



CONeX Evaluation

Two-Year Summary of Findings

September 2019

ACKNOWLEDGEMENTS

This two-year evaluation was conducted by Rocky View Data Solutions on behalf of the Tri-Region Complex Needs Committee of the Regional Collaborative Service Delivery (RCSD).

To perform this evaluation, extensive collaboration and involvement of the Collaboration Outreach Navigation and Exchange of Information (CONeX) team and their leadership was required. Rocky View Data Solutions would like to share their appreciation to the CONeX team and associated leadership for their steadfast commitment to the evaluation process. Beyond those directly involved in the operation of the CONeX program, Rocky View Data Solutions would like to acknowledge the motivated managers, service providers, and families who participated in our large data collection effort.

This report was prepared for the Tri-Region Complex Needs Committee.

This report was completed by:

Mitchell Colp, Ph.D.

Rocky View Data Solutions

David Nordstokke, Ph.D.

Rocky View Data Solutions

TABLE OF CONTENTS

Acknowledgements.....	1
Table of contents	2
Introduction.....	3
Evaluation Approach.....	3
Method.	4
Data Collection	4
Data Analysis.....	4
Relevant findings.....	5
Disclaimer.....	5
Demographic Information.....	5
Survey Results	7
Conclusion.....	15
Recommendations	16
Emergent Suggestions from Management Data.....	16
Emergent Suggestions from Service Provider Data.....	16
Emergent Suggestions from Parent/caregiver Data	17
References.....	18
Appendix A: Manager Results (Time 1).....	19
Appendix B: Service Provider Results (Time 1).....	20
Appendix C: Parent/caregiver Results (Time 1).....	22
Appendix D: Manager Results (Time 2).....	23
Appendix E: Service Provider Results (Time 2).....	24
Appendix F: Parent/caregiver Results (Time 2).....	26

INTRODUCTION

The Collaboration Outreach Navigation and Exchange of Information (CONeX) team supports children/youth between the ages of 10 and 20 years with complex physical and mental health needs. Due to the nature of this work, multiple systems must often share information and coordinate their services to best support these complex children/youth (e.g., Health, Education, Children’s Services, Community and Social Services). The ability to share information and coordinate services across multiple systems can encounter barriers and the CONeX team leverages these opportunities to:

- Enhance communication and collaboration among systems.
- Identify and address service delivery gaps between systems.
- Strengthen the supports available for children/youth with complex needs.
- Increase the functioning and stability of children/youth with complex needs.

Utilizing a family-centred approach, the CONeX team works alongside children/youth and their families to help navigate and connect them to the best available supports in the region. To facilitate this, the CONeX team aligns service providers from multiple systems who can effectively support the child/youth with complex needs and their family. In collaboration with this multi-system team, the CONeX team develops an Integrated Plan for the child/youth that will address their ongoing complex needs in the immediate and distant futures.

Through engaging in direct case coordination, service delivery, and system navigation, CONeX is uniquely positioned to enact sustainable innovation across discrete systems to better support all children/youth with complex needs in the future.

Evaluation Approach

This two-year evaluation was conducted by Rocky View Data Solutions on behalf of the Tri-Region Complex Needs Committee of the Regional Collaborative Service Delivery (RCSD). To perform this evaluation, extensive collaboration and involvement of the Collaboration Outreach Navigation and Exchange of Information (CONeX) team and their leadership was required. This work began with a Logic Model revision process that more clearly specified the activities, outcomes, and goals of the CONeX initiative.

Following the completion of the Logic Model revision, Rocky View Data Solutions was tasked to examine the impact of the CONeX initiative at a system level. The key focus of the evaluation was to explore how the CONeX team impacted service delivery between systems and what measurable differences transpired as a result of their involvement. It is important to note that the measurement of child/youth improvement was excluded from this evaluation, as it is not a direct responsibility of the CONeX team to provide direct intervention to children/youth with complex needs.

METHOD

Data Collection

The evaluation employed a synchronous combination of qualitative and quantitative approaches to address and answer the evaluation questions. Data for the current evaluation was collected at two time points and will be reported in such a way as to reflect this.

Three surveys were created in consultation with the CONeX leadership and service delivery team for managers, service providers, and parent/caregivers. Surveys consisted of a series of Likert response items and open-ended questions. Data from managers, service providers, and parent/caregivers were gathered through the use of an online survey platform (i.e., Google Forms).

The surveys were distributed by the CONeX team when they completed their work with a client and the case was deemed closed and CONeX was no longer involved with the case. The CONeX team distributed the surveys via email by providing a link to the appropriate survey to managers, service providers, and parent/caregivers. Responses to completed surveys were routed directly to the evaluation team.

Over the two-year data collection timeline, data collection response rates have stayed relatively stable and of sufficient size and complexity to draw inferences upon. For a detailed breakdown the sample size of each group found in this analysis, please refer to Table 1.

Table 1. Participant sample size and their respective response rates by time.

Time and Recipient	Surveys Administered	Surveys Completed	Response Rate
1 – Managers	28	12	42.8%
1 – Service Providers	274	125	46%
1 – Parent/caregivers	10	3	30%
2 – Managers	28	10	35.7%
2 – Service Providers	401	105	26.1%
2 - Parent/caregivers	52	17	32.7%

Note. Data collected between September 1, 2017 and August 30, 2018 was considered Time 1. Conversely, data collected between September 1, 2018 and August 30, 2019 was considered Time 2.

Data Analysis

Likert type items from the three surveys were analyzed using the IBM Software Package for the Social Sciences version 26 (SPSS 26). Open-ended survey questions were analyzed using thematic analysis

(Braun & Clark, 2006). Data from all participants were transferred from the online survey platform to a spreadsheet. Data was read and re-read independently several times by both evaluators. This was done so that the evaluators could become familiar with the data and to ensure trustworthiness of the results. Following this phase, initial codes were generated from the data. Initial codes that were present within the data were confirmed via a consensus meeting among the evaluators. Once the initial coding was complete, themes that were present within the data were sought. Once the identification of candidate themes was complete, the evaluators re-explored the coded data extracts to determine whether their alignment with themes was appropriate. In addition, consideration of the trustworthiness of the individual themes in relation to the data set, and whether generated themes accurately represented the meanings present in the data set as a whole were reviewed by the research team. Themes were named once this process was complete.

RELEVANT FINDINGS

Disclaimer

The following section will offer an integrated examination of survey data that has been compiled over the past two years. To support with knowledge translation, this section has been presented in such a way as to provide the most relevant findings that can be uncovered from the obtained survey information. It is also important to note that the results below have already been provided to the CONeX team and their associated leadership prior to the publication of this document.

Demographic Information

Management Respondents

A total of 12 managers responded to the survey during the first year of data collection and represents a response rate of 42.8%. During the second year of data collection, a total of 10 managers responded to the survey and represented a 35.7% response rate. Throughout both data collection, respondents were representative of the broader Tri-Region RCSD membership. Demographic information for the management respondents has been withheld from this evaluation report to preserve their anonymity.

Service Provider Respondents

A total of 125 service providers responded to the survey during the first year of data collection and represents a response rate of 46%. During the second year of data collection, a total of 105 service providers responded to the survey and represented a 26.1% response rate. Throughout both data collection cycles, respondents were generally representative of the broader Tri-Region RCSD membership and have been alphabetically detailed in Table 2.

Table 2. Service provider organization of origin.

Organization	Percentage of Respondents
Alberta Health Services	22%
Alberta Supports	.8%
Aspen Family and Community Network	2.4%

Boys and Girls Club	.8%
Calgary Board of Education	22%
Calgary Catholic School District	6.4%
Calgary Police Services	1.6%
Calgary Young Offender Centre	.8%
Carya	2.4%
Catholic Family Services	.8%
Children's Services	8.8%
Closer to Home	.8%
Christ the Redeemer School Division	4.8%
Enviros	1.6%
Family Support for Children with Disabilities	8%
Hull Services	3.2%
Metis Calgary Family Services	.8%
Persons with Developmental Disabilities	.8%
Private Psychologists	4%
Rocky View Schools	2.4%
SCOPE	.8%
Supports for Permanence	.8%
Third Academy	1.6%
Woods Homes	1.6%

Parent/Caregiver Respondents

A total of 3 parent/caregivers responded to the survey during the first year of data collection and represented a response rate of 30%. During the second year of data collection, a total of 17 parent/caregivers responded to the survey and represented a 32.7% response rate. Demographic information for the parent/caregiver respondents has been withheld from this evaluation report to preserve their anonymity.

Survey Results

Management Findings

The following section will detail the quantitative and qualitative findings obtained through examining the Likert scale and open-ended survey questions.

Collaborative Comfort Between Systems

In this solitary Likert scale question, managers were asked to rate their level of comfort in collaborating with other organizations and systems. As predicted, managers surveyed over both time periods felt strong levels of comfort in collaborating with other systems or organizations (>90%). For a breakdown of individual Likert scale response, please refer to Appendix A and D.

Understanding CONeX

The CONeX team supports children/youth with complex needs in a variety of ways. The first qualitative question queried the existing knowledge that managers had regarding CONeX and its role. As demonstrated in Table 3, managers recognize the mechanisms of change which the team employs (e.g., case management, consultation) but are less aware that CONeX endeavors to create sustainable system change to better support children/youth with complex needs (11%).

Table 3. Manager description of CONeX roles and responsibilities.

Theme	Percentage
Case management and coordination.	24%
Child and family focus.	16%
Serves children and families with complex needs.	13%
Collaborates with existing services.	11%
Addresses cross system challenges.	11%
Accesses support from allied systems.	11%
Bridges services to children and families.	8%
Offers a clinical focus.	3%

Unique Elements of CONeX

In the second open-ended question, managers were asked to consider how the CONeX initiative was unique from the services they already provide. Overwhelmingly, managers indicated that the CONeX team provided better support services, a neutral perspective, and the power to hold systems and organizations accountable. These views and more have been included in Table 4.

Table 4. Manager description of elements unique to CONeX.

Theme	Percentage
Better coordination of system supports.	25%
Better communication and collaboration across systems.	20%
Mental health support and counselling services.	20%
Neutral and holistic perspective on the individual cases.	15%
Holding systems accountable to support children and families.	5%
Educating systems on how to support.	5%
Access to health information.	5%
Smaller caseloads.	5%

Overlapping Elements of CONeX

In the third open ended question, managers were asked to identify the elements of CONeX that they thought overlapped with their existing services. Half of the managers who responded to the survey could not think of service they offered that overlapped with the nature of offering provide by CONeX. As demonstrated in Table 5, the remaining respondents identified that case coordination and direct clinical service are overlapping elements between their services and those of the CONeX team.

Table 5. Manager description of elements that overlap with CONeX.

Theme	Percentage
There is no overlap.	50%
Case coordination.	42%
Clinical work.	8%

Enhancing Systems Through CONeX

In the fourth open-ended question, managers were asked how they modified their internal processes, procedures, or policies to better support children and children/youth with complex needs after CONeX involvement. While the majority of managers were aware that CONeX was supporting cases within the respective systems, many could not identify any tangible ways they have modified their daily practice. Of the managers who did identify changing their practice to better support children and children/youth with complex needs, the majority revised processes, policies, or procedures in a way that increased the number of referrals that CONeX received and reduced their system's responsibility for case management. Based on the nature of responding, the results suggest that individual systems are becoming increasingly dependent on the service rendered by the CONeX team.

Table 6. Changes described by managers to better support children with complex needs.

Theme	Percentage
Academic accommodations.	20%
Accommodating the nature of how CONeX works.	20%
Openness to learning about the CONeX referral process.	20%
Increased awareness of the services provided by CONeX.	20%
Reduced caseload of internal staff.	20%

Advancing without CONeX Support

Managers were tasked to envision a world without CONeX in the fifth open-ended question. They were asked to identify and explain their level of confidence to continue working with children/youth with complex needs without CONeX involvement. When managers were surveyed, approximately 58% indicated confidence to support future children/youth without CONeX involvement. For those who were not confident, they attributed these feelings to a lack of internal resources, time, and competence. These variables have been identified in Table 7.

Table 7. Reasons for lack of confidence in managers.

Theme	Percentage
Insufficient staff to support the need.	23%
Unable to provide high-intensity service.	11%
Lack of awareness of existing partners and programs.	11%
Unable to offer a neutral perspective on case management.	11%
Difficulty providing case coordination.	11%

Value of CONeX

In the final open-ended question, managers were asked to identify whether participating with the CONeX team was worth their time and effort. As expected from the results thus far, over 90% of respondents endorsed that having the CONeX team working in their system has been of great value.

Service Provider Findings

The following section will detail the quantitative and qualitative findings obtained from service providers through examining the Likert scale and open-ended survey questions.

The majority of survey respondents endorsed high ratings when it came to their overall satisfaction in working alongside and learning from the CONeX team. According to the Likert scale responses from Time 1, the CONeX team:

- Helped navigate systems and bridge services (91.3% agreement)
- Helped meet the needs of child/youth with complex needs (94.5% agreement)
- Enhanced systems to provide better supports (88.9% agreement)

- Created additional workload (59.6% disagreement)
- Facilitated flexing of system procedures to better support child/youth (71.4% agreement)
- Included service providers as a contributing member of the integrated plan (91.% agreement)
- Increased service provider capability to maintain progress already gained (85.7% agreement)
- Increased awareness of service providers in how to flex in their role (52.4% agreement)
- Helped service providers reflect on their role and what they can do (66.7% agreement)
- Enhanced communication and collaboration skills (86.5% agreement)
- Enhanced confidence to support children/youth without CONeX (64.3% agreement)
- Addressed the need identified in the referral (88.9% agreement)
- Enhanced system to support children/youth without CONeX (68.2% agreement)

As no statistically significant change was observed in the Likert responses over the two-year data collection period, only scores from Time 1 have been provided above. Likert data results for both years, however, have been included in Appendix B and E.

Changing Practices of Service Providers

In the first open-ended question, service providers were asked to describe whether their work with other children change as a result of their involvement with the CONeX team. Over 70% of service providers endorsed that change would definitely occur in their future work with children. When queried on how this change would occur, the service providers outlined that increased knowledge, collaborative skill, and case-coordination capability would serve as useful assets in their future work. However, and similar to their managers’ responses, dependency on the CONeX team also manifested within their provided responses. These views have been included in Table 8.

Table 8. Service provider description of their change following CONeX involvement.

Theme	Percentage
Increased understanding of available partners, supports, and programs.	29%
Increased utilization and dependency on the CONeX team.	25%
Increased understanding of how to support children and families.	20%
Working better in team environments.	20%
Reaching out to support families without the need for CONeX involvement.	6%

Sample Quotes

“I am better able to understand what the various agencies and support are available. I am more confident approaching such agencies and sharing information to ensure changes are made. This is only possible with CONeX.”

Health-based Service Provider

“Schools cannot and do not have the authority and follow through to initiate on necessary referrals or supports. By having this support, we can focus on teaching and learning, while knowing that the medical, therapeutic, counselling, and safety needs are being addressed by the CONeX lead.”

Education-based Service Provider

Stable Practices of Service Providers

The service providers who indicated their work would not change as a result of their involvement with CONeX were asked to explain their reasoning. Of this minority of service providers (< 30%), the majority of respondents endorsed that there was simply no need to change their practice, they were already collaborative and team-based, institutional barriers permitted change, and that the CONeX team had more influence to bring systems together to support children/youth. These views and more have been included in Table 9.

Table 9. Service provider description for their lack change following CONeX involvement.

Theme	Percentage
There is no need for change.	41%
Already utilizing a collaborative, team-based, approach.	21%
Experiencing sufficient success in our work.	17%
Unable to flex process, procedure, or policy.	10%
CONeX has more influence and connections for bringing teams together.	7%
Unable to evoke collaboration between systems to support children/youth.	4%

Sample Quotes

“My process and approach to working with children was very much aligned with CONeX, and there is not a need to change. Having worked with CONeX, I certainly have a better understanding of system navigation, and this knowledge has broadened by ability to connect families to the right supports for them.”

Community-based Service Provider

“We put significant work into supporting our students at the school level. There is significant expertise in the building and we come to know our students and plan for their needs. CONeX did support the work with families. This was important work. It has not changed or had an impact on the system structures or supports.”

Education-based Service Provider

Enhancing Systems Through CONeX

In the third open-ended question, service providers were asked how they modified their internal processes, procedures, or policies to better support children/youth with complex needs after CONeX involvement. Approximately half of all surveyed service providers (51%) endorsed they did flex or modify their organizational processes, procedures, or policies to meet the needs of children/youth with complex needs and their families. Common responses included the implementation of academic accommodations, reallocating financial and time-based resources, and adding the CONeX team to their lists of available service providers. These views have been included in Table 10.

Table 10. Changes described by service providers to better support children with complex needs.

Theme	Percentage
Implemented academic accommodations.	25%
Went outside regular mandate to support families.	21%
Reallocated resources and funding to support families.	19%
Allowed more time for collaboration.	17%
Reported flexing but no details on how this was implemented.	10%
Expanded entrance and maintenance requirements for service programs.	6%
Added CONeX to their lists of available service providers.	2%

System Did Not Change

The service providers who endorsed that no change transpired in their internal processes, procedures, or policies to better support children/youth with complex needs were asked to explain the reason why there was no system level change. The majority of respondents indicated that there was simply no need to change their systems as they were already flexible in meeting the children/youth needs, or were unable to do so because of internal restrictions. These views and more have been included in Table 11.

Table 11. Reason for lack of service provider system-level change.

Theme	Percentage
There is no need for change.	41%
Already utilizing a collaborative, team-based, approach.	21%
Experiencing sufficient success in our work.	17%
Unable to flex process, procedure, or policy.	10%
CONeX has more influence and connections for bringing teams together.	7%
Unable to evoke collaboration between systems to support children/youth.	4%

Sample Quotes

“I feel like I flex quite a bit in my School-Based Mental Health role. I am saddened to say the rest of my system did not flex.”

Health-based Service Provider

“I am bound by the operational expectations and administrative regulations. I do not have the authority to change policies or procedures at a system level.”

Education-based Service Provider

*“Child and Family Services has policy to abide by...”
Child and Family-based Service Provider*

Advancing without CONeX Support

Service providers were tasked to envision a world without CONeX in the fourth open-ended question. They were asked to identify and explain their level of confidence to continue working with children and youth with complex needs without CONeX involvement. When service providers were surveyed, approximately 79% indicated confidence to support future children/youth without CONeX involvement. For those who were not confident, they attributed these feelings to a lack of internal resources, time, knowledge of available program, and the perception that the CONeX team has increased power over partner systems. These variables and more have been identified in Table 12.

Table 12. Reasons for lack of confidence (in working without CONeX support) in service providers.

Theme	Percentage
Time and workload associated with case coordination.	29%
Unable to provide direct family support.	19%
Filling gaps in service delivery that are unable to be bridged.	14%
CONeX is perceived as more important by families and other organizations.	12%
Unequal access to programs when compared to CONeX team.	12%
Perceived lack of competency to meet the needs.	7%
Unaware of available programs to support children with complex needs.	7%

Sample Quotes

“Some families require so much care coordination that it is beyond the scope of what I am able to provide in my role and time constraints.”

Health-based Service Provider

“Having CONeX as the umbrella to bring together all participating agencies and organizations was extremely beneficial, and I don't believe that this level of cooperation would occur without their involvement.”

Education-based Service Provider

“The extra support is beneficial to making sure all participants meet regularly and review progress. It is time consuming organizing all the players.”

Child and Family-based Service Provider

“Systems still do not work well together...”

Community-based Service Provider

Challenges with CONeX

Service providers were asked to describe any challenges they experienced with the CONeX within the first open-ended question. While the majority of respondents did not experience any difficulties (85%),

a number of service providers shared their concerns with the evaluation team. Primary concerns appeared to surround the frequency and duration of meetings organized by the CONeX team, the length of electronic correspondence, the perceived difficulty of submitting a referral, dissatisfaction with the case closure process, and the lack of understanding in schools regarding the CONeX mandate. These views have been outlined in Table 13.

Table 13. Challenges with the CONeX as described by service providers.

Theme	Percentage
Meeting times (e.g., number, length, size, missing members, and notice time).	44%
Communication efficiency (e.g., not responding, messages too long).	22%
Referral process was difficult for families and unclear.	18%
Case closure perceived as premature or without clear transition.	11%
Lack of understanding in schools regarding CONeX.	5%

Sample Quotes

“Frequent, long team meetings just are not feasible as part of my daily workload. I appreciated simply being able to read the summaries.”

Health-based Service Provider

“Sometimes the service felt too short to become sustainable after CONeX pulled out.”

Education-based Service Provider

Value of CONeX

In the final open-ended question, service providers were asked to identify whether participating with the CONeX team was worth their time and effort. As expected from the results thus far, over 98% of respondents endorsed that having the CONeX team working in their system has been of great value. Of the respondents who indicated that CONeX was not worth their time and effort, confusion surrounding the role of CONeX and the labor-intensive referral process was identified as primary reasons for their dissatisfaction.

Parent/Caregiver Findings

The following section will detail the quantitative and qualitative findings obtained from parents/caregivers through examining the Likert scale and open-ended survey questions.

The majority of survey respondents endorsed high ratings when it came to their overall satisfaction in working alongside and learning from the CONeX team. According to the Likert scale responses from Time 2, the CONeX team:

- Provided parent/caregivers with information about the types of service available (58.9% agreement)
- Enhanced connections to community services and support teams (70.6% agreement)
- Worked well with the existing teams and supports that were in place (70.6% agreement)
- Created an integrated plan that address their child/youth’s needs (64.7% agreement)

- Encourage the parent/caregiver as an equal advocate and key partner (76.5% agreement)
- Provided a caring atmosphere while working with the family (76.4% agreement)
- Offered sufficient time with parent/caregivers to hear their needs (70.6% agreement)
- Helped the child /youth and family experience positive change (64.7% agreement)
- Increased parent/caregiver confidence to meet the needs of their child/youth (64.7% agreement)
- Enhanced parent/caregiver confidence to maintain progress with their child/youth (52.9% agreement)
- Increased the overall functioning of their family (52.9% agreement)

As no statistically significant change was observed in the Likert responses over the two-year data collection period and a larger sample of parent/caregivers were obtained during the Time 2 data collection, only percentages for Time 2 have been provided above. Data results for both years, however, have been included in Appendix C and F.

Given the small number of responses to the open-ended questions, the opinions expressed have been truncated to this paragraph. A small percentage of parent/caregivers expressed negative emotions towards the CONeX team due the closure of their file. While parent/caregivers agree that partner systems have been supportive through the process, they felt the closure of their files were abrupt and that the individual stories of their families were not always heard.

Conclusion

The CONeX program endeavors to enhance communication and collaboration among systems, identify and address service delivery gaps, and strengthen the supports available for children/youth with complex needs and their families. Over the past two years of data collection, it has become clear that the CONeX program, and its leadership and staff have strived towards these goals and positively impacted many systems, children/youth, and families along the way. Survey respondents at all levels of data collection were clear in endorsing the positive impacts that the CONeX program, and their staff, had on their idiosyncratic journeys, and were transparent on the barriers or challenges they faced in meeting the needs of children/youth with complex needs.

Much work is still needed to be done within the region to increase the self-efficacy of managers and service providers working with children/youth with complex needs, address systemic barriers and faulty beliefs that interfere with mandate flexing, and increase the fluidity of communication between system partners that promote family-centred care. For this reason, it is important that the CONeX team has taken on these obstacles and that an increasing number of individuals, organizations, and systems are active in engaging this unique resource. It will be critical to the CONeX program to remember that their mandate focuses on system-level advancement in meeting the needs of children/youth with complex needs. While this work can be completed by modeling skills within direct service applications, larger and more sustainable change can be obtained through a consultative and mentorship approach with systems.

RECOMMENDATIONS

Recommendations obtained from examining the management, service providers, and parent/caregiver responses have been presented holistically over the following sections.

Emergent Suggestions from Management Data

- Explore the feasibility of cultivating cross-system and agency networking events that can promote program awareness and relationship building.
 - By hosting professional development sessions, workshop, and team-building events, the CONeX team would be able to facilitate a greater sense of community among partners.
- Increase the frequency of communication with system leadership and management regarding the activities undertaken by the CONeX team so that process, procedure, and policy changes can be advocated.
 - This can be facilitated through providing case summaries of key service modifications and flexing that occurred as a result of the CONeX team's involvement with their organization or system.
- Reallocate CONeX staff time and resources so that they are able to engage in system-level advocacy and communication activities with local leadership and management.
 - While this will likely result in reduced caseloads, it may facilitate sustainable change management across systems.
- Construct mechanisms for which the system-level leadership and management can be informed regarding the variety of services available within the region and identify key contact personnel for which questions may be answered.
 - This may involve performing an environmental scan and updating a central document that can be shared to Calgary and Area RCSD partners.
- Construct a historical record of flexing and mandate change that occurs within partner systems as a result of CONeX involvement (e.g., Flex-o-pedia). This document may serve the basis to inform existing and new staff on the ways in which partner systems have collaborated in the past.

Emergent Suggestions from Service Provider Data

- Facilitate educational opportunities for service providers to learn about the CONeX program and the mechanisms involved in producing an appropriate referral.
 - It may be beneficial for CONeX referral and application information to be made more accessible and clearly articulated to partner systems.
 - Develop a professional workshop opportunity that can educate service providers on how they should work with CONeX and that direct family contact will not be the focus of the CONeX team's workload.
 - Acknowledge that dependency can be created with the development of any system that supports the needs of vulnerable children, children/youth, and families.

- Provide educational opportunities to service providers to demonstrate how they may be able to flex or modify their current processes, procedures, or policies that could better serve students with complex needs.
 - This can be provided as professional development workshops alongside partner systems so that individuals hear their leadership teams also supporting this adaptable work.
- Increase the transparency regarding how cases are opened and closed by the CONeX team so that service providers are aware of the mechanism.
 - This may involve the creation of decision trees and rubrics that can demonstrate the tangible variables that are used in the decision making process.
- When closing cases, it may be beneficial to provide an opportunity for service providers to self-reflect on the ways in which they flexed or modified their typical delivery methods to better support children/youth with complex needs, and their families.
 - By performing work in this manner, the CONeX team is able coach, recognize, and praise the work undertaken by service providers whereby making it more likely to continue in the future.
- Connect and learn from service providers regarding legislation originating from Children’s Services and Family Support for Children with Disabilities that influence their ability to modify or flex their mandates to support children with complex needs.
- Examine the length and inclusivity of meetings to ensure the time of service providers are well-attended and efficient.
 - Providing shortened, high-level, email correspondence between service providers involved in service delivery and case management would be beneficial and could support efficiency.

Emergent Suggestions from Parent/Caregiver Data

- Provide coaching to parent/caregivers that empowers them to take a leadership role in case-coordinating the support services involved with their child/youth.
 - This can be achieved by providing families with education related to key contacts and resources that they can utilize to support the family’s well-being.
- Utilize sufficient time with parent/caregivers during the initial start-up meeting, and throughout the case management timeline, to detail the role of the CONeX team and the mechanisms for which closure will ensue.
 - This can be facilitated through regular ongoing communication and providing documented communication with families.
- Ensure clinical objectivity and sensitivity when formulating case conceptualizations in the presence of parent/caregivers and identified service providers.
 - The CONeX team should engage families with natural curiosity and treat each case as unique within the context of their caseload. This will ensure that families do not perceive their intentions as judgmental or prescribed based on the presence of basic information.

REFERENCES

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

APPENDIX A: MANAGER RESULTS (TIME 1)

Survey Question	1 No comfort	2	3	4	5	6	7 Complete Comfort
Rate your level of comfort in collaborating with other organizations and systems.	0	0	0	0	0	6 (50%)	6 (50%)

APPENDIX B: SERVICE PROVIDER RESULTS (TIME 1)

Survey Question	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Helped me to navigate systems and bridge services.	1 (.8%)	1 (.8%)	9 (7.1%)	63 (50%)	52 (41.3%)
Helped to meet the needs of the child/youth with complex needs and their family.	1 (.8%)	2 (1.6%)	4 (3.2%)	52 (41.3%)	67 (53.2%)
Enhanced my system to better provide support to the specific child/youth with complex needs and their family.	1 (.8%)	1 (.8%)	12 (9.5%)	61 (48.4%)	51 (40.5%)
Created additional work that increased my overall workload.	20 (15.9%)	55 (43.7%)	31 (24.6%)	15 (11.9%)	5 (4.0%)
Facilitated the flexing/modification of our system's mandates/procedures to better support the child/youth with complex needs and their family.	0 (0.0%)	4 (3.2%)	32 (25.4%)	56 (44.4%)	34 (27.0%)
Made me feel included as a contributing member to the integrated plan.	1 (.8%)	1 (.8%)	9 (7.1%)	50 (39.7%)	65 (51.6%)
Increased my ability to maintain progress with the child/youth and family that has already been achieved.	1 (.8%)	3 (2.4%)	14 (11.1%)	63 (50%)	45 (35.7%)
Increased my understanding of how to flex within my role to meet the needs of children/youth with complex needs and their families.	0 (0.0%)	7 (5.6%)	53 (42.1%)	49 (38.9%)	17 (13.5%)
Helped me to reflect on my role in supporting children/youth with complex needs and their families.	2 (1.6%)	4 (3.2%)	36 (28.6%)	64 (50.8%)	20 (15.9%)
Enhanced my ability to communicate and collaborate with other professionals involved in the child/youth's life.	1 (.8%)	3 (2.4%)	13 (10.3%)	57 (45.2%)	52 (41.3%)

Addressed the areas of need, as identified in the CONeX referral.	2 (1.6%)	2 (1.6%)	10 (7.9%)	60 (47.6%)	52 (41.3%)
Enhanced my confidence to support future children/youth with complex needs and their families without CONeX involvement.	0 (0.0%)	6 (4.8%)	39 (31%)	60 (47.6%)	21 (16.7%)
Enhanced my system to better provide supports in the future for children/youth with complex needs and their families.	1 (.8%)	7 (5.6%)	32 (25.4%)	58 (46%)	28 (22.2%)

APPENDIX C: PARENT/CAREGIVER RESULTS (TIME 1)

Survey Question	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Provided me with information about the types of supports available to my child/youth or family.	1 (33.3%)	0 (0.0%)	0 (0.0%)	2 (66.6%)	0 (0.0%)
Enhanced my child/youth or family's connections to community services and teams (e.g., teachers, physicians, social workers).	1 (33.3%)	0 (0.0%)	0 (0.0%)	2 (66.6%)	0 (0.0%)
Worked well with the existing teams and supports involved with my child/youth or family.	1 (33.3%)	0 (0.0%)	0 (0.0%)	2 (66.6%)	0 (0.0%)
Created an integrated plan that addressed my child/youth's needs.	1 (33.3%)	0 (0.0%)	0 (0.0%)	2 (66.6%)	0 (0.0%)
Encouraged me as an equal advocate and key partner in my child's/youth's team.	1 (33.3%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	1 (33.3%)
Provided a caring atmosphere while working with my child/youth or family.	1 (33.3%)	0 (0.0%)	0 (0.0%)	1 (33.3%)	1 (33.3%)
Provided me with enough time to talk so I didn't feel rushed.	1 (33.3%)	0 (0.0%)	0 (0.0%)	2 (66.6%)	0 (0.0%)
Helped my child/youth and family experience positive change.	1 (33.3%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	1 (33.3%)
Enhanced my confidence in meeting the needs of my child/youth.	1 (33.3%)	1 (33.3%)	0 (0.0%)	1 (33.3%)	0 (0.0%)
Increased my confidence in my ability to maintain progress that has been made.	1 (33.3%)	1 (33.3%)	0 (0.0%)	1 (33.3%)	0 (0.0%)
Increased the overall functioning of my family.	1 (33.3%)	1 (33.3%)	0 (0.0%)	1 (33.3%)	0 (0.0%)

APPENDIX D: MANAGER RESULTS (TIME 2)

Survey Question	1 No comfort	2	3	4	5	6	7 Complete Comfort
Rate your level of comfort in collaborating with other organizations and systems.	0	0	0	0	1 (10%)	4 (40%)	5 (50%)

APPENDIX E: SERVICE PROVIDER RESULTS (TIME 2)

Survey Question	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Helped me to navigate systems and bridge services.	3 (2.9%)	1 (1.0%)	12 (11.4%)	60 (57.1%)	29 (27.6%)
Helped to meet the needs of the child/youth with complex needs and their family.	0 (0.0%)	3 (2.9%)	8 (7.6%)	47 (44.8%)	47 (44.8%)
Enhanced my system to better provide support to the specific child/youth with complex needs and their family.	1 (1.0%)	5 (4.8%)	10 (9.5%)	56 (53.3%)	33 (31.4%)
Created additional work that increased my overall workload.	21 (20.0%)	46 (43.8%)	21 (20.0%)	11 (10.5%)	6 (5.7%)
Facilitated the flexing/modification of our system's mandates/procedures to better support the child/youth with complex needs and their family.	1 (1.0%)	6 (5.7%)	28 (26.7%)	47 (44.8%)	23 (21.9%)
Made me feel included as a contributing member to the integrated plan.	0 (0.0%)	1 (1.0%)	8 (7.6%)	39 (37.1%)	57 (54.3%)
Increased my ability to maintain progress with the child/youth and family that has already been achieved.	1 (1.0%)	5 (4.8%)	22 (21.0%)	51 (48.6%)	26 (24.8%)
Increased my understanding of how to flex within my role to meet the needs of children/youth with complex needs and their families.	3 (2.9%)	6 (5.7%)	41 (39.0%)	41 (39.0%)	14 (13.3%)
Helped me to reflect on my role in supporting children/youth with complex needs and their families.	2 (1.9%)	4 (3.8%)	31 (29.5%)	53 (50.5%)	14 (13.3%)
Enhanced my ability to communicate and collaborate with other professionals involved in the	3 (2.9%)	3 (2.9%)	12 (11.4%)	44 (41.9%)	43 (41.0%)

child/children/youth's life.					
Addressed the areas of need, as identified in the CONeX referral.	0 (0.0%)	4 (3.8%)	12 (11.4%)	58 (55.2%)	31 (29.5%)
Enhanced my confidence to support future children/youth with complex needs and their families without CONeX involvement.	1 (1.0%)	4 (3.8%)	38 (36.2%)	45 (42.9%)	17 (16.2%)
Enhanced my system to better provide supports in the future for children/youth with complex needs and their families.	2 (1.9%)	5 (4.8%)	33 (31.4%)	46 (43.8%)	19 (18.1%)

APPENDIX F: PARENT/CAREGIVER RESULTS (TIME 2)

Survey Question	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Provided me with information about the types of supports available to my child/youth or family.	3 (17.6%)	2 (11.8%)	2 (11.8%)	2 (11.8%)	8 (47.1%)
Enhanced my child/youth or family's connections to community services and teams (e.g., teachers, physicians, social workers).	3 (17.6%)	1 (5.9%)	1 (5.9%)	4 (23.5%)	8 (47.1%)
Worked well with the existing teams and supports involved with my child/youth or family.	3 (17.6%)	2 (11.8%)	0 (0.0%)	2 (11.8%)	10 (58.8%)
Created an integrated plan that addressed my child/youth's needs.	4 (23.5%)	2 (11.8%)	0 (0.0%)	3 (17.6%)	8 (47.1%)
Encouraged me as an equal advocate and key partner in my child's/youth's team.	4 (23.5%)	0 (0.0%)	0 (0.0%)	2 (11.8%)	11 (64.7%)
Provided a caring atmosphere while working with my child/youth or family.	2 (11.8%)	0 (0.0%)	2 (11.8%)	3 (17.6%)	10 (58.8%)
Provided me with enough time to talk so I didn't feel rushed.	2 (11.8%)	1 (5.9%)	2 (11.8%)	1 (5.9%)	11 (64.7%)
Helped my child/youth and family experience positive change.	3 (17.6%)	1 (5.9%)	2 (11.8%)	4 (23.5%)	7 (41.2%)
Enhanced my confidence in meeting the needs of my child/youth.	3 (17.6%)	1 (5.9%)	2 (11.8%)	5 (29.4%)	6 (35.3%)
Increased my confidence in my ability to maintain progress that has been made.	3 (17.6%)	0 (0.0%)	5 (29.4%)	4 (23.5%)	5 (29.4%)
Increased the overall functioning of my family.	3 (17.6%)	1 (5.9%)	4 (23.5%)	3 (17.6%)	6 (35.3%)