

# VIRTUAL TEAM MEETINGS

## A Tool Worth Keeping in the Care Coordinator's Toolbox

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# Context

**High Fidelity Wraparound:** Wraparound is an evidence-informed team-based planning process intended to provide coordinated, comprehensive, holistic, youth and family-driven care to meet the needs of children, youth, and families who have multiple systems involvement and who experience serious mental or behavioral health challenges  
(<https://nyssoc.com/>)

NYS began providing wraparound with a SAMHSA SOC expansion grant in 2016 and are now on their 2<sup>nd</sup> SOC expansion grant.



# Context

All care coordination was completed in-person, then Covid-19 happened and agencies and providers had to adapt.

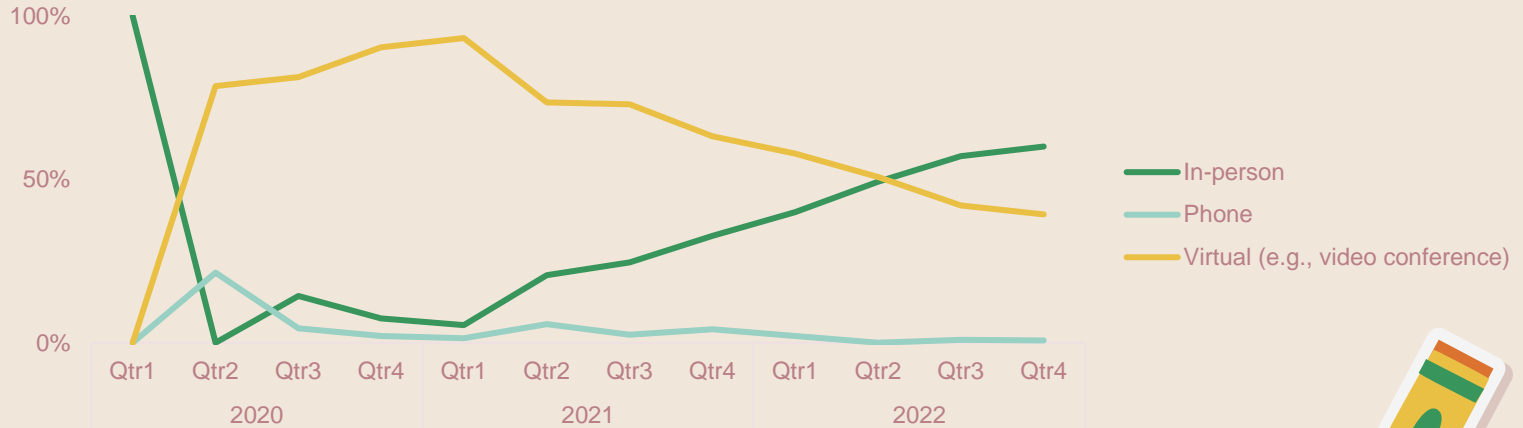
They faced some unique challenges:

- Prior experience with virtual care delivery
- Complexity of High Fidelity Wraparound
- Participants with particularly high needs

Created a “natural experiment”



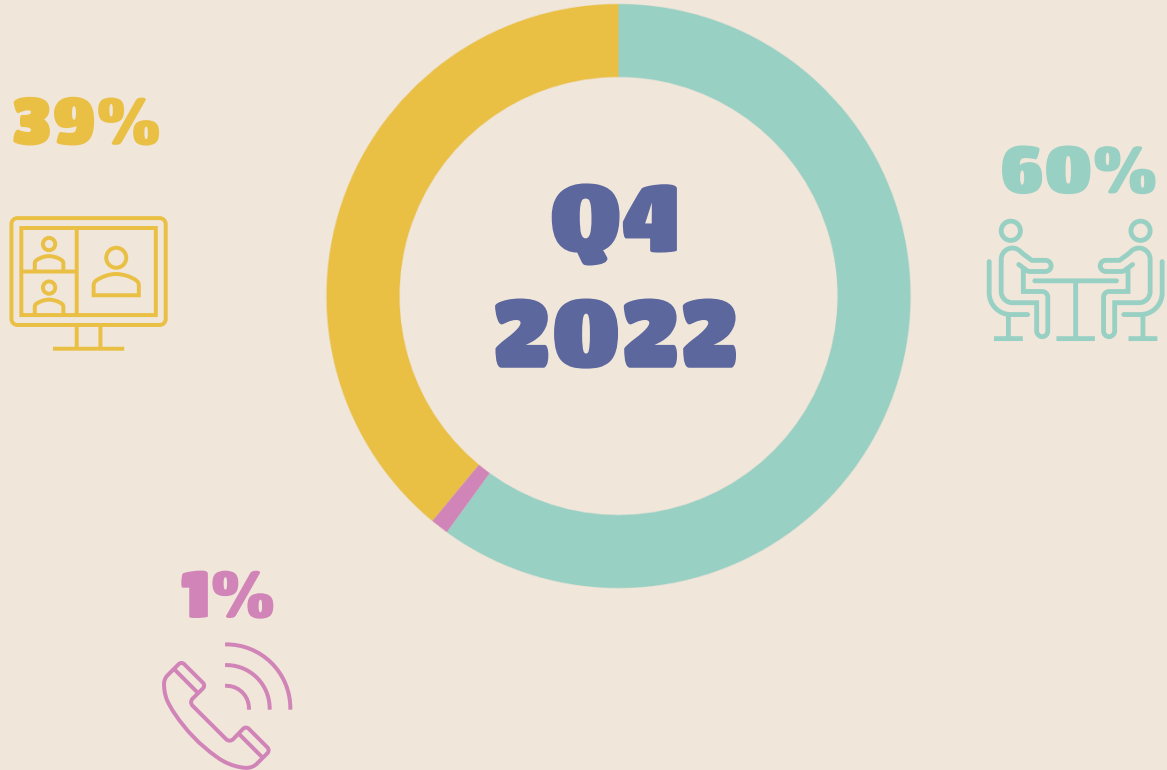
# Timeline



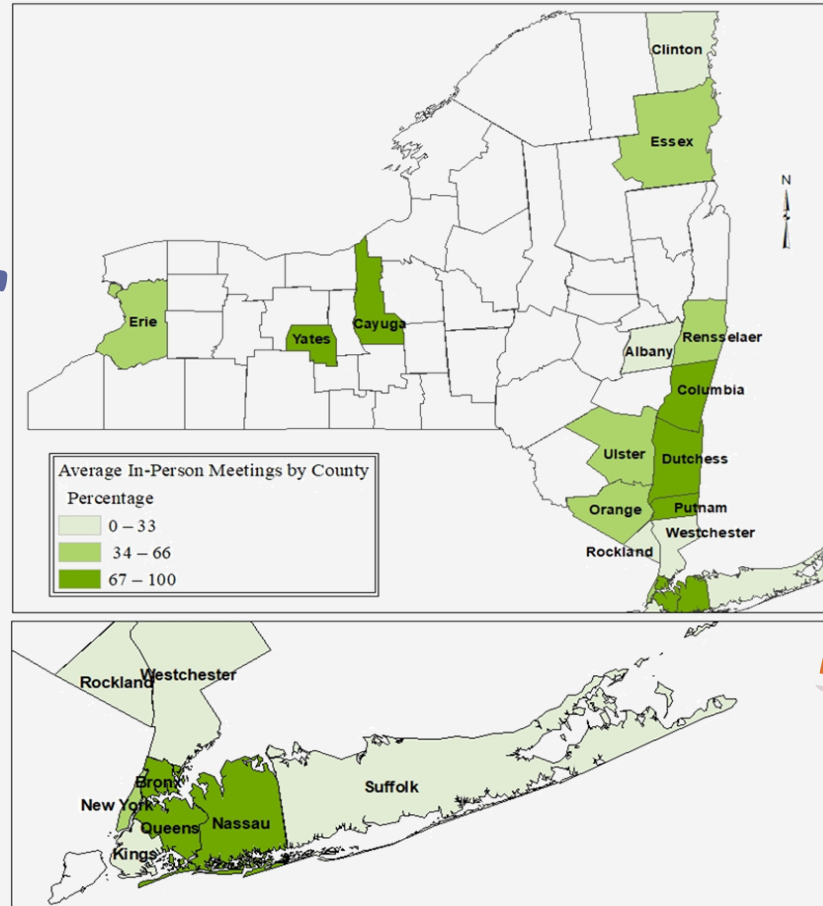
- Spring 2020: rapid switch to virtual
- Spring 2021: some agencies reintroducing in-person meetings
- Spring 2022: more in-person than virtual meetings



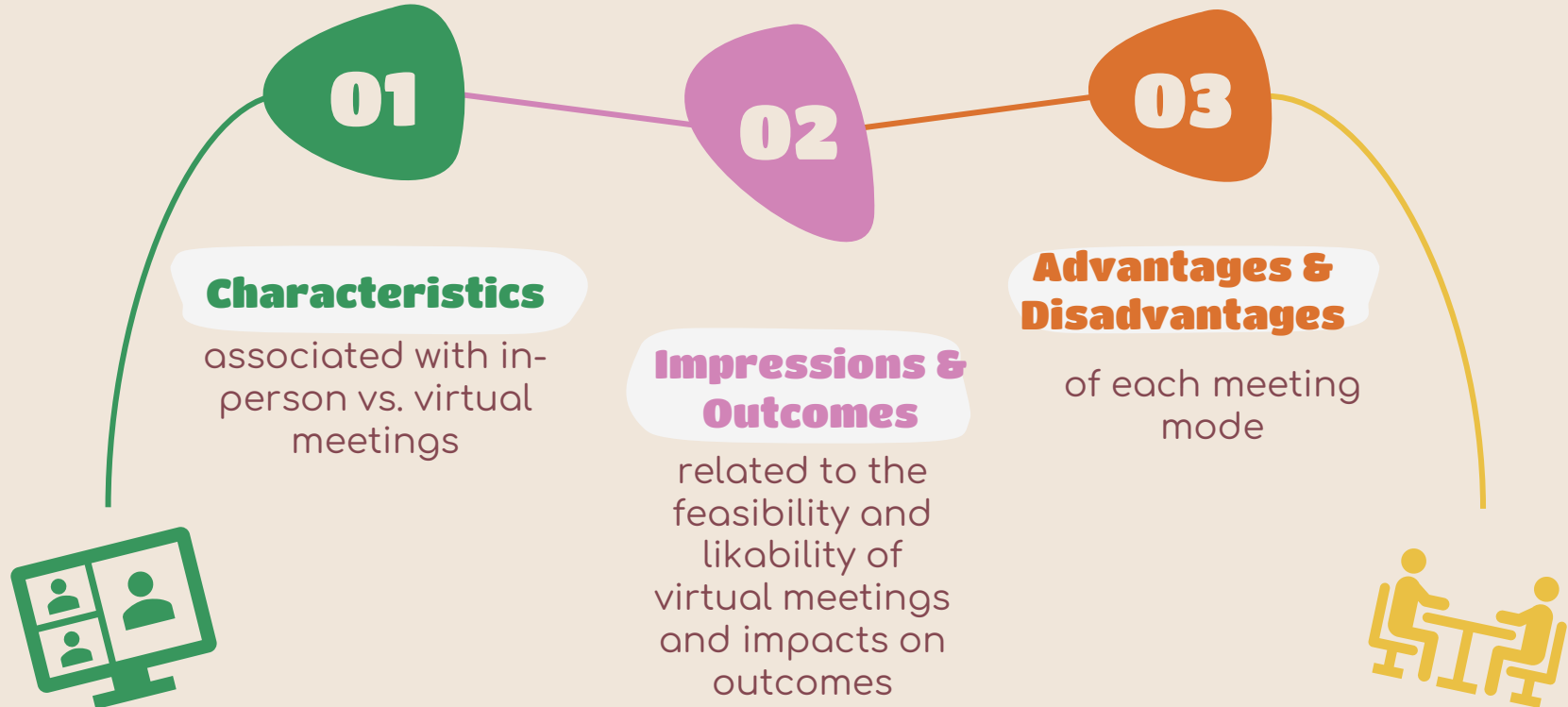
# Current Meeting Modes



# In-person Meeting Average per County



# Areas of Exploration



# Data Sources



## Meeting administration experience

- Surveys with agency administrators: May 2020, 9 responses
- Surveys with care managers: July 2020, 15 responses



## Meeting participation experience

- Participant interviews: January 2021-November 2022, 358 responses



## Predictors, outcomes

- Program records: enrollments starting January 2021- December 2022, includes youth with 3+ team meetings, 161 youth



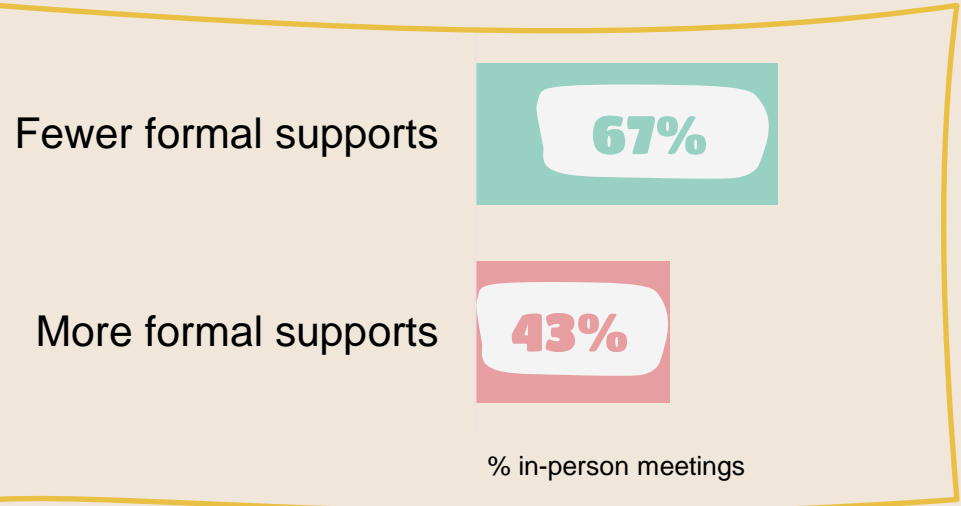
**What are the  
characteristics associated  
with proportion of  
in-person meetings?**





## Formal supports

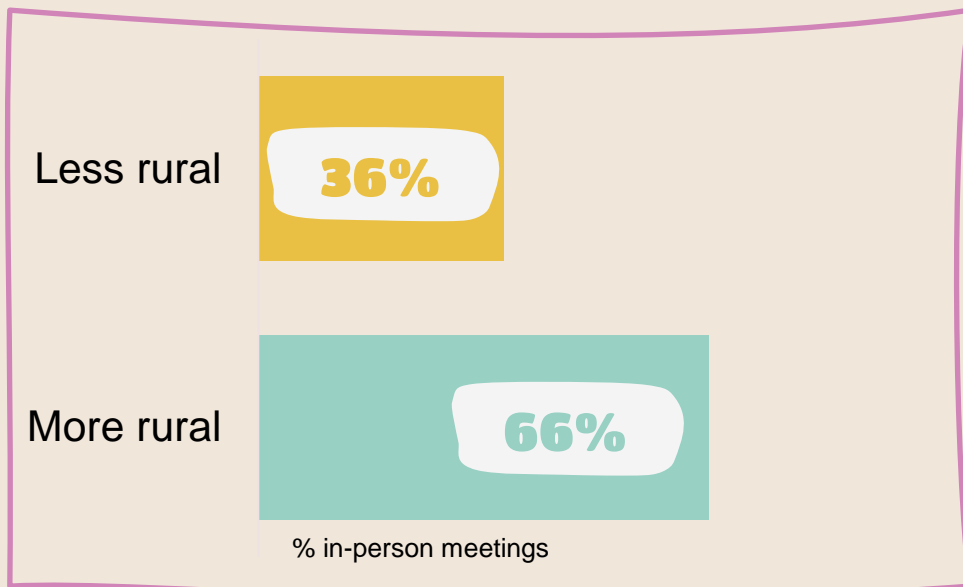
More formal supports on the team was associated with fewer in-person meetings.





## Rural location

Living in a more rural county was associated with more in-person meetings.



Low learning limitations

38%

High learning limitations

66%

% in-person meetings



## Learning limitations

Individuals with more learning limitations had a greater proportion of in-person meetings.

**Is virtual meeting delivery  
feasible?**



# Participant Experience

**90%**



**Easy**

Participants report that video meetings are easy to use.

**94%**



**Effective**

Participants report that the group was able to communicate well in the video meeting.

# Participant Experience

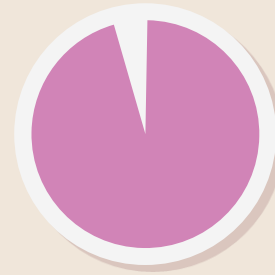
**92%**



## Connectivity

Participants report reliable internet and/or data available to use for video meetings.

**93%**



## Equipment

Participants report access to a device that can be used for video meetings.

**Is virtual meeting delivery  
liked?**





# Participant Experience

93%



**Open**

Participants report they are open to joining video meetings in the future.

55%



**Preference**

Participants report that they would rather meet in person than by video.

**Does virtual meeting  
delivery impact outcomes?**



# Meeting mode is associated with:

## Meetings completed

Individuals with a higher proportion of virtual meetings completed more meetings.



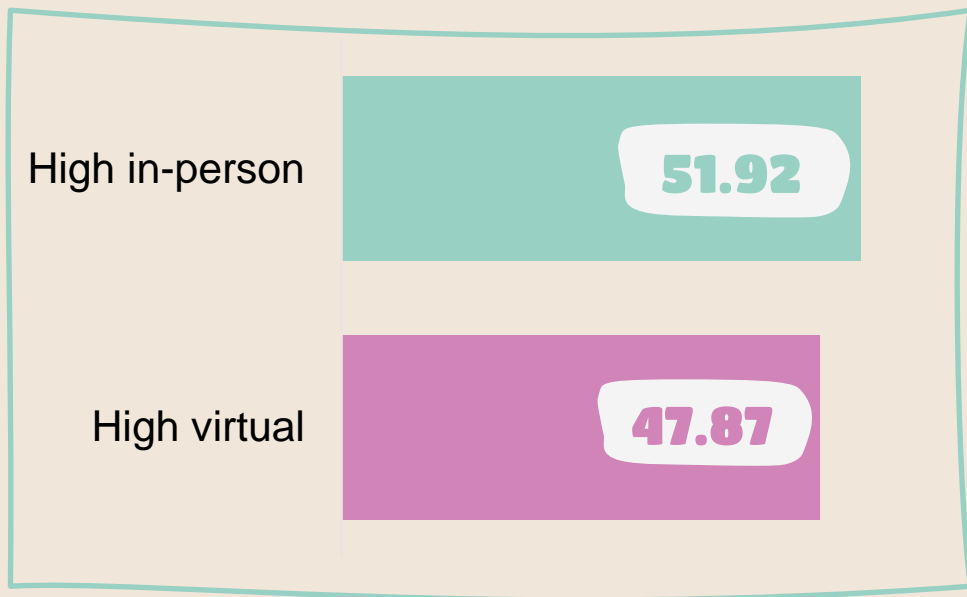
High in-person

6.22

High virtual

7.79

# Meeting mode is associated with:



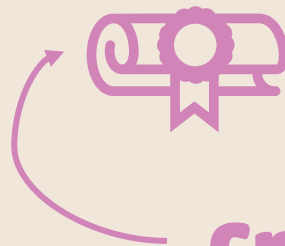
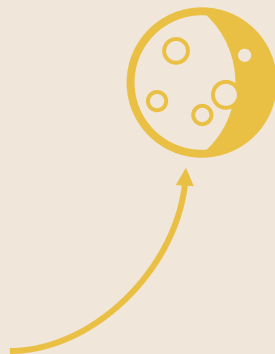
**Meeting  
frequency**

Individuals with a higher proportion of virtual meetings had fewer days between meetings.

# Meeting mode is **NOT** associated with:

## Phase at Discharge

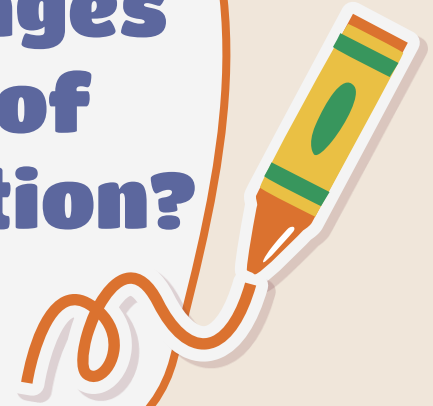
Meeting mode proportion is not associated with service phase at discharge.



## Graduation

Meeting mode proportion is not associated with other outcomes of HFW like program graduation or discharge to out of home placement.

**What are the advantages  
and disadvantages of  
virtual care coordination?**



# Advantages

No travel needed



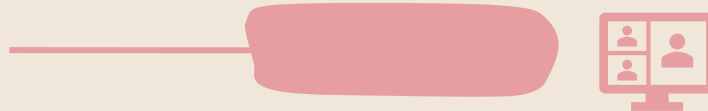
Meetings possible when  
they would otherwise be  
canceled

Providers can join  
part of meeting

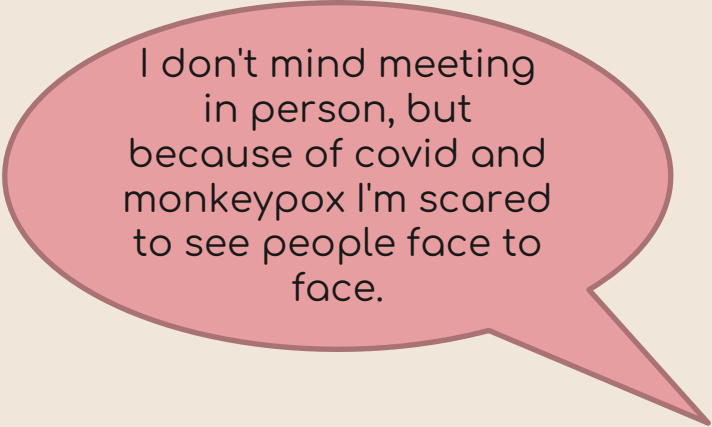


Gives family  
options

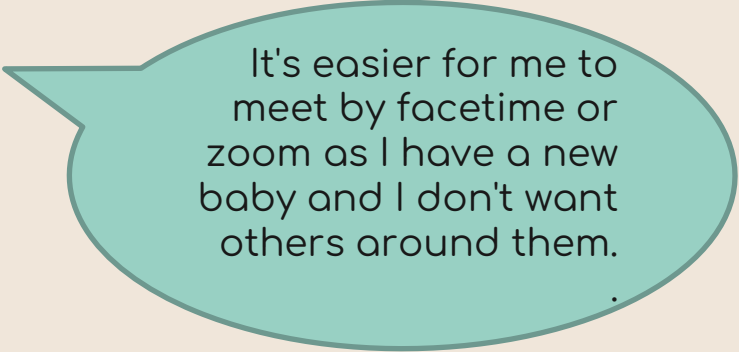
Video features  
may be preferred  
in some cases



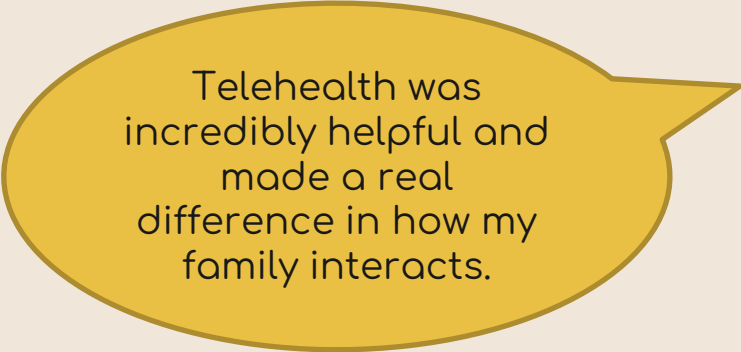
# Participant Reactions: Advantages



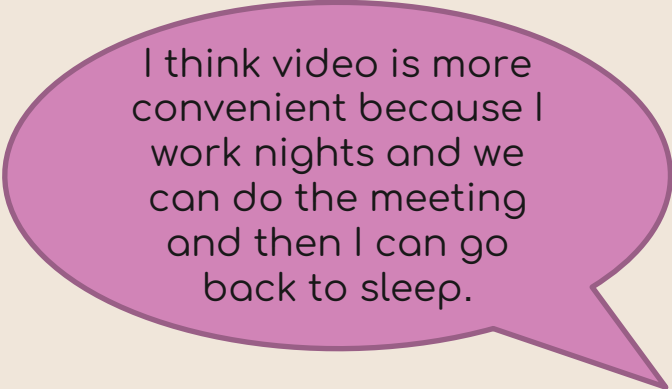
I don't mind meeting in person, but because of covid and monkeypox I'm scared to see people face to face.



It's easier for me to meet by facetime or zoom as I have a new baby and I don't want others around them.



Telehealth was incredibly helpful and made a real difference in how my family interacts.



I think video is more convenient because I work nights and we can do the meeting and then I can go back to sleep.



# Provider Reactions: Advantages

Zoom has a whiteboard feature that when used during the meeting allows you to save the custom slides for reference, and to send to Team members after the meeting...

For those youth that typically are anxious about being in person with teams, it provides options as they can utilize or not utilize the camera depending on their level of comfort..

Using a platform like this really highlights families sticking to ground rules of not talking over each other, etc.

This [virtual meetings] has been helpful for getting clinical providers and other team members to participate because it takes the commute out as a barrier.

# Disadvantages

Billing  
specifications



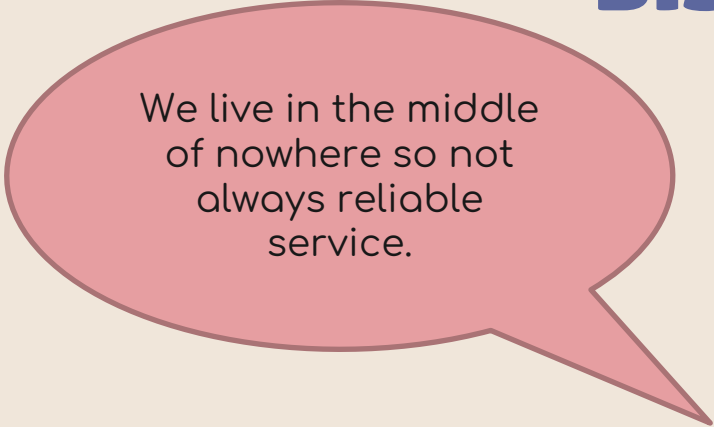
Connection better in-  
person

Connectivity,  
device issues

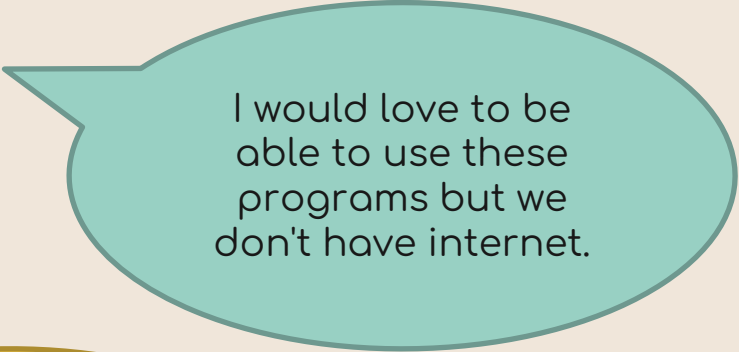


Some youth, e.g.,  
attention  
challenges, may  
participate more  
easily in-person

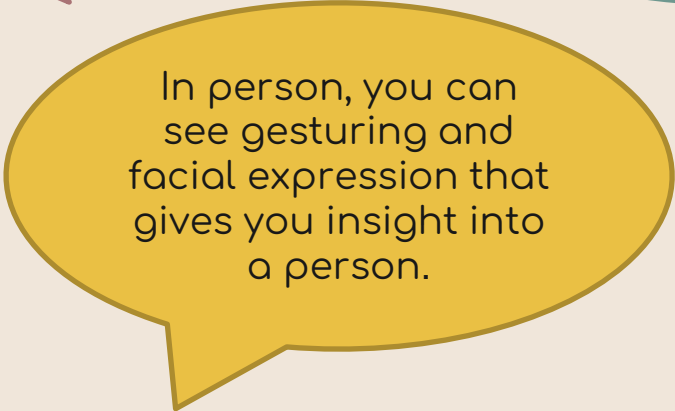
# Participant Reactions: Disadvantages



We live in the middle  
of nowhere so not  
always reliable  
service.

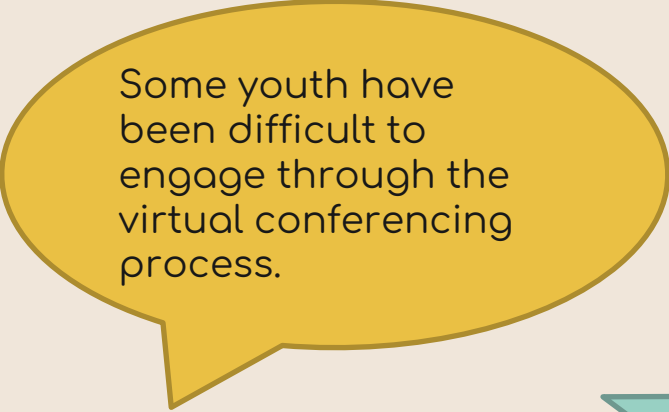


I would love to be  
able to use these  
programs but we  
don't have internet.

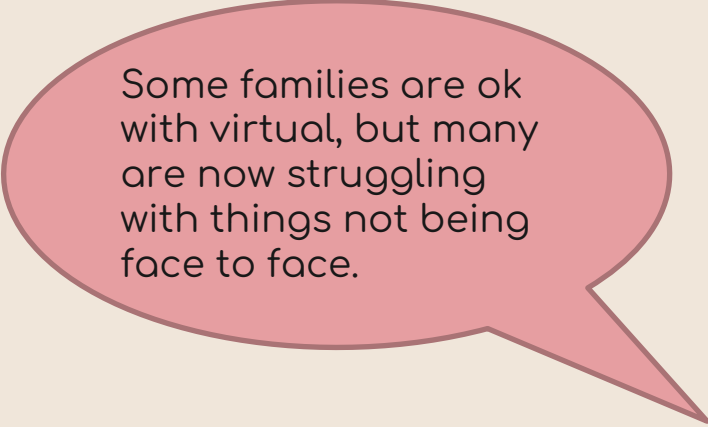


In person, you can  
see gesturing and  
facial expression that  
gives you insight into  
a person.

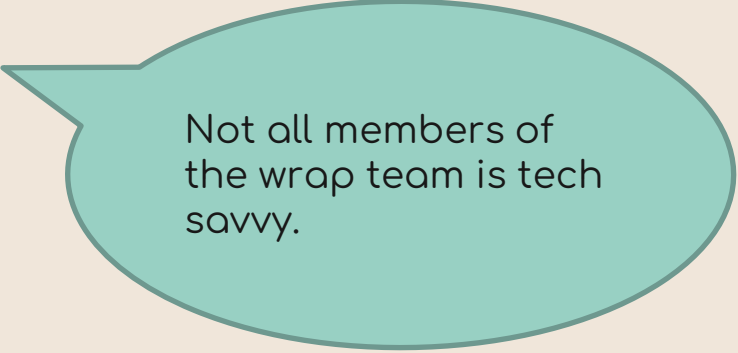
# Provider Reactions: Disadvantages



Some youth have been difficult to engage through the virtual conferencing process.



Some families are ok with virtual, but many are now struggling with things not being face to face.



Not all members of the wrap team is tech savvy.

# Participant Reactions...it depends

Normally she would rather meet in person, however- she just had surgery and is asthmatic, winter is more difficult ...ZOOM would work best, for now...

I don't think meeting in person is always necessary. Zoom is an efficient way to get a lot of things done.

My daughter has autism and ADHD so everything depends on her mood and sometimes video is better, other times is not.

# Provider Reactions...it depends

While in-person participation is ideal in most cases, use of video may allow for more natural/informal supports as well as clinical providers to more easily and consistently participate.

Video meetings for certain generations are convenient, but older generations not always as good at using.

...While in person meetings are clearly optimal, it [virtual meetings] would be a great option for working families.

# Takeaways



## **Similar effectiveness**

Evidence suggests that proportion of meeting type does not impact important outcomes.

## **Meeting frequency**

Meeting frequency and total was predicted by a higher proportion of virtual meetings. This may be because holding meetings virtually removes some barriers that may make scheduling and completing meetings easier.

## **Virtual Infrastructure**

Although there was concern about families lacking access to devices and connectivity to participate in virtual meetings, these limitations were rare.

## **Preference**

55% of families reported a preference for in person meetings.



## Both meeting modes have positives



### Virtual

Virtual meetings may be easier for teams with many formal supports, families with health concerns, and families with challenging schedules.



### In-Person

In person meetings may be better for families for youth with certain challenges, like learning difficulties that may make focusing virtually more difficult.

# A hybrid, flexible model may be best



## Hybrid ?

- Some elements are completed in-person and some virtually, and/or
- Family can specify their preference

# Next Steps

Identify the processes of and procedures that are best suited for virtual versus in-person delivery. For instance, initial engagement may be best in-person.

Although limitations to device and connectivity were rare, for the few that do have these limitations, they are a big challenge. Asking families at the beginning of care about this is helpful for anticipating what care options are available to them (and perhaps mitigating these issues, e.g., giving family a device).

Some families may prefer virtual meetings in certain circumstances, e.g., illness or poor weather, whereas others may only want in-person meetings. Administering a standard assessment of virtual meeting preferences at the beginning of care may be beneficial for providers.

For virtual meetings, it is still likely helpful to offer a virtual option for formal support providers to join meetings. Having this infrastructure in place and getting the necessary information to the providers ahead of time is important.

# Questions & Comments



**For more information,  
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