

BUCKS COUNTY INTERAGENCY TEAM MEETING PROJECT Community Report

Beginning in 2016, Voice & Vision, Inc. reached out to parents of children with complex needs and the professionals who serve them to gather feedback regarding their experience with Interagency Team Meetings (ITMs) in order to inform Bucks County Behavioral Health System and Magellan Behavioral Health quality management initiatives.

In 2016, Voice and Vision held three focus groups with parents who had participated in an ITM for their child. A total of 10 parents attended a focus group; 12 parents who were unable to attend participated in an online survey.

In 2017, Voice and Vision sent a Survey Monkey link to supervisors of BHRS, Family Based, Residential Treatment, and Mental Health Inpatient programs with a request to forward on to staff in these programs who may have had experience with ITMs; 36 professionals participated in the online survey.

In early 2018, Voice and Vision called 112 randomly selected parents/guardians whose child had received one of the above services; 60 parents/guardians participated in the phone survey. Of the 60 parents/guardians interviewed, 27 had participated in an ITM. The 33 parents/guardians who had NOT participated in an ITM were interviewed about their awareness of ITMs and were asked the required State questions.

This brief summary of the findings from all three outreaches is provided to assist all stakeholders in identifying both areas of strength and opportunities for change in the ITM process. We thank all who made this project possible, especially the parents and professionals who took time to share their experiences with us. A detailed report is available by request.

RECOMMENDATIONS

Overall

➤ *Share findings indicating positive experience with, and helpfulness of, ITMs for both parents and professionals with service providers.*

Content of ITM

➤ *Continue sharing of child and family strengths during ITMs and seek to utilize those strengths in planning efforts.*

Structure of ITM

➤ *Clarify the role of the Magellan Care Manager and enable full engagement even when participating by phone.*

➤ *Identify a clear leader for each meeting who will be responsible for scheduling follow-up meetings and assigning “next steps”. Provide a written list of “next steps” to parents including information about any recommended resources.*

Youth/Family Voice

➤ *Include parents and child in planning the agenda. Be sure all participants relevant to parents/child are invited and that all parent and child concerns are addressed..*

➤ *Consider creating a brochure to outline purpose of ITM and reasons to request one. Distribute to all families of children receiving BHRS, Family Based, RTF, or Inpatient services.*

➤ *Explore strategies to increase comfort level and participation of child/youth in ITM.*



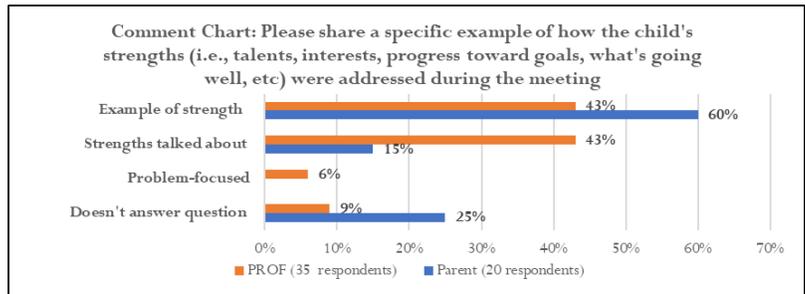
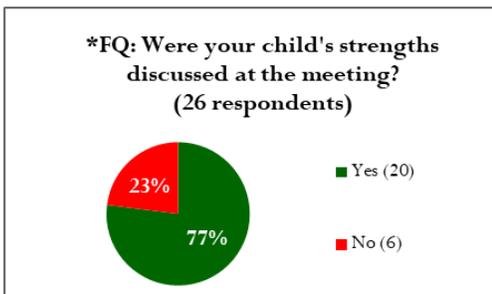
ITM 2017/18 Project Results: Content of Meetings

Parents and professionals were generally very positive about the ITM process, citing planning for the future and “everyone working together” as helpful aspects. Professionals also indicated collaboration and the ability to communicate effectively as helpful.

Plan/working together	Fam
Professionals worked effectively together to create plan in a way helpful to family (yes).....	92% (24/26)
Plan was realistic (goals & next steps clear and achievable (yes).....	92% (24/26)
All participants at the meeting in agreement with plan (yes).....	100% (26/26)
How well professionals worked together outside ITM to address child’s needs (5 & 4 on a 5 pt scale).....	100% (27/27)

"I better understand, I know what to expect. This is all new to us. It is helpful to know options and get details. It helps to know what services she can get and why they are good for her." (Parent comment when asked what was most helpful about ITM)

Most parents (75%) reported that their child’s strengths were discussed during the meeting. When asked to share a specific example of how strengths were addressed during the meeting, most parents and professionals simply described the strength, which most often was “progress toward treatment goals” and not “talents or interests”.

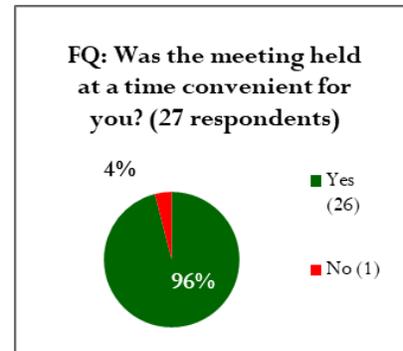
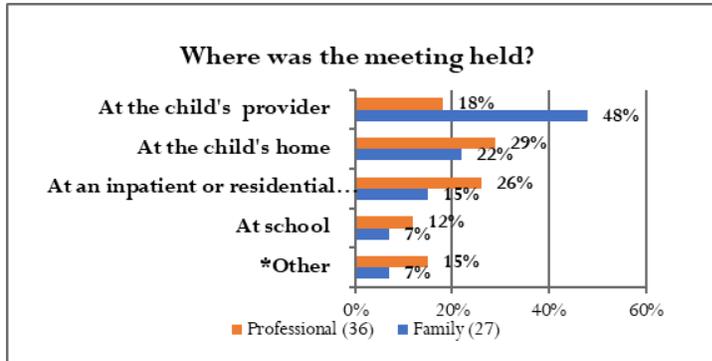


Parents and professionals indicated that professionals brought their concerns to the meeting. Professionals were asked if parents and youth brought their concerns; 70% said that parents brought their concerns and 22% indicated that youth brought their concerns.

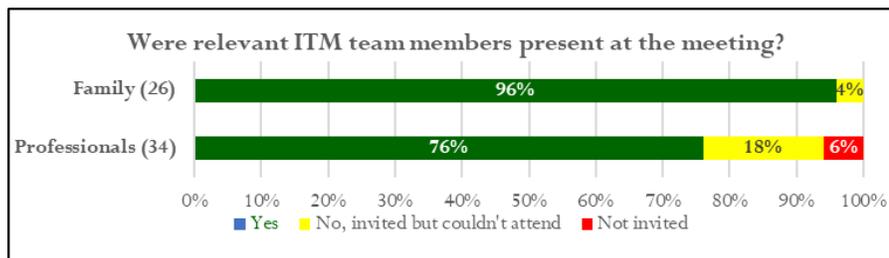
Content of Meeting	Fam	Prof
Parent brought all issues/concerns to meeting (yes).....		70% (23/33)
Youth brought all issues/concerns to meeting (yes).....		22%* (7/32)
Professionals brought all issues/concerns to meeting (yes).....	93% (25/27)	88% (27/33)

ITM 2017/18 Project Results: Structure of ITM

Most meetings were held at the service provider or at the child's school; 22% of parents and 29% of professionals said that the meeting was held in the child's home. Parents reported that the time of the meeting was convenient for them.

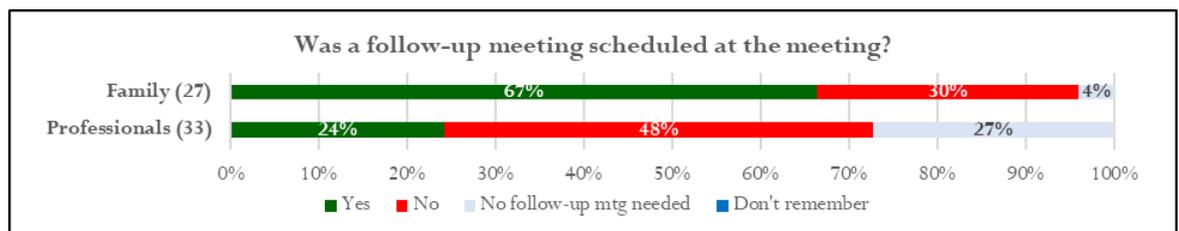
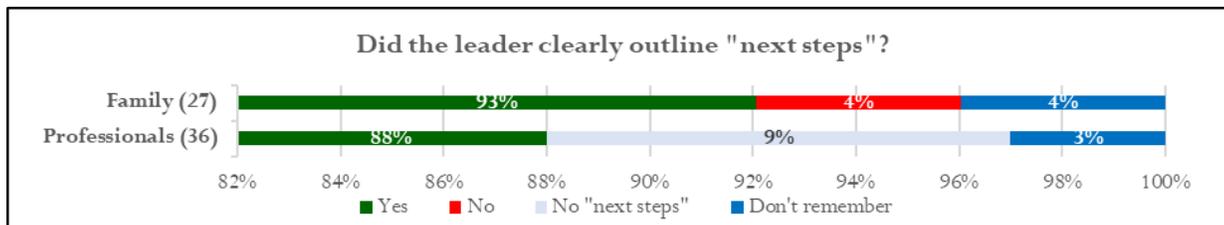


Most parents (96%) and professionals (80%) participated in the ITM in person. Some parents indicated that the Magellan Care Manager seemed distracted and not fully engaged when participating by phone. Parents (96%) and professionals (76%) indicated that relevant ITM team members were present at the meeting. All parents and 91% of professionals understood why participants were invited.



More professionals (39%) than parents (7%) reported that four or more professionals participated in the ITM meeting. Four parents said that natural supports were also at the meeting; no professionals indicated natural supports.

Most parents (96%) and professionals (88%) reported that "next steps" were clearly outlined. Fewer parents (69%) and professionals (33%) indicated that a follow-up meeting was scheduled.



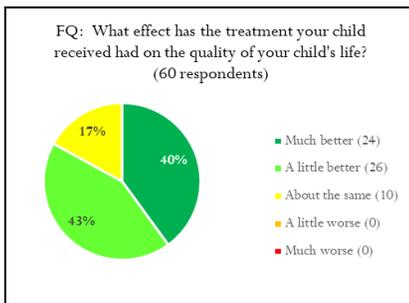
ITM 2017/18 Project Results: Youth/Family Voice

Parent responses indicated that they felt comfortable adding input during the meeting, their concerns were addressed and they were included in decision –making. Parents and professionals indicated less comfort and inclusion in decision-making for the child/youth, although 79% of parents said that the youth agreed with the plan.

Youth/Family/Professional voice at meeting	Fam	Prof
Parent concerns addressed (yes).....	96% (24/25)	82% (28/34)
Youth concerns addressed (yes).....	86% (12/14)	50% (11/22)
Parent included in decision making (yes).....	96% (26/27)	80% (28/35)
Youth included in decision making (yes).....	78% (14/18)	27% (8/30)
Own comfort adding input during meeting (most comfortable/comfortable).....	100% (27/27)	92% (34/37)
Youth comfort adding input during meeting (most comfortable/comfortable) ...	50% (12/24)	
Child agreed with plan (yes).....	79% (19/24)	

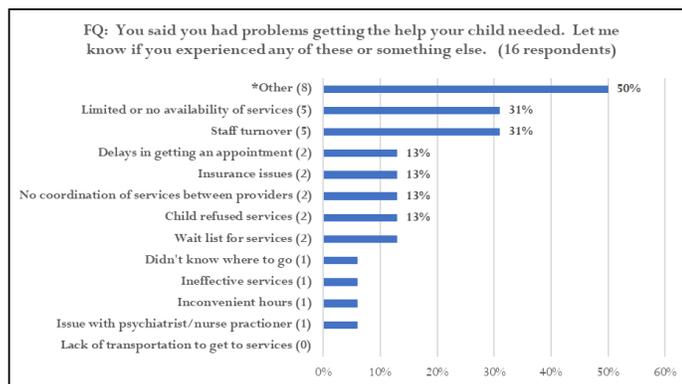
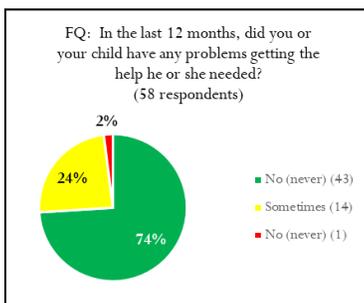
Thirty-three parents said that they had not experienced an ITM meeting. Three of these parents (9%) were offered an ITM meeting; 24 (75%) were not offered the opportunity. (Five parents (16%) didn't remember.) A large majority of these parents (88%) said that they weren't aware of how ITM meetings can be helpful for the child.

All 60 parents were asked three State Questions required on every survey. All parents reported that they were given the chance to make treatment decisions.



Fifty parents (83%) said that their child's life was "much better" or "a little better" due to treatment received. When asked what was better in their child's life, over 50% indicated learning new skills, symptom reduction and/or doing better in school or work.

Parents were also asked if they or their child had any problems getting the help their child needed in the last 12 months.



Sixteen parents shared the type of problems they encountered.

Limited or no availability of services and staff turnover were each mentioned by five parents.

Updated 12/17/2018