

ADOLESCENT HEALTH ECHO JANUARY-APRIL 2020

The School-Based Health Alliance is announcing a new year of the Adolescent Health ECHO (Extension for Community Healthcare Outcomes). The goal of the initiative is to increase adolescents' access to health care by improving the knowledge, skills, and clinical competency of primary care and mental health clinicians working in community and school health settings. Participants and faculty will explore topics such as Creating Adolescent-Centered Experiences (Adolescent Friendly Environment), Risk Behavior Counseling (Preventive Well Care), Opioid Use Disorders (Behavioral Health), and LGBTQ Inclusive and Affirming Care (Sexual Reproduction Health).

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 complete the learning collaborative will receive continuing education (CE) credits from the American Public Health Association (APHA) or National Association of Social Workers (NASW). Participants should confirm with their accrediting body regarding acceptance of APHA and NASW 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.¹ Because adolescents seek services (especially for sensitive issues) 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.² Millions of adolescents rely on the emergency department as their usual source of care.³ 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.⁴

To improve 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 to increase workforce capacity, 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

Participants of the Adolescent Health ECHO must:

- Participate in one 60-minute introductory virtual session on January 9th 2019;
- 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; and
- Complete periodic surveys to help improve future ECHO 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 Environment (January 16th and 30th)
- Preventive Well Care (February 13th and 27th)
- Sexual/Reproductive Health (March 12th and 26th)
- Behavioral Health (April 9th and 23rd)

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 (see the [Zoom Help Center](#) for detailed system requirement). The participant or health center is responsible for providing:

- A 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; and
- A webcam or HD webcam - built-in or USB plug-in – or a HD cam or HD camcorder with video capture card.

ELIGIBILITY

The School-Based Health Alliance welcomes applications from community health centers and federally qualified health centers (FQHC). Multiple sites from a health center may apply, but each site must complete a separate application. Each application must include at least one primary care provider and one behavioral health provider. Additional staff members 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 E. Moore, MPH, Senior Program Manager for the School-Based Health Alliance, at smoore@sbh4all.org. For questions, email or call Seleena at 202-370-4383.

APPLICATION REVIEW TIMELINE

- November 29, 2019: Application deadline
- December 2 - December 5, 2019: Applications reviewed
- December 6, 2019: 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.

APPLICATION
Adolescent Health ECHO

This is a fillable PDF. Please type, do not print a handwrite. 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: _____

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.**

8. **Identify current opportunities for improvement in adolescent health at your health center?**

9. **Why is your health center interested in participating in the Adolescent Health ECHO?**

10. **What are your expectations of the Adolescent Health ECHO?**

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 January 9, 2019.
- 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.
- Completed periodic surveys to help improve future ECHO services to clinicians and other partners.

Applicant #1 Signature

Printed Name

Date

Applicant #2 Signature

Printed Name

Date

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.

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 _____