MS as well as a criminal history was quite challenging, but the Travis County CRCGA was able to assist this client and the Criminal Justice System.

Challenges

Members of the Travis County CRCGA expressed concerns over the need for a full-time coordinator. The churning of voluntary coordinator position through the group has left a leadership vacuum. As a result, the coordination and services the group have been able to provide to the community have suffered. The number of agencies that have stayed active is small. Furthermore, without leadership and group participation, the Travis County CRCGA has not served the number of clients that they would like to, especially knowing that there is such a tremendous need in the community for coordination and linking of services.

Without adequate leadership and direction, the members of the Travis County CRCGA felt that they were also not visible or understood by frontline

caregivers and social workers within the community. They believe that caregivers working with clients directly often do not think of the CRCGA as an option for assistance and many do not know the group even exists. Many places in the community do not even recognize the CRCGA as a entity established in service integration. With strong leadership, focus and a secure and committed core group of CRCGA members, the group feels like it would be in a better position to market itself and offer more of its services to the community. However, without funds for promotion, the Travis County CRCGA has a difficult time getting the word out to the community. Working through grass roots is often a laborious and time-consuming process and everyone in the group has many other work tasks beyond attending the CRCGA.

The Travis County CRCGA members reiterated what many in the other focus groups had said about the impacts of poor funding on community services and coordination. Without adequate funding and dedicated resources, they believe a strong CRCGA will be difficult to sustain. The group listed needs in such areas as general funding for promotion, paperwork, mailings, man hours, and especially a full-time dedicated coordinator.

Beyond the difficulties the CRCGA group is facing, the clients in the area also face difficult circumstances to subsist in the Austin area. Housing was listed as one of the key issues facing clients and just about everyone in the Austin area. The growing Austin population has put rents into the stratosphere. Affordable housing is virtually nonexistent or the waiting lists are quite long. Furthermore, clients that typically need services from the Travis CRCGA are

uninsured. Many are trying to get disability through the government Social Security Income (SSI), that would help with medical bills and provide some income, but current rules do not allow clients to work while applying for SSI. Many become destitute as they wait, sometimes up to several years, for the government to process their SSI applications.

Looking Towards the Future

The Travis CRCGA members believe it coordination of services will be essential to the community as safety net for people grows smaller and smaller. While the state and city have reduced funding for health and human services, the needs continue to grow, especially in a county with a burgeoning population such a Travis County. Recent cuts in from the Texas Commission on Alcohol and Drug Abuse (TCADA) took away nearly one and a half million dollars in March of this year. The group estimates that many people living in the Austin areas are unable to receive necessary mental health services simply because of funding cuts and limiting criteria.

To smooth some of the rough spots the Travis CRCGA has experienced, the group has plans to establish a point person that knows different agencies' procedures and can take care of the initial triage of a possible client to determine if the client is appropriate for the CRCGA. The group plans to utilize a volunteer within their own organization. This person is a case manager that comes from a demonstration project on systems integration. This volunteer is in essence a systems level case manager and the group believes that the point person could

make the group work more efficiently as well as taking the group to a new level of service.

EI Paso CRCGA - The Guardian Task Force
June 26, 2000

EI Paso CRCGA

Sandra Threadgill
Eddi Sanchez
Guz Lopez
Raquel Garcia-Gonzalez
Reynaldo Fabela
Winford Dowling
Natline Adams
Rudy Ramirez
Carlos Hernandez
Michele Ellington
Adan Dominguez
Faith Lucas
Greg Brickey
Guadalupe Morales
Celina Hernandez

Background And History

The EI Paso CRCGA began in 1996 as the EI Paso Guardian Task Force. Initially, the probate judge mandated the Guardian Task Force to handle guardianship issues. The first members consisted of eight to nine agencies that came mostly from the private sector. Under the mandate, a core membership was established that evolved into the CRCGA model. The task force is proud to say that they had been following the principles of the CRCGA model even before it became a formal CRCGA.

In early June, all state partners of the EI Paso Guardian Task Force received a faxed copy of the CRCGA Memorandum of Understanding (MOU). Signed this summer by all state agencies, the MOU finalizes a commitment to CRCGA by all state agencies. For the EI Paso Guardian Task Force, the MOU

is a green light for state agencies to work fully with the efforts of the CRCGA and help provide more consistent participation.

Serving The Community

The El Paso CRCGA primarily service the elderly or and disabled individuals from the community. The CRCGA has also assisted clients who are dually diagnosed. With the difficulties placing such individuals and inadequate community resources, the need for the CRCGA is evident, say CRCGA members. Many clients do not qualify for Medicaid or Medicare. For clients that do qualify for Medicaid and require nursing home care, CRCGA members noted a chronic lack of facilities that accept Medicaid. For clients with less severe needs, the CRCGA assists with resource coordination to help clients remain in the community and avoid nursing home placement.

The CRCGA also serves a large number of Alzheimer's patients. Again, resources and nursing beds that will accept clients are scarce. Further, there are no secure facilities capable of handling the behavior associated with Alzheimer's disease such as wandering and aggressiveness. The task force had to develop service plans to take clients outside their communities. Increasing the number of Texas Department of Health approved nursing facilities would only begin to alleviate the problem.

Challenges

The Guardian Task Force has relied on active private agencies for strength. By the time the CRCGA model was incorporated, the Guardian Task Force grew rapidly due to recruitment of members from state agencies. The

membership doubled and split the focus of the CRCGA. Some members feel that a focused and centered approach is best. The Guardian Task Force was established to confront issues of guardianship. Remaining on a track that addresses only these problems would allow the group to provide more comprehensive care. On the other hand, other members wanted to broaden the scope of work for the CRCGA and accept more general criteria for clients. In doing so, the CRCGA accepts heavier responsibility in the community, and would become a centerpiece for public services. Bringing both sides of this issue to the table adds complexity to the CRCGA. This is the future of the group. The task force is strengthened by the commitment and diversity of its membership.

Neither argument could be settled without first analyzing the communities perception of the CRCGA. One of the task forces biggest initial hurdles was public awareness. CRCGA members believe a lack of understanding of the CRCGA process by state and local agencies not fully represented at the monthly meetings, has limited the success of the CRCGA. Not only were clients unaware of the help provided by the CRCGA, but also members were not clear as to what agencies the community contained and what scope of services they provided. Before the Guardian Task Force, people in need of services often had no idea where to obtain assistance. Once identified as a barrier, the CRCGA was able to explore all the members' services to chip away at accessibility problems. The CRCGA has not completely fulfilled their goal of greater community awareness, but educating the members and consequently their agencies on the matter of services is pushing the group in the right direction.

Looking Towards The Future

Improvement for the future again lies within public awareness. If there is a need, whatever it may be, then the task force can be turned to for help.

CRCGA members hope to continue the work to make the CRCGA more accessible. The community must know the group exists, the benefits it can offer through service coordination and that the CRCGA can be easily accessed.

The future of social services is in collaboration, and without sufficient funding for individual agencies the only way to meet established goals is for agencies to work together. CRCGA members emphasized the complexity of the cases that they have seen and that no single state or private agency can handle those cases alone. Services must be available for entire families with complex needs. It takes a coordinated effort to handle issues that affect not just one but multiple family members. Uniting efforts provides more continuity of care and efficient delivery of services without frustrating clients trying to access the myriad of federal, state, and local agencies for assistance.

members to become acquainted with each other and building rapport with colleagues who share the same goals, but previously did not know existed. That rapport has built a strong common bond among the group's core members. This rapport and knowing the "key decision-maker" within each of the agencies sometimes permits barriers to service coordination to be eliminated with a simple phone call for simple problems. However, the formation of the CRCGA was intended to provide services for clients with complex needs, often beyond those that can be handled by a phone call.

Serving the Community

The Plainview CRCGA was an offshoot from the Plainview children's CRCG. The idea behind creating the CRCG for adults was to assist clients who had seemingly exhausted all means of resources available to them in the community. Unfortunately, exhausting resources and benefits does not often correlate with satisfying client needs. When an adult client meets the criteria of having multiple needs with few or any resources available to them, a case worker will refer the client to the CRCGA.

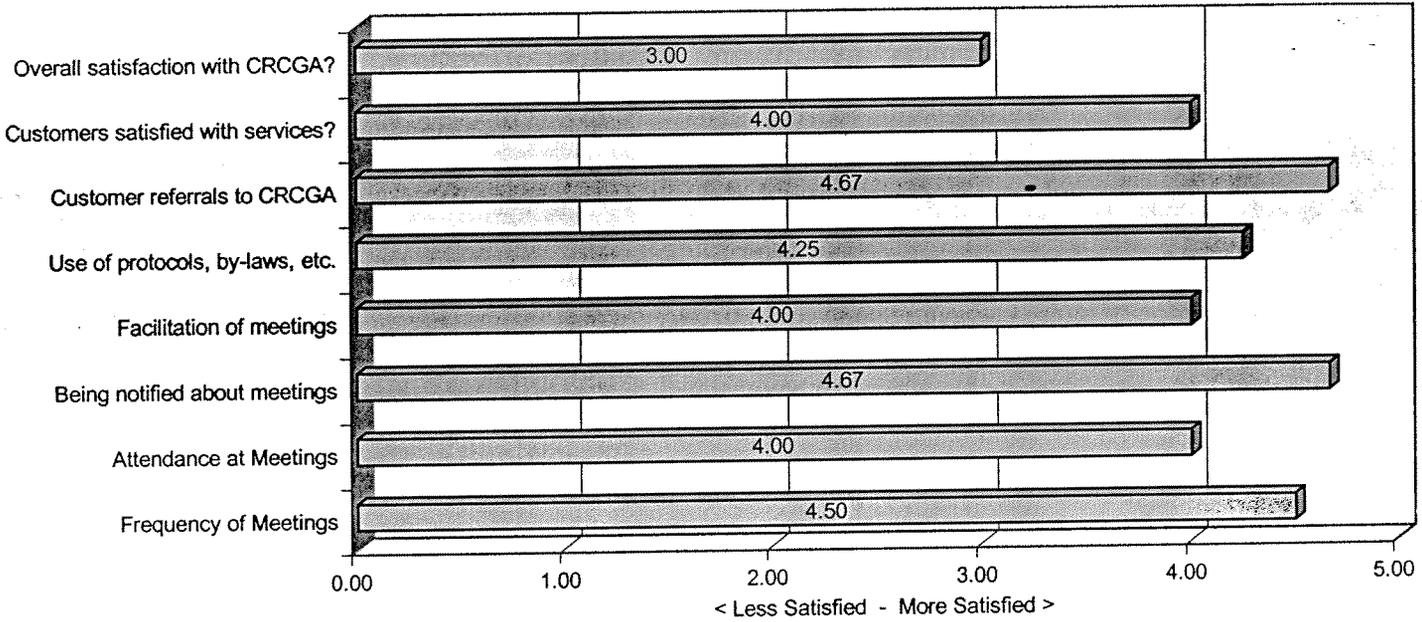
The CRCGA meetings occur approximately once a month. Clients typically referred to and served by the CRCGA have multiple needs that no single agency can handle. The idea of the CRCGA is to coordinate representatives from each of the health and human service agencies in the area to reduce barriers and brainstorm, finding innovative ways to serve such clients. Many times, the clients that the Plainview CRCGA serves have hit roadblocks to services or have no funding for services they may desperately need.

Appendix D

CRCGA Member Survey Results by Pilot Site

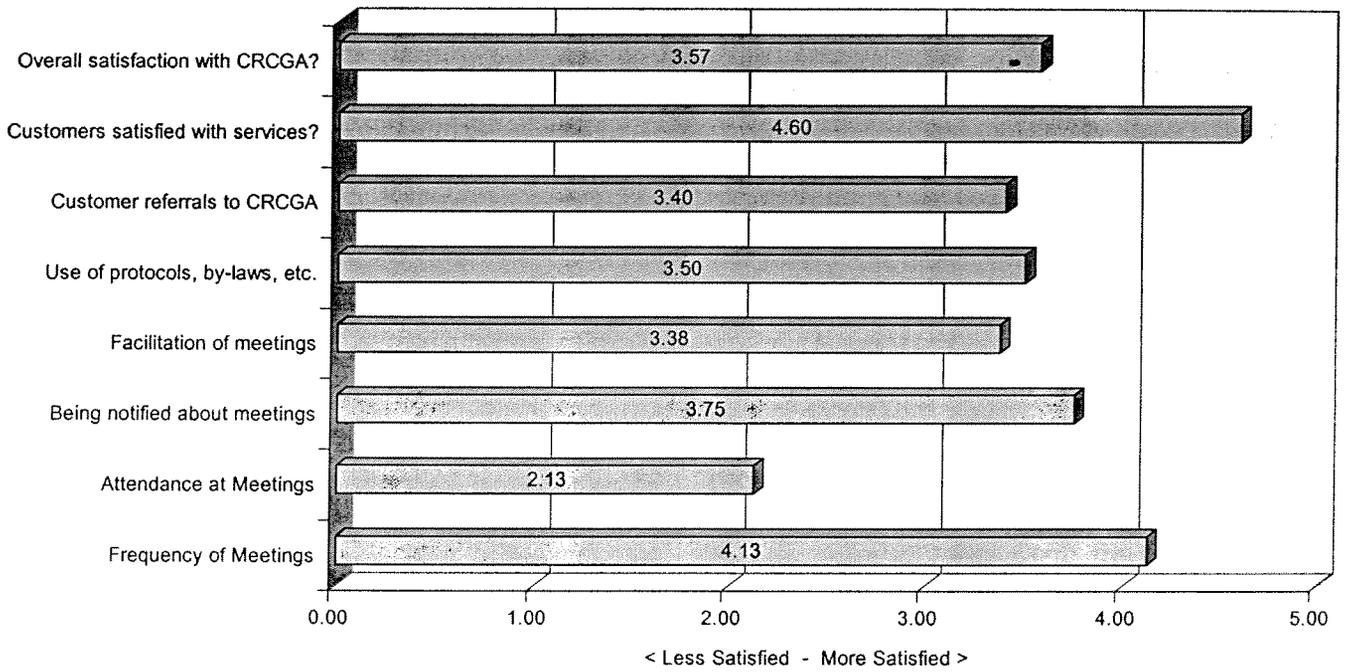
El Paso Member Satisfaction with CRCGA

N = 4



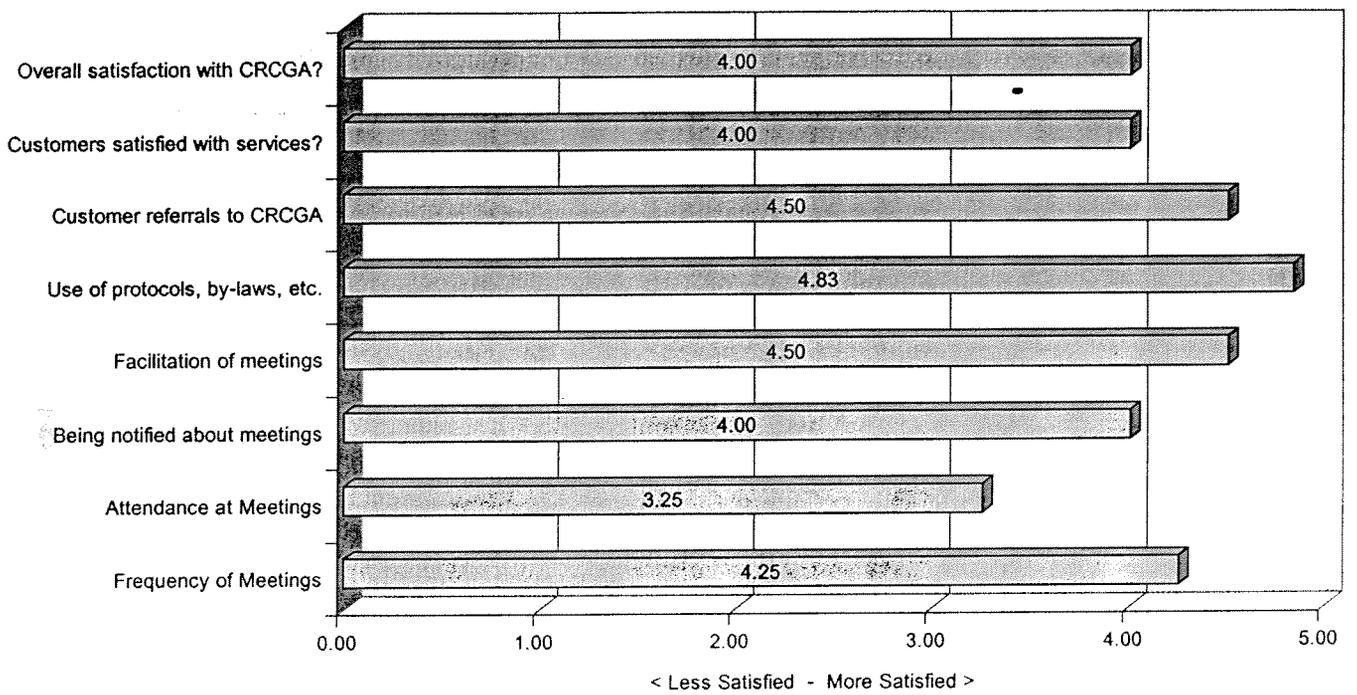
Travis Member Satisfaction with CRCGA

N = 8



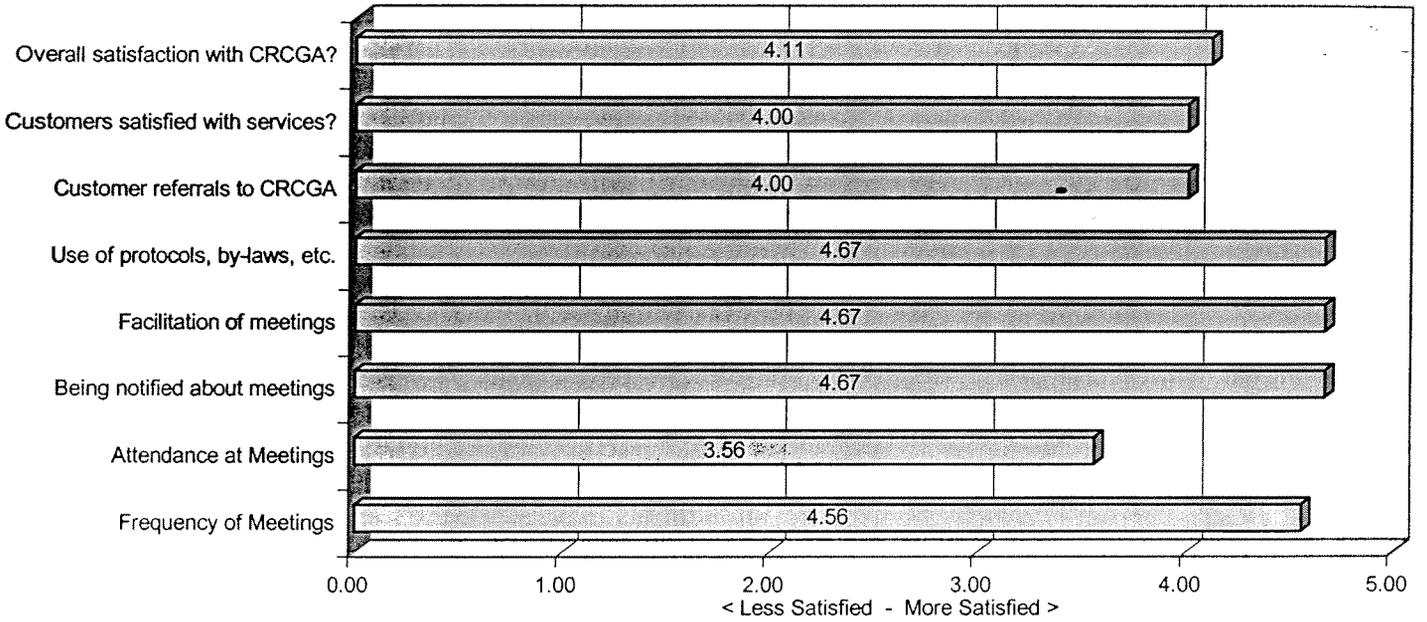
Smith/Henderson Member Satisfaction with CRCGA

N = 8



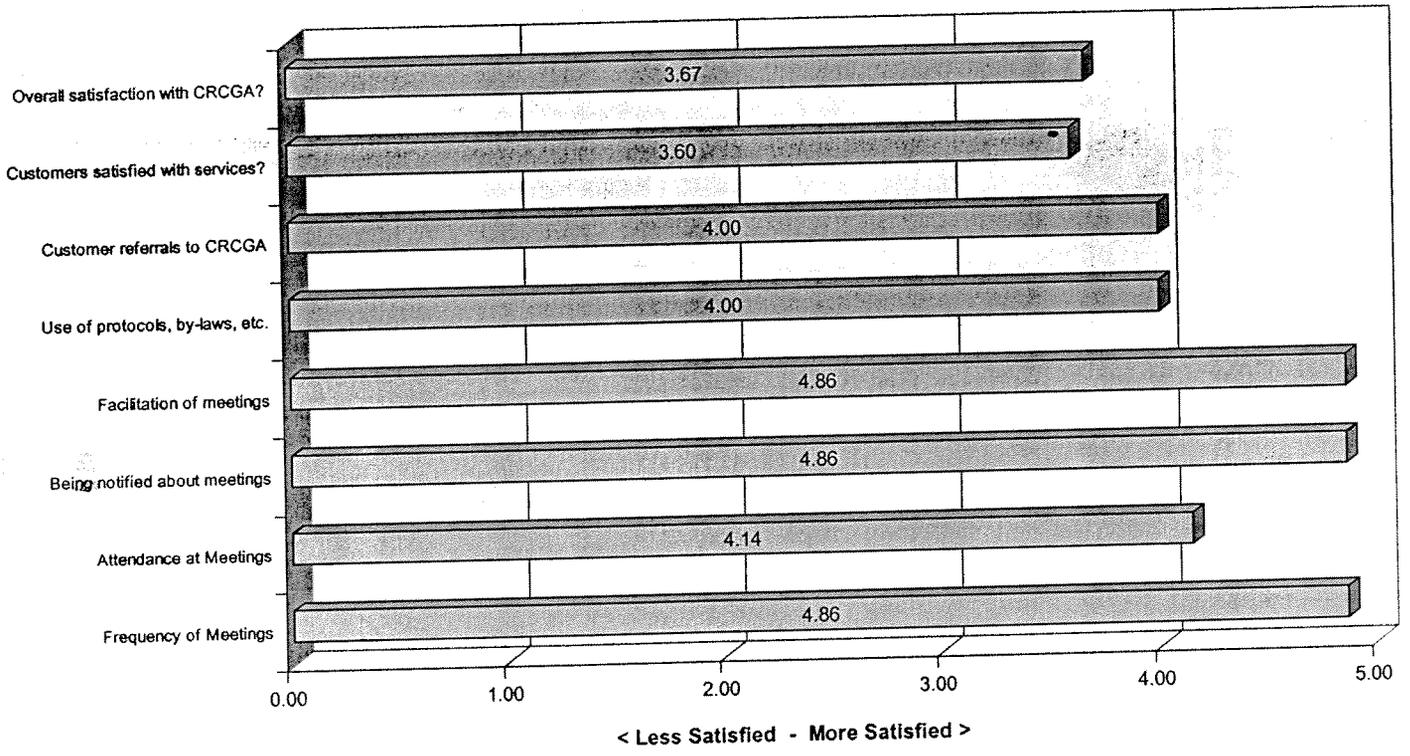
Brazos Member Satisfaction with CRCGA

N = 9



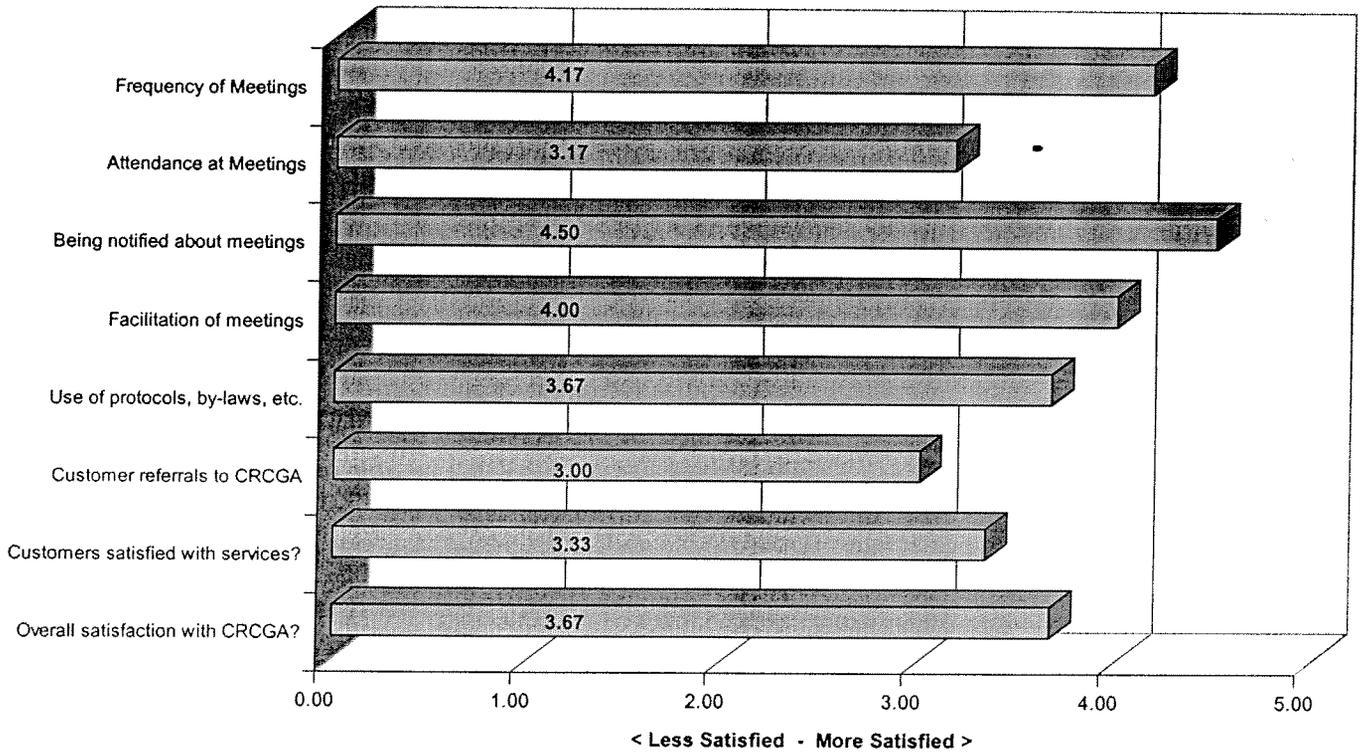
Plane State Jail Member Satisfaction with CRCGA

N = 7



Plainview CRCGA Member Satisfaction

N = 6

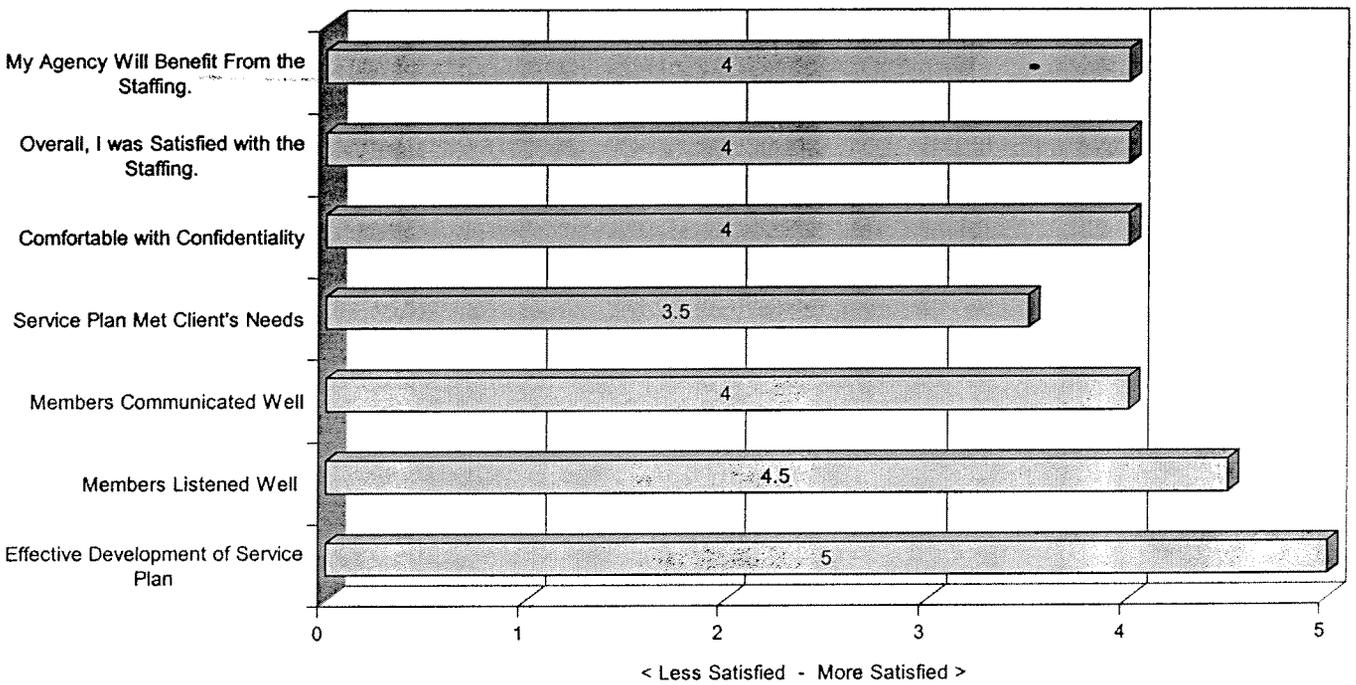


Appendix E

CRCGA Referring Entity Survey Results by Pilot Site
(No data exist for the Plane State Jail or El Paso CRCGAs)

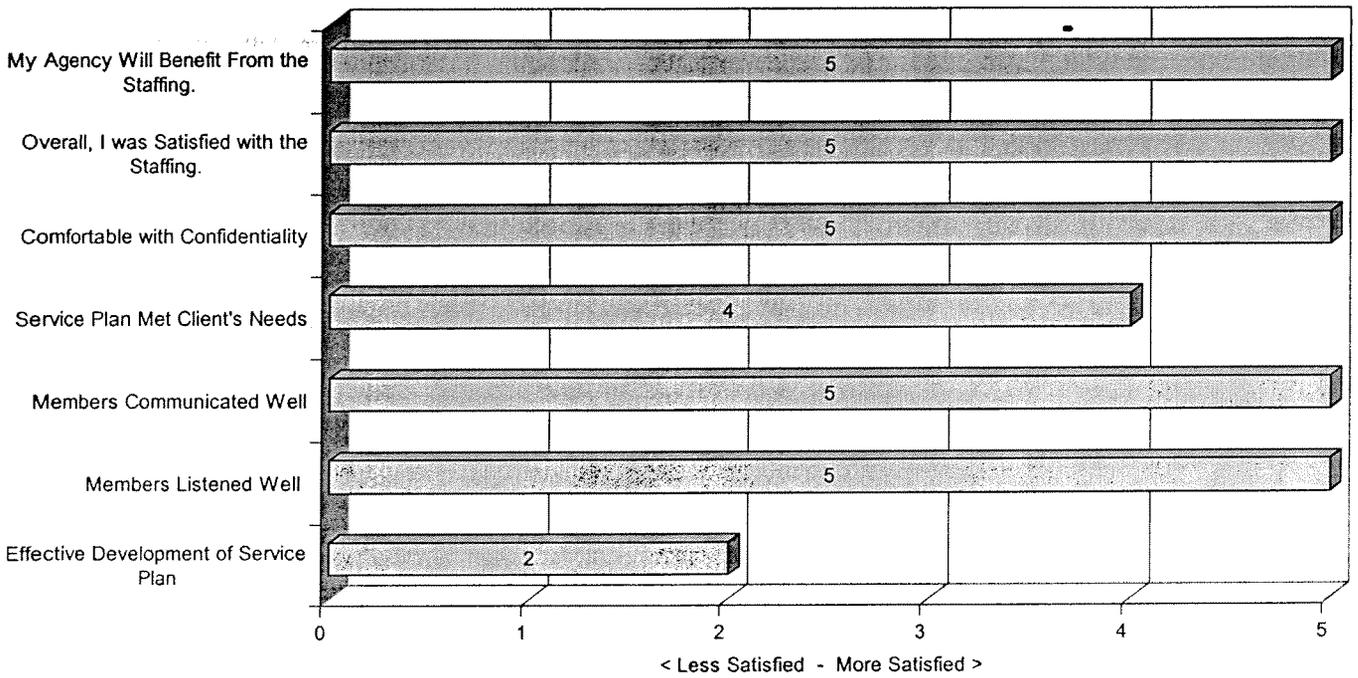
Travis Referring Entity Satisfaction Satisfaction with CRCGA

N = 2



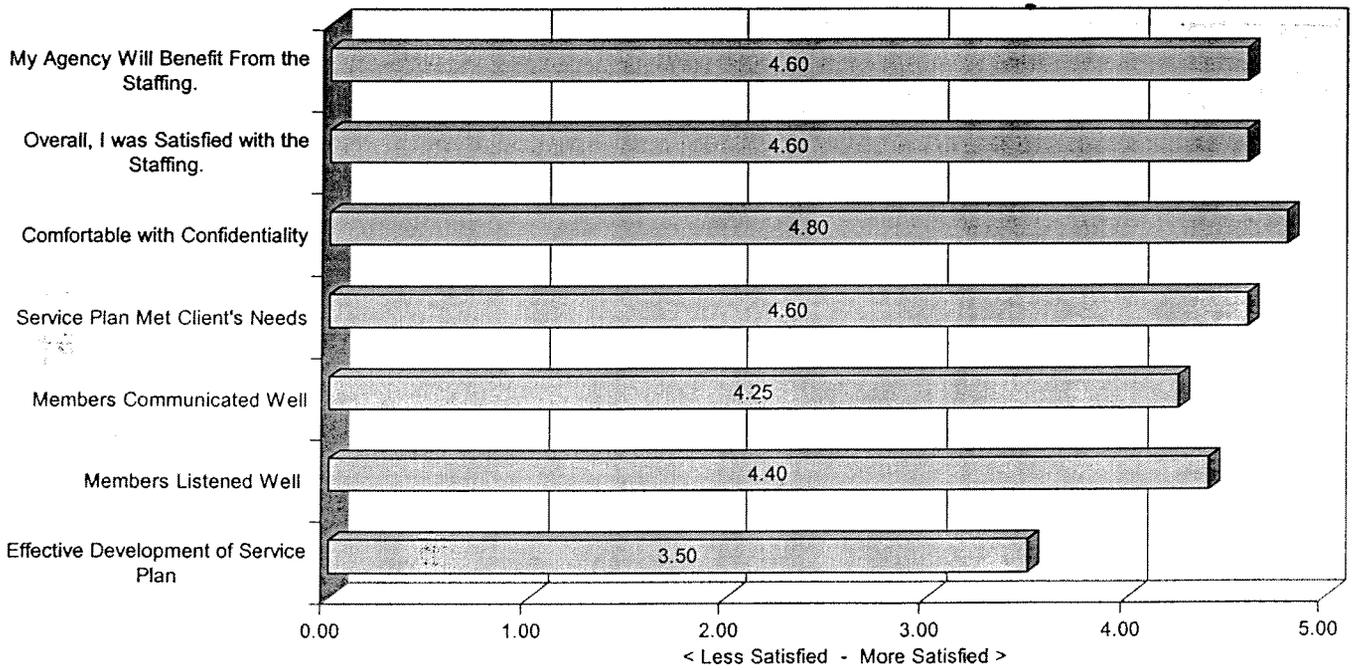
Brazos Valley Referring Entity Satisfaction with CRCGA

N = 1



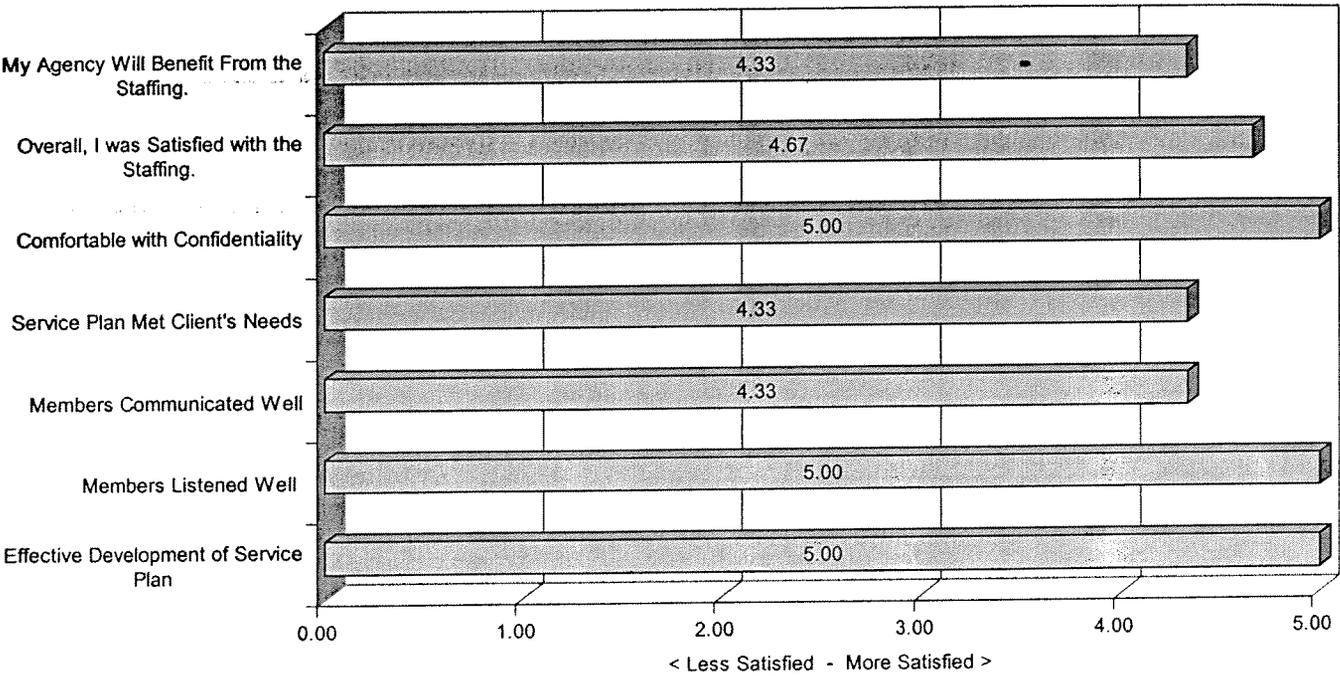
Smith/Henderson Referring Entity Satisfaction with CRCGA

N = 5



Plainveiw Referring Entity Satisfaction with CRCGA

N = 3

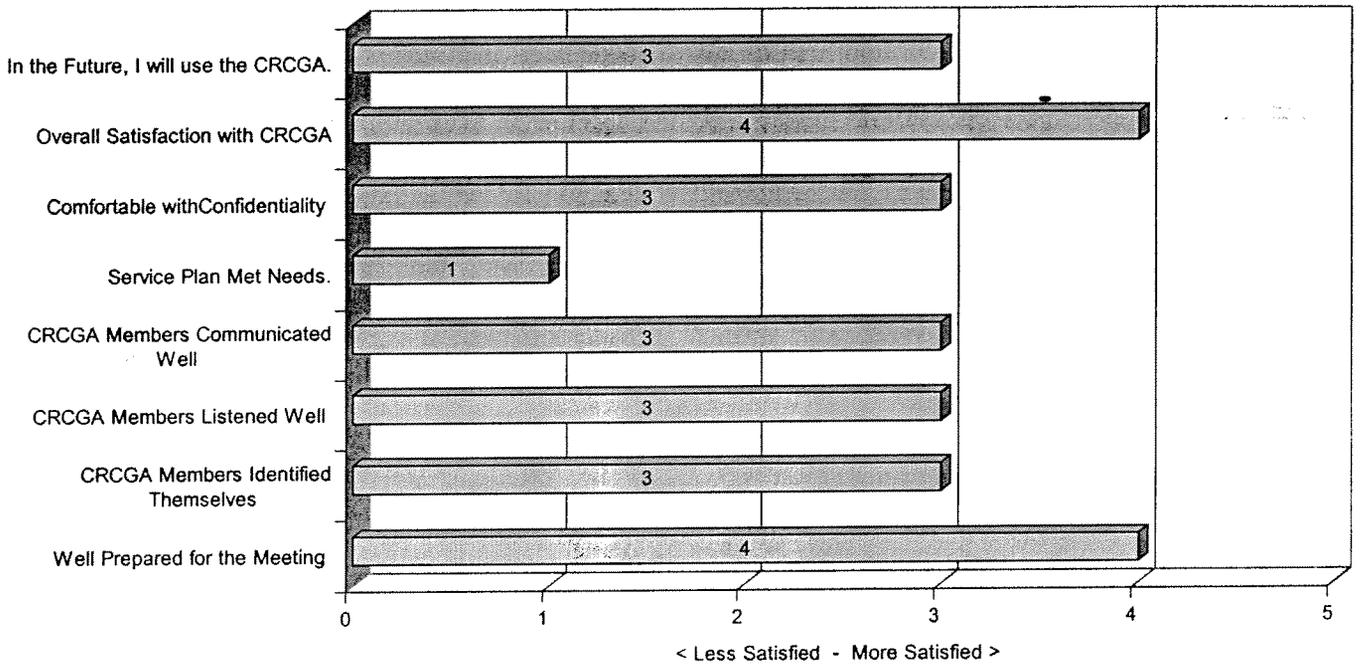


Appendix F

CRCGA Client/Caregiver Survey Results by Pilot Site
(No data exist for the Austin CRCGA)

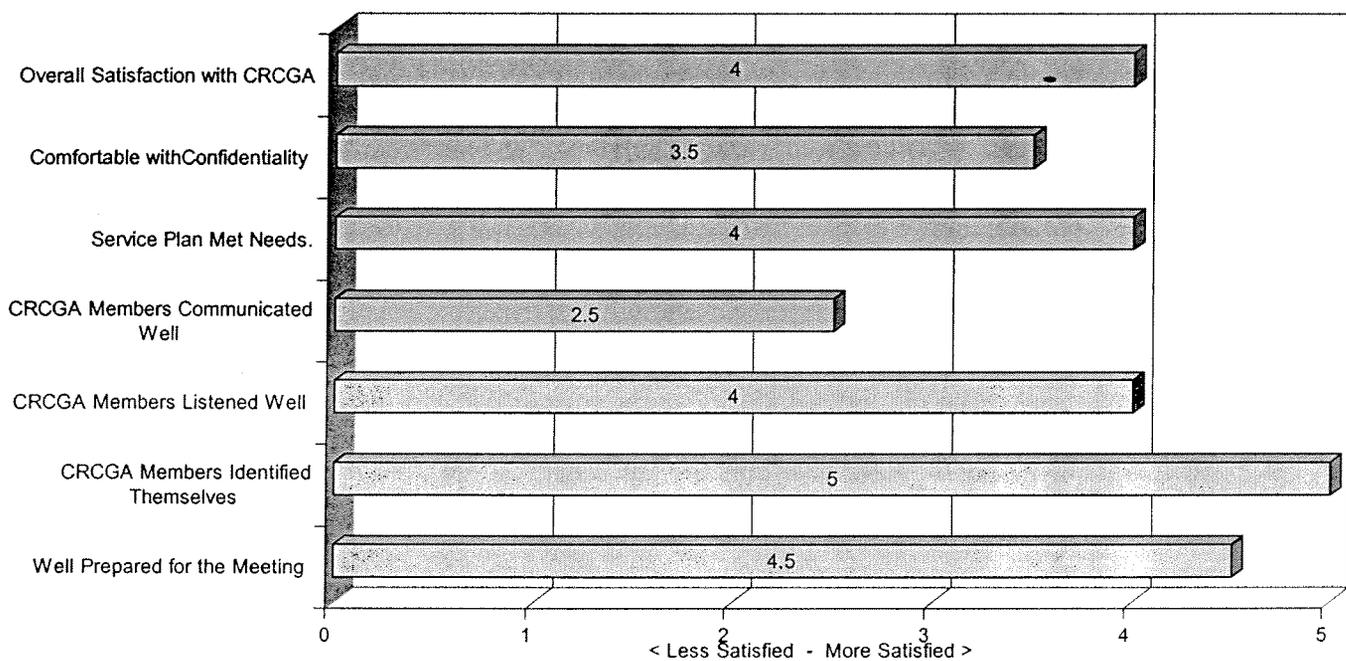
El Paso Client/Caregiver Satisfaction with CRCGA

N = 1



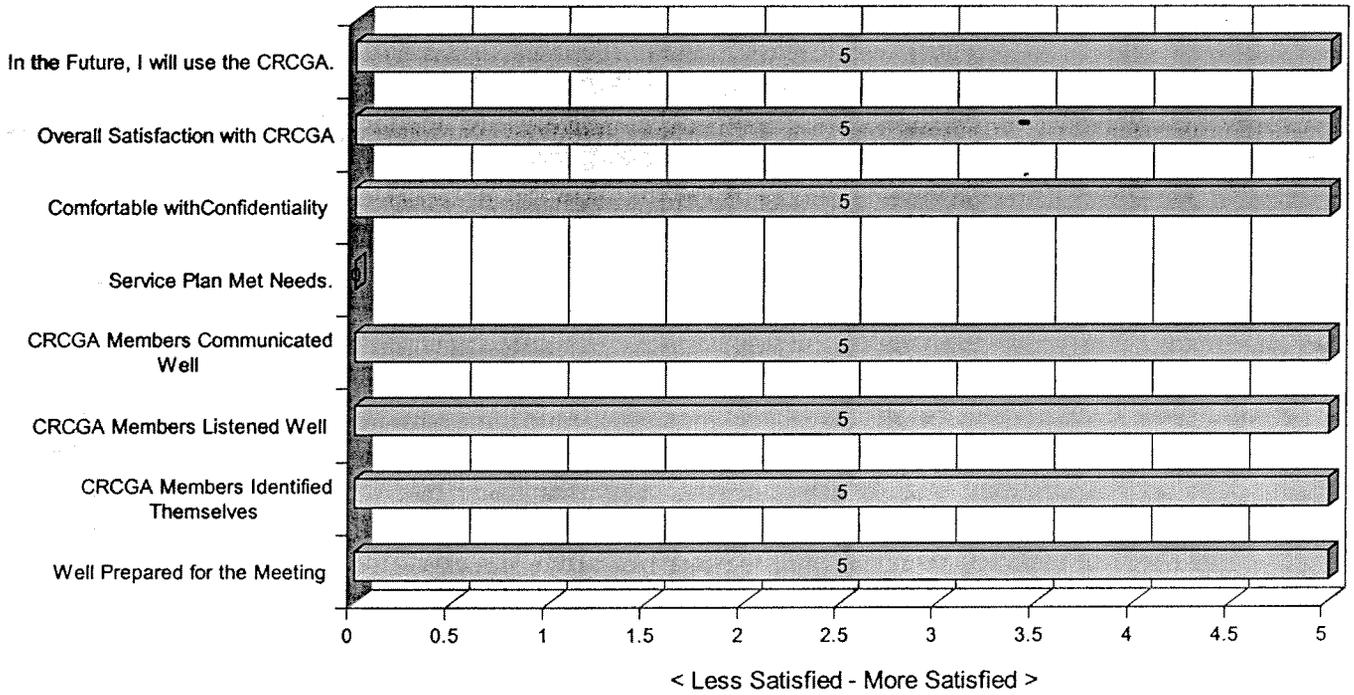
Brazos Valley Client/Caregiver Satisfaction with CRCGA

N = 2



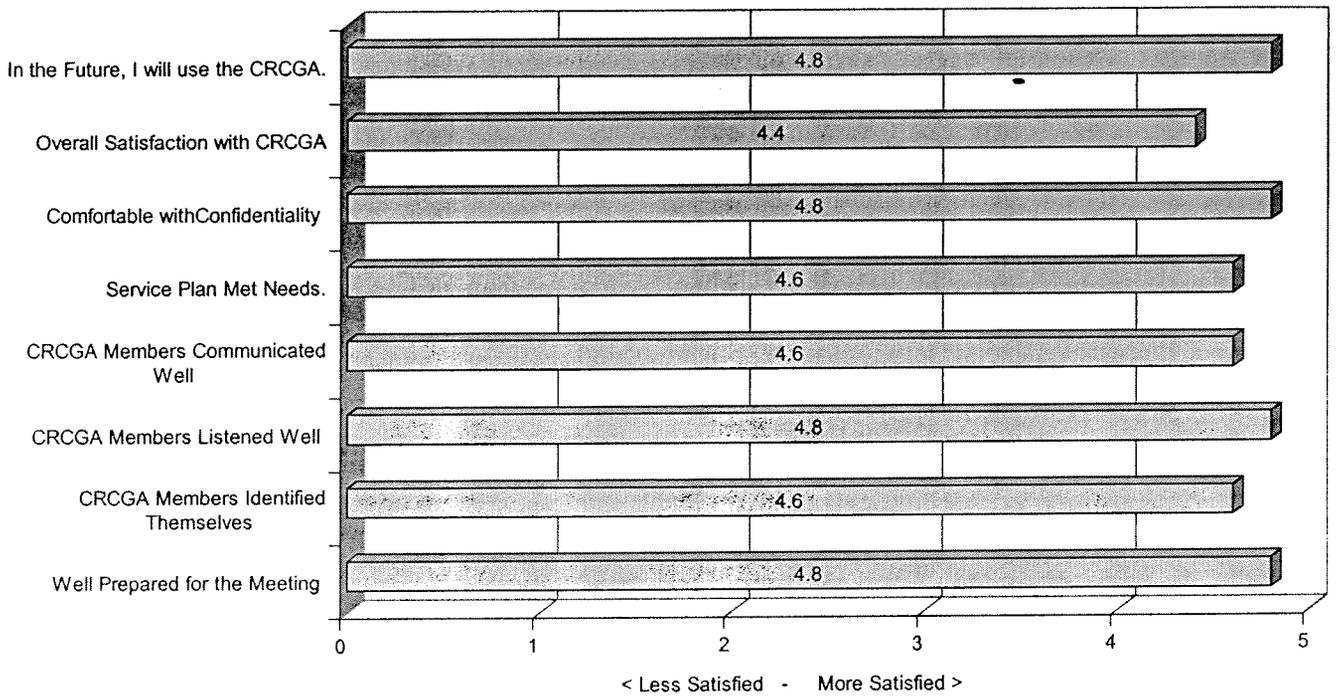
Smith/Henderson Client/Caregiver Satisfaction with CRCGA

N = 1



Plane State Jail Client/Caregiver Satisfaction with CRCGA

N = 5



Plainview Client/Caregiver Satisfaction with CRCGA

N = 4

