

## **ADOLESCENT HEALTH ECHO JANUARY-APRIL 2018**

The School-Based Health Alliance is pleased to announce our upcoming, Adolescent Health ECHO (Extension for Community Healthcare Outcomes). The goal is to increase adolescents' access to care. We will do this by improving health centers' primary care and mental health clinicians' knowledge, skills, and clinical care for adolescents. Participants and faculty will dive into discussions about adolescent preventive well care and common medical issues, mental health, and sexual/reproductive health for adolescents. Participants will also learn about care for lesbian, gay, bisexual and transgender (LGBT) youth and creating adolescent friendly environments.

The Adolescent Health ECHO is free for participants. Participants **MUST** commit to incorporating knowledge and skills from the training into their work. Participants who successfully finish the program will receive a Certificate of Completion as well as Continuing Education Credits from APHA (please confirm with your accrediting body regarding acceptance of APHA CEs).

### **WHY FOCUS ON ADOLESCENT HEALTH?**

Adolescents have the lowest rates of primary care use of any age group in the U.S. Those from disadvantaged backgrounds are at the highest risk of not having regular health maintenance visits.<sup>1</sup> Because adolescents seek services (especially for sensitive services) in a variety of settings (schools, medical offices, teen clinics, family planning centers, mental health clinics), their care is often characterized as fragmented and poorly coordinated.<sup>2</sup> Millions of adolescents rely on the emergency department as their usual source of care.<sup>3</sup> Sub-populations of adolescents are at even greater risk of poor health outcomes. For example, studies show that the nation's 1.3 million LGBT high school students experience higher levels of physical and sexual violence, and bullying than their cisgender peers.<sup>4</sup> If we seek improvements in adolescent health outcomes, we must first improve how and where they access the health care system, and reshape the content of that care to reflect their social, emotional and behavioral health needs.

### **ABOUT PROJECT ECHO**

Project ECHO, developed by the University of New Mexico Health Sciences Center, links expert specialist teams with primary care clinicians in local communities. It increases workforce capacity to provide best-practice specialty care and reduce health disparities. The ECHO model™ consists of hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.

### **PARTICIPANT REQUIREMENTS**

Adolescent Health ECHO completion certification requirements:

- Participate in one 60-minute introductory virtual session in early January 2018.
- Participate in eight 90-minute teleECHO™ clinics, twice a month, by presenting cases and providing comments for peers' adolescent case presentations.
- Share learned information with fellow employees.
- Provide clinical updates and de-identified outcome data on patients as needed.
- Fill out periodic surveys to help us improve our services to clinicians and other partners.

## ECHO OUTLINE

Each 90-minute session, held 12:00-1:30pm EST, will include 60 minutes of case presentations and discussions; and 30 minutes of didactic training on a specific adolescent health topic. The Adolescent Health ECHO curriculum includes the following topics:

- Adolescent Friendly Environments (January 11<sup>th</sup> and 25<sup>th</sup>)
- Preventive Well Care and Common Medical Issues (February 8<sup>th</sup> and 22<sup>nd</sup>)
- Behavioral Health (March 8<sup>th</sup> and 22<sup>nd</sup>)
- Sexual/Reproductive Health (April 5<sup>th</sup> and 19<sup>th</sup>)

## SYSTEM REQUIREMENTS FOR PARTICIPATING IN MONTHLY TELECONFERENCING

Participants will need a quiet place set aside for each 90-minute ECHO session. All ECHO sessions will operate through Zoom virtual technology. The participant or health center is responsible for providing:

- Desktop computer, laptop, tablet or smartphone
- An internet connection – broadband wired or wireless (3G or 4G/LTE)
- Speakers and a microphone – built-in or USB plug-in or wireless Bluetooth
- A webcam or HD webcam - built-in or USB plug-in
- Or, a HD cam or HD camcorder with video capture card

See the [Zoom Help Center](#) for detailed system requirements

## ELIGIBILITY

The School-Based Health Alliance welcomes applications from community health centers or other federally qualified health centers (FQHC). Each health center must include at least one prescribing provider and one behavioral health provider. A third staff member can be included on the application, such as a medical assistant or health educator.

## HOW TO APPLY

Complete the application below and email it to Seleena Moore, Program Manager, at [smoore@sbh4all.org](mailto:smoore@sbh4all.org). If you have questions, email or call Seleena at 202-638-5872.

## APPLICATION REVIEW TIMELINE

- November 15, 2017-Application deadline
- November 1-30, 2017- reviewers will evaluate the application
- December 1, 2017- applicants notified of outcome

## References

1. Irwin CE, Adams SH, Park MJ, Newacheck PW. Preventative care for adolescents: few get visits and fewer get services. *Pediatrics*. 2009;123:e565-e572.
2. English A, Kapphan C, Perkins J, Wibbelsman CJ. Meeting the health needs of adolescents in managed care: a background paper. *Jrnl of Adolescent Health*. 1998;22:278-292.
3. Wilson KM, Klein JD. Adolescents who use the emergency department as their usual source of care. *Archives of pediatrics & adolescent medicine*. 2000;154:361-365.
4. Kann L, et al. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. *MMWR Surveillance Summary* 2016;65(No. SS-9):1–202.

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**APPLICATION**  
**Adolescent Health ECHO**

**Please type. Each participant's supervisor must read the Program Description and sign this form. Space is limited, so please complete and return BOTH pages ASAP by email.**

Health Center Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**1. Prescribing Provider (Required)**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Credentials: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Behavioral Health Provider (Required)**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Credentials: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Other Staff Member (Optional)**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Credentials: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**APPLICATION**  
**Adolescent Health ECHO**

1. **Is your health center a community health center or FQHC?** Yes \_\_\_ No \_\_\_
2. **Is your health center a school-based health center (SBHC)?** Yes \_\_\_ No \_\_\_
3. **Does your health center or FQHC sponsor an SBHC(s)?** Yes \_\_\_ No \_\_\_
4. **Does each participant have access to the system requirements outlined in the application guidance?** Yes \_\_\_ No \_\_\_
5. **Number of adolescent patients (ages 10-18) enrolled in your health center.**  
\_\_\_\_\_
6. **Number of unduplicated adolescent patient visits in the past 12 months.** \_\_\_\_\_
7. **Please describe your health center’s priority adolescent health issues.**  
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8. **Identify current opportunities for improvement in adolescent health at your health center?**  
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9. **Why is your health center interested in participating in this ECHO?**  
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10. **What are your expectations of this ECHO?**  
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**APPLICATION**  
**Adolescent Health ECHO**

**FOR EACH APPLICANT**

I have read the Adolescent Health ECHO description and understand that I am applying for a program that has the following requirements:

- Participate in one 60-minute introductory virtual session in early January 2018.
- Participate in eight 90-minute teleECHO™ clinics, twice a month, by presenting cases and providing comments for peers' adolescent case presentations.
- Share learned information with fellow employees.
- Provide clinical updates and de-identified outcome data on patients as needed.
- Fill out periodic surveys to help us improve our services to clinicians and other partners.

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Applicant #1 Signature Printed Name Date

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Applicant #2 Signature Printed Name Date

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Applicant #3 Signature (optional) Printed Name Date

**FOR EACH APPLICANT'S SUPERVISOR**

**Applicant #1.** I have read the Adolescent Health ECHO description and my health center and I agree to support the participation of \_\_\_\_\_ in the training program for community health paraprofessionals by allocating the necessary time and resources for his/her full participation in the program.

- I understand that participants will be asked to present patient cases as part of the training. (Patient information will be de-identified and confidentiality will be maintained during presentations).
- I understand that Project ECHO is not providing remuneration to the participant or clinic but is providing the training at no cost.
- I understand that the clinic is responsible for ensuring the participant has a quiet place available during the telehealth clinics and the appropriate computer and web internet connectivity.

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Supervisor's signature Printed Name Date

Title\_\_\_\_\_

Work Phone\_\_\_\_\_ Email \_\_\_\_\_

**Applicant #2.** I have read the Adolescent Health ECHO description and my health center and I agree to support the participation of \_\_\_\_\_ in the training program for community health paraprofessionals by allocating the necessary time and resources for his/her full participation in the program.

- I understand that participants will be asked to present patient cases as part of the training. (Patient information will be de-identified and confidentiality will be maintained during presentations).
- I understand that Project ECHO is not providing remuneration to the participant or clinic but is providing the training at no cost.
- I understand that the clinic is responsible for ensuring the participant has a quiet place available during the telehealth clinics and the appropriate computer and web internet connectivity.

Supervisor's signature

Printed Name

Date

Title\_\_\_\_\_

Work Phone\_\_\_\_\_ Email \_\_\_\_\_

**Applicant #3 (optional).** I have read the Adolescent Health ECHO description and my health center and I agree to support the participation of \_\_\_\_\_ in the training program for community health paraprofessionals by allocating the necessary time and resources for his/her full participation in the program.

- I understand that participants will be asked to present patient cases as part of the training. (Patient information will be de-identified and confidentiality will be maintained during presentations).
- I understand that Project ECHO is not providing remuneration to the participant or clinic but is providing the training at no cost.
- I understand that the clinic is responsible for ensuring the participant has a quiet place available during the telehealth clinics and the appropriate computer and web internet connectivity.

Supervisor's signature

Printed Name

Date

Title\_\_\_\_\_

Work Phone\_\_\_\_\_ Email \_\_\_\_\_