

# Coordinated Service Delivery and Children's Well-Being: Community Resource Coordination Groups of Texas

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**ABSTRACT.** Interagency collaborations are uniquely suited to meeting the increased needs of communities in today's environment of reduced federal funding and devolution of services to the state and local levels (Gore, 1993). In Texas, interagency collaborations take place

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through Community Resource Coordination Groups (CRCGs), which were created by the Texas Legislature to coordinate local service delivery for children and their families who often “fall through the cracks” due to having multiple needs. This article presents an evaluation of CRCG operations, with a focus on identified best practices, related obstacles, and suggestions for improvement. The researchers visited CRCG sites, and conducted semi-structured face-to-face interviews, as well as a mail survey, with CRCG staff. Overall, CRCGs appear to effectively enhance the delivery of coordinated services in an effort to meet the multiple needs of the children and families that they serve. Recommendations for policy and practice are discussed, such as spearheading community action structures (Poole, 1997) that may help CRCGs more effectively meet the needs of their respective local communities. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com>]*

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### INTRODUCTION

Interagency collaborations are uniquely suited to meeting the increased needs of communities in today's environment of reduced federal funding and devolution of services to the state and local levels (Gore, 1993). Additionally, boundary-spanning activities are becoming more important due to changes in technology in the areas of service delivery and accountability (Thompson & Ingraham, 1996). Boundary-spanning activities are those which bridge “turf” issues to enable organizations to work together toward a common goal (Radin, 1996). In his discussion of the difference between boundary-spanning activities and boundary-spanning organizations, Radin (1996) states, “There is little discussion of the extent to which these network organizations can achieve change, the extent of their authority, and the legitimate scope of expectations about the outcomes of their activity” (p. 146).

This article contributes to that discussion by presenting an evaluation of the operations of coordinated service delivery through Community Resource Coordination Groups (CRCGs) of Texas, which were created by the 70th legislature in Texas in 1987 to assist state and local agencies with the coordination of their local service delivery for children with problems that could be addressed only with the partici-

pation of more than one agency. The primary purpose of CRCGs is to establish a system for interagency coordination of services to youths who are at-risk of “falling through the cracks.”

The main purpose of this study was to learn about best practices of CRCGs in relation to the Memorandum of Understanding (MOU). This article contributes to the current body of literature on coordinated service delivery by presenting the major findings of this evaluation, and by providing suggestions for how to enhance coordinated service delivery for children and their families.

### **LITERATURE REVIEW**

There are a number of reasons why collaboration has increasingly become the organizational structure of choice. Federal funding for social services, particularly those targeting children and youth, have diminished steadily over the last ten years resulting in increased need in communities (Ozawa & Kirk, 1996). There has also been a marked shift in responsibility from the federal to the state government and to the private non-profit and for-profit sectors (Ewalt, Freeman, Kirk, & Poole, 1997). Competition for limited funding between community organizations, and among and within state agencies, has increased as well (Roberts-DeGennero, 1997). Interagency collaborations provide possibilities for meeting the individualized needs of children in communities, coordinating the activities of various providers, and maximizing limited resources. Indeed, this has been acknowledged by leadership in government at all levels and is reflected in the mandating of collaboration and community involvement by funding sources (Bailey & Koney, 1997). Vice President Al Gore (1993), in his report on reinventing government states, “Time and again, agencies find it impossible to meet their customer’s needs because organizational boundaries stand in the way. . . . In a rapidly changing world, the best solution is not to keep redesigning the organizational chart; it is to melt the rigid boundaries between organizations” (p. 48). And yet, melting these boundaries requires a shift in both conceptualization and operation on the part of professionals in the human services.

There are several models for interagency collaboration proposed by different authors (Hasenfeld & Gidron, 1993; Roberts-DeGennero, 1997; Thompson & Ingraham, 1996). There appears to be no general consensus on an appropriate model for all settings. One model that is

particularly relevant to this study, however, is provided by Alter and Hage (1993). In this work, Alter and Hage describe collaborations as networks with different forms, including “*obligational networks* (informal, loosely linked groups of organizations having relationships of preferred exchanges), *promotional networks* (quasi-formal clusters of organizations sharing and pooling resources to accomplish concerted action), and *systemic production networks* (formal interorganizational units jointly producing a product or service in pursuit of a supraorganizational goal)” (p.73).

An interagency collaboration can take one form or the other, or move fluidly from one structure to another, as need and circumstances change. Regardless of the form taken at any particular moment or location, there are common principles that apply to effective implementation.

### **COMMUNITY RESOURCE COORDINATION GROUPS**

One example of a statewide effort to accomplish local collaborative services is the Community Resource Coordination Groups (CRCG) of Texas. The main function of CRCGs is to develop an interagency service plan for an individual child or youth and his or her family that are served (or need to be served) by multiple agencies.

Community Resource Coordination Groups have different structures in response to local community needs. For example, in many rural areas, CRCGs look more like an obligational network due to the familiarity most members have with one another and informal contact within their community. These rural CRCGs also pool and share resources, albeit limited, and so they can also be considered a promotional network. Finally, the rural CRCGs are part of a legislatively mandated structure that has a stated goal that is over and above the goals of the individual agencies participating. In this way, they look more like a systemic production network. CRCGs serving urban and suburban counties more often operate as operational networks or systemic production networks. The members of urban and suburban groups are less likely to have informal contact with each other in the same way that members in small rural communities do (e.g., at the local market or church). Because of the sheer numbers of children and families served in urban areas, more structure is necessary. However, each group is flexible and can adapt to bring in new resources or

networks to meet the needs of individual children and families, and CRCGs in urban and suburban areas certainly meet informally as the need arises. For example, many urban and suburban CRCGs hold “mini-staffings” as needed, in which the chairperson coordinates key CRCG members via an informal meeting or teleconference to quickly respond to the particular needs of a child and his or her family.

The *Texas Family Code* 264.003 (formerly *Texas Human Resources Code* 41.0011), enacted in 1987, requires state agencies to maintain a Memorandum of Understanding (MOU) to provide services to Texas children who “fall through the cracks.” The overview section of the MOU states that local CRCGs are composed of organizations that serve youths who: (a) are less than 22 years old; (b) meet an agency’s statutory age-limitations for eligibility; (c) are now receiving services or have received them in the past; and (d) need services that require interagency coordination. Each coordination group must include an appointed representative from each participating state agency, and as many as five local representatives from the private sector. If there is more than one private sector representative, the second must be a member from substance abuse services. Local CRCGs are also asked to include a parent representative to be part of the team.

At the time of this study, one hundred fifty-one (151) local Community Resource Coordination Groups served all 254 counties, spread over 11 regions, of Texas. Each local CRCG serves either one single county or multiple counties covering urban, suburban, rural, or border communities. Each group has a designated CRCG chair (a volunteer position) or a coordinator (a paid position). This chair or coordinator is the group’s lead contact and the point of contact for the State Office of CRCG. The Director for the State Office of CRCG assumes responsibility for each local CRCG’s project implementation, and reports to the State CRCG Team, which is responsible for implementing the MOU at the state level.

The State CRCG team requested an evaluation to determine the extent to which Community Resource Coordination Groups were meeting the stated goals of the Memorandum of Understanding, and to learn the best practices of CRCGs in relation to the charge of the MOU. Best practices refer to those principles of practice or operation that are common to well-conceptualized and implemented collaborations in the human services (Halpern, 1999), in this case the individual CRCGs.

### RESEARCH METHODOLOGY

Padgett (1998) indicates that qualitative research methods are appropriate for program evaluation. She continues,

Program and practice evaluation typically distinguish between *process* (what takes place during the intervention) and *outcome* (success or failure in achieving the programs goals) . . . Qualitative methods excel when used to explore the inner working of the black box—the process dimension of program evaluation. (p. 9)

In keeping with the constant comparative analysis method (Padgett, 1998), the research team conducted a focus group with CRCG members (to guide the format and content for the subsequent interview and questionnaire), and visited four CRCG sites covering 11 counties in Texas. During these field visits, the researchers observed the process of the CRCG staffing, took field notes, and conducted semi-structured face-to-face interviews with CRCG staff members (not clients). In addition, pencil-and-paper questionnaires identical in format to the semi-structured interviews were mailed to four other CRCG sites to obtain a more representative sample of CRCG respondents.

Either before or after each site visit to a CRCG, the researchers interviewed as many CRCG members as possible given time constraints, which usually resulted in four to five completed interviews per site. Given the time constraints during site visits, the researchers contacted some respondents by phone the day following a site visit to conduct the interview.

During the face-to-face and phone interviews, a semi-structured format was used. This allowed for consistency across interviews and sites so that meaningful conclusions could be drawn from interviewee responses. The purpose of the interviews was to gather information about several areas of CRCG functioning, such as to what extent CRCGs are meeting the charge of the MOU, what the best practices are for CRCGs, and what the major obstacles are facing CRCGs.

The purpose and format of the questionnaire was the same as that used for the interviews. However, the questionnaire was mailed to the chair or coordinator at each site, who then distributed the questionnaire to the CRCG members at that location. Attached to each questionnaire was a cover letter and a self-addressed stamped envelope so

that respondents could mail the completed form directly to the research team.

The following ten domains derived from the MOU were examined: (1) serving the appropriate target populations; (2) recognition of the importance of family in the life of each child and youth whom the agencies serve; (3) interagency cost and resource sharing; (4) elimination of duplication of services; (5) interagency dispute resolution; (6) composition of CRCGs; (7) case identification and referrals; (8) meeting times, locations and frequencies; (9) permissible nonattendance; and (10) maintaining confidentiality.

The research question was “To what extent do CRCGs successfully meet the charge of the MOU and what benefits and challenges are encountered in the implementation of the MOU to produce best practices?” A formative evaluation of the implementation of the MOU was developed in order to identify best practices for CRCG staffings.

### ***SAMPLE***

Thirty-nine respondents participated in the semi-structured face-to-face or phone interview or completed the items in the format of a pencil-and-paper questionnaire, representing approximately 10 respondents per CRCG site evaluated. Over half (56.4%) of respondents participated by completing the questionnaire format, with the remaining respondents (43.6%) participating in a face-to-face or phone interview with a member of the research team. Two-thirds (66.7%) of respondents were female, and one-third (33.3%) were male. Nearly three-fifths (59%) of respondents identified themselves as White, Non-Hispanic, with nearly one-fifth (17.9%) as Hispanic and about one-quarter (23.1%) omitting this information. A majority (71.8%) of respondents identified themselves as CRCG members, with just over one-quarter (28.2%) responding as a CRCG chair or coordinator. Approximately three-fifths (59%) of respondents had been involved in some capacity with their CRCG for four years or more, with the remaining having three years (15.4%), two years (15.4%), one year (2.6%) and less than one year (5.1%) of CRCG experience. A majority of respondents came from a rural CRCG (69.2%), with the rest urban (30.8%).

## RESULTS

What follows is a summary of responses to the questions asked during the semi-structured interviews with CRCG staff and obtained from comparable mail questionnaires. Using grounded theory (Glaser & Strauss, 1967) as a guiding framework, the interview responses were examined using content analysis to detect themes and patterns that emerged from the data. In other words, the data presented below continuously emerged as patterns as the research team hand-coded the interview responses. As such, percentages for how many respondents answered a certain way are not available. However, the themes addressed here were detected by continuously appearing throughout the response patterns; several respondents had to lend support to a notion to warrant discussion below.

### *Memorandum of Understanding (MOU)*

Overall, the Community Resource Coordination Groups (CRCGs) that participated in this study appeared to be meeting the stated objectives of the Memorandum of Understanding with several challenges noted. This is evidenced by the following findings in relation to the ten domains of the MOU that were examined.

*Serving the appropriate target populations.* The CRCGs appear to be serving client systems with multi-agency needs. Some respondents suggested expanding the focus from just mental health to incorporate disabilities. CRCGs currently serve children with disabilities when they are presented as cases by a referring agency.

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

*Interagency cost and resource sharing.* Most CRCGs are effectively meeting the charge of the MOU by offering the services and funds that they have available. However, there are often restrained resources and limited members with the proper decision-making authority to donate services or funds (especially in rural areas), in which case a handful of select agencies end up carrying the load.

*Elimination of duplication of services.* There does not appear to be a duplication of services, and there are no identified laws or regulations that cause duplication.

*Interagency dispute resolution.* This was typically handled competently and was not cited as a major problem for most sites.

*Composition of CRCGs.* Most mandated agencies were attending staffings, but a greater variety of participants were desired. Non-attendance by mandated agencies was more of a problem in rural areas.

*Case identification and referrals.* While CRCGs accept referrals openly, there is at times confusion over what the specific criteria are for referrals (e.g., cut-off age of youth served). The referral process is at times loosely structured with unclear guidelines.

*Meeting times, locations and frequencies.* Respondents were overwhelmingly satisfied with how often their CRCG met. Many CRCGs hold mini-staffings as needed that allow them to convene in between regular monthly staffings.

*Permissible nonattendance.* Most respondents had no knowledge about permissible non-attendance, but in several cases it was reported that the chair contacted representatives from mandated agencies that did not attend a staffing.

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

In addition to the above findings relating to the Memorandum of Understanding, several “best practices” and “challenges” were identified among CRCGs. The major themes that emerged from the data are outlined below.

### **BEST PRACTICES**

Representatives of mandated agencies, non-profit organizations, community private practitioners, coordinators and chairs presented a very similar picture of what they believed to be working well with their CRCG. Many respondents viewed creating new resources (e.g., respite care) as particularly important, especially in rural communities where resources are limited, but saw this as a challenge. Many respondents identified continuing to meet every month, even when there are no cases to staff, as something that helped their collaboration to work well. This time is used to familiarize each other with resources and to work on other projects. It helps to keep the lines of communication open and keep referrals in mind.

In light of limited resources for most communities, inviting a vari-

ety of agencies and participants to offer their expertise and resources was highlighted as a best practice. Along with inviting other agencies and providers, including the parents in the CRCG staffing was described as crucial. The collaborative effort of parents and agencies getting together, laying their resources out on the table, and allowing parents to have some input in the plans was identified as an essential part of CRCG practice. This is in keeping with the directive within the MOU to recognize the importance of family.

Finally, the immediate implementation of service plans was identified as a best practice. Oftentimes this involved making relevant phone calls while the client was still present at the staffing. This improved implementation of the service plan developed during the staffing and reduced the need for immediate follow-up.

There are many strengths of the CRCG process, which tends to be flexible. Many resources are brought to the table, and agency representatives have been able to overcome their “turf” barriers in order to share their expertise and available resources as needed.

### **CHALLENGES**

Respondents mentioned the lack of resources and services across the board as a major challenge. Specifically, lack of adequate funding for services was mentioned, and the duration of services (e.g., residential care) was seen as too short. Having agency representatives at the table that can bring in more services, as well as having a grant writer to secure funds, were additional needed resources that were mentioned. Some noted the need for an assistant or administrative support for their chairs or coordinators, while others cited the need for a full-time, paid coordinator (in contrast to a volunteer chair) to run the CRCG. When asked how satisfied they were with how well the individual CRCGs meet the needs of kids who have fallen through the cracks, urban respondents felt that the job they do is satisfactory, while rural respondents felt somewhat discouraged. In general, the lack of available resources seemed to cloud respondent’s overall satisfaction. Many felt that while they do an excellent job and are a committed group, that the crack in services is sometimes too large for their CRCG to fill.

### **DISCUSSION AND IMPLICATIONS FOR POLICY AND PRACTICE**

These findings indicate that the Community Resource Coordination Groups in this study have managed to overcome turf battles between individual agencies, organizations and providers to meet the increasing needs in their local communities. Boundary-spanning activities such as combining resources to meet the needs of a shared client system and working together towards a common goal have made collaboration easier for these boundary-spanning organizations. Resources are often inadequate, however, especially in rural communities.

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

This leads one to the conclusion that it may be necessary to utilize additional resources by building community action structures in each community, as it is unlikely that the state legislature will provide additional funds. Most communities do not have a structure that allows local citizens to identify health care/mental health needs and to make decisions relevant to these issues. Planning and decision-making are often governed by federal and state policy officials, by health professionals, and by local social service providers. For a community to become organized, action structures must be developed or revitalized (Poole, 1997). Action structures provide channels through which responsible citizens can take part in community health and mental health decision-making through local planning and voluntary social action. According to Poole (1997), “to qualify as *action* structures, they must include the top political, economic, and social welfare leadership of the community” (p. 82).

While such an effort may be beyond the charge of the MOU for CRCGs, they certainly have in place some of the needed infrastructure

to actively participate in (and maybe spearhead!) community action structures. However, due to the time and energy of such an effort, the authors recommend that a paid position (at least half-time if not full-time) is required to assume such a charge. Getting at top-level issues in each community requires top-level leadership involvement, especially from the business community and key elected officials (Poole, 1997).

In a related issue, the cases being staffed are often challenging in a variety of ways. Typically, it seems that there are enough sophisticated treatment providers at CRCG staffings to adequately address treatment issues. However, there seems to be a dearth of medical and legal expertise at the staffings. CRCGs and similar initiatives might consider recruiting medical doctors, nurses, and attorneys to fill this lacuna. One added benefit of having medical and legal professionals sitting on CRCGs is that these professions often bring resources (in-cash and in-kind) to the table.

It is plausible that the mission of CRCGs would be better supported by the community of citizens and helping professionals if there was an increased awareness of what CRCGs do in a given community. It is recommended that public service announcements (PSAs) and other forms of media coverage (newspapers, radio, and television) be utilized. This might also enhance the variety of sources making referrals. Of course, this ties back into the above discussion of creating community action structures; to the extent that key business and political figures are involved in CRCGs, the more recognition they will receive throughout their respective communities.

Some CRCGs begin the process of implementing a plan while the client system is being staffed. For example, at one site, a treatment provider left the room during the staffing to call an agency about available beds. This immediate approach is recommended whenever possible. Also related to the process that takes place during the meeting is that of brainstorming for solutions. While this is an important process, at times so much effort was spent on this that it was difficult to staff all of the cases and CRCG staff were returning to work toward the end of the meeting. It is the coordinator's responsibility to set parameters around brainstorming and tangential discussions so that time is used more efficiently. A possible solution is to provide training to the chairpersons on facilitation of task groups.

An important part of the success of a CRCG is an energetic, hard-working, and competent leader. This person should have strong inter-

personal and facilitation skills. Additionally, each CRCG should have a paid coordinator. Having the right leader is a key ingredient to the success of this type of collaborative community network (c.f. Poole, 1997; Springer, Shader, & McNeece, 1999).

A purposive sampling strategy was used in this study, and not all regions of Texas were represented in the study. Therefore, the extent to which the findings reported in this study relate to all CRCGs or similar efforts is unknown. Drawing conclusions based on these findings and relating them to similar initiatives should be done with extreme caution. Nevertheless, this formative process evaluation contributes to the field through exploring how CRCGs operate, as well as suggesting some best practices for providing coordinated services to children and their families.

With the devolution of services to the state and local level it is even more important for collaborations to occur and for their efforts to be effective. As increasing stress is put on families by diminishing support programs, it is likely that the needs of children and youth will continue to intensify.

## REFERENCES

- Bailey, D., & Koney, K. M. (1997). Interorganizational community-based collaboratives: A strategic response to shape the social work agenda. In P. Ewalt, E. M. Freeman, S. A. Kirk, & D. L. Poole (Eds.), *Social policy: Reform, research and practice*. Washington, DC: NASW Press.
- Ewalt, P. L., Freeman, E. M., Kirk, S. A., & Poole, D. L. (Eds.) (1997). *Social policy, reform, research and practice*. Washington, DC: NASW Press.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. Chicago, IL: Aldine.
- Gore, A. (1993). *Creating a government that works better and costs less: Report of the National Performance Review*. Washington, DC: U.S. Government.
- Hasenfeld, Y., & Gidron, B. (1993). Self-help groups and human service organizations: An interorganizational perspective. *Social Service Review*, 217-236.
- Ozawa, M., & Kirk, S. A. (1996). Welfare reform. *Social Work Research*, 20, 194-195.
- Padgett, D. K. (1998). *Qualitative methods in social work research*. Thousand Oaks, CA: Sage Publications.
- Poole, D. (1997). Achieving national health goals in prevention with community organization: The "bottom up" approach. *Journal of Community Practice*, 4(2), 77-92.

- Radin, B. A. (1996). Managing across boundaries. In D. F. Kettl & H. B. Milward (Eds.), *The state of public management*. Baltimore, MD: The Johns Hopkins University Press.
- Roberts-DeGennero, M. (1997). Conceptual framework of coalitions in an organizational context. *Journal of Community Practice*, 4(1), 91-107.
- Springer, D. W., Shader, M. A., & McNeece, C. A. (1999). Operation of juvenile assessment centers: Trends and issues. *Journal of Juvenile Justice and Detention Services*, 14(1), 45-62.
- Thompson, J. R., & Ingraham, P. W. (1996). Organizational redesign in the public sector. In D. F. Kettl & H. B. Milward (Eds.), *The state of public management* (pp. 286-306). Baltimore, MD: The Johns Hopkins University Press.

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