

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

EXECUTIVE SUMMARY



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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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Executive Summary

This report was prepared for the State Office for the Community Resource Coordination Groups (CRCGs), 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 Community Resource Coordination Groups for Adults (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.

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 CRCGAs proved to be quite different from those in the children's model. Evaluating client satisfaction 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, including 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 who had received services through the CRCGA, or their caregivers, 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.

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.
- 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 staffings. Although the

reasons for low staffing levels 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 local state and 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 agencies serving clients 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 by all state agencies is inconsistent.** Participation and attendance by state agencies in the local CRCGAs is inconsistent. During each

site visit, all CRCGA pilots had less than complete representation from all of the agencies participating at the state level. A recently completed Memorandum of Understanding (MOU) among the fourteen state agencies is expected to help improve participation by the state agencies in the CRCGAs.

9. Follow-up with 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.

Recommendations

- 1. The State Office and the CRCGAs should seek to more clearly define the roles and expectations of all CRCGA participants.**
- 2. State Office staff and the local CRCGAs need to analyze exactly why low staffing levels are a problem at several of the CRCGAs and introduce steps to increase staffings.** CRCGA sites may want to adopt the strategy implemented in the Smith/Henderson Counties 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.

- 2. The State Office and the CRCGAs need to find creative solutions to lessening the burdens of CRCGA chairpersons.** 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.
- 3. More emphasis should be placed on follow-up and evaluation of the CRCGA service plan within a shorter period of time.**
- 4. 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.

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