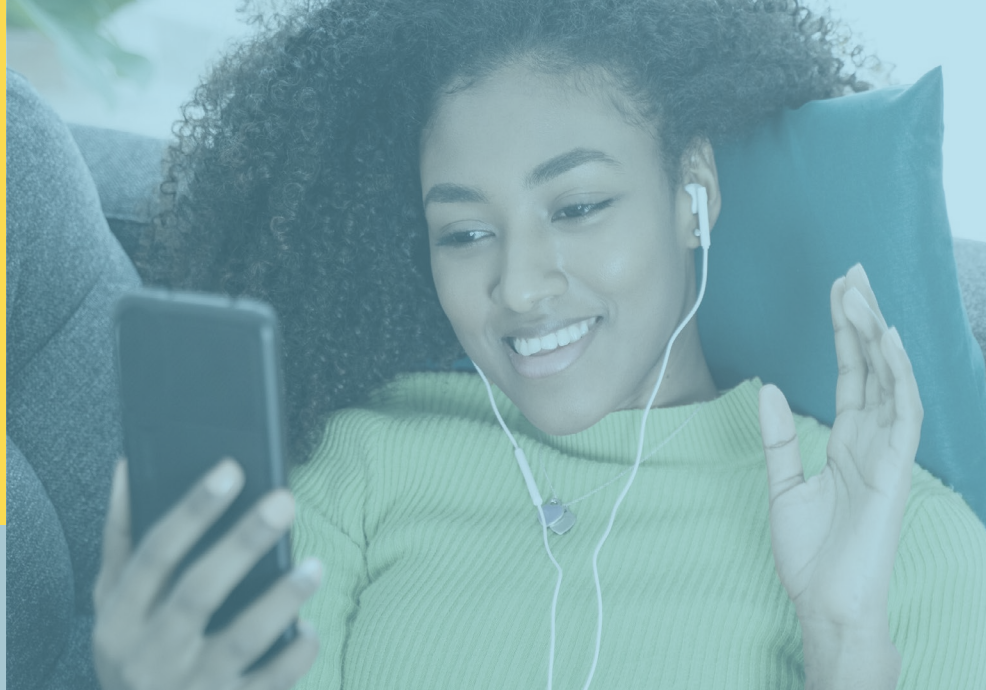


WRAPAROUND PROVIDERS' PERSPECTIVES ON TELEHEALTH: FINDINGS FROM AN NWI SURVEY



January, 2022



The COVID-19 pandemic, now almost two years old, has given Wraparound staff in the United States extensive experience in providing services via Telehealth. The initial, rapid transition to telehealth happened in a way that was largely unplanned and sometimes chaotic; however, over time, Wraparound providers and participants have had opportunities to learn, adapt and innovate. As we look with hope to an easing of restrictions related to the pandemic, it seems like a good time to consider what has been learned about telehealth, and how such lessons can be applied to Wraparound going forward.

As a way of contributing to conversations about the future of telehealth in Wraparound, the NWI fielded a survey in November and December of 2021. This report focuses on findings from the survey, based on the perspectives of Wraparound provider staff, including family and youth partners, care coordinators, supervisors, managers and administrators.

PREVIOUS RESEARCH ON TELEHEALTH

Prior to the pandemic, a number of systematic reviews of available research compared telehealth with in-person visits. Systematic reviews are a formal way to combine findings from multiple studies on the same topic, and to draw conclusions about what the studies say when taken as a group. Recent systematic reviews of telehealth research are based on as many as 1,500 individual studies. These reviews have found telehealth to be at least as effective as in-person visits, with [one review](#) saying that “Telehealth interventions produce positive

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outcomes... for psychotherapy as part of behavioral health,” and [another review](#) saying that “Studies examining telemental health services generally found that outcomes did not differ significantly from in-person intervention.” [Another systematic review](#) focused specifically on telehealth for family mental health services, and found that family therapy outcomes for “child behavioural problems... showed equivalent outcomes in telehealth and face-to-face therapy.”

During the pandemic, the shift to telehealth was in many cases abrupt and disorganized; however, expert consensus and emerging research conclude that the forced experiment with telehealth was generally successful. For example, [one study found that](#) “... the no-show rate of telehealth visits during the COVID-19 pandemic was... lower than both the no-show rate for in-office visits and the pre-pandemic in-office no-show rate” while satisfaction was similar. [A study of a first-episode of psychosis program](#) found that “The no-show rate during the shelter-at-home period was 28 percent, compared to 32 percent the previous year.”

In 2021, as the pandemic passed the one-year mark, [SAMHSA released an expert consensus report endorsing telehealth](#), saying “Telehealth is effective across the

continuum of care for SMI [serious mental illness] and SUD [substance use disorders], including screening and assessment, treatments, including pharmacotherapy, medication management, and behavioral therapies, case management, recovery supports, and crisis services.” Similarly, a 2021 [policy brief](#) from the Child Health and Development Institute of Connecticut focused on delivery of behavioral health services for children and families. The policy brief concludes that research “has shown telemedicine to generally be as effective as in-person psychotherapy for a range of diagnoses modalities, and for children, adolescents, and adults.”

The Connecticut policy brief also noted that telehealth “has reduced or eliminated common barriers to care such as non-emergency medical transportation, two-parent work schedules, lack of child care options, and the stigma that can be associated with visiting a behavioral health clinic. Support of telemedicine is grounded in its powerful potential to promote better and more equitable access, engagement, and outcomes, particularly among traditionally underserved populations.” Other studies assess the benefits of telehealth for behavioral health services similarly, focusing on its potential to address barriers related to transportation,

Figure 1. Respondent Experiences with Providing Telehealth Services

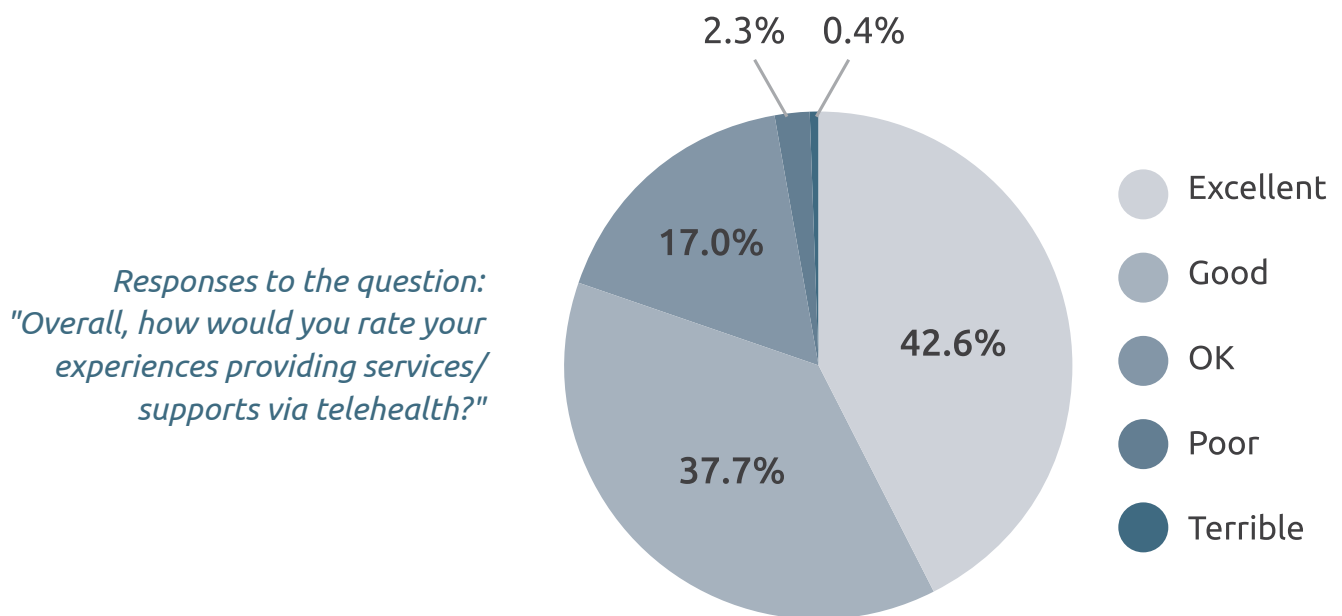
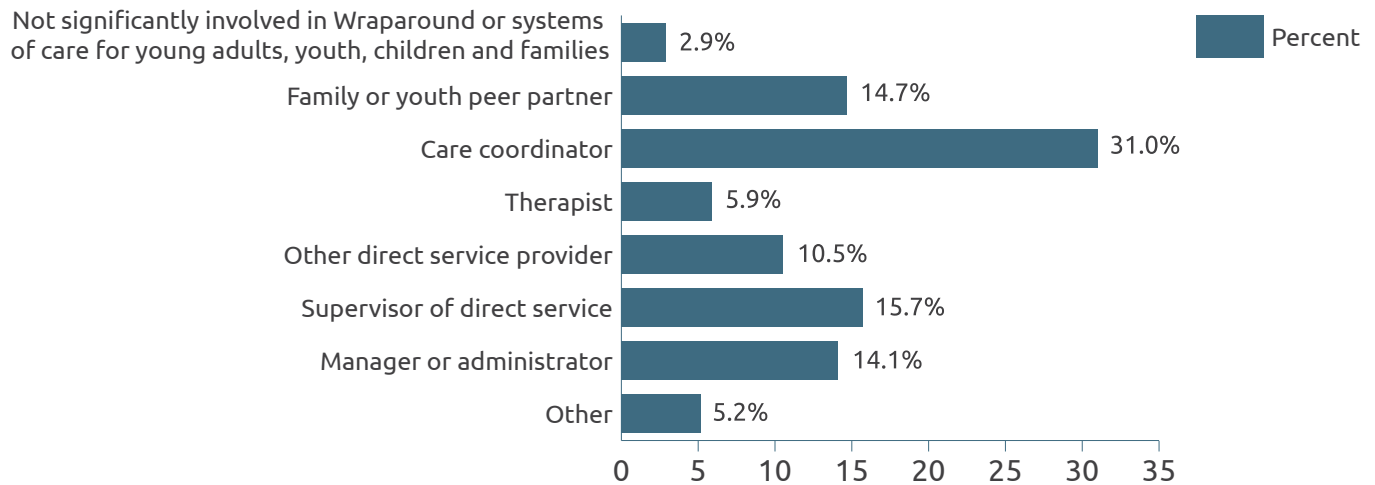


Figure 2. Respondent Role in Wraparound

*Responses to the question:
"What is your role relative to
Wraparound/systems of care?"*



poverty and stigma. Further, telehealth can expand access to providers with particular areas of expertise and success in working with populations that are underserved and/or that are less likely to be engaged in services.

These various studies and reports on telehealth for behavioral health noted barriers to effectiveness, including a lack of access to high-speed internet, a lack of appropriate devices, and difficulty finding private space to participate in telehealth services. The studies also point out that little research so far addresses best practices for telehealth at the organization and system levels.

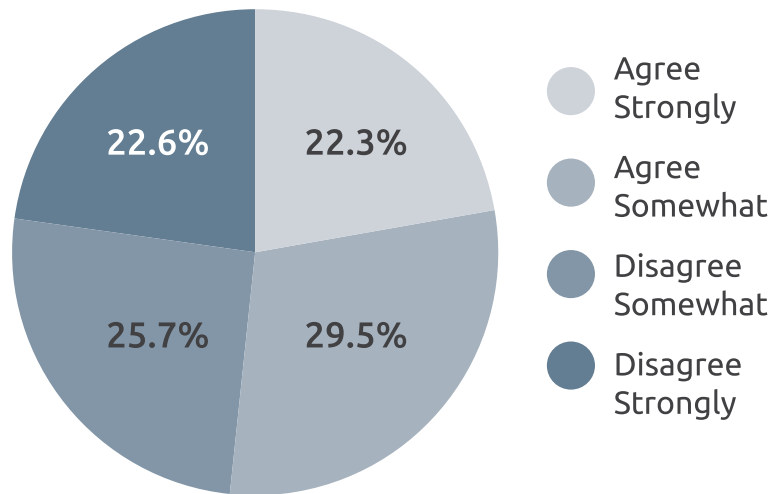
SURVEY RESULTS ON TELEHEALTH IN WRAPAROUND

The NWI Telehealth Survey received a total of 306 responses from Wraparound provider staff. Respondents came from 34 states, with the largest representation from Indiana (73), California (38), Massachusetts (34) and Texas (22). Care coordinators were the largest group of respondents (31%), followed by supervisors (15%), family/youth peer partners (15%) and managers/administrators (14%). Therapists, other direct service providers and other roles were also represented at between 5 and 10 percent. Almost all of the respondents (more than 90%) reported that their agencies or programs had provided at least half of Wraparound services/supports via telehealth at some point during the pandemic. Almost a third of respondents

Respondents were overwhelmingly positive regarding their overall experiences providing services or supports via telehealth.

Figure 3. Effectiveness of Wraparound Via Telehealth Compared to In-Person

*Responses to the question: "Rate your agreement with the following statement: Providing Wraparound and system of care services/supports via telehealth is *not* as effective as in-person."*



reported that, at some point during the pandemic, all of their services/supports had been provided via telehealth.

Respondents were overwhelmingly positive regarding their overall experiences providing services or supports via telehealth: 43% reported excellent experiences, 38% good experiences, 17% OK experiences, and 2% poor experiences. Only one person (less than 1%) reported that their experiences were “terrible.”

Respondents were generally positive about their agencies’ use of telehealth. The survey asked respondents to rate the extent to which they agreed with this statement: *The agency I work for has learned to use telehealth effectively.* Just over 2/3 of respondents (68%) agreed strongly with this statement; 28% agreed somewhat; 3% disagreed somewhat; and 1% disagreed strongly.

Similarly, respondents were generally very positive about the potential of telehealth as an option within Wraparound and systems of care. For two statements—*Having telehealth as an option can improve the effectiveness of Wraparound and systems of care,* and *Having telehealth as an option can improve child/ youth/ family engagement and participation in Wraparound and*

systems of care—more than 2/3 of respondents agreed strongly and another 20% agreed somewhat, with less than 10% disagreeing somewhat or strongly.

There was more diversity of opinion about telehealth versus in-person services or supports. Regarding the statement *Providing Wraparound and system of care services/ supports through telehealth is *not* as effective as in person,* 22% agreed strongly, 29% agreed somewhat, 26% disagreed somewhat, and 23% disagreed strongly.

For all of the survey items regarding aspects of telehealth satisfaction described above, there were no significant differences by role in Wraparound.

Answers to open-ended prompts provided additional detail about the benefits and challenges of working via telehealth. Respondents were specifically asked to identify “advantages or benefits” to using telehealth and, in a separate question, to identify “barriers or challenges.” These responses were coded into a series of common categories. A list of these categories, together with representative responses, can be found in Appendix A.

Positive Responses to Open-Ended Prompts

Among the **positive responses**, the most common themes were:

- » **General accessibility and attendance** (80 respondents making positive comments in this category): *This provides an opportunity to reach those in need that would otherwise not be able to engage in therapy because of transportation, availability, location; Fewer missed sessions and ability to provide services to more clients.*
- » **Telehealth addresses health concerns, including COVID exposure** (59 respondents): *Keeps people connected and safe, can be done anywhere and allows for services to continue even in states of quarantine.*
- » **Reduced transportation for providers** (59 respondents): *Using a hybrid model for staff can also be beneficial for staff who are allowed to do telehealth days from home reducing travel costs and time and improving a home/work balance; The option of telehealth provides an opportunity for team members to join a "live" meeting they would not have been able to join because of time of travel or out of office barriers.*
- » **Making it easier for natural supports** (42 respondents) **and other providers** (46) **to attend**: *It helps to get the entire team together especially the natural supports who live a bit away and cannot attend in person; We were able to have more team meetings and even got Psychiatrists and other team members to attend the meetings as they didn't have travel time.*
- » **Increased flexibility in scheduling and session format** (41): *Overall, it provides flexibility for families and staff as to where visits and meeting can happen.*

Barriers and Challenges Mentioned in Open-Ended Prompts

The most common themes related to **barriers or challenges** were:

- » **General engagement** (69 respondents commented on this, including 34 that mentioned engagement of children/youth specifically): *It is hard to keep the youth engaged in a Wraparound meeting that is virtual; Telehealth removes the personal connection when providing face to face services and adds a degree of difficulty for youth who struggle with focus and impulsivity.*
- » **Internet speed and availability** (57): *Some areas struggle to keep a connection through the internet.*
- » **Building rapport being more difficult virtually** (49): *I personally feel a hybrid approach is best.*
- » *Just using telehealth may not develop as close a relationship with the family. Having initial visits or some visits in person seemed to allow for a stronger connection; It is much easier to make/maintain a connection with others when you are face to face.*
- » **Difficulties understanding non-verbal cues and communication** (41): *Body language can be missed entirely or misinterpreted which can delay outcomes and trust.*
- » **Distractions and multitasking** (26, of which 9 focused specifically on youth): *Youth with elevated diagnosis or very young children struggle to stay focused on telehealth.*

CONCLUSION

Overall, Wraparound staff were very positive about their experiences with telehealth and optimistic that telehealth can be integrated into ongoing Wraparound with positive results. However, respondents were also aware of barriers and challenges that make telehealth inadvisable under certain circumstances and for working with certain young people and families. Moreover, the current study did not survey parents and youth directly, highlighting an important area for continued

inquiry. The next phases of telehealth integration will need to focus on creating policies and training to ensure that telehealth is applied in an individualized manner that prioritizes the needs and preferences of individual children, youth and families. Further study of telehealth in the Wraparound context will help ensure that providers and systems have the information they need to create effective policies and trainings.

APPENDIX A: Summary of Open-Ended Responses Regarding Advantages/ Benefits and Challenges/ Barriers

MOST FREQUENT POSITIVE MENTIONS

General Attendance / Accessibility (80); 11 negative mentions, 2 positive youth-specific mentions

- » *This provides an opportunity to reach those in need that would otherwise not be able to engage in therapy because of transportation, availability, location.*
- » *Providers can maintain working relationships with children who may move around the region in foster care.*
- » *Fewer missed sessions and ability to provide services to more clients.*

Telehealth Addressed Health Concerns, keeping providers and families safe while providing care to families with health issues, COVID exposures, quarantine, etc. (59)

- » *It is nice to be able to still hold the meeting even if a youth or family member is sick and the social worker could not safely go into the home.*
- » *It allows for the parents to participate even if they have medical and physical disadvantages or limitations.*
- » *Keeps people connected and safe, can be done anywhere and allows for services to continue even in states of quarantine.*

Easier and More Efficient Transportation for Providers (59), no negative mentions

- » *Using a hybrid model for staff can also be beneficial for staff who are allowed to do telehealth days from home reducing travel costs and time and improving a home/work balance.*

- » *The option of telehealth provides an opportunity for team members to join a "live" meeting that would not have been able to join because of time of travel or out of office barriers.*

Flexibility in rescheduling, session format, shorter sessions, etc. (41)

- » *It gives the staff and client/family the ability to still implement the need for wraparound services whether it is telehealth or in-person. It gives both the families and staff the flexibility to have both options to ensure family needs are being met in a timely manner.*
- » *Overall, it provides flexibility for families and staff as to where visits and meeting can happen.*
- » *I have parents that call me while they are in line waiting in the parking lot of the schools, while running errands, while driving out of town or just being able to pick up the phone when they need someone to talk to.*

Supports, Both Formal (46) **and Natural** (42) being more able to attend, participate, and engage in remote sessions

- » *It helps to get the entire team together especially the natural supports who live a bit away and cannot attend in person*
- » *This helps social workers who have giant caseloads attend.*
- » *Provides opportunity for many providers to attend meetings that may otherwise not be able to do so due to location, safety.*
- » *Advantages and benefits of telehealth are that we are able to include more natural supports, and more individuals are able to participate in meetings and services.*

Other frequent positive mentions: Regularity (28), Scheduling for Families (20), Convenience for Families (23), General Engagement (32), Comfortable Environment (26), and Efficiency (24)

APPENDIX A: Summary of Open-Ended Responses Regarding Advantages/ Benefits and Challenges/ Barriers

MOST FREQUENT NEGATIVE MENTIONS

General Engagement (69); 34 of those mentioned decreased YOUTH engagement specifically

- » *Limited interactive and multi-sensory engagement. You can't really play with children through a device. Caregiver interactive engagement is necessary for the success of sensory integration and self regulation therapies. This may not be a viable option.*
- » *It is hard to keep the youth engaged in a Wraparound meeting that is virtual.*
- » *Telehealth removes the personal connection when providing face to face services and adds a degree of difficulty for youth who struggle with focus and impulsivity.*

Internet Connection Issues (57)

- » *Sometimes the technology (WIFI or cellular service) does not meet the demands.*
- » *Challenges with getting technology to work in the moment (especially for some of the older kinship caregivers) and lack of high speed internet connection in some of the more rural parts of our county.*
- » *Some areas struggle to keep a connection through the internet.*

Rapport-Building being more difficult in telehealth format (49)

- » *I personally feel a hybrid approach is best. Just using telehealth may not develop as close a relationship with the family. Having initial visits or some visits in person seemed to allow for a stronger connection.*
- » *It is much easier to make/maintain a connection with others when you are face to face.*
- » *It can be harder to make a good connection with the youth via virtual.*

Communication Barriers, i.e. lack of nonverbal cues, harder to read signals (41)

- » *Sometimes you don't get a good read on things without in-person connection.*
- » *We missed out on so much meta communication and connection.*

Distractions and Multitasking interfering with effectiveness of telehealth sessions (26, 8%); 9 of those (35%) mentioned the challenge of keeping YOUTH focused specifically

- » *Youth with elevated diagnosis or very young children struggle to stay focused on telehealth.*
- » *The disadvantages are more towards working with the youth with the Habilitation service. It is hard to keep them focused on a phone call whereas when you are with them it is easier to redirect them back to whatever you are working on.*

Other frequent negative mentions: Loss of Home Visits (14), Lack of Technical Knowledge (16), Issues with Devices (20), Issues with Web Conferencing Platforms (10)

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