AUCD CEDC Webinar: Overview of ECHO model

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SUSANA MILLER-RAINES:
Afternoon everyone, thank you for joining us for the webinar today. That the AUCD community education and dissemination counsel is sponsoring. We are excited today to be learning about the ECHO model and using ECHO project to enhance development and training.

We have Cari Glantz and Amy Rieser here from the Wyoming Institute for disabilities which is the UCEDD for Wyoming.

I will turn it over to them, they are here to share their expertise and we are excited to learn more. Just a side note before I turn it over we have captioning available. If you need captioning you can go into the bottom right corner of the screen where there are three dots and asked to be able to see captions.

CARI GLANTZ:
Thank you for having us in hopefully you are seeing my slides. Not the notes. Perfect.

We will share a little more about using the project ECHO model to enhance your professional development and training. My name is Cari Glantz and I am the senior project coordinator and my work primarily is focused on our education and family support. A large part of that is project ECHO and we will talk about that in a little bit.

AMY RIESER:
My name is Amy Reser and I'm a senior project coordinator here and my focus is mostly on community education and training across all of our programs.

CARI GLANTZ:
And if you are able to launch the pole, we wanted to do a quick poll about what your experience is with ECHO. Have you joined as a participant, have you presented on ECHO have you been part of a hub team, or are you and ECHO partner. What is your knowledge or experience with ECHO so far. I have that to work off of.

Also your affiliation, are you part of a UCEDD, LEND or both. I'll wait a minute while those are coming in.

Thank you for letting us know. I see lots of just learning. Thank you for being here to learn more.

I will wait just another minute as we finish up.

It looks like we have one person who has participated so that is great. No one who has been a presenter or part of a hub team or an existing ECHO partner. 9/10 are just here to learn. Thank you for being here. We have half of you with UCEDD, one with an LEND program and one with both.

Just a little background about us, we are the UCEDD in Wyoming. We were established in 1994 so we are celebrating 30 years next year. We are an academic unit in the College of health sciences here at the University of Wyoming. Our ECHO work we have been doing for almost 10 years so we will be celebrating 10 years of doing project ECHO next year and we have been a super hub since 2015. I will go into some of these terms but a super hub is a designation that allows us as an ECHO partner and organization to provide this technical assistance and trainings. And to work with other organizations who are interested in becoming ECHO partners.

We are really excited this year at the meta-ECHO mobile conference. They had ECHO excellence awards and it was the inaugural year for those. These awards were given out by over 1000 partners who were doing this work.

We were honored to be one of the 12 organizations selected for that excellence award this year.

ECHO is an acronym standing for extension of community health outcomes. Because it had its start in healthcare, we will talk about the model that has moved into a variety of topic areas including education and a variety of others that we will talk about as well.

To give you background on how ECHO started and the founder as well. Project ECHO is in its 20th year. It was launched in 2003 at the University of New Mexico by Doctor specializing in hepatitis literacy and they are the founder of ECHO and he developed the model because of his work with hepatitis C patients. One was a 43-year-old woman who had hepatitis C and she was taking treatment for the first time after an initial diagnosis eight years ago. She said she couldn't afford to take time off work before and it was a five hour trip to Albuquerque and was a widow with children to care for so she had been battling the disease and finally sought help when her abdominal pain interfered with her ability to work.

Unfortunately it was too late and she passed away due to advanced liver cancer due to the untreated hepatitisC. It was not a story that was unique, people were dying of a treatable and curable disease because they couldn't access timely treatment.

So, the doctor decided to send out the protocol for treating hepatitis C to primary care physicians across the state but providing the information wasn't enough. To master this complexity of treatment, they needed more. He was inspired by the way clinicians learn from medical rounds and he wanted a way to share his experience with other providers in New Mexico and those who are in rural communities.

He recruited primary care clinicians throughout the state to create virtual communities of practice or spaces where doctors could learn from experts and learn from each other. Here they could discuss real-life case examples offering insight into New Mexico's unique patients and systems.

In one year they became experts in the treatment of hepatitis C and that was the first project ECHO program.

Since that time the model that was born from that program, has evolved into this learning framework we will talk about that really applies across different disciplines and really is used for sustainable and profound change. Local communities are empowered through these communities of practice and expert knowledge where they live.

It is a lifelong learning model, guided practice model that increases workforce capacity. It provides the application of best practices. Initially, created for medical professionals, it is a hub and spoke learning framework of professional development that compliant short didactic or professional development sessions. Content experts engage with learners at their site and use and all teach all learn approach. It allows experts and learners to share knowledge with each other.

In an effort to De monopolize special knowledge. Currently I don't have the updated numbers but I know there are over 1000 hubs implementing this in their work. Across over 16 countries, and it has reached over 4 million and attendees in (Indiscernible) countries. It creates a multiplier effect as experts go and apply their newly acquired knowledge into communities.

So I will talk a little about some of the terms. A few I have mentioned but as we go through the presentation so you are familiar with the terminology: project ECHO refers to the whole organization and movement of ECHO and we use it when we are talking about it as a model. The ECHO Institute is the project headquarters located at the University of New Mexico health sciences center in Albuquerque, New Mexico. Meta-ECHO is a community of all partners. It refers to all of that community. And echo hub, will talk a lot about that which are sites that facilitate ECHO programs. As you are joining today in learning more there are lots of different opportunities in the way you engage with ECHO and one way might be to become an ECHO hub. We'll talk about how you can do that and implemented in your work.

I mentioned a super hub, in Wyoming we are a partner who has been approved by project ECHO to certify new partners as well as train and provide technical assistance and support. And ECHO partner is an organization that has signed the partnership documents and is eligible to run the programs. And ECHO program or series, we'll talk a lot about the work we are doing in various programs that we have, that is a regularly scheduled series of videoconferencing sessions based on the model. And that the hub team, I will talk more about that, it's a group of subject matter experts serving as peer models and providing information on best practices. And participants are someone who joins.

So, I will share what it is and what it is not before we do a deep dive into the model.

ECHO is bidirectional communication between subject matter experts and participants, I mentioned the all teach all learning approach. It focuses on education dissemination. We are talking about a variety, the model is really able to generalize to a variety of situations or topic areas. It allows for deidentified information to discuss collaboratively, it allows local service providers to take on more complex cases and expense knowledge of emerging and innovative and research-based practices in local, underserved areas were training may be limited.

It is not a webinar and not telemedicine or telehealth. So a webinar, where you get and said, where you log on to a session and you listen and then log off. This mono directional communication. It is not bidirectional, we can contribute to the conversation.

Webinars or telemedicine are providing remote delivery of specific clinical services. They require the sharing of medical information or release of information but we try to deidentify the information and echo. Specific licensure may be required, it isn't specific care it is about building capacity. And the knowledge is between the provider and consumer on a webinar and on telemedicine.

Creating the community of practice through ECHO.

There are four components of the ECHO model that we will go through.

These are the four things that ECHO has to have in order to be one, these are the four things.

There is a lot of room for adaptability to the different programs. We can talk about that or if you have questions at the end about some things. These are the core components of ECHO. The first is to use technology to leverage scarce resources. It is delivered exclusively over teleconferencing technology like Zoom which increases accessibility of trainings, capitalizes on cost savings associated with online delivery of professional development and decreases the cost of things like travel and conference fees. So, we have online learning management systems to share resources and session recordings.

The second is sharing best practices to reduce disparities. They provide high incidence of timely topics while focusing on research and evidence based content. Our hub teams are made up of multidisciplinary teams and participants have access to the teams and their expert advice.

Case-based learning, I will talk more about this as well but the heart of the ECHO model and what really sets it apart from traditional professional development is the case-based learning piece. Participants have an opportunity to present their problem or their case presentation to the network in real time and they can receive feedback, recommendations and resources that they can implement into their work. The last component is evaluation and monitoring outcomes. We are always doing evaluation of the participant learning and making sure that our participants are getting what they need out of the sessions. And then monitoring the outcomes of those as well.

Are they implementing it into their work? Amy will talk a little later about the outcomes and impacts of ECHO.

So really our goal, I mentioned the virtual community of practice but we are really trying to create a knowledge learning loop through ECHO. Again, creating communities of practice, knowledge learning loops where the hub teams are contributing subject matter expertise. The participants are contributing their knowledge. They have local contacts and may have cultural considerations. They also have their own knowledge of whatever field they are in.

If it is healthcare, education, all of the participants having unique experience and unique knowledge they bring to the network. And then again, the community of practice develops over time.

Also this knowledge sharing network, community providers, learning from specialists but they are also learning from each other. And then the specialists are all so learning from community providers. Even the experts are on as expert presenters and are still receiving the knowledge and learning from the community providers as best practices emerge.

OK, so the structure of an ECHO session. The length can vary but most ECHO sessions that we do here at the University of Wyoming are 75 minutes long so the hour and 15 minutes we have found is the sweet spot or timing. Some programs, when I talked about adaptability and ability to adapt the model to your needs, some programs are one hour long and some are an hour and 1/2 long.

Our team in Wyoming, most networks do run on the academic calendar year. They are from August through May. Again, an opportunity to have those whenever that works for different sites. And then we have our sessions biweekly. So every other week with an average of 6 to 8 sessions per semester. Some might be weekly, monthly but we are making sure we have that periodic time where it is not just a one-off session or webinar. Each session includes a didactic presentation or professional

development presentation that is around 30 minutes. It is led by content experts from the hub team or other presenters and it is left intentionally short to conform to adult learning. We are given small bits of information over periods of time rather than lots of information all at once.

Following this, participants from the network can share their problem of practice or case presentation. One that they are currently facing. The facilitator leads the whole network in the problem-solving process. It results in a list of recommendations that the presenter can use in their practice almost immediately. I will add the didactic or professional development presentation, we also really try to think about what are 2 to 3 tangible skills that our participants can walk away with and implement into their work tomorrow. What are 2 to 3 things following that adult learning principal, those skills they can implement into their work immediately.

I will spend a little time talking about the case presentation. Again, because this is the heart of ECHO and really the piece that really makes it the ECHO model. Case presentations allow opportunities to problem solve with peers and help teams. It reinforces best practice strategies and focus on a current issue or problem of practice. It allows presenters to increase access, quality and efficiency and their field of work. Amy will talk about the different topic areas, and how it can be implemented but a lot of work is in education so for example, we have an early childhood network, we have an autism and positive behavior supports network for teachers, and educators. One of our, an educator from the network if they are having behavior concerns with the student, or maybe it is a systemwide, they want to make their classroom more inclusive, they can come to the ECHO network and present the problem of practice or question to the group and get feedback and recommendations.

So, there is a process of engagement and interaction with their peers and the subject matter experts. Fostering the all teach, all learning approach. Early the power behind it is bringing like-minded people together who are interested in the same topics and discipline but bringing them together to help problem solve.

Also, share successes. So I think we really want to focus on if someone is struggling with an issue, if there is something after work that they are just not, maybe they don't have the knowledge or something they are familiar with that they don't have to go through that alone, they have this community of practice and network they can lean on to provide them additional back.

The team is always available to lean on and learn from as alternative approaches may be presented to them. The case presentation can be flexible to meet the needs of the audience. Some if it is in healthcare, it may be more of a traditional clinical case. We think about reflective stories focusing on professional perspective, experience, learning journeys. Personal stories as well. Emphasizing addressing the stigma and the lived expense of accessing systems and resources. There are other strategies and we also want to focus on stories of success as well. Think about what has worked well

in these cases as well.

I will turn it over to Amy who will talk about connecting the ECHO model to UCEDD and LEND

And what programs are using ECHO and how they might use them for other topics as well.

AMY RIESER:
Thank you, just a quick visual description, I am a white female with sandy hair that is well below my shoulders. And I am wearing a pink sweater today.

I will talk a lot about how we can think about or using the ECHO model as a UCEDD or LEND, I believe there are two super hubs that are also UCEDD and that is University of Alaska and as here at the University of Wyoming.

And so, when we think about what are the components of UCEDD and what is our focus. On the right-hand side I have an icon, a web image that shows that the four components of UCEDDs and this preservice interdisciplinary education, research and evaluation, information dissemination and community training and services.

When we look at the ECHO model we can crosswalk how they are working together. The ECHO model implements our technology to leverage scarce resources, training on court development topics, case-based and ongoing enter ship and outcome measurements.

We can start to see here that there is some really nice overlap and what the echo model provides and how it coincides with our work as UCEDD and LEND. This part of education focuses on the training of core professional development. It is the merging of the two model and our core competencies. When we think about the ECHO model and work as UCEDD, do a lot of work in this interdisciplinary system.

We think about changing systems and how do we bring dynamic people together at the table to talk? And ECHO provides the opportunity because we get to bring interdisciplinary professionals and systems together or organizations together to start to recognize best practices. To recognize emerging education and also provide the opportunity and voice with those with lived experience as well. You know it is a big part of what we do as a UCEDD. It provides the opportunity. A lot of our ECHO networks have people with lived experience as hub team members who help direct and drive conversation and direct and drive content and why it is needed. They bring in that voice. As well as the model is all teach all learn, so when we remove the monopoly on knowledge we have the opportunity for everyone to come to the table and have a voice and be heard.

Research and evaluation, is one of the main components of the ECHO model, we focus on knowledge

change but we also look at intent to implement best practices. What is the change in knowledge pre- and post, attending a whole session or multiple sessions. We are also doing work around communities of practice. That community of practice goes with that community training and services as well as this ongoing mentorship of the ECHO model. We have the ability for people to come together over and over again to communicate. We do that and have true conversations every other week, building relationships and collaboration, we start to see change.

We start to see everybody starting to communicate together. And here is where the core competency of us as a UCEDD really matches with the ECHO model core component. And the preservice interdisciplinary education component ties into this ECHO model when we think about trainees when we are building and developing... I am a LEND trainee this year. We are thinking about cross systems and being able to do that across space and time to stop because the ECHO model is meant to be done in this capacity of online.

We have gotten really used to zoom over the last few years but the ECHO model has been utilizing zoom and online technology for this computer to computer communication. For decades. They really have actually been utilizing this concept of us getting on a zoom call and being able to connect across distances.

So, there is I wanted to show, a lot of the ECHO model fits into the work we are already doing as UCEDD, so how do we utilize this model to extend and amplify the work that we are already doing.

So, these are some of the UW ECHO programs that we have done over the last decade. The one with asterisks are ones we are currently continuing this semester. Assistive technology, autism for educators, behavior support, Bright futures, we are working on the right futures curriculum and working with providers... Is that multistate? That is within Wyoming around these right futures CDC guidelines. Early childhood, we had for a while one with employers and thinking about how do we support employers with specifically IDD employees in the workplace. We work with families, integrative care, inking about the behavioral health model. Student health is one of our longer lasting ECHO programs around school nursing and school psychologists and having that interdisciplinary model there. SCOPE was a pilot program we did that turned into a national training initiative. And waiver services.

We crossed the gamut as long as we are using the model, the content or focus can be really adaptable. On the next slide I believe is all of the...

CARI GLANTZ:
Before we move on, I wanted to mention, I didn't mention in the beginning, this is the technology network the first ECHO program in 2014 and it is still active so we have had nine years of really great content for the network. This was the very first ECHO program in education. I mentioned the model

started in healthcare, and started with the first hepatitis C program and expanded into other areas of healthcare. Our director heard about the ECHO model and really found and saw value in a way this could work well in Wyoming to connect educators across rural spaces in our state. That assistive technology was the very first program in education. We are very proud of that work as well. And the fact the network has been going for the last nine years.

AMY RIESER:
They are doing fun topics calling AT just wants to have fun and they had a session about adaptive and accessible boardgames. And a few weeks ago they did one around national parks and how to utilize national parks with accessibility in mind.

So project SCOPE I want to talk about this because this was very much a UCEDD training where we did a pilot here and in Ohio, we partnered with Ohio. Both UCEDDs and they developed a curriculum and we had expertise and partnered this as a pilot about supporting children of the opioid epidemic. In digging in about neonatal abstinence program and starting to have this conversation. Not just with medical professionals but also with educators and early educators and pediatricians and also thinking about behavior supports and families and talking with families. He ended up receiving a three year national training initiative were retrained 14 UCEDDs or LENDs in this model and curriculum and were able to support the implementation. It was a UCEDD LEND focus of learning. In that, in the course of the three years and 14 states, they held over 274 sessions with over 10,000 participants as attendees. Again, when we think about changing knowledge and practice and building capacity and the things we do as a UCEDD or a LEND it amplifies the work that they were doing and really has outreach. We were just talking to each other, we were taking the knowledge and implementing it and many did multiple iterations of this or cohort stop but he ended up reaching over 10,000 people in the course of really 2 1/2 years. If we think about the impact this model in capacity building. And knowledge change.

Again, we are highlighting how UCEDD and LEND have been utilizing the ECHO model. For the regional LEND program they have a second year and it is really focused on autism and they have built and autism for rural healthcare providers ECHO. They connect with the colleagues and do presentations and connect with providers across multiple states to bring case presentations. It's February 2020, that's when this ECHO has been going on. It is specific for LENDs and the trainees working together. And they are focus is to provide best practices for those with autism spectrum disorder. We hear they are still learning and figuring out how to provide the healthcare as best they can. But most are not trained when they are in their medical study. They are not trained in working with patients with autism or working with parents who have children with autism and so, again, that training if it wasn't there, ECHO can step in and fill these knowledge gaps. This ECHO does specifically work with rural healthcare providers where there might be only one provider in that town or just a few providers in the town to be able to communicate with providers in multiple states. And get access to the information and best practice to make sure they are implementing the best care available. We

have an article that has been linked and I believe the slides will be available, about as a trainee lead ECHO network and again, seeing the unique rest of the Applewhite fit so well with LEND programs.

I will also mention that even if it is not a LEND directed program a lot of times we utilize the students to help to facilitate discussions and bring cases and bring their expertise and knowledge to potentially do presentations on these ECHO programs. It is a great way to utilize LEND trainees to provide their expertise or to support the expertise of the work.

So, I went to our database just the other day and was working really hard to find any UCEDD or LEND you mentioned ECHO and I did go through that and a lot of this comes from the states we work within the national training initiative. And you can see it is starting to grow. We see a lot more of them using the ECHO model but we know there is the opportunity for more of us to be using it.

I hope I captured them all. If you know that you utilize the ECHO model and you don't see yourself send me a chat and I will update it in the future.

You can see there is growing movement and there has been growing movement in the model, I would say over the last four years.

I am not going to read all of the states to you.

So, what do we know, this is where I think we should use it, this is why it is important and how it can amplify the work. All said and done, really we are able to show through our evaluation component why the ECHO model has impact. This is outcomes and impacts of knowledge level change. For project SCOPE this is not just across one iteration, over some years those 240 sessions that were executed over time. The knowledge level change, it might look weird but the blue is the knowledge before they attended a session or a series of sessions. The green is there knowledge after attending and so what you're seeing is before the session, most of them were slightly knowledgeable or moderately knowledgeable and with the green you see the shift to the right where they are now more moderately knowledgeable but also very knowledgeable and extremely knowledgeable. We see the shift in knowledge.

I think the knowledge is great but do you think you can actually utilize the knowledge and apply the knowledge? That becomes an important question. So we actually have on the graph on the right hand side, it says I believe I can successfully apply what I've learned in my work. And 49% strongly agreed, 49% agreed and only 2% disagreed. And so you really see it isn't just knowledge for the sake of knowledge but how can I take it and implement it tomorrow. Which is why the didactic presentations are 20 to 30 minutes long. They are only meant to give you two or three actionable items you can take and tomorrow start to change her practice. We see that those in project SCOPE knowing it was across

14 states, that participants really did not only increase our knowledge but to utilize it to make lasting change in their practice.

Again, we are highlighting a few programs that have been done to our UCEDD and LEND. So the act early is also an ECHO program. And so they come together and they are working to increase the CDC Act Early knowledge and education.

So we are talking about not just the knowledge change but the connection with each other. The community of practice. Are we building relationships and sustaining them and increasing communication? So 86% of those who went through the Act Early ECHO program felt connected to other professionals. 92% said they would share session materials with others and 86% felt some level of confidence in implementing new learning. They are not just learning for the sake of it but for the sake of change it.

Great opportunity for collaboration and shared problem-solving. Another person stated "I appreciate getting a better understanding and larger pictures of the issues facing families of professionals through this multistate conversation. It helps to have a wider perspective." And this is where we have cross communication of facing families and professionals.

When we work to create communication between everyone in the system, we can start to change the system.
This has been going on for seven years and it is here and hope
Wyoming and the focus was school nurses. Over 70% reported that they help them feel connected to other professionals and expand their professional network and supports.

This professional field was very siloed and sometimes they're the only healthcare professional in their building or district. We were able to show that over 60% reported attending ECHO sessions help them feel connected to other professionals and expand the professional network. See people feel connected and it is that community of practice that we know is so important.

We have linked some articles for you all and when you get the slides you can go in and read more about the impact of ECHO as an education model. It is cheaper than in person training and just as if not more effective. Again, the link about trainee led ECHOs and how LENDs can use the ECHO model and how the practice of research is going on and then I think we turned back to you.

CARI GLANTZ:
We collaborated with the Act Early investors in a while, Massachusetts and in Wyoming. As your thinking about the model as well it is important and we talked about how it aligns with ECHO and UCEDD and align some of the core components but thinking about the opportunities to use ECHO with

other professionals and UCEDD and others within the AUCD network.

We have these opportunities to connect and learn from each other and that is what ECHO is doing but are there ways you can collaborate with other states, LEND programs, UCEDD

Maybe they have different expertise and funding opportunities. Taking about those ways for collaboration as well.

Becoming a partner, we have heard about how wonderful ECHO is and all the different ways it is being used within the network and UCEDD and LENDs and how it is a capacity building tool. Next steps, we want to talk about how you as partners can replicate ECHO and use it in your work as well.

The replication process is really the implementation and adoption of the model based on your community needs and resources and with training and technical assistance either from the ECHO Institute at the University of New Mexico or with other superHubs. Amy mentioned our team is a super hub but the Alaska one is also one. They have been a great partner with our work as well. Thinking about how this might be something you want to utilize within your programs and after that there are some documents and then there is a partner launch training. So we do a full two day training. Sometimes I think it is hard for us to narrow this down into one hour because we are used to having two full days of talking to the model and really working with partners who join the trainings to walk through it as well.

In the spirit of ECHO we are not just throwing a bunch of information that you and telling you what to do during the training but we are really walking to some planning sheets, thinking through what you're ECHO look like. Who are your participants, what is the content and curriculum? In helping you develop that over that training.

Launch readiness, we are here to help with technical assistance. We don't train you and say OK, go do it. We are here to provide support as well. And then the launch of your ECHO program.

After today, you've learned about it and there is only one person on the call who has been a participant and a lot of you are just learning about it. You really encourage you to join and ECHO session to get the feel for it. We can talk about what it looks like and how the model is but until you really join and ECHO and you are part of the process and the case discussion, then you really fully understand it. I have the link here for our ECHO programs. I will put it in the chat as well and again, you will have the links through this PowerPoint. Feel free to join our networks. We have open cohorts so anyone is welcome to join. We would love to have you sit in on a session. We have passed session materials. So if you want to go back and look at all the work we've done over the last several years, we do record the didactic or professional development portion of the ECHO session and post it online. You do not post

the case presentation.

We tried to not identify and make sure we are not sharing confidential information but we want to make sure that participants feel that safe space and can share and contribute to the conversation without worrying about how it is going to be posted online for others to watch at a later time. You can go back and look through the materials.

And then present a case. If you have something as you are thinking to and you think you have a problem of practice or you are working with a student or client, and have questions that I could get some useful feedback, we would welcome me to present a case as well. We encourage you to get involved with ECHO as you are learning more.

After that I mentioned the two day training and we have a couple trainings scheduled to our work as a super hub. There are different options for the training. The ECHO Institute at the University of New Mexico provide a free two day, I think it is 2 1/2 day partner much training that will get you fully immersed into the model.

That is monthly. Just as our team, we do them throughout the year and try to do it a couple times per year. The New Mexico training is a little more generic and might be more of care focused. Our team is a super hub and we have the dates scheduled for February and August. They will focus on UCEDD and LEND partners. We have that experience as a UCEDD and experience as part of a LEND program doing ECHO to share that with you. That is where we bring in that additional expertise. You might want to consider doing your training with the team here.

just to give an overview of what we do during the training and give the ECHO overview and using the model. We talk more about the roles of ECHO the session format, case presentations, technology, creating a curriculum, including participants and evaluation. And then you get an opportunity to do a mock ECHO. We go through with a script for participants and it gives them that opportunity to go through the process and get a better feel of what it is like to facilitate or be part of an ECHO session.

This is not just me and Amy talking at you for two or three days, it is an opportunity for organizations and partners to join this to work through together. We help you through the process as a team.

Before you can attend the training there are couple of requirements. One is a replication statement of collaboration. There is also an IP terms of use contract and partners are agreeing to follow the ECHO mission and model, UC ECHO name and trademark, there is an expectation of sharing. With the ECHO community. We are all learning from each other as well so this is a great opportunity to connect with other ECHO partners. There is a database we used to track our data. And then non-exclusivity and then the program information form. And we set programs put the information for the database as

well.

I will say in thinking about the ECHO partnership, you can say I have learned about the model, why can't I just go out and start doing something similar without the ECHO name or partner documents? Connecting to that ECHO community is a really important piece of ECHO. So, we are always learning, I have been doing this for 5 1/2 years, Amy for almost 5. We have other team members who have been doing it for nine or 10 years. You connect with other partners and learn from them as well. We are able to share knowledge but we are always learning about how others are learning ECHO and can connect on different topic areas and having access to potentially funding opportunities and partnerships. Being able to connect to the global community is really important and really, really valuable in your work.

I mentioned that collaborative peace and I will wrap up here soon because I want to leave time for questions. There are a couple other opportunities within ECHO if you're interested in learning more about what other partners are doing. Amy facilitates one on the fourth Monday of every month from 11 to 12 mountain time. You can contact Amy for more information. For any UCEDD or LEND partners who are already using it or interested in joining to learn more, to listen in. We usually have partners share more about their work. And we talked about all the different programs that we are hosting here in Wyoming but it gives an opportunity to learn more about what others are doing in different states and how they use ECHO. And also using the model as an opportunity to problem solve.

Maybe we will talk about how are we getting funding, how are we recruiting participants. We talk about how do we incorporate people with lived experience into the teams. It's a great opportunity to collaborate.

I also facilitate and ECHO in education, that is any partner working with ECHO in education or interested as well. Similar format, it is the second Monday from 930 to 1030 mountaintop. Again, we have partners share a work we are doing in education or what it looks like. It might be early childhood and a lot around school-based mental health, that's a big topic right now. And so, just a chance to learn more from that network. And then talk about some of those things. That network we talk a lot about case presentations and what it looks like an education and ways to adapt it for education. Because sometimes for teachers it isn't a familiar thing they are used to. So thinking about cases in a different way in education. If you are interested in either of those, even if you're not already an ECHO partner but if you are interested in learning more, we would love to have you join. You can reach out to us for more information on those.

And I think, we left enough time, a little time for questions today. If there is anything we can help to clarify or if you have questions about implementation or becoming a partner I will stop my share. And open it up.

Some of the links are in the chat for each of the collaboratives and for past sessions.

SUSANA MILLER-RAINES:
Any questions? You can put it in the chat if you don't want to speak out loud.

AMY RIESER:
I highly recommend joining the collaborative calls if you are thinking about joining at all. I know in the collaborative, they bring up topics about
how to support the work that we do with intellectual and developmental disabilities in ways I never thought of and getting to see what the programs are and who they are bringing in and what their topics are and how they address it has been interesting. And then to find out, sometimes we think we are alone in our states, but you get together with other states and you can problem solve together.

The education collaborative has gone on for a number of years and every month I feel like I learned something new. So, highly recommend you attend those if you have the time and ability.

SUSANA MILLER-RAINES:
When I was at Georgia State, my colleagues did several, have done several ECHO projects and I was on one for primary care physicians and other healthcare professionals working with patients with intellectual disability and how to do emergency preparedness. It was written for, with a foundation grant that was focused on emergency preparedness and people don't think about it. I enjoyed being part of it and facilitating and doing all those things. I think it is a great way to do virtual trainings and I love cohort models and then really having that didactic and shared time and dual communication. I am a big fan which is why I asked you to do this because I think or many of us trying to think about community education across a state, especially for people who have a hard time traveling or if your estate is hard to travel through, I think it is really great. Any questions before we wrap up? Do we have holes to end this?

CARI GLANTZ:
To give us feedback about what we shared today, and then if you are interested in joining an upcoming partner launch training, you can put that information in as well. I know it doesn't have an open-ended thing for emails but I did put our emails into the chat and if you're interested and would like her information about the upcoming trainings that I mentioned in February and August of next year, you can put your email in the chat as well we can reach out with some additional information or if

you like to follow up we would be happy to meet as well to chat more if you would like and additional chance to ask questions.

Thank you Brandy. We will send you more information.

SUSANA MILLER-RAINES:

If that is it... Is there another one or are we good?

CARI GLANTZ:

If I can grab the numbers for our reporting and then we will be good.

SUSANA MILLER-RAINES:

Thank you everyone, stay tuned for future CDC webinars, starting next year, next calendar year, so stay tuned and have a great holiday next week and thank you all for being here.

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