



DATA BRIEF

Conferencing and Teaming in Allegheny County: Participant Experience Update

February 2017

KEY FINDINGS

1. Most participants (83%) are confident that they will be able to achieve the goals in their Family Plan.
2. Housing, basic needs and finances were the needs most frequently identified and included in Family Plans.
3. There appears to be a slight decrease in participant satisfaction with specific elements of the Conferencing and Teaming process, such as a focus on their strengths and respect for their opinions/values.
4. More than half of participants (60%) were unfamiliar with the language of Conferencing and Teaming and do not use it consistently.

BACKGROUND

Conferencing and Teaming¹ is the Allegheny County Department of Human Services (DHS) practice model that combines participant/family engagement, assessment and planning in a continuous process of client-driven service integration and strength-based goal setting and achievement. It is designed to involve community and natural supports in helping the participant and/or family increase personal responsibility, manage risks and improve long-term functioning.

PURPOSE

This brief is a continuation of a client experience process designed to increase satisfaction and engagement by understanding client perspectives of Conferencing and Teaming. An earlier brief, published in January of 2016, described participants' perspectives about their participation in Conferencing and Teaming as part of their ongoing involvement with DHS's child welfare system (<http://www.alleghenycountyanalytics.us/index.php/2016/01/01/data-brief-conferencing-and-teaming-participants-perspectives-and-satisfaction/>). This analysis discusses the results of a survey designed to better understand and evaluate participant experiences with Conferencing and Teaming and the development of the Family Plan.²

¹ For more information about Conferencing and Teaming, see <http://www.alleghenycounty.us/Human-Services/Programs-Services/Children-Families/Conferencing-and-Teaming-in-CYF.aspx>

² The Family Plan, developed during the initial Conferencing meeting, includes specific action steps, a timetable and a list of who will do what to help your family reach your desired outcomes.

3 CART conducts interviews with consumers receiving services from behavioral health providers in Allegheny County in order to assess satisfaction and concerns.

METHODOLOGY

Telephone surveys with Conferencing and Teaming participants were conducted from May through July of 2016. All survey interviews were conducted by staff from DHS and the Consumer Action Response Team (CART).³

Interviewers contacted a sample of Conferencing and Teaming participants from each of DHS's five child welfare regional offices. All were on record as having participated in Conferencing and Teaming meetings from February through May 2016. Of those contacted, 203 completed the interview, while 59 declined to participate. The majority (98%) of respondents identified as a parent; one was a foster parent and one a grandparent. The average length of child welfare involvement was 12 months.

Participants were asked about their experience with the Conferencing and Teaming process and asked to rate their level of agreement with structured response items on a four-point scale ranging from "Strongly Agree" to "Strongly Disagree." At the end of each section, interviewers asked the family members if they had any additional open-ended comments or details they wanted to share that were not covered in the structured interview questions.

FINDINGS

Planning for the Conferencing and Teaming Meeting

Participants were asked a number of questions about their involvement in and understanding of meeting planning. The most significant finding was that participants were not familiar with the language of Conferencing and Teaming. Only 40 percent were familiar with or understood Conferencing and Teaming; the other 60 percent were unsure of what the meeting was called, were aware of it only as a meeting or general appointment, or used a different term for the meeting (**Figure 1**).

FIGURE 1: 15 Names by Which Respondents Referred to Conferencing and Teaming Meetings

- Family Plan(ning) Meeting
- Family Meeting
- Family Decision Meeting
- Teaming and Goals Meeting
- Treatment Plan Meeting
- Inter-Agency Meeting
- Family Service Plan
- Family Strategy Meeting
- Family Support Meeting
- Family Team Meeting
- In-Home Meeting
- Mandatory Visit
- Family Goal Meeting
- In-Home Services
- Monthly Assessment Meeting

Development of the Family Plan

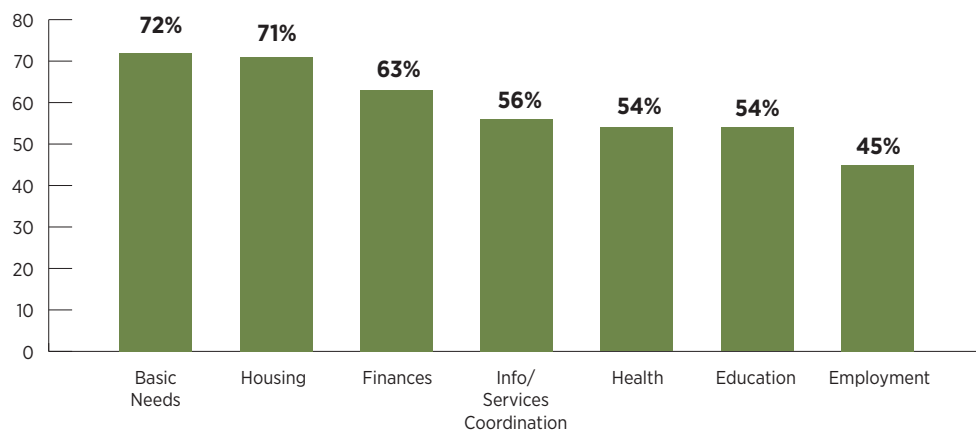
A primary component of a Conferencing meeting is the completion of the Family Plan. Participants were asked about the relevance of their Family Plan, whether they understood the plan, and whether they believed they would accomplish the goals identified in the plan.

Almost all participants (92%) reported that a Family Plan was completed during the meeting:

- 96 percent said the Family Plan was written in accessible language, or words they could understand.
- 91 percent said the Family Plan included specific action steps.
- 89 percent said their strengths were discussed in the meeting, and 86 percent said that these strengths were included in their Family Plan. Compared to the 2015 surveys, this represents a slight decrease in the overall percentage of family members reporting that strengths were discussed, but an increase in the percentage of people who said that strengths were added to their plan. These data points should continue to be tracked to see if there is in fact a declining trend.
- 85 percent said their Family Plan included specific assignments and a timeline for each goal.

As shown in **Figure 2**, the topics discussed most frequently in the Family Plan included Basic Needs (72%), Housing (71%) and Finances (63%). According to participants, Family Plans are including appropriate needs.

FIGURE 2: Needs Identified Most Often in Family Plans, by Percent (n = 167)



The Meeting Experience

The majority (83%) of participants reported that their thoughts and values were respected during the meeting. This is slightly lower than the 90 percent from earlier surveys. This data point should continue to be tracked to determine the significance of this decline and whether it represents a trend or a non-significant fluctuation.

About a third of participants commented about ways in which the meeting experience could be improved. Suggestions focused on the role of the caseworker, and included *being professional*, *making connections to needed resources and professional supports*, *reviewing the plan together*, and *including natural supports*. The theme “being professional” was further explored and included themes of respect, listening, reliability, participation, consistency and availability. One family member suggested including a questionnaire at the end of each meeting to assess each meeting participant’s experience and reaction to the meeting.

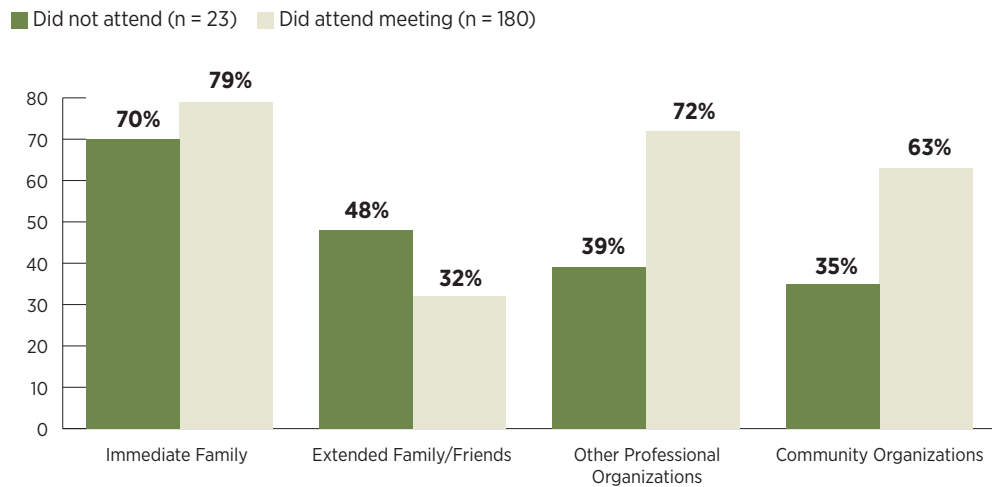
It should be noted that 11 percent (23) of participants with recorded Conferencing or Teaming meetings in the past six months reported that they did not recall having or being invited to the meeting.⁴ This may be accounted for in a number of ways (e.g., lack of familiarity with the terminology; forgetting about the meeting; or incorrect recording of attendance for those who did not attend). Procedures should be considered to ensure that participants are invited and to verify meeting attendance by participants.

Involving Natural Supports

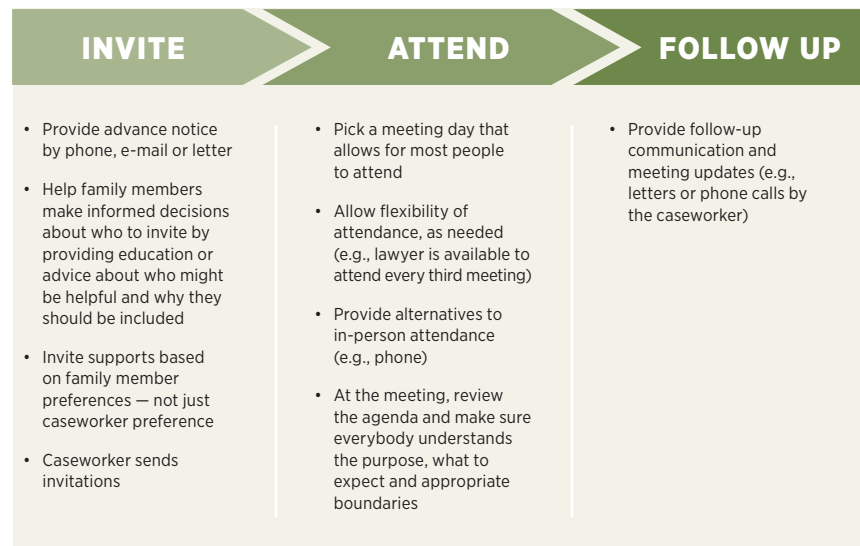
A key element of Conferencing and Teaming is involving natural supports as well as professional/community supports in meetings and as partners in achieving family goals. Inviting and engaging natural supports is an indication of true participation in the Conferencing and Teaming process. When surveyed about this component, 83 percent of participants reported that they were given the opportunity to invite whomever they chose to the meeting; 72 percent said that their caseworker helped them think about whom to invite.

Interestingly, participants who attended their meeting were more likely to indicate the importance of involving immediate family and external supports than those who reported that they did not have a meeting (**Figure 3**). This might indicate that meetings serve the purpose of educating participants about the value of these supports.

4 Interviewers provided a number of prompts designed to help participants remember attendance at ANY meetings they attended at which Family Plans were discussed. This was intended to prevent lack of familiarity with the terminology from skewing the results.

FIGURE 3: Attendance at Meetings Ranked as Very Important, by Percentage

Participants had a number of suggestions for improving engagement with natural and/or professional supports. These are displayed in **Figure 4**.

FIGURE 4: Participant Suggestions for Improving Engagement with Natural and Professional Supports

Outcomes from the Family Plan

Interviewers asked participants to describe the types of changes they have experienced as a result of their involvement in Conferencing and Teaming. Responses were then categorized as

“positive change,” “no change” or “negative change.” Approximately

half of all responses were categorized as positive change (**Figure 5**)

and another half were categorized as no change. A select few indicated that there was a negative impact from these meetings.

“We all became stronger as a family.”

— Conferencing and Teaming participant

FIGURE 5: Positive Changes Reported by Participants

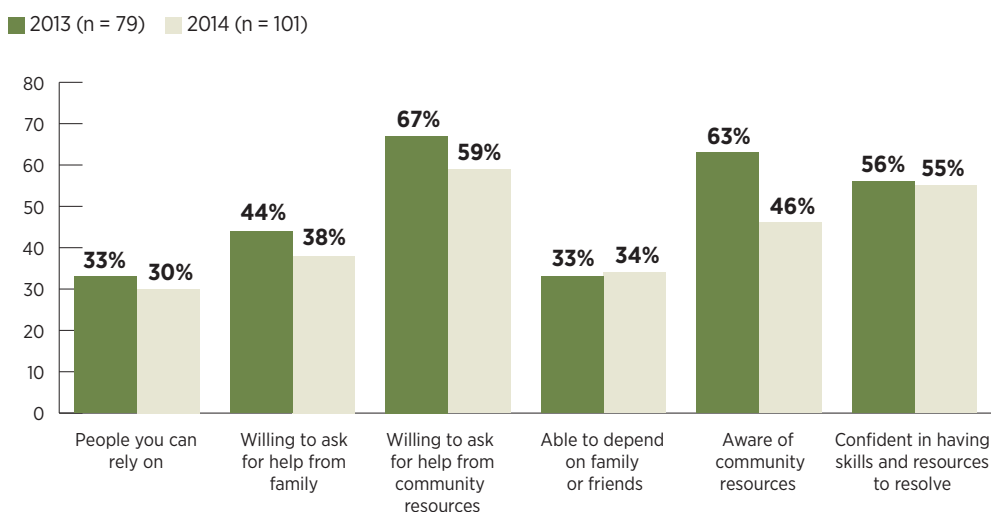
THEME	CHARACTERISTICS
Strengthening Family Ties	• More togetherness • More connected to each other • Coming together as a family
Connecting to Resources	• Greater awareness of or connection to community resources • Greater willingness to ask for help from the community
Communication	• More open communication • Opening up • More patience • More understanding
Basic Needs	• Housing stability • Medication management • Day care • Family safety
Behavior	• Staying focused on achieving goals • School attendance • Behavioral health • Following the rules • Staying organized • Confidence that they have the skills and resources to resolve family issues following child welfare case closure

Participants reported no change in having people they can rely on, their willingness to ask for help from their family, and their ability to depend on family and friends. This can be interpreted as a negative response; however, participants are also reporting greater independence (i.e., because their family unit is stronger, they do not need to rely as much on friends and family for assistance). As one participant said, *“A lot has changed. Before, we couldn’t do anything on our own, but after the Conferencing and Teaming meetings, we can.”*

Participants were asked about their confidence in being able to achieve the goals in their Family Plans, on a scale of 1 (not at all confident) to 5 (very confident). The average rating was 4, indicating that participants are largely confident in their ability to achieve their goals.

Conferencing and Teaming was implemented on a rolling schedule, one regional child welfare office at a time. As a result, the length of staff experience with Conferencing and Teaming varies across the five regional offices. Participant responses were analyzed to determine whether they differed by year of implementation (2013 vs. 2014). As shown in **Figure 6**, results indicate that experiences and outcomes were more favorable for participants associated with the first implementation year (2013) than with the second implementation year (2014).

FIGURE 6: Participant-Reported Positive Change, by Year of Conferencing and Teaming Implementation (n = 180)



These results can be interpreted positively or negatively, as shown in **Table 1**. Further analysis is needed to determine the appropriate interpretation.

TABLE 1: Positive vs. Negative Interpretation to Yearly Fluctuations in Outcomes

	POSITIVE INTERPRETATION	NEGATIVE INTERPRETATION
FIDELITY	Fidelity to the model increased as staff gained more experience	Fidelity to the model decreased in the second year of implementation
OUTCOMES	Favorable outcomes were more likely to emerge over time OR Participants were more likely to interpret their outcomes as positive when they are asked about them after more time has passed	Outcomes for participants involved in first-year implementation were more favorable than outcomes for those involved in second-year implementation

RECOMMENDATIONS

1. Child welfare staff should practice consistent language related to Conferencing and Teaming. The language needs to be unique to Conferencing and Teaming to avoid confusion with other child welfare meetings. The results of this survey suggest that a branding effort for the practice and its individual components might be warranted.
2. Given the priority needs identified in Family Plans (basic needs, housing and finances), an assessment of available resources might be warranted to determine whether and how these needs can be addressed. For example, resource guides/brochures or interactive technology solutions could be developed for community referrals and distributed during the meetings.
3. Consideration should be given to the significant proportion of participants who identified the need for increased professionalism and involvement with natural supports. Development of a mechanism for participant feedback following the meeting might be a first step in addressing these perceptions. A feedback survey could include questions about whether the right people were at the meeting, satisfaction with the meeting and suggestions for improvement.
4. Continue to track select participant-related process and outcome indicators (identified in collaboration with participants) to evaluate the Conferencing and Teaming experience. The evaluation design for tracking these indicators (e.g., pre-post measures, administrative data vs. self-report) should be carefully considered.

SURVEY DESIGN, ADMINISTRATION AND ANALYSIS

Lynn Bottoms, Michael Mitchell, Phyllis Nettles and Sarah Thurston

EDITOR

Evelyn Whitehill