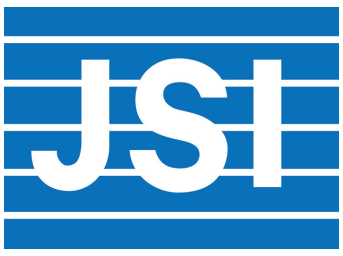
TREATING ADDICTION TOGETHER ECHO

EVALUATION REPORT
2019-2020



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Special thanks and appreciation is given to the learning community of the Treating Addiction Together for their time and contributions to inform the evaluation.

This report was developed by JSI Research & Training Institute, Inc. Bow, NH

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About JSI Research & Training Institute, Inc.

Founded in 1978, JSI Research & Training Institute, Inc. (JSI) is a non-profit consulting firm nationally recognized for its community and public health expertise. JSI's mission is to work with people and communities in pursuit of health improvement, focusing on those experiencing the greatest disparities. Addressing the social determinants that affect overall health and well-being of individuals, families, and communities is core to JSI's mission.

Project ECHO®

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CONTENTS

RELEVANT TERMS & ACRONYMS

Advisory Team	Five professionals from the substance use treatment and recovery field in the ECHO learning community who shared their expertise through both didactic presentations and discussion on clinician identified cases.
APRN	Advanced Practice Registered Nurse
ASAM	American Society of Addiction Medicine
The ASAM Criteria©	A clinical guide designed by the American Society of Addiction Medicine to improve assessment and outcomes-driven treatment and recovery services.
CART	Communication Access Realtime Translation; services offered to all ECHO participants to provide closed captioning services during ECHO sessions.
Case	Community Clinician identified patient summaries, presented for discussion with the learning community.
JSI	JSI Research & Training Institute, Inc., the organization that developed and facilitated the Treating Addiction Together ECHO
Community Clinicians (Clinicians)	A closed cohort of community substance use treatment and recovery providers throughout New Hampshire selected to participate in the Treating Addiction Together ECHO.
Continuous Quality Improvement (CQI)	A method of making ongoing incremental changes to improve operations, systems and processes.
CRSW	Certified Recovery Support Worker
ECHO	Extension for Community Healthcare Outcomes
ECHO session	One-hour live sessions of the Treating Addiction Together ECHO where all learning community members join together remotely, in real time, via a web-based meeting platform.
LADC	Licensed Alcohol and Drug Counselor
LCMHC	Licensed Clinical Mental Health Counselor

Learning Community	All individuals attending ECHO sessions across the Operations Team, Advisory Team, and Community Clinicians.
LICSW	Licensed Independent Clinical Social Worker
LPN	Licensed Practical Nurse
MLADC	Masters Level Licensed Alcohol and Drug Counselor
NP	Nurse Practitioner
Operations Team	Staff of JSI Research & Training Institute, Inc. who planned and managed the ECHO
Project ECHO®	An evidence based guided practice model developed by the University of New Mexico that aims to increase workforce capacity by sharing knowledge
PRSS	Peer Recovery Support Services
RN	Registered Nurse
Treating Addiction Together ECHO	An initiative of JSI Research & Training Institute, Inc., implementing the evidence based Project ECHO model for substance use disorder treatment providers in New Hampshire to improve knowledge, skills, and confidence utilizing The ASAM Criteria.
Zoom	Online video conferencing software used for ECHO sessions.

BACKGROUND AND INTRODUCTION TO THE PROJECT

The ECHO Model

Project ECHO® (Extension for Community Healthcare Outcomes) is a guided-practice model developed by the University of New Mexico's Health Sciences Center aiming to reduce disparities in care. Specialists meet regularly with providers in local communities via video conferencing to increase knowledge and skills for the delivery of specialty care services. ECHO sessions follow a standard format in order to maximize time, resources and learning (See Figure 1). The model utilizes the following core principles:

1. Use technology to leverage scarce resources (i.e., content experts)
2. Share "best practices" to reduce disparities
3. Use case-based learning to master complexity
4. Monitor outcomes using a web-based database

Figure 1. Anatomy of an ECHO

- Sessions begin and end on time
- Introductions are shared by all to build community
- A brief didactic presentation is shared
- A participant shares a real world case from their practice
- All ask clarifying questions of the presenter
- All share recommendations
- Recommendations are shared rapidly after session to be integrated into care

Purpose

JSI Research & Training Institute, Inc. (JSI) selected to utilize the ECHO model in New Hampshire (NH) to address capacity needs among substance use disorder (SUD) treatment providers related to The ASAM Criteria. JSI has been working with the NH substance use disorder continuum of care for over ten years and has provided training and technical assistance to SUD treatment providers. JSI was well positioned to provide a new and responsive learning opportunity to providers through knowledge and feedback garnered from the field through individualized technical assistance activities as well as its facilitation of the NH SUD Treatment Community of Practice.

JSI identified that not all patients seeking treatment for alcohol and/or other drug use were receiving individualized treatment based on their needs. Furthermore, The American Society for Addiction Medicine (ASAM) Criteria, the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with addiction and co-occurring conditions, was not widely understood nor utilized by all SUD treatment providers in the state. In addition, providers did not have opportunities to practice utilizing The ASAM Criteria through case based learning.

In order to increase knowledge, skills, and confidence among SUD treatment providers in utilizing The ASAM Criteria, the project team developed and delivered the Treating Addiction Together ECHO utilizing the ECHO model™. The Treating Addiction Together ECHO was the first of its kind to focus its knowledge transfer on the utilization of The ASAM Criteria for behavioral health and recovery professionals.

The Treating Addiction Together ECHO

The goal of the Treating Addiction Together ECHO was to increase provider use of The ASAM Criteria in clinical decision-making so that patients with substance use disorder receive the care they need and that which is appropriate for them.

Through five months of implementation planning, JSI staff, who became the project's Operations Team developed an 18-session learning opportunity that took place over eight months between October 2019 and June 2020. One-hour virtual sessions were held on alternate Thursdays at noon. This created a virtual learning community which brought SUD providers together to form a network and increase understanding and utilization of The ASAM Criteria through case based learning. The learning community consisted of an Operations Team, Advisory Team, and participating Community Clinicians.

The Operations Team were the project's staff that facilitated and supported all project activities. In addition, this team provided technical assistance to all the clinicians participating in the ECHO in order to amplify their knowledge and skills to be successful in presenting a case to the learning community during the ECHO sessions.

The Advisory Team consisted of five expert professionals from the substance use treatment and recovery field who shared their expertise through both didactic presentations and discussion on cases Community Clinician identified.

Community Clinicians were a closed cohort of providers from across New Hampshire representing a variety of years of experience, geographic locations, and ASAM Level of Care service delivery settings. The project was able to recruit a high volume of interested clinicians to the program by launching the event during the 2019 multi-day event 'Using The ASAM Criteria to Create Person-Centered Treatment' held in New Hampshire. On the second day, which was titled 'Improving Skills in Assessment, Placement and Treatment Planning Use The ASAM Criteria to Deliver Person-Centered Substance Use Disorder Services', registration for the ECHO project was launched. The day's speaker Dr. David Mee-Lee, Chief Editor of The ASAM Criteria, endorsed and encouraged participation in the project. This event assisted the project team in acquiring a diverse pool of treatment providers to select for the final learning community. The final cohort of community clinicians came from geographically diverse regions of New Hampshire and represented five of the eight ASAM Levels of Care as well as withdrawal management services. Page 8, 'Reflecting a Continuum of Care' provides additional information on this diversity.

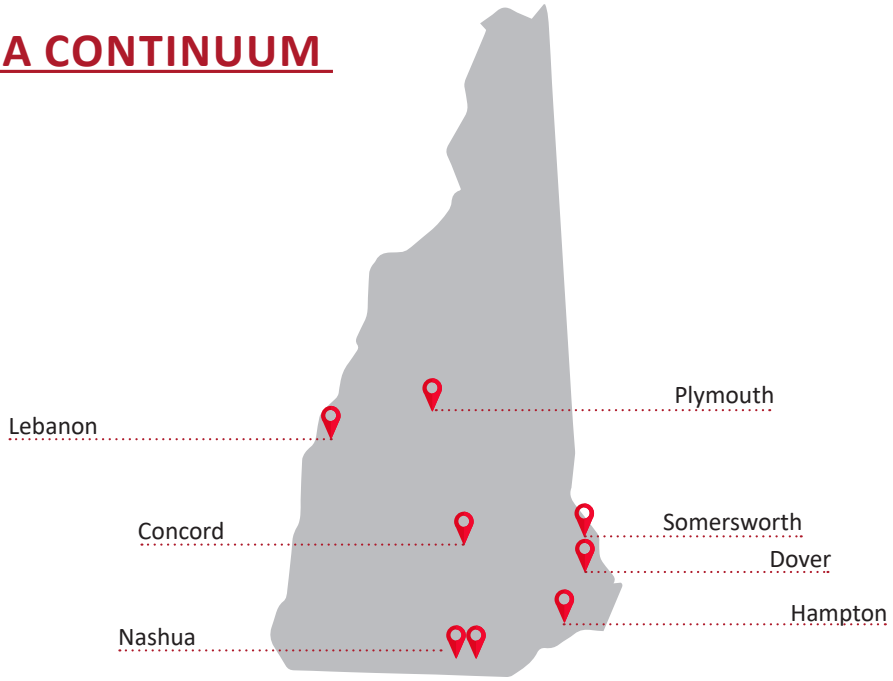
Figure 2. Advisory Team Expertise

- Managing Editor of The ASAM Criteria
- Addiction psychiatrist
- Medications for addiction treatment
- Nurse care coordination
- Recovery supports
- Various components of the NH substance use disorder treatment system

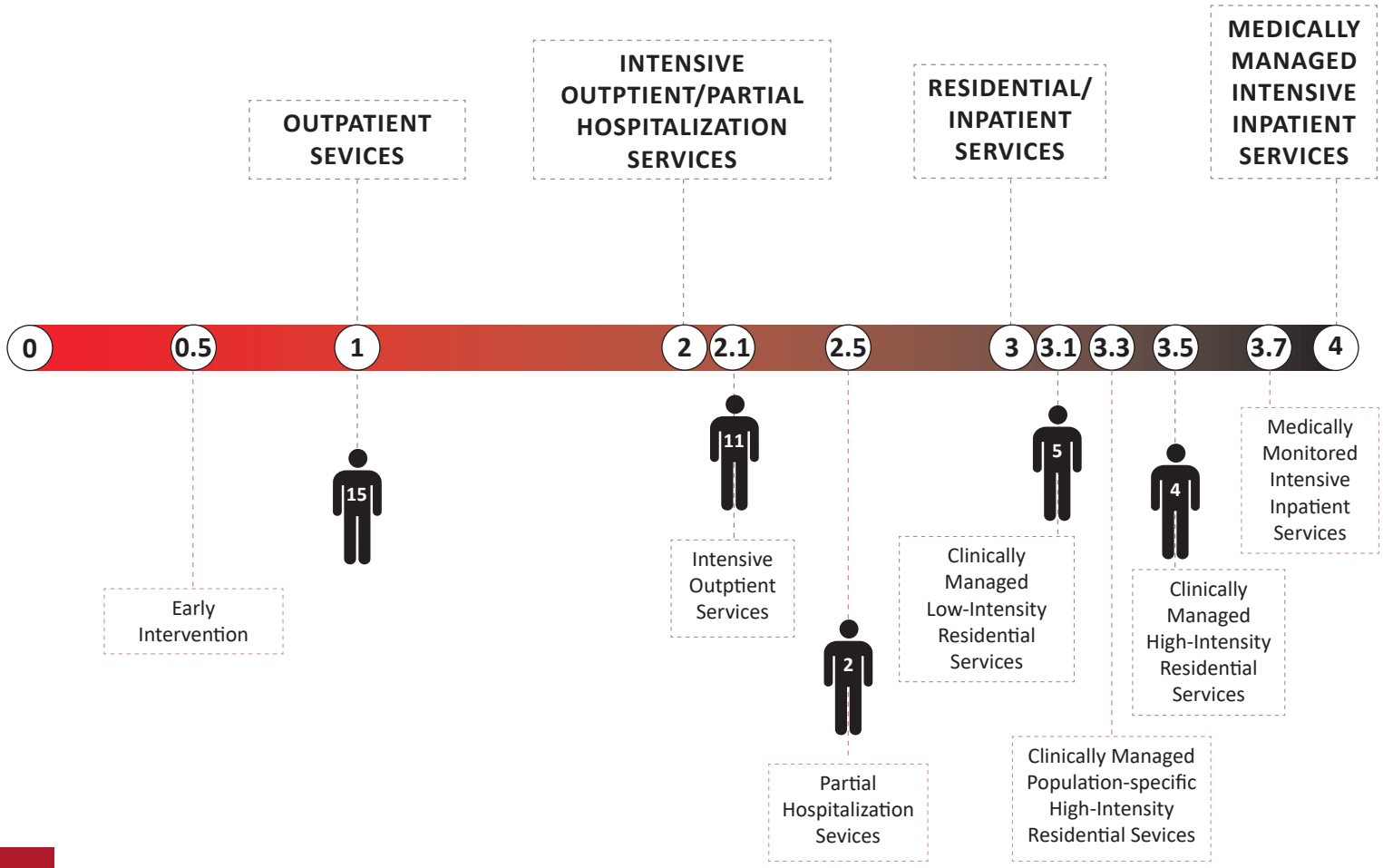
Figure 3. ECHO Operations Team

- Project Director
- ECHO Lead
- Project Manager
- Clinical Manager
- Evaluator
- Education Coordinator
- IT User Support Analyst
- Session Coordinator
- Continuous Quality Improvement Coordinator

REFLECTING A CONTINUUM OF CARE



The Operations Team took great care to also ensure that various clinical expertise and years of experience were represented in the cohort. Years of experience among the learning community ranged from less than one year to more than 20 years; and clinical licensures represented included LADC, MLADC, LICSW, LCMHC, CRSW, and nurses.



The aim of the project was to increase the capacity of providers to be able to make better level of care determinations and develop treatment plans based on individual needs of patients. It was intended that the Treating Addiction Together ECHO would:

- Provide community clinicians with access to an expert Advisory Team of SUD treatment and recovery professionals
- Increase provider knowledge, skills, and confidence to utilize The ASAM Criteria
- Develop a learning community of SUD treatment providers throughout NH
- Utilize ongoing case based discussions of participant-identified patients using The ASAM Criteria

> *I think the selection process was well thought out and contributed to the overall success of the project. The Operations Team was flexible and accommodating throughout the entire process.*

EVALUATION

The project utilized both continuous and periodic data collection in order to complete a mixed methods outcome evaluation. The evaluation sought to determine the extent of what providers gained as a result of participation; what changes were made in practice settings; and ultimately what patients gained as a result of provider and/or practice changes.

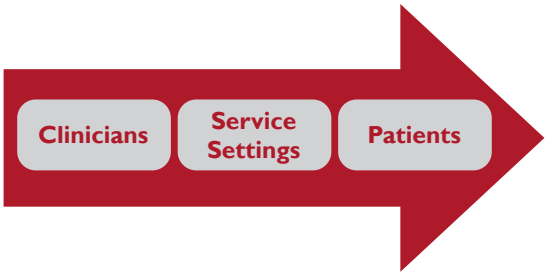
The evaluation of Treating Addiction Together ECHO was designed in order to:

1. Supply ongoing data that could serve to continuously improve the program
2. Identify the changes, or outcomes, as a result of participating in the program
3. Assess findings to determine if this new program warrants replication with sustained funding

Evaluation Methods

Evaluation planning activities were initiated early in the project in order to achieve integration of the evaluation into the ongoing implementation of the project and ensure alignment between implementation goals and evaluation goals. The approach to evaluation was participatory, whereby the evaluator engaged the rest of the Operations Team in eliciting the purpose of the evaluation, questions to be answered through the evaluation, and processes to conduct the evaluation. Initial evaluation activities included helping to develop the program goals and objectives, a program logic model, and an evaluation plan. The evaluator used these as a basis for developing evaluation tools (process measurement tracking sheet and outcome survey instruments).

The evaluation methods and tools were reviewed by the JSI Institutional Review Board (IRB) which granted an exemption to IRB review, per the understanding that the evaluation posed minimal risk to participants. The logic model, developed as the foundation of the evaluation of the Treating Addiction Together, proposes the way in which the activities implemented as part of the ECHO are expected to lead to changes at various service levels. The causal pathway described in the logic model puts forth that if the activities of the ECHO are implemented well, changes in knowledge, confidence and skills will be experienced by the clinicians, which will then lead to changes in the service setting, which will ultimately result in changes for patients. The detailed logic model and evaluation plan, which includes the types of evaluation data collected, are available in Appendix A.



The evaluation sought to answer the following overarching key questions about the Treating Addiction Together ECHO:

1. Was the ECHO implemented successfully?
2. What did community clinicians gain as a result of participating in the ECHO?
3. What changes were made in practice settings as a result of participating in the ECHO?
4. What did patients gain as a result of community clinician participation and practice changes?
5. Were community clinicians able to identify and/or address system level barriers to align with ASAM guidelines through the course of the ECHO?

Data Collection

Data were collected from the entire ECHO learning community in order to answer the above evaluation questions throughout the duration of the project. Findings were used continuously for program improvement and to understand the progress in meeting desired outcomes. Various evaluation tools were developed and utilized to measure process and outcomes; they are described in Table 1 and explained in the evaluation plan found in Appendix A.

The response rates for each tool that was used are detailed in Table 1. Participation in an ECHO program is a significant commitment for all members of a learning community. Therefore it is unsurprising that the program experienced some attrition over the project period. The original learning community of 16 clinicians reduced to 13 due to other time commitments and shifting priorities as the COVID-19 pandemic affected working conditions in New Hampshire at the mid-point of the program. The response rates that are shown in this table use a sample size denominator for the clinicians reflecting the number who were currently enrolled in the ECHO at the time of the evaluation data collection.

Table 1: Evaluation Tools and Response Rate

Type of Tool	Response Rate
Clinician	
Session Surveys	Average across sessions = 73% (range from 43% to 100% for each session)
Pre outcome Survey	16/16 = 100%
Mid outcome survey	11/14 = 79%
Post outcome survey	12/14= 86%
Case Presentation Survey	16/17 sessions = 94% (actual cases were presented in 17 sessions)
Advisory Group	
Session Debriefs	100% engagement among those present for each session debrief
Mid-Point Survey	5/5 = 100%
Post Survey	5/5 = 100%
Operations Team	
Session Debriefs	100% engagement among those present for each session debrief
Post Survey	8/8 = 100%
Interviews	5/8 sample selected to participate

Data Analysis Methods

Process and outcome data collected to answer the evaluation questions were analyzed and summarized. Data collection was designed to both measure responses at a point in time and changes over time. Data collected via surveys administered to clinicians at different time points were analyzed inclusive of the data from clinicians who did not complete all the surveys and/or attended less than 100% of the 18 sessions.

Almost all the survey questions administered to Community Clinicians, Advisory Team and Operations Team used Likert (continuous rating) scales with four response options ranging from a lower or more negative end of the scale to a higher or more positive end of the scale. Data analyses varied between two different approaches, based upon the ease in which the data could be interpreted. The two approaches to analyzing this data are described:

» **Method 1:** This method calculated the percentage of respondents who selected particular response options to the questions asked in the surveys. For example, 5% of respondents reported they "strongly agree." This method was used more frequently with data that reflected responses collected at only one point in time.

» **Method 2:** This method assigned numerical values to each of the response options in the Likert scale, with "4" being the highest value on the positive end of the scale and "1" being the lowest value on the negative end of the scale. The mean of all respondents' ratings to a survey question was then calculated to arrive at one numerical value between "1" and "4." For example, the mean rating for satisfaction was 3.5. This method was used more frequently when comparing data across points in time to understand the extent of change.

The findings in this evaluation report describe a mix of these types of analyses.

Continuous Quality Improvement

In an effort to ensure that the Treating Addiction Together ECHO was responsive to clinician needs and could provide a supportive learning environment, the Operations Team utilized continuous quality improvement (CQI) practices. The ECHO CQI Coordinator worked towards progressive incremental improvement of the ECHO through the use of data collection and analysis as well as through the provision of technical assistance to improve clinician experience throughout the ECHO.

The CQI Coordinator and Operations Team utilized various mechanisms to elicit clinician feedback throughout the learning process in order to inform where improvements were needed, described on the following page.

"Preparing the case provided me an opportunity to be more attentive to some of the details about this patient and his treatment that we overlooked. The presentation template was great in pulling all of the information about [my] patient into a concise outline."

"...[The] feedback was amazing - people really knew what they were talking about."

CQI SPOTLIGHT

Community Clinician Case Presentation Technical Assistance

The ECHO Model facilitates learning through participant identified cases that are presented live during the session where real-time recommendations from the learning community are provided in response. In the Treating Addiction Together ECHO, each clinician was required to prepare and present a case for the community in order to receive continuing education requirements. The Operations Team determined that given a nascent level of experience among clinicians with the ECHO model, additional technical assistance could help increase the value of the experience for all. Technical assistance was provided in the form of pre-presentation preparation and optional case presentation debrief meetings.

CONTINUOUS QUALITY IMPROVEMENT (CQI) METHODS AND FINDINGS

Continuous quality improvement (CQI) activities were implemented in conjunction with the implementation of the ECHO in order to make progressive incremental improvements to the ECHO as it was being implemented. These activities focused on the experience of the Community Clinicians, the Advisory Team and the Operations Team. A range of tools were used to collect data to identify what was working well and where improvements could be made. These data were monitored on a regular basis, and steps were taken as was relevant to either maintain a positive experience or improve upon the experience.

The tools used for data collection and the method in which they were administered, along with the key findings used for CQI are presented in tables 2 and 3.

Table 2: Community Clinicians: Continuous Quality Improvement Tools, Methods, Findings

Tool	Method	Summary Findings
Post-Session Evaluations	Brief survey administered following each live ECHO session	» High attendance » High engagement » High satisfaction » Successful implementation » Audio/Visual challenges
Case Presentation Technical Assistance	Case review and check-in conversations provided to each clinician before case presentation; optional debrief conversations offered after each presentation	» Positive experience » Supportive environment » Helpful process » Time consuming
Post-Case Presentation Surveys	5-item survey administered following each live ECHO session to the presenting clinician	» Helpful case preparation resources and support » Valued recommendations » High intention to utilize recommendations

Table 3: Advisory and Operations Team: Continuous Quality Improvement Tools, Methods, Findings

Tool	Method	Summary Findings
Post-Session Debriefs	Additional 30 minutes after each live session where Advisory and Operations Team members identified aspects to "Keep or Change" as well as celebrate success and give kudos to team members	» Ensured that effective strategies were carried forward » Effective delivery of didactic sessions » Good time management » Good facilitation » Rapid response to operational challenges » Technological challenges » Process issues » Emerging expertise needs
Mid-Point Check-In	Advisory and Operations Team meeting five months into implementation; pre-meeting survey of Advisory Team	» Presented Advisory Team data » Comparison of clinician pre- and mid-point survey data and session feedback » Appreciation of project implementation » Observation of positive changes in knowledge and confidence among clinicians » Technological challenges » Time management challenges

FINDINGS

The findings of the evaluation are organized by the five overarching evaluation questions.

1. Was the ECHO implemented successfully?
2. What did community clinicians gain as a result of participating in the ECHO?
3. What changes were made in practice settings as a result of participating in the ECHO?
4. What did patients gain as a result of community clinician and practice changes?
5. Were community clinicians able to identify and/or address system level barriers to align with ASAM guidelines through the course of the ECHO?

Continuous Quality Improvement (CQI) was integral to identifying areas for implementation improvement and addressing needed changes, thus contributing to the extent of implementation success seen in the findings. Throughout the findings section, as the evaluation questions are addressed, examples of the ways in which CQI was implemented are illustrated as "CQI Spotlights."

Was the ECHO implemented successfully?

The implementation of the ECHO entailed developing the infrastructure to be able to deliver the sessions, developing processes and tools to be used during the sessions and technical assistance and communication delivered between the sessions. The evaluation sought to measure these different aspects of implementation. Per the implementation plan, five multidisciplinary experts were recruited to participate on the ECHO Advisory Team, 16 Community Clinicians were enrolled to participate in the ECHO, and 18 sessions were held bi-weekly between October 24, 2019 and June 18, 2020.

Engagement. The success of the ECHO model is based on active engagement by the participants -- both Community Clinicians and Advisory Team members -- during the sessions. Attendance averaged 83% across all 18 sessions. According to data collected during each session, the percentage of community clinicians and Advisory Team members asking clarifying questions or making recommendations ranged from 40% to 94% with an overall average of 63% across all 18 sessions.

Satisfaction. Success in implementation was also measured by the extent to which community clinicians were satisfied with the facilitation and implementation of the ECHO. The findings showed that across all sessions there was a high

CQI SPOTLIGHT

Through continuous feedback from the learning community, the teams identified that strong facilitation was needed in order to:

- Distinguish between the session components laid forth in the ECHO model such as first asking clarifying questions and then making recommendations.
- Promote equitable participation to ensure that all voices in the session were heard and valued equally.
- Manage the time constraints of the one-hour ECHO sessions; developed in order to fit most feasibly into clinicians' clinical schedule.

percentage of those rating *satisfied* or *very satisfied* on a variety of implementation factors. The percent of clinicians averaged across all post-session surveys who responded with high satisfaction on the following elements ranged between 100% (related to overall satisfaction) to 92% (related to audio/visual quality).

- Overall Satisfaction (100%)
- Communication from the Operations Team prior to the session (99%)
- Time allocation with agenda items (95%)
- Opportunity for questions and discussion (99%)
- Facilitation during the session (99%)
- Audio / Visual Quality (92%)
- Advisory Team knowledge on the topic (99%)

Clinician comments for improvement were also made:

"I felt that the didactics and case presentations were rushed. I would have liked to have had more time for people to be able to ask questions and give recommendations."

Clinicians were asked to report on their overall satisfaction via the pre-, mid-, and post- survey. At pre- implementation, overall satisfaction was rated on average 3.8, at the mid-point it reduced slightly to 3.6 and then reached its highest average at 3.9 at the post- survey point. At the end of the ECHO clinicians said they were likely (25%) or very likely (75%) to recommend a learning opportunity similar to the Treating Addiction Together ECHO to their colleagues.

Session Content. Across all 18 sessions, on average, 92% of the clinicians found the didactic presentation very useful or moderately useful, while 95% found the same to be true for the case presentation and 93% for the discussion of the case.

The evaluation also sought to understand the extent to which the ECHO was implemented successfully from the perspective of the Advisory and Operations Teams. Findings showed positive responses from both the Advisory and Operations Team.

CQI SPOTLIGHT

The slightly lower satisfaction with audio/visual quality was consistent with comments heard throughout ECHO implementation. Through survey questions designed to generate more detailed feedback about technology issues, the Operations Team could better understand challenges that included:

- Poor sound quality
- Lag between sound and visual presentation

The Operations Team subsequently took the steps necessary to upgrade the onsite technology suite.

CQI SPOTLIGHT

The Operations Team received feedback that, at times, the standard structure of ECHO sessions felt redundant. Various suggestions were considered to improve clinician experience such as:

- Providing case follow up opportunities
- Incorporating time for questions after the didactic component

The team was able to provide more flexibility as all learning community members became more comfortable with the model. Specifically, Community Clinicians were encouraged to share updates on past cases and it was very well received when they did.

» 100% of the Operations Team said they were very satisfied with the implementation of the ECHO.

» The Operations Team said they thought the ECHO was successful (37.5%) or very successful (62.5%) in supplying the intended solution to the target audience. The Advisory Team had very similar responses with 40% and 60%, respectively.

» The Advisory Team unanimously agreed (100%) that they were very satisfied with the facilitation of the ECHO. Members of the Operations Team rated facilitation far above average (75%); above average (12.5%); and average (12.5%) with one member sharing "*Facilitation of the sessions was awesome - as was facilitation among operations, advisory, and community clinicians*."

Other comments from Advisory and Operations Team Members include:

This was an amazing experience and I truly appreciate the opportunity to be a part of this team. The Operations Team did an amazing job with the support and guidance along the way for the Advisory Team and the Community Clinicians. I believe we made a difference with education, support, and establishment of a group that lived up to its goals and objectives. Would do it again in a heartbeat!

This was a really positive experience for me. I appreciate being asked to participate!

I was lucky to be a part of it.

Impressive participation, professionalism and growth seen by Operations Team, Advisory Team and community professionals. The ECHO model is a very effective innovative way to use technology to bring like-minded providers and professionals together to meet the needs of patients and communities. Thank you for the opportunity to participate.

What did Community Clinicians gain as a result of participating in the ECHO?

The process works very well as designed. It's great to have access to so many highly skilled clinicians for consultation and suggestions.

The support was great for developing the case and presenting the case. Feedback helped me fine-tune. Thankful for assistance.

The Treating Addiction Together ECHO aimed to provide the Community Clinicians with multiple gains in knowledge, confidence, skill and behavior change. The evaluation assessed these changes including how to create case presentations, using recommendations, knowledge of and confidence in using The ASAM Criteria, and working collaboratively to provide care across the continuum of substance use care services.

Findings showed that Clinicians:

» Increased their understanding of how to create a case presentation (58% said greatly improved and 42% said somewhat improved)

» Developed and presented at least one case each

Case Presentation and Recommendations.

As each participant presented a case, it was expected that the recommendations provided by the ECHO team would be useful to them. Following their case presentations, the presenters of cases were asked to rate to what extent they used the recommendations they received. Among the participants who presented cases, 88% reported that they would definitely use the recommendations received and 12% said they would probably use the recommendations received. (Note, this includes people who presented twice.)

Participants were asked to rate the value of the various components of their experience with their case presentation. The percentages of responses access a scale from extremely valuable to not at all valuable are presented in table 4. Evaluations revealed that participants found receiving recommendations to be the most valuable. However, comments offered in the post-session evaluation also pointed to the challenges related to case presentation, e.g., the time required for preparation, and the brief time allocated for presentation during the session.

Table 4: Value of ECHO Components

	Extremely Valuable	Very Valuable	Not Very Valuable	Not at all Valuable
Preparing the case	64.1%	29.4%	5.9%	0%
Presenting the case	52.9%	47.1%	0%	0%
Discussing the case	58.8%	35.3%	5.9%	0%
Receiving recommendations	70.6%	23.5%	5.9%	0%

Regarding the time required to prepare for the case presentation, Community Clinicians provided the following comments:

...My biggest frustration is the lack of time to review the case with the team. There [were] a lot of things that we had to leave out due to time constraints, which made it hard to present a full conceptualized case-so a lot of the feedback we got for recommendations were things that we were already doing or had tried. Presenting the case was valuable in the fact that it validated that we are doing effective work, however I feel like it made us look more unprepared than anything.

"It would be helpful to know ahead of time, before offering to present a case, that some time will need to be set aside to review the case prior to presenting, about 60 minutes, and define what the purpose is for the review. I didn't know about that when I said I would present and had very little time in my schedule to meet...however I wanted to not miss out on the support."

"It just seems we are rushed through the feedback portion -- I know we only have an hour, but I wish we had more ..."

CQI SPOTLIGHT

The Case Presentation Template was revised to better support clinicians in focusing their cases using The ASAM Criteria.

Following the January 30, 2020 session, the key framing question on the template was updated

from:

» "What are your top two questions for the ECHO learning community about this patient?"

to:

» "Considering The ASAM Criteria, what are your top two questions from the ECHO learning community about this patient?"

Post session debrief remarks indicated a "sharper focus on ASAM dimensions," "improved framing of dimensions in presentation," and "better questions and recommendations from Community Clinicians" after this change was made.

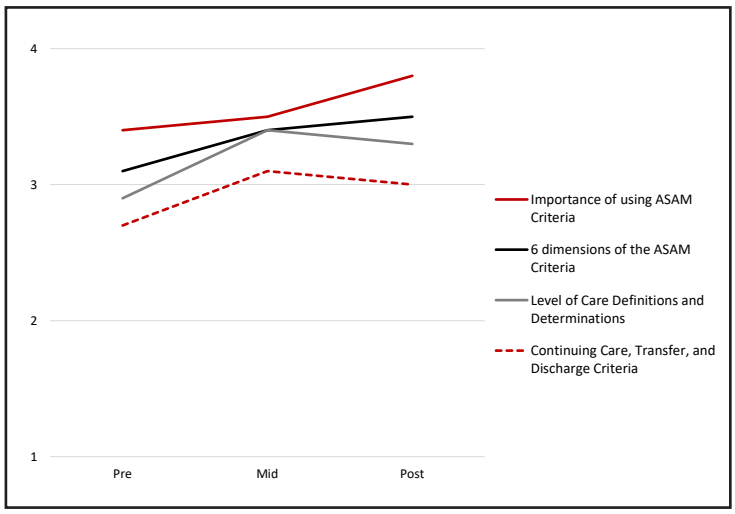
Knowledge. Increases in knowledge among participants were expected to occur through the course of the ECHO. The following graphs show the average ratings of knowledge related to different aspects of The ASAM Criteria at the three different time points on a 4-point scale. Findings show both decreases and increases in knowledge. A potential explanation of decrease in knowledge during the course of their participation in the ECHO may be due to what is known as the Dunning-Kruger effect, where the high self-assessment of knowledge that is seen initially decreases as knowledge is gained and greater self-awareness around the topic is developed.[1]

Given the acknowledgement of the potential of this effect taking place, the evaluation included a question to Community Clinicians at the post time point which asked them to simply rate the extent to which their knowledge had changed from the time they started the ECHO (with the idea that at the post time point, clinicians would assess themselves from a different vantage point of knowing what they didn't know). Here the findings showed clearly an increase in knowledge where 92% of participants said their knowledge of The ASAM Criteria had increased, while 8% said knowledge had stayed the same.

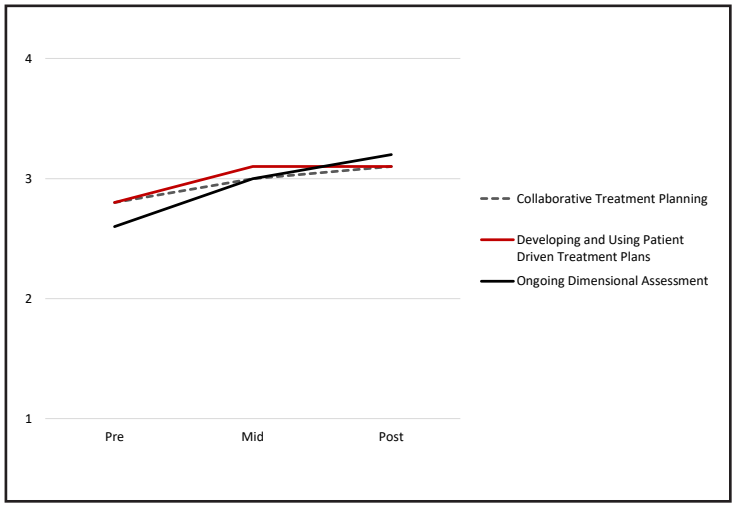
Confidence. As a result of building knowledge and practice in case based learning, it was expected that participants would also increase their confidence in using The ASAM Criteria. The following graphs show the average ratings of confidence related to different aspects of The ASAM Criteria at the three different time points on a 4-point scale.

Similar to the effect seen in knowledge, confidence might have gone down as clinicians realized they did not know as much as they thought they had known; again possibly the Dunning-Kruger effect. All in all, by the end of the ECHO, clinicians rated themselves with a higher average rating of confidence than they had when they had begun participating in the ECHO. The highest increase was in using the 6 dimensions of The ASAM Criteria while the lowest was collaborative treatment planning. In assessing themselves at the post-survey, 92% of participants said their confidence in applying The ASAM Criteria had increased, while 8% said it had stayed the same (same as was seen with knowledge.)

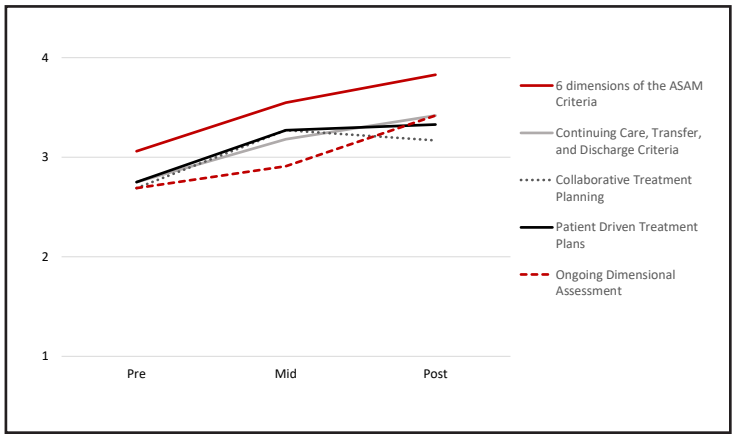
KNOWLEDGE CHANGE - AVERAGE RATING



KNOWLEDGE CHANGE - AVERAGE RATING



CONFIDENCE CHANGE - AVERAGE RATING



[1] Kruger, Justin; Dunning, David (1999). "Unskilled and Unaware of It: How Difficulties in Recognizing One's Own Incompetence Lead to Inflated Self-Assessments". Journal of Personality and Social Psychology. 77 (6): 1121–1134. Cite SeerX 10.1.1.64.2655. doi:10.1037/0022-3514.77.6.1121. PMID 10626367

Collaboration and network development. The ECHO structure supports intentions to develop networks of peers who can work collaboratively to provide care across the continuum of substance use care services. Starting with the midpoint, the participants were asked to rate their agreement on multiple dimensions of network development and collaboration. The average rating on a 4-point scale is provided in table 5.

Table: 5 Collaboration Factors	Mid	Post	Change
The group culture of this ECHO facilitates professional development/growth.	3.55	3.50	***Same***
Through my participation in the ECHO I have increased comfort in sharing and exchanging ideas during ECHO sessions.	3.45	3.33	***Down***
Through my participation in the ECHO I have an increased understanding of the importance of a multidisciplinary team in providing services to our patients.	3.45	3.50	***Up***
Through my participation in the ECHO I have an increased understanding of the roles of other disciplines in providing services to our patients.	3.27	3.50	***Up***
My participation in the ECHO has resulted in increased confidence in the value of my role within an interdisciplinary team.	3.27	3.42	***Up***
I am better able to communicate my role within an interdisciplinary team.	3.00	3.33	***Up***

During the post session debriefs among the Operations Team and Advisory Team, comments were made which reflected on team building, support received, and development of the learning community. The number of comments noticeably grew starting three months after initiating the ECHO (in January) regarding comfort among participants and moved along a continuum to observing increased connectedness and collegiality by the close of the ECHO. A timeline including the types of observations made and quotations from Operations Team and Advisory Team members follows.

January

It was noted that there was more confidence among community providers and a greater variety of questions.

February

"Participants seem more comfortable."

"Community clinicians did a great job with clarifying questions and recommendations."

March

"I like the depth and richness of the cases. You can tell that the prep work has gone into cases." It was noted that although there was more silence in terms of questions, perhaps it was due to the case being well prepared and thus not requiring as many clarifying questions. The questions and recommendations that were offered were "deep and rich. "

April

- Good overall, a different kind of case, but interesting, and prompted different questions and recommendations.
- Everyone seemed like "buddies" and the learning community seemed more at ease. There were examples of spontaneity and ease with contributions: A community clinician greeting everyone at the beginning. Another clinician providing an update on a patient they had presented to the community about previously. An Advisory Team member jumping in at the end in surprise, "We have 3 more minutes!"
- It felt more relaxed as people connected on a different level.
- The sense of community is increasing with every session—both across the Operations and Advisory Team and for the whole learning community.
- We need to remember how long it took us to get to this level of comfort and point of collegiality and the step by step work it took to arrive here. The three stages of development: Forming -- Storming--Norming, have been experienced with the foundation of trust and comfort within the learning community.

May/June

- The flexibility of the community and the team in the ability to stay together and focused speaks to the community that we have built!
- A sense of community and a safe space for people has developed.

During the last session in June, time was dedicated to thank participants for their commitment and participation, as well as their contributions to the learning community. This was also a time to collect feedback and hear about participant experiences. Participants were asked to say what they felt was relevant in responses the prompt, "What will you miss the most?" A variety of reactions were heard.

> *Feel very much a part of the team*

> *Learning from all*

> *Different perspectives*

> *I have learned so much.*

> *I am not a clinician, and feel like I have grown so much... [crying]. Knowing that what I have to say matters.*

> *Privileged and honored to be part of this group feel like I have grown so much...[crying]. Knowing that what I have to say matters.*

> *I will miss colleagues to share with. I have quoted you many times!*

> *Collaboration*

In addition to the comments, there was a request to exchange contact information among the clinicians so they could continue to stay engaged with each other and rely on each other for their expertise.

Advisory Team members were asked what they thought clinicians gained from being in the ECHO. Their responses are summarized here:

- Ability to be part of a solution to the identified problems in care
- Building a network of supportive peer clinicians who can hold each other accountable and find solutions
- Increased understanding of The ASAM Criteria and dimensions
- Increased understanding of community resources
- How to utilize and apply The ASAM Criteria
- Skills to individualize treatment and consider approaches they had not considered previously

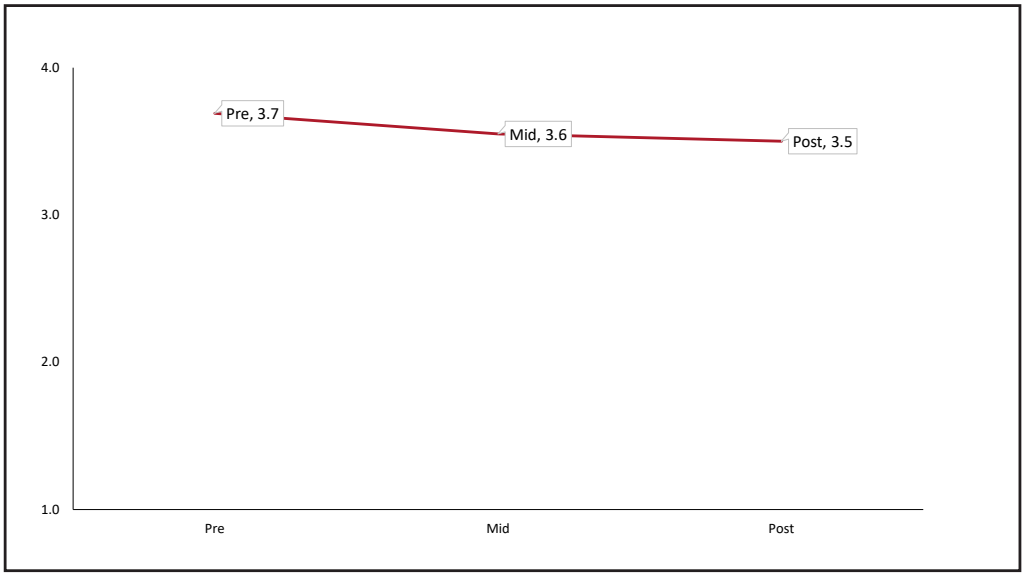
What changes were made in practice settings as a result of participating in the ECHO?

The evaluation sought to understand to what extent the individual gains made by clinicians extended to changes in practice settings, in particular using The ASAM Criteria in clinical decision-making.

The post-session evaluation asked Community Clinicians to rate their likelihood of using 1) the recommendations following the ECHO session and 2) The ASAM Criteria in clinical decision making. An average of 98% of clinicians said they were *very likely* or *somewhat likely* to use the recommendations, and across all sessions, 100% of clinicians reported in the same way about using The ASAM Criteria for clinical decision making.

Clinicians were asked at three time points about their frequency of using The ASAM Criteria in clinical decision making. Response options were on a 4-point scale ranging from always, usually, rarely, never. Although it was assumed that the frequency would increase as clinicians participated in the ECHO, the inverse was actually reported by clinicians as seen from the average of their ratings at pre-, mid- and post- time points. Possible explanations of this decline in self-reported use of The ASAM Criteria includes the suggestion that clinicians may have believed they were using The ASAM Criteria more than they actually were prior to learning about the Criteria in an in depth manner through the ECHO. As they learned more, they developed a more realistic assessment of their own use of the Criteria; thus a decline in their self-reported frequency. Again, an example of the Dunning-Kruger effect at play where increased knowledge provides insight to what people do not know.

HOW OFTEN DO YOU CURRENTLY USE ASAM CRITERIA IN CLINICAL DECISION-MAKING?



The ECHO model aims to provide a framework for developing a collaborative approach to providing care across a continuum of services and increasing reliance on colleagues as experts to consult. The findings showed that 100% of the clinicians in the Treating Addiction Together ECHO agreed or strongly agreed after completing the program, that through their participation in the ECHO they have increased comfort raising questions or concerns about patient care with colleagues (this was an increase from 91% at the midpoint).

After completing the ECHO, clinicians were asked to describe any changes they or their practice have made as a result of what was presented or discussed throughout the Treating Addiction Together ECHO. Their responses grouped in thematic areas are presented below.

Dissemination of knowledge to colleagues in their practice setting

- I was able to bring back feedback to incorporate into treatment and additional training information useful for all staff.
- Sharing presentations in clinical meetings and use of the case studies for clinical discussions.

Use of case review forms

- Using case review forms, consulting with providers outside of the organization, use of didactic topics/materials to provide summarized refresher information to others.
- I will be sharing the case review forms provided with my colleagues in hopes to use for future case presentations.

Increased knowledge of resources and therapeutic options

- The changes I made were less structural or operational and more therapy-oriented. The diversity of the group and the breadth of knowledge across the group provided significant insights and therapeutic options. Being a new-to-SUD-work clinician, this was EXTREMELY valuable to me.
- I am more familiar with options like Phoenix, and the seven challenges. It was a great reminder that there are lots of support services.

Development of clinical skills to use with patients

- More consistent use of The ASAM Criteria for assessment and treatment planning.
- Developed better skills to meet our patients where they are and create a patient centered treatment plan that evolves and changes as patients' needs change.

At the conclusion of the ECHO sessions, clinicians were asked if their participation in the ECHO translated to improved quality of care at their practice or organization. "Definitely" was reported by 67% of clinicians, while 25% said "probably" and 8% said they were "not sure."

What did patients gain as a result of community clinician and practice changes?

Following individual clinician gains and practice changes, the evaluation sought to understand to what extent there were positive changes in the care their clients received.

At the end of the ECHO, clinicians were asked to answer to what extent their skills related to practice changes had changed since the start of the ECHO. As the data in table 6 shows, in each area of skill asked about, the great majority of clinicians reported they had either greatly or somewhat improved.

Table 6: Care Changes	Greatly Improved	Somewhat Improved	Stayed the Same
Providing patients with care in line with their treatment goals	33%	67%	0%
Determining the accurate level of care determination based on patients' clinical needs	42%	50%	8%
Providing appropriate quality care utilizing services across the NH substance use and mental health treatment system	42%	50%	8%
Incorporating holistic client needs (e.g., transportation, insurance, childcare, etc.) into treatment plans	33%	50%	17%

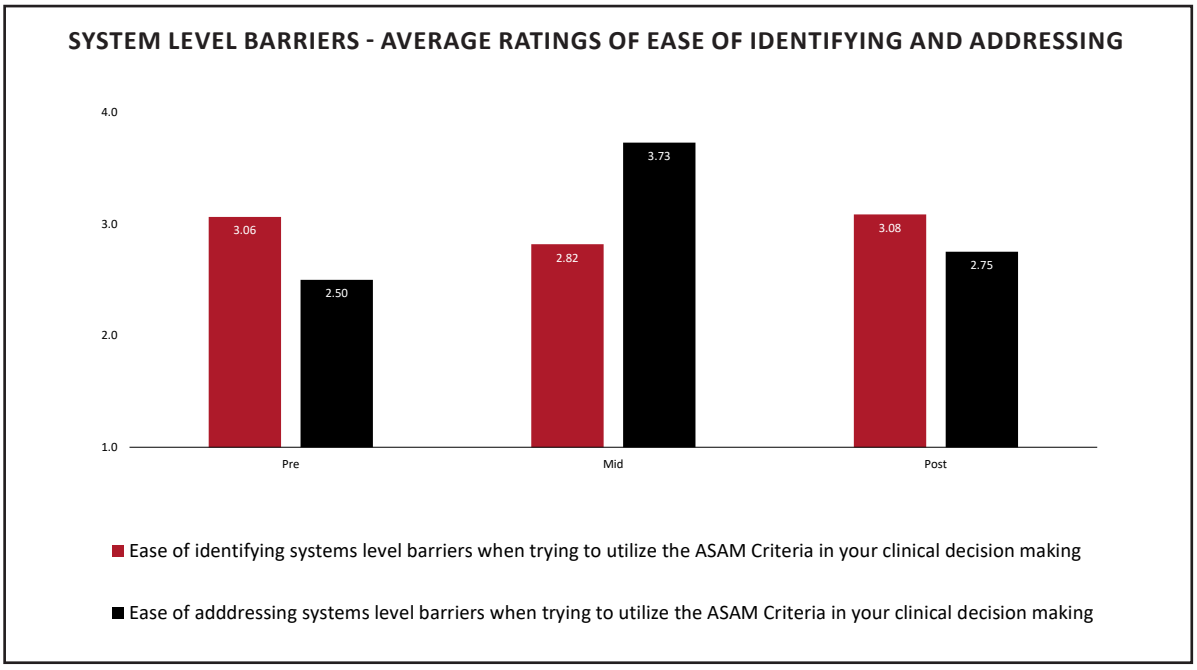
Clinicians were asked the extent to which their participation in the ECHO enhanced their patient care. Thirty-three percent of clinicians said "a great deal", 42% said "a lot" and 25% said "a little."

The goal of the Treating Addiction Together ECHO was to increase provider use of The ASAM Criteria in clinical decision-making so that patients with substance use disorder receive the care they need and that which is appropriate for them. When asked if the goal was achieved, 92% of the clinicians said "*yes.*"

Were Community Clinicians able to identify and/or address system level barriers to align with ASAM guidelines through the course of the ECHO?

System level barriers that participants faced in their settings and practices were acknowledged as relevant to being able to increase their implementation of the use of The ASAM Criteria in clinical decision-making. At three time points (pre-, mid- and post- ECHO), clinicians reported about their ability to identify systems level barriers when trying to utilize The ASAM Criteria in clinical decision-making and their ease of being able to address those barriers.

Findings showed that by the end of the ECHO, the ability to identify these barriers was found easier among the participants than being able to address them.



MULTI-DISCIPLINARY IMPLEMENTATION TEAMS

Through examining what was working well and where improvements were needed, it became evident during the early implementation stages that the Operations and Advisory Teams were integral components that also ought to be studied in order to understand the factors related to implementation success for the Treating Addiction Together ECHO. Although not included as part of the evaluation plan, it was deemed important to study these components to inform quality improvement. The evaluation expanded to understand experiences of both Advisory and Operations Team members to gain insight regarding appropriate team composition as well as aspects/facets of essential management in implementing the ECHO. A mixed methods approach used surveys administered to Advisory and Operations Team members to collect quantitative data and implemented an interview protocol to collect qualitative data with a sample of Operations Team members.

The Advisory Team

Members consistently (mid- and post- time points) reported (100%) satisfaction with their overall experience in their role and felt that the team make-up had the right background and expertise to make recommendations to support and enhance the care provided by Community Clinicians. When asked how feasible it was to complete tasks pertaining to their role given the time, resources and training they received, all agreed that it was completely feasible to:

Attend the initial training • Attend sessions every other week • Participate in the session debriefs

With the exception of one who indicated somewhat feasible, all indicated that conducting the didactic presentation(s) was completely feasible given the time, resources and training provided. Advisory Team members also reported that they would be very likely (100%) to participate in the same role on a similar ECHO again and would recommend the role to someone they know.

The Operations Team

Following completion of the ECHO project the Operations Team was asked to rate their overall satisfaction with their experience as a member of the team; 100% indicated that they were *Satisfied* or *Very Satisfied*. When asked if the team had a shared vision and goal for the project (i.e., there was agreement in what the project was trying to accomplish and there was a clear vision of how it would be accomplished), 100% *agreed* or *strongly agreed*. In addition, 100% agreed or strongly agreed that they had made a valued contribution to the project team. When asked to indicate the feasibility for carrying out the specific tasks of their role, given the time resources and support that they received on the project, the majority of Operations Team members, indicated that they had either all or most of the time, resources, and support they needed to complete tasks and attend relevant meetings. One team member (12.5%) indicated that they needed more time, resources, and support to attend evaluation planning meetings.

Further insight was gained through interviews conducted with a sample of Operations Team members at the end of the project. A particular theme that emerged from these interviews showed that a sense of team was evident among the group, particularly strong at the beginning stages of the project when planning the project implementation and evaluation. "I definitely felt part of the team in the planning stage." Various interviewees highlighted appreciation for the high level of organization and attention to details that enabled successful implementation.

DISCUSSION AND CONCLUSIONS

While the data showed promising effects of the Treating Addiction Together ECHO, there were also limitations of the data that was collected. First of all, there could have been other contextual factors in the landscape that the clinicians were working in that contributed to the measured outcomes both positively or negatively. The evaluation did not measure these other factors to understand if the effects that were seen were influenced by something other than participation in the ECHO. Second, there was not a group with similar characteristics to the clinicians who participated in the ECHO to compare to in order to further understand if the effects could be attributed to participation in the ECHO. Third, the sample size was small, partially due to a small cohort of people in the learning community. This reduced the power to be able to analyze if the difference in measures of knowledge, skills and practice between the time points was statistically significant.

A further limitation of this evaluation was to measure practice changes more directly. Practice change among providers is a desired outcome of the ECHO Model. However, as has been cited by others implementing an ECHO, it is difficult to measure actual practice change. One possible approach is to conduct chart reviews of clients who the participating providers care for during the course of the ECHO. Another option is to ask providers who participate in the ECHO to record their practices over time. In each of these scenarios, the evaluator could objectively rate the notes about the practice to understand if there is change and improvement over time.

In terms of answering the evaluation questions, a brief summary response is offered.

Was the ECHO implemented successfully?

» High satisfaction was cited among the majority of Community Clinicians, the Advisory Team and the Operations Team.

» Community Clinicians and the Advisory Team confirmed they would recommend participation in this ECHO to others.

» Among the Operations Team 100% said they were very satisfied with the implementation of the ECHO.

» There was a high level of engagement among the learning community during the sessions.

» Overall, implementing the Treating Addiction Together ECHO was considered feasible by the Advisory Team and Operations Team.

» The Operations team said they thought the ECHO was successful (37.5%) or very successful (62.5%) in supplying the intended solution to the target audience. The Advisory Team had very similar responses with 40% and 60% respectively.

What did Community Clinicians gain as a result of participating in the ECHO?

» Gains among Community Clinicians were seen in being able to create a case presentation, knowledge of The ASAM Criteria, and confidence in applying The ASAM Criteria.

» Community Clinicians developed a network of peers and comfort in providing collaborative care.

» Community Clinicians reported that the recommendations provided by the learning community were useful and would be utilized in their clinical decision making.

What changes were made in practice settings as a result of participating in the ECHO?

» It was unclear if the Community Clinicians were actually using The ASAM Criteria more in their practice settings.

» Community Clinicians reported dissemination of knowledge gained in the ECHO to colleagues in their practice settings; thus having the potential to change care in their settings.

» Community Clinicians reported using the case review forms in their settings.

» Community Clinicians identified that they had increased knowledge of resources and therapeutic options to inform their practice.

» Community Clinicians reported they had developed clinical skills to use with patients including more consistent use of The ASAM Criteria for assessment and treatment planning in their practice and skills to meet out patients where they are and create a patient centered treatment plan that evolves and changes as patients' needs change.

» At the conclusion of the ECHO sessions the great majority (92%) of Community Clinicians said that their participation in the ECHO "definitely" or "probably" translated to improved quality of care at their practice or organization.

What did patients gain as a result of Community Clinician and practice changes?

» Clinicians reported improved skills in the areas related to patient care that align with the goals of The ASAM Criteria. These include:

- Providing patients with care in line with their treatment goals
- Determining the accurate level of care determination based on patients' clinical needs
- Providing appropriate quality care utilizing services across the NH substance use and mental health treatment system
- Incorporating holistic client needs (e.g., transportation, insurance, childcare, etc.) into treatment plans

» All of the Community Clinicians said their participation in the ECHO enhanced their patient care. Three quarters of them said their patient care was enhanced "a great deal" or "a lot."

» The goal of the Treating Addiction Together ECHO was to increase provider use of The ASAM Criteria in clinical decision-making so that patients with substance use disorder receive the care they need and that which is appropriate for them. When asked if the goal was achieved, 92% of the clinicians confirmed it was.

Were Community Clinicians able to identify and/or address system level barriers to align with ASAM guidelines through the course of the ECHO?

» Community Clinicians were increasingly able to identify the barriers in aligning with the ASAM guidelines. Addressing the barriers proved to be more challenging.

Gains were demonstrated in the Treating Addiction Together ECHO, however, given the cost to implement it, there is a remaining question as to whether it was worthwhile. Considerations include the relatively small number of participants (16) who were engaged throughout the course of the ECHO. The responses from participants, however, indicate they would *not* have preferred a larger group size (only 1 said they would have preferred a larger size, while others said they thought the size was either right or could have been even smaller to enhance their experience in a variety of ways including their comfort level and creating an environment conducive to increasing knowledge.) Further consideration can also be made as to the broader reach of the program as the Community Clinicians who participated passed their learning on to their colleagues; essentially creating a ripple effect. This rippling out of information mirrors the ECHO model whereby dissemination of knowledge is the desired outcome resulting in democratization of expertise. Furthermore, the gains made by the clinicians and their colleagues need to also be considered in the context of the numbers of clients they each serve (clinicians reported caseloads of between 10-100 clients, with 5 clinicians serving 30 or more clients) who are receiving the benefit of what was offered in the ECHO; again seeing the ripple effect of the ECHO.

In order to compare if the ECHO format of delivery of a learning opportunity was advantageous to other forms of delivery the Community Clinicians were asked to rate the ECHO compared to the other relevant New Hampshire-based professional development opportunities available to them.

100% said this was more convenient.

58% said this had more engagement, 17% said less and 25% said no difference.

58% said greater learning, 42% said no difference.

67% said contributed to greater skill change while 33% said no difference.

After five months of implementing the Treating Addiction Together ECHO, the context of the learning community was changed due to the advent of the COVID-19 pandemic. Disruptions were seen in clinical work flows as mandates to be socially distant were implemented. As clinical practices and other learning opportunities transitioned to virtual platforms, the ECHO which was already a virtual learning community was able to continue with minimal disruption. In fact, comments in the learning community were heard about the comfort in having the continuity of the ECHO when other things were changing and not as stable. "*When the world changed [due to COVID-19] there was still a constant place to go.* "

The ECHO model proposes to reduce burnout from job stress and increase the joy of work through the development of supportive peer networks that can offer assistance in addressing the complexities of providing care. As is seen in the quote above, this ECHO proved to be a "constant place to go" even when tested amidst a tumultuous time. The community that had formed, however, was not ready-made but rather was seen to form over the course of the sessions. Positive feedback and supportive encouragement spurred the necessary elements of openness to sharing and learning. Furthermore, clinicians reported being able to successfully use the recommendations provided; essentially bringing more ease to their work and further confirming the value of the learning community. An Advisory Team member mentioned being able to keep the joy and passion of clinical work. Isolation in solving complex cases was lessened as participants relied on their peers for support for their current efforts and encouragement/recommendations to go further. When given opportunities to talk about their experiences, members of the learning community expressed gratitude for the community in combination with the knowledge and skills they gained.

RECOMMENDATIONS

Implementation Recommendations

The following recommendations are made related to implementation activities.

Size considerations: Findings indicate a balance needs to be struck between the size conducive for learning and building a community with broad reach to justify the resource intensive nature of the model. A recommendation is for implementing teams elicit feedback from the desired learners and seek suggestions from different ECHO implementations.

Length of Session Considerations: Traditional ECHO sessions can range between one hour to 90 minutes, and sometimes even two hours. The Treating Addiction Together ECHO selected one-hour sessions in order to be the least intrusive to clinician time, which was supported by mid-point survey findings from the community. However, clinicians also expressed a desire to include additional time for questions and case follow-up that were not entirely feasible in the one-hour timeframe. A recommendation is that implementing teams elicit feedback from the desired learners during program planning in order to ensure that the timeframe selected is most feasible for them.

Audio/Visual Capacity: Given that the use of technology is a foundational hallmark of the ECHO model, it is essential that implementing teams prioritize quality audio/visual equipment and perform significant testing to ensure its functionality. Feedback should be gathered throughout implementation from participants in order to assure that the operation's team technology is meeting their needs as learners.

Clarification of Operations Team Roles: Given that some members of the Operations Team did not find their role was entirely clear and/or manageable, some further definition and clarification of roles for such a team should be made in a future implementation. Much of what was learned through this first implementation can be used to inform that clarification. In particular, it was agreed that the IT manager role needed to be reviewed given what was learned about the ongoing needs related to addressing challenges in IT.

Systems Change: Although participation in the ECHO led to many gains, it remains unknown to what extent changes in clinical practice were limited by system level barriers. This could be an area for further study.

Evaluation Recommendations

The following recommendations are made related to future evaluation activities.

Practice Change Measurement: The evaluation methods could consider additional components in order to measure the effect of participation on actual practice changes by including data collection that is based at the practice sites, for example conducting chart reviews.

Evaluation Rigor: In order to increase the rigor of the evaluation, it is recommended that a comparison group be identified to understand if outcomes differ among participants of other learning opportunities. Examples of comparison groups include a Community of Practice or training series where the same cohort attends.

Qualitative Evaluation Methods: The structure of the ECHO is intended to provide opportunities for discussion, feedback and reflection in order to be successful. The opportunities where the learning community could provide feedback and reflect on their experience as part of the ECHO also served an important role in informing the evaluation, and many quotes and other qualitative information gathered through the course of observing the ECHO were used throughout the evaluation. It is recommended that qualitative evaluation methods are intentionally implemented in order to understand the process and outcome variables of the ECHO.

Qualitative methods may also be used to understand feasibility, acceptability and value of participation in the ECHO by conducting interviews with participants and/or with the leadership in the service settings.

Learning Community: Time was shown to be a factor in the progressive development the learning community. Evaluation efforts could incorporate a heavier focus on measuring changes in the learning community and factors that enable and facilitate key tenets of the ECHO model, namely sharing cases and openness to asking questions, sharing recommendations, and accepting recommendations.

Appendix A

TREATING ADDICTION TOGETHER ECHO

Problem statement: Not all patients seeking substance use disorder treatment in New Hampshire are receiving individualized treatment based on their needs in a standardized way.

Reasons for the problem: The ASAM Criteria, the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with addictive, substance-related, and co-occurring conditions, is not well understood nor utilized by all substance use disorder treatment clinicians in New Hampshire. Furthermore, clinicians do not have opportunities to practice utilizing The ASAM Criteria through case based learning.

Solution: Provide a virtual platform using the ECHO Model to bring providers together to form a learning community to increase understanding and utilization of The ASAM Criteria through case based learning. This will result in clinicians being able to make more appropriate level of care determinations and develop treatment plans based on individual needs.

Goal: The goal of the Treating Addiction Together ECHO is to increase clinician use of The ASAM Criteria in clinical decision-making so that patients with substance use disorders receive the care they need and that which is appropriate for them.

Theory of Change: *If the activities of the ECHO are implemented well, changes in knowledge, confidence and skills will be experienced by the clinicians, which will then lead to changes in the service setting, which will ultimately result in changes for patients.*

A process and outcome evaluation of the Treating Addiction Together ECHO was designed in order to:

1) Supply ongoing data that could serve to continuously improve the program
2) Identify the changes, or outcomes, as a result of participating in the program
3) Assess findings to determine if this new program warrants replication with sustained funding

Treating Addiction Together ECHO Logic Model

Resources	Activities	Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Impact
Funder: SOR grant ECHO replication status from University of New Mexico ECHO Institute Materials and training from ECHO Institute Statewide event with a key presenter to introduce topic and provide setting to initiate recruitment ECHO Operations Team • Facilitators • IT manager • Clinic Coordinator • CQI Coordinator • Evaluator Video conference technology and space Buy-in from treatment system and site leadership Time and resources of community clinicians	Recruit and convene an Advisory Team of multi-disciplinary experts	Number of experts serving on the Advisory Team Background and credentials of the Advisory Team Members	Clinicians are satisfied with the facilitation and implementation of the ECHO (timing, structure, topics, group dynamic, etc.) Clinicians increase understanding of how to create a case presentation Clinicians submit and present at least 1 case each Clinicians actively participate in discussions through clarifying questions and recommendations Advisory Team members are engaged in the ECHO session and provide recommendations to cases presented	Clinicians increase skills in how to present a case presentation Clinicians utilize recommendations provided by the ECHO team related to the case they present Clinicians have increased knowledge of The ASAM Criteria Clinicians have increased confidence in using The ASAM Criteria Clinicians work collaboratively to provide recommendations across the continuum of substance use disorder services	Clinicians improve skills with The ASAM Criteria in clinical decision-making Clinicians increase utilization of The ASAM Criteria Clinicians increase reliance on each other as experts to consult Patients are provided care in line with their treatment goals Patients are provided the accurate type and level of care determination based on their clinical needs Patients are provided with the care they need in consideration of holistic factors (transportation, insurance, childcare, and others)	Increase in appropriate use of treatment system resources Increased availability of treatment Patients have increased engagement with their care Patients have increased satisfaction with the care they receive Patients are provided with the least restrictive level of care in the appropriate care system for their need Increased number of patients have continued engagement with the substance use disorder continuum of care
	Recruit and convene a diverse cohort of Community Clinicians	Number of Community Clinicians in attendance at each session				
	Deliver 18 ECHO sessions Provide didactic learning sessions on 18 topics Provide skilled facilitation of group based learning for 18 ECHO sessions to engage participants	Number of ECHO sessions held Number of didactic presentations provided and number of topics covered Number of community clinicians who turn on their video, who turn on their audio, and participate with audio				
	Provide technical assistance to community clinicians to support and enable case based learning opportunities	Amount and types of case development guidance information provided Development and dissemination of the case report template Number of cases that are sent out to participant providers 24 hours in advance of each session Number of case presentations held				
	Provide ECHO session follow up Review and refine recommendations for each case presented	Number of times recommendations reviewed and disseminated to case presenter within 48 hours				

TREATING ADDICTION TOGETHER EVALUATION PLAN

A more detailed evaluation plan sought to answer the following overarching key questions based on the activities and expected outcomes.

1. Was the ECHO implemented successfully?
2. What did community clinicians gain as a result of participating in the ECHO?
3. What changes were made in practice settings as a result of participating in the ECHO?
4. What did patients gain as a result of community clinician and practice changes?
5. Were community clinicians able to identify and/or address system level barriers to align with ASAM guidelines through the course of the ECHO?

The evaluation utilized a mixed methods design to answer the evaluation questions. The following evaluation plan outlines the methods of the evaluation design to answer the key questions.

Program Evaluation Questions	Indicator	Data Collection	
		Data Source(s)	Timing
Was the ECHO implemented successfully?			
How many experts and clinicians were recruited to participate in the ECHO?	Number of experts and clinicians compared to target number	Tracking spreadsheet	Planning Phase
To what extent were recruited experts multi-disciplinary?	Diversity of credentials and experience of experts	CVs/bios	Planning Phase
Who were the participants of the ECHO?	Demographic information incl: Clinician and practice name Role Years of Experience Level of care NH County	Application Registration form	Planning Phase
How many ECHO sessions were held?	Number of sessions held compared to target number of sessions	Session Tracker	During every session
How many experts and community clinicians attended each session?	Frequency of attendance	Session Tracker	During every session
To what extent were guidance and training provided to the community clinicians?	Number of materials and/or training sessions	Operational Documents	Ongoing
To what extent was skilled facilitation provided to enable meaningful participation?	Number and percent of participants who report satisfaction with the facilitation	Session Surveys	After every session
To what extent was there meaningful participation in the sessions?	Number of participant providers who turn on their video, who turn on their audio, and participate with audio	Session Tracker	During every session
To what extent did community clinicians actively participate in discussions during sessions?	Number of clinicians who contribute to discussion through clarifying questions and/or recommendations during the session	Session Tracker	During every session

To what extent were community clinicians satisfied with the ECHO?	Number and percent of community clinicians who reported they were either very satisfied or moderately satisfied with the ECHO session Number and percent of community clinicians who reported they were very or moderately satisfied with their experience in the ECHO overall	Session survey 3-Point Survey	After each session Beginning- Midpoint- Final
To what extent were community clinicians satisfied with the balance of time spent on didactic vs. case discussions?	Number of community clinicians who reported they were satisfied with the balance of time spent on didactic and case discussions following each ECHO session	Session survey	After each session
To what extent were community clinicians satisfied with the format of the community and sessions (i.e., size of community, length and timing of sessions)	Number of community clinicians who identify that the size of the learning community was ideal for their learning. Number of community clinicians who identify that 90 minute sessions were preferred Number of community clinicians who identify that bi-weekly sessions were preferred	3-Point Survey	Midpoint- Final
What did community clinicians gain as a result of participating in the ECHO?			
To what extent did case presentations improve?	Qualitative feedback provided by CQI Coordinator, ECHO Clinical Manager, and ECHO Advisory Team	Session and Case TA Notes	Each session
To what extent did community clinicians increase their knowledge and skills?	Percent of community clinicians who show a change in knowledge and skills	3-Point Survey	Beginning- Midpoint- Final
To what extent did community clinicians increase their confidence in using The ASAM Criteria?	Percent of community clinicians who show a change in confidence in using The ASAM Criteria	3-Point Survey	Beginning- Midpoint- Final
To what extent did community clinicians improve use of The ASAM Criteria in clinical decision-making?	Percent of community clinicians who show a change in use and intent to use/likelihood to use The ASAM Criteria learning component	Session Survey 3-Point Survey	After each session Beginning- Midpoint- Final
To what extent did clinicians use the recommendations provided to their particular case?	Percent of community clinicians that report they will utilize the recommendations provided during their case presentation	Case Presenter survey	After presenting session
To what extent did community clinicians feel informed by the recommendations that were discussed during case presentations when making clinical care determinations?	Percent of community clinicians who report they are likely to use recommendations they received	Case Presenter survey 3-Point Survey	Final

To what extent did Community Clinicians identify that they felt like they were part of a learning community throughout participation?	Percent of Community Clinicians who report increased agreement with community building indicators including understanding of the roles of other disciplines in providing services to patients; confidence in the value of their role within an interdisciplinary team; and ability to communicate roles within an interdisciplinary team.	3-Point Survey	Midpoint-Final
What changes were made in practice settings as a result of participating in the ECHO?			
To what extent do Community Clinicians: -Improve use of The ASAM Criteria in clinical decision-making? -Work collaboratively to provide care across the continuum of services? -Increase reliance on each other as experts to consult?	Percent of clinicians who change along a scale in self-reported use of The ASAM Criteria, working collaboratively and relying on other clinicians for consultation	3-Point Survey	Beginning- Midpoint-Final
To what extent does participation in the ECHO result in increased quality of care at an organizational level?	Percent of clinicians who report that participation resulted in increased quality of care at their organization	3-Point Survey	Final
What did patients gain as a result of community clinician & practice changes?			
To what extent do clinicians report that they are able to provide patient with: -Care in line with their treatment goals -The accurate level of care determination based on their clinical needs -The care they need in consideration of holistic factors (transportation, insurance, childcare, and others)	Percent of clinicians who change along a scale in self-reported ability in providing care	3-Point Survey	Beginning- Midpoint-Final
Were community clinicians able to identify and/or address system level barriers to align with ASAM guidelines through the course of the ECHO?			
To what extent are clinicians able to identify system level barriers?	Percent of clinicians who report they can easily identify system level barriers	3-Point Survey	Beginning- Midpoint-Final
To what extent are clinicians able to address system level barriers?	Percent of clinicians who report they can easily address system level barriers	3-Point Survey	Beginning- Midpoint-Final

Appendix B

Treating Addiction Together ECHO - Participant Outcome PRE-Survey

As a new project, the Treating Addiction Together ECHO will be conducting an evaluation in order to understand the extent to which the program is valuable to participants and the goals of the project are being met.

An essential component of this evaluation is your feedback about your experience with the Treating Addiction Together ECHO. We ask that you complete this survey now, and again two more times over the course of the ECHO. The responses from all participants will be aggregated into a summary evaluation report. No individual responses will be shared outside of the ECHO operations team.

1. Which licensure do you currently hold? *(Select all that apply)*

- [ ] LADC
- [ ] MLADC
- [ ] LICSW
- [ ] LCMHC
- [ ] Nurse (LPN, RN, APRN, etc.)
- [ ] CRSW
- [ ] I am currently working towards one of the above licensures
- [ ] I do not currently hold any licensure
- [ ] Other licensure (please specify)

2. What level of care do you currently provide? ***(Select all that apply)***

- [ ] **Level 0.5 - Early Intervention**
- [ ] **Level 1 - Outpatient Services**
- [ ] **Level 2.1 - Intensive Outpatient Programs (IOP)**
- [ ] **Level 2.5 - Partial Hospitalization (PHP) Services**
- [ ] **Level 3.1 - Clinically Managed Low-Intensity Residential Services**
- [ ] **Level 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services**
- [ ] **Level 3.5 - Clinically Managed High-Intensity Residential Services**
- [ ] **Level 3.7 - Medically Monitored Intensive Inpatient Services**
- [ ] **Level 4 - Medically Managed Intensive Inpatient Services**

Treating Addiction Together ECHO - Participant Outcome PRE-Survey

3. Please rate your overall satisfaction thus far with the Treating Addiction Together ECHO *(this includes the orientation and on-boarding process).*

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

4. How often do you currently use ASAM Criteria in clinical decision-making?

- ◯ Always
- ◯ Usually
- ◯ Rarely
- ◯ Never

5. Please rate your knowledge related to ASAM Critiera

	A lot of knowledge	Quite a bit of knowledge	A little knowledge	No knowledge
The importance of using ASAM Criteria	○	○	○	○
The 6 dimensions of the ASAM Criteria	○	○	○	○
Level of Care Definitions and Determinations	○	○	○	○
Continuing Care, Transfer, and Discharge Criteria	○	○	○	○
Collaborative Treatment Planning	○	○	○	○
Developing and Using Patient Driven Treatment Plans	○	○	○	○
Ongoing Dimensional Assessment	○	○	○	○

6. Please rate your confidence in applying the ASAM Criteria to meet patient needs using:

	A lot of confidence	Quite a bit of confidence	A little confidence	No confidence
The 6 dimensions of the ASAM Criteria	○	○	○	○
Continuing Care, Transfer, and Discharge Criteria	○	○	○	○
Collaborative Treatment Planning	○	○	○	○
Patient Driven Treatment Plans	○	○	○	○
Ongoing Dimensional Assessment	○	○	○	○

Treating Addiction Together ECHO - Participant Outcome PRE-Survey

The Treating Addiction Together ECHO team understands that utilization of the ASAM Criteria relies on both organizational support and an infrastructure from larger systems in which providers work. While this ECHO does not focus on systems level concerns, please answer the following questions about system barriers you face when providing care.

7. How easily are you able to identify systems level barriers when trying to utilize the ASAM Criteria in your clinical decision making?

- ○ Very easy
- ○ Easy
- ○ Difficult
- ○ Very difficult

8. How easily are you able to address systems level barriers when trying to utilize the ASAM Criteria in your clinical decision making?

- ○ Very easy
- ○ Easy
- ○ Difficult
- ○ Very difficult

9. Please provide any comments about your experience with the Treating Addiction Together ECHO.

10. Please provide any suggestions for areas of improvement for the Treating Addiction Together ECHO.

Treating Addiction Together ECHO - Participant Outcome MID-Survey

As a new project, the Treating Addiction Together ECHO is conducting an evaluation in order to understand the extent to which the program is valuable to participants and the goals of the project are being met.

An essential component of this evaluation is feedback about your experience with the Treating Addiction Together ECHO. We ask that you complete this survey now, and again one more time at the completion of the ECHO. The responses from all participants will be aggregated into a summary evaluation report. No individual responses will be shared outside of the ECHO operations team.

1. Which licensure do you currently hold? *(Select all that apply)*

- [ ] LADC
- [ ] MLADC
- [ ] LICSW
- [ ] LCMHC
- [ ] Nurse (LPN, RN, APRN, etc.)
- [ ] CRSW
- [ ] LCS
- [ ] I am currently working towards one of the above licensures
- [ ] I do not currently hold any licensure
- [ ] Other licensure (please specify)

2. What level of care do you currently provide? ***(Select all that apply)***

- [ ] Level 0.5 - Early Intervention
- [ ] Level 1 - Outpatient Services
- [ ] Level 2.1 - Intensive Outpatient Programs (IOP)
- [ ] Level 2.5 - Partial Hospitalization (PHP) Services
- [ ] Level 3.1 - Clinically Managed Low-Intensity Residential Services
- [ ] Level 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services
- [ ] Level 3.5 - Clinically Managed High-Intensity Residential Services
- [ ] Level 3.7 - Medically Monitored Intensive Inpatient Services
- [ ] Level 4 - Medically Managed Intensive Inpatient Services

3. How many times have you participated in an ECHO program?

- ○ This is my first time participating in an ECHO
- ○ I have participated in one ECHO previously
- ○ I have participated in more than one ECHO previously
- ○ This is my first time, but I am registered to participate in an upcoming ECHO

Treating Addiction Together ECHO - Participant Outcome MID-Survey

4. Please rate your overall satisfaction thus far with the Treating Addiction Together ECHO.

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

5. Have you made any suggestions to the JSI Operations team to improve the ECHO?

- ◯ Yes
- ◯ No
- ◯ I don't remember

Treating Addiction Together ECHO - Participant Outcome MID-Survey

6. How responsive do you feel the JSI Operations Team has been to your suggestion(s)?

- ○ Extremely responsive
- ○ Somewhat responsive
- ○ Not at all responsive

7. Were improvements made to the ECHO based on your suggestion(s)?

- ○ Yes
- ○ No
- ○ Some, but not all

Treating Addiction Together ECHO - Participant Outcome MID-Survey

8. How often do you currently use ASAM Criteria in clinical decision-making?

- ○ Always
- ○ Usually
- ○ Rarely
- ○ Never

9. Please rate your knowledge related to ASAM Critiera

	A lot of knowledge	Quite a bit of knowledge	A little knowledge	No knowledge
The importance of using ASAM Criteria	○	○	○	○
The 6 dimensions of the ASAM Criteria	○	○	○	○
Level of Care Definitions and Determinations	○	○	○	○
Continuing Care, Transfer, and Discharge Criteria	○	○	○	○
Collaborative Treatment Planning	○	○	○	○
Developing and Using Patient Driven Treatment Plans	○	○	○	○
Ongoing Dimensional Assessment	○	○	○	○

10. During the course of your participation in the ECHO, has your knowledge of ASAM Criteria:

- ○ Increased
- ○ Stayed the same
- ○ Decreased

11. Please rate your confidence in applying the ASAM Criteria to meet patient needs using:

	A lot of confidence	Quite a bit of confidence	A little confidence	No confidence
The 6 dimensions of the ASAM Criteria	○	○	○	○
Continuing Care, Transfer, and Discharge Criteria	○	○	○	○
Collaborative Treatment Planning	○	○	○	○
Patient Driven Treatment Plans	○	○	○	○
Ongoing Dimensional Assessment	○	○	○	○

12. During the course of your participation in the ECHO, has your confidence in applying the ASAM Criteria:

- ○ Increased
- ○ Stayed the same
- ○ Decreased

13. To what extent has participation in this ECHO enhanced your patient care?

- ○ A great deal
- ○ A lot
- ○ A little
- ○ Not at all

Treating Addiction Together ECHO - Participant Outcome MID-Survey

14. To what extent do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
The group culture of this ECHO facilitates professional development/growth.	○	○	○	○
Through my participation in the ECHO I have increased comfort in sharing and exchanging ideas during ECHO sessions.	○	○	○	○
Through my participation in the ECHO I have an increased understanding of the importance of a multidisciplinary team in providing services to our patients.	○	○	○	○
Through my participation in the ECHO I have an increased understanding of the roles of other disciplines in providing services to our patients.	○	○	○	○

	Strongly Agree	Agree	Disagree	Strongly Disagree
Through my participation in the ECHO I have increased comfort raising questions or concerns about patient care with colleagues.	○	○	○	○
My participation in the ECHO has resulted in increased confidence in the value of my role within an interdisciplinary team.	○	○	○	○
I am better able to communicate my role within an interdisciplinary team.	○	○	○	○

15. Please describe any changes you or your practice have made as a result of what was presented or discussed throughout the Treating Addiction Together ECHO. *(e.g., using case review forms, having ongoing treatment team meetings, consulting providers outside of your organization)*

Treating Addiction Together ECHO - Participant Outcome MID-Survey

16. The Treating Addiction Together ECHO is made up of 16 clinicians. Please rate the following aspects of your experience based on the size of the ECHO.

	Smaller size would have improved my experience	The size was right	Larger size would have improved my experience
Communicating effectively with other participants	○	○	○
Comfort in sharing and exchanging ideas	○	○	○
Comfort raising questions or concerns about patient care	○	○	○
Ability to increase knowledge about patient care using ASAM Criteria	○	○	○
Ability to receive useful recommendations for patient care	○	○	○
Feeling of being in a learning community	○	○	○

17. Based on your experience with the Treating Addiction Together ECHO, what do you think is the optimal size of an ECHO in terms of number of participants?

- ○ 20 or fewer participants
- ○ 30 or fewer participants
- ○ 40 or fewer participants
- ○ 50 or fewer participants
- ○ 60 or fewer participants
- ○ There is no need to limit the number of participants
- ○ Other number of participants (please specify):

18. Please answer the two following questions considering possible future opportunities to participate in an ECHO.

	60 minutes	90 minutes
Which session length would be most effective to meet learning objectives?	○	○
Which session length would be more feasible for you to participate in given your work responsibilities and leadership support?	○	○

Treating Addiction Together ECHO - Participant Outcome MID-Survey

The Treating Addiction Together ECHO team understands that utilization of the ASAM Criteria relies on both organizational support and an infrastructure from larger systems in which providers work. While this ECHO does not focus on systems level concerns, please answer the following questions about system barriers you face when providing care.

19. How easily are you able to identify systems level barriers when trying to utilize the ASAM Criteria in your clinical decision-making?

- ◯ Very easy
- ◯ Easy
- ◯ Difficult
- ◯ Very difficult

20. How easily are you able to address systems level barriers when trying to utilize the ASAM Criteria in your clinical decision making?

- ◯ Very easy
- ◯ Easy
- ◯ Difficult
- ◯ Very difficult

21. How likely are you to recommend a learning opportunity similar to the Treating Addiction Together ECHO to your colleagues?

- ◯ Very likely
- ◯ Likely
- ◯ Unlikely
- ◯ Very unlikely

22. What future topics would you like to learn about as part of this ECHO?

23. Please provide any comments about your experience with the Treating Addiction Together ECHO.

24. Please provide any suggestions for areas of improvement for the Treating Addiction Together ECHO.

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Participant Demographics

As a new project, the Treating Addiction Together ECHO is conducting an evaluation in order to understand the extent to which the program was valuable to participants and the goals of the project were met.

An essential component of this evaluation is feedback about your experience with the Treating Addiction Together ECHO. We ask that you complete this final survey. The responses from all participants will be aggregated into a summary evaluation report. No individual responses will be shared outside of the ECHO operations team.

1. Which licensure do you currently hold? *(Select all that apply)*

- [ ] LADC
- [ ] MLADC
- [ ] LICSW
- [ ] LCMHC
- [ ] Nurse (LPN, RN, APRN, etc.)
- [ ] CRSW
- [ ] LCS
- [ ] I am currently working towards one of the above licensures
- [ ] I do not currently hold any licensure
- [ ] Other licensure (please specify)

2. What level of care do you currently provide? ***(Select all that apply)***

- [ ] Level 0.5 - Early Intervention
- [ ] Level 1 - Outpatient Services
- [ ] Level 2.1 - Intensive Outpatient Programs (IOP)
- [ ] Level 2.5 - Partial Hospitalization (PHP) Services
- [ ] Level 3.1 - Clinically Managed Low-Intensity Residential Services
- [ ] Level 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services
- [ ] Level 3.5 - Clinically Managed High-Intensity Residential Services
- [ ] Level 3.7 - Medically Monitored Intensive Inpatient Services
- [ ] Level 4 - Medically Managed Intensive Inpatient Services

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Experience and Learning Objectives

3. Please rate your overall satisfaction with the Treating Addiction Together ECHO.

- ○ Very satisfied
- ○ Satisfied
- ○ Dissatisfied
- ○ Very dissatisfied

* 4. As a result of this activity, I was able to

	Yes	No
Prepare and present at least one case presentation to the learning community	○	○
[blank]	○	○
Apply the American Society of Addiction Medicine (ASAM) criteria to participant identified case presentations.	○	○
Formulate recommendations for participant identified case presentations utilizing the ASAM criteria.	○	○
Assess the utilization of learning community-identified recommendations for use in their clinical practice.	○	○

* 5. As a result of this activity, I was able to

	Yes	No
	○	○

6. If no to any of the above, please explain:

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Goal of the ECHO

The goal of the Treating Addiction Together ECHO was: to increase provider use of The ASAM Criteria in clinical decision-making so that patients with substance use disorder receive the care they need and that which is appropriate for them.

7. From your perspective, was this goal achieved?

- ◯ Yes
- ◯ No

8. Do you think the ECHO model was the appropriate learning format to meet this goal?

- ◯ Definitely
- ◯ Probably
- ◯ Probably Not
- ◯ Definitely Not

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Knowledge and Confidence

* 9. How often do you currently use ASAM Criteria in clinical decision-making?

- ○ Always
- ○ Usually
- ○ Rarely
- ○ Never

10. Please rate your knowledge related to ASAM Criteria

	A lot of knowledge	Quite a bit of knowledge	A little knowledge	No knowledge
The importance of using ASAM Criteria	○	○	○	○
The 6 dimensions of the ASAM Criteria	○	○	○	○
Level of Care Definitions and Determinations	○	○	○	○
Continuing Care, Transfer, and Discharge Criteria	○	○	○	○
Collaborative Treatment Planning	○	○	○	○
Developing and Using Patient Driven Treatment Plans	○	○	○	○
Ongoing Dimensional Assessment	○	○	○	○

11. During the course of your participation in the ECHO, has your knowledge of ASAM Criteria:

- ○ Increased
- ○ Stayed the same
- ○ Decreased

12. Please rate your confidence in applying the ASAM Criteria to meet patient needs using:

	A lot of confidence	Quite a bit of confidence	A little confidence	No confidence
The 6 dimensions of the ASAM Criteria	○	○	○	○
Continuing Care, Transfer, and Discharge Criteria	○	○	○	○
Collaborative Treatment Planning	○	○	○	○
Patient Driven Treatment Plans	○	○	○	○
Ongoing Dimensional Assessment	○	○	○	○

13. During the course of your participation in the ECHO, has your confidence in applying the ASAM Criteria:

- ○ Increased
- ○ Stayed the same
- ○ Decreased

* 14. To what extent has participation in this ECHO enhanced your patient care?

- ○ A great deal
- ○ A lot
- ○ A little
- ○ Not at all

15. Since the start of the ECHO to what extent have the following changed?

	Greatly Improved	Somewhat Improved	Stayed the Same	Decreased
My understanding of how to create a case presentation	○	○	○	○
My skill in providing patients with care in line with their treatment goals	○	○	○	○
My skill in determining the accurate level of care determination based on patients' clinical needs	○	○	○	○
My skill in providing appropriate quality care utilizing services across the NH substance use and mental health treatment system	○	○	○	○
My skill in incorporating holistic client needs (e.g., transportation, insurance, childcare, etc.) into treatment plans	○	○	○	○

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Community Building

16. To what extent do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
The group culture of this ECHO facilitates professional development/growth.	○	○	○	○
Through my participation in the ECHO I have increased comfort in sharing and exchanging ideas during ECHO sessions.	○	○	○	○
Through my participation in the ECHO I have an increased understanding of the importance of a multidisciplinary team in providing services to our patients.	○	○	○	○
Through my participation in the ECHO I have an increased understanding of the roles of other disciplines in providing services to our patients.	○	○	○	○
Through my participation in the ECHO I have increased comfort raising questions or concerns about patient care with colleagues.	○	○	○	○
My participation in the ECHO has resulted in increased confidence in the value of my role within an interdisciplinary team.	○	○	○	○
I am better able to communicate my role within an interdisciplinary team.	○	○	○	○

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Advisory Team

Please rate the members of the Advisory Team.

17. Corey Gately, MLADC

	Strongly Agree	Agree	Disagree	Strongly Disagree
Presenter was knowledgeable of the topic	○	○	○	○
Presenter was effective in delivering the content	○	○	○	○
Presenter's teaching method was appropriate and effective	○	○	○	○
Presenter was clear and organized	○	○	○	○
Presenter's presentations were free from commercial bias	○	○	○	○
Presenter's presentations were of value to me	○	○	○	○

18. Sandi Bouchard, MA

	Strongly Agree	Agree	Disagree	Strongly Disagree
Presenter was knowledgeable of the topic	○	○	○	○
Presenter was effective in delivering the content	○	○	○	○
Presenter’s teaching method was appropriate and effective	○	○	○	○
Presenter was clear and organized	○	○	○	○
Presenter's presentations were free from commercial bias	○	○	○	○
Presenter's presentations were of value to me	○	○	○	○

19. Mike Miller, MD, DFASAM, DLFAPA

	Strongly Agree	Agree	Disagree	Strongly Disagree
Presenter was knowledgeable of the topic	○	○	○	○
Presenter was effective in delivering the content	○	○	○	○
Presenter’s teaching method was appropriate and effective	○	○	○	○
Presenter was clear and organized	○	○	○	○
Presenter's presentations were free from commercial bias	○	○	○	○
Presenter's presentations were of value to me	○	○	○	○

20. Ann Branen, RN, CARN

	Strongly Agree	Agree	Disagree	Strongly Disagree
Presenter was knowledgeable of the topic	○	○	○	○
Presenter was effective in delivering the content	○	○	○	○
Presenter’s teaching method was appropriate and effective	○	○	○	○
Presenter was clear and organized	○	○	○	○
Presenter's presentations were free from commercial bias	○	○	○	○
Presenter's presentations were of value to me	○	○	○	○

21. Nick Pfeifer, MLADC, LICSW

	Strongly Agree	Agree	Disagree	Strongly Disagree
Presenter was knowledgeable of the topic	○	○	○	○
Presenter was effective in delivering the content	○	○	○	○
Presenter’s teaching method was appropriate and effective	○	○	○	○
Presenter was clear and organized	○	○	○	○
Presenter's presentations were free from commercial bias	○	○	○	○
Presenter's presentations were of value to me	○	○	○	○

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Format of the ECHO

22. The Treating Addiction Together ECHO was made up of 16 clinicians. What do you think is the maximum number of clinicians the ECHO could accommodate and provide you with a comfortable learning community?

- ○ No more than 20
- ○ No more than 25
- ○ No more than 30
- ○ No more than 35
- ○ No more than 40
- ○ I don't think there is a maximum number

23. Please rate the following aspects of your experience based on the size of the ECHO.

	Smaller size would have improved my experience	The size was right	Larger size would have improved my experience
Communicating effectively with other participants	○	○	○
Comfort in sharing and exchanging ideas	○	○	○
Comfort raising questions or concerns about patient care	○	○	○
Ability to increase knowledge about patient care using ASAM Criteria	○	○	○
Ability to receive useful recommendations for patient care	○	○	○
Feeling of being in a learning community	○	○	○

24. Compared to the other relevant New Hampshire-based professional development opportunities available to you...

	Convenience	Engagement	Learning	Skill Change
How does the ECHO compare?				

25. The sessions were held from 12:00 PM - 1:00 PM. To what extent was this time slot preferred for you to attend the ECHO sessions?

- ○ This time slot is my preferred option
- ○ This time slot is not my preferred option but it was manageable
- ○ This time slot is not my preferred option and made it difficult to attend

26. If not 12:00 PM - 1:00 PM, what is your preferred time slot?

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Practice Impacts

27. How many clients on average do you have in your caseload at a time?

28. Approximately, with how many colleagues did you share the information you gained through the ECHO?

* 29. Did your participation in the ECHO translate to improved quality of care at your practice or organization?

- ○ Definitely
- ○ Probably
- ○ Probably Not
- ○ Definitely Not
- ○ I'm not sure

30. Please describe any changes you or your practice have made as a result of what was presented or discussed throughout the Treating Addiction Together ECHO. *(e.g., using case review forms, having ongoing treatment team meetings, consulting providers outside of your organization)*

31. Did participation in the Treating Addiction Together ECHO result in any of the following costs for you or your practice? ***(Check all that apply)***

- [ ] Loss of billable time
- [ ] Technology Costs
- [ ] Other Costs (please specify)

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Systems Level Barriers

The Treating Addiction Together ECHO team understands that utilization of the ASAM Criteria relies on both organizational support and an infrastructure from larger systems in which providers work. While this ECHO does not focus on systems level concerns, please answer the following questions about system barriers you face when providing care.

32. How easily are you able to identify systems level barriers when trying to utilize the ASAM Criteria in your clinical decision-making?

- ○ Very easy
- ○ Easy
- ○ Difficult
- ○ Very difficult

33. How easily are you able to address systems level barriers when trying to utilize the ASAM Criteria in your clinical decision making?

- ○ Very easy
- ○ Easy
- ○ Difficult
- ○ Very difficult

Treating Addiction Together ECHO - Participant Outcome POST-Survey

Conclusion

34. How likely are you to recommend a learning opportunity similar to the Treating Addiction Together ECHO to your colleagues?

- ○ Very likely
- ○ Likely
- ○ Unlikely
- ○ Very unlikely

35. Please describe any hopes or expectations you had for the ECHO that were **not** met.

36. Please provide any suggestions for areas of improvement for the Treating Addiction Together ECHO.

* 37. As a result of participating in this ECHO, please share at least one action you will take to change your professional practice or performance.

* 38. Overall, the Treating Addiction Addiction Together ECHO was

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

Treating Addiction Together ECHO - Post Session Survey

Thank you for your participation in the most recent Treating Addiction Together ECHO Session. In an effort to continuously examine and improve this learning opportunity, please complete the following anonymous survey about your experience in our last session.

1. Please rate your overall satisifcation with the most recent ECHO session.

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

2. Please rate your level of satisfaction with the following aspects of the most recent ECHO session.

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Communication from the Operations Team prior to the session.	◯	◯	◯	◯
Time allocated for agenda items.	◯	◯	◯	◯
Opportunity for questions and discussion.	◯	◯	◯	◯
Facilitation during the session.	◯	◯	◯	◯
Audio / Visual Quality.	◯	◯	◯	◯
Advisory Team knowledge on the topic.	◯	◯	◯	◯

3. Please rate the utility of the following components of the most recent ECHO session.

	Very useful	Moderately useful	Somewhat useful	Not at all useful
Didactic presentation	○	○	○	○
Case presentation	○	○	○	○
Case discussion	○	○	○	○

4. After the most recent ECHO session, how likely are you to...

	Very likely	Somewhat likely	Somewhat unlikely	Unlikely
Use ASAM Criteria in clinical decision making	○	○	○	○
Use any of the recommendations discussed in the most recent session	○	○	○	○

5. What would improve your experience with the Treating Addiction Together ECHO?

6. Please list any questions you have about the didactic presentation

Treating Addiction Together ECHO Case Presentation Experience

Thank you for presenting a case at a recent ECHO session.

The Treating Addiction Together ECHO Operations and Advisory Teams developed tools and resources in order to support your case presentation process. In an effort to understand additional needs we are asking you to complete this survey to help inform future case development and case presentation support activities.

We appreciate your feedback on the process of developing and presenting your case.

1. How helpful were the support and resources you received in developing your case presentation?

- ○ Extremely helpful
- ○ Very helpful
- ○ Not so helpful
- ○ Not at all helpful

2. Please rate how valuable the following components of the case presentation experience were:

	Extremely valuable	Very valuable	Not very valuable	Not at all valuable
Preparing the case	○	○	○	○
Presenting the case	○	○	○	○
Discussing the case	○	○	○	○
Receiving recommendations	○	○	○	○

3. Please provide any comments about how you rated your experience with the case presentation above.

4. Do you intend to use any of the recommendations that you received from your case presentation in your clinical care?

- ○ Definitely will
- ○ Probably will
- ○ Probably won't
- ○ Definitely won't

5. Please provide any suggestions to improve the case presentation process.

6. Please provide your name

Name

7. On what date did you present your case?

Date

Date

MM/DD/YYYY

Treating Addiction Together ECHO - Operations Team Survey

As a member of the Treating Addiction Together ECHO Operations Team, the feedback you provide about your experience is valuable to understand what worked well and what improvements could be made for future ECHO implementation. Please answer the following questions as **honestly** as possible. Your responses are anonymous. Responses from the ECHO Operations Team members will be aggregated and summarized as part of the evaluation of the project.

Please complete this survey by Tuesday, July 7.

* 1. What is your overall satisfaction with the implementation of the Treating Addiction Together ECHO?

- ○ Very satisfied
- ○ Satisfied
- ○ Dissatisfied
- ○ Very dissatisfied

* 2. What is your overall satisfaction with your experience as a member of the Operations Team?

- ○ Very satisfied
- ○ Satisfied
- ○ Dissatisfied
- ○ Very dissatisfied

*** 3. Please rate your level of satisfaction with the following aspects of the Treating Addiction Together ECHO:**

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Overall project management	○	○	○	○
Communication across the Operations Team	○	○	○	○
Clarity around expectations for serving in your role	○	○	○	○
Frequency of planning meetings	○	○	○	○
Facilitation of planning meetings	○	○	○	○
Opportunity to provide input to planning sessions	○	○	○	○
Consideration of your input to modify the structure and/or the content of the sessions	○	○	○	○
Consideration of your input to modify processes for operation of the ECHO	○	○	○	○

4. What would have improved <u>your</u> experience as an Operations Team member?

Treating Addiction Together ECHO - Operations Team Survey

Please read the following text before answering the next question:

The problem that the project aimed to solve was: not all patients seeking SUD treatment are receiving individualized treatment based on their needs in a standardized way.

The solution to this problem was: to provide a virtual platform using ECHO to bring SUD treatment providers together to form a network to increase understanding and utilization of ASAM criteria through case based learning.

* 5. How successful were we in supplying the intended solution to the target audience?

- ○ Very successful
- ○ Successful
- ○ Not very successful
- ○ Not at all successful

Treating Addiction Together ECHO - Operations Team Survey

*** 6. For your role as an Operations Team member, given the time resources, and support you received, how feasible was it to do the following?**

	Completely feasible; I had the time, resources and support I needed	**Somewhat feasible**; I had most of the time, resources and support I needed	**Moderately feasible**; I needed more time, resources and support	**Not at all feasible**; I did not have the time, resources and support I needed
Carry out the tasks specific to your role	○	○	○	○
Attend the ECHO planning meetings	○	○	○	○
Attend evaluation planning meetings	○	○	○	○
Attend bi-weekly ECHO sessions	○	○	○	○

7. Please describe how tasks were delegated to team members.

Consider responding to the following: Did you feel anyone was overburdened? Were tasks delegated to staff with the appropriate roles?

Treating Addiction Together ECHO - Operations Team Survey

Please rate the extent to which you agree with the following statements.

* 8. I felt the team had a shared vision and goal for the project (i.e. there was agreement in what the project was trying to accomplish and there was a clear vision of how it would be accomplished).

- Strongly agree
- Agree
- Disagree
- Strongly disagree

* 9. I felt that I made a valued contribution to the project team.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

* 10. Respect and value were shown for the diversity of the team (including ideas, expertise, perspectives).

- Strongly agree
- Agree
- Disagree
- Strongly disagree

*** 11. The way I preferred to communicate was well received on this team.**

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

*** 12. The team structure lent itself to innovative problem solving.**

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

*** 13. The project consistently met timelines and stayed on schedule.**

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

Treating Addiction Together ECHO - Operations Team Survey

14. How did the team manage challenges that arose throughout the project? (Was it effective? Did it create stress? Was there support provided?)

15. What aspects of the management of this project worked well?

16. What did you find valuable about your involvement? (Check all that apply.)

- [ ] Gaining knowledge about the topic
- [ ] Learning new skills
- [ ] Being part of a team
- [ ] Working with colleagues who I do not usually work with
- [ ] Working on something new to JSI
- [ ] Being able to make a contribution to the field of substance use treatment
- [ ] Something else (please specify)

Treating Addiction Together ECHO - Operations Team Survey

*** 17. Please rate how satisfied you were with the following aspects of the Treating Addiction Together ECHO.**

	Very Satisfied	Moderately Satisfied	Somewhat Satisfied	Not at all Satisfied
Overall quality of work performed	○	○	○	○
Knowledge and expertise of project team	○	○	○	○
Clarity and quality of oral and written communication and materials	○	○	○	○
Responsiveness of project team to the needs of the project	○	○	○	○
Management of project budget and costs	○	○	○	○
Cultural sensitivity of project team in performing work	○	○	○	○
Overall value of the work performed	○	○	○	○

18. Please comment about any of your ratings above that could help bring context to your rating.

Treating Addiction Together ECHO - Operations Team Survey

*** 19. Please rate the following components of the project**

	Far above average	Above average	Average	Below average	Far below average
Project Leadership	○	○	○	○	○
Communication Coordination	○	○	○	○	○
Facilitation	○	○	○	○	○
Clinical Management	○	○	○	○	○
Technology Management	○	○	○	○	○
Clinic Coordination	○	○	○	○	○
Continuous Quality Improvement (CQI)	○	○	○	○	○
Evaluation	○	○	○	○	○

20. Please comment about any of your ratings above that could help bring context to your rating.

*** 21. Please rate the Project Manager in these areas**

	Performed Very Well	Performed Well	Needs Some Improvement	Needs A Lot of Improvement
Being open to diverse ideas and solutions	○	○	○	○
Being curious about different approaches to the work	○	○	○	○
Being open to constructive criticism and feedback	○	○	○	○
Being approachable to bring up concerns about the project	○	○	○	○
Being motivating and inspiring to the team	○	○	○	○

22. Please comment about any of your ratings above that could help bring context to your rating.

23. Please provide any other comments or suggestions you would like to make about your experience with the Treating Addiction Together ECHO.

Treating Addiction Together ECHO - Advisory Team Survey

As a new project, the Treating Addiction Together ECHO is conducting an evaluation in order to understand the extent to which the program is valuable and the goals of the project are being met.

An essential component of this evaluation is feedback about your experience with the Treating Addiction Together ECHO. We ask that you complete this survey. The responses from all Advisory Team members will be aggregated into a summary evaluation report.

We will discuss a summary of the findings of this survey together at our meeting on March 30 in order to discuss further opportunities to improve the Treating Addiction Together ECHO. No individual responses will be shared outside of the ECHO operations team.

1. What is your overall satisfaction with your experience as a Treating Addiction Together ECHO Advisory Team member?

- ○ Very satisfied
- ○ Satisfied
- ○ Dissatisfied
- ○ Very dissatisfied

2. Please rate your level of satisfaction with the following aspects of the Treating Addiction Together ECHO

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Communication from the Operation's Team	○	○	○	○
Time allocated for agenda items	○	○	○	○
Opportunity for questions and discussion	○	○	○	○
Facilitation during the session	○	○	○	○
Audio / Visual Quality	○	○	○	○

Treating Addiction Together ECHO - Advisory Team Survey

3. To what extent do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
The group culture of this ECHO facilitates professional development/growth.	○	○	○	○
Through my participation in the ECHO I have increased comfort in sharing and exchanging ideas during ECHO sessions.	○	○	○	○
Through my participation in the ECHO I have an increased understanding of the importance of a multidisciplinary team in providing services to patients.	○	○	○	○
Through my participation in the ECHO I have an increased understanding of the roles of other disciplines in providing services to patients.	○	○	○	○

	Strongly Agree	Agree	Disagree	Strongly Disagree
Through my participation in the ECHO I have increased comfort raising questions or concerns about patient care with colleagues.	○	○	○	○
My participation in the ECHO has resulted in increased confidence in the value of my role within an interdisciplinary team.	○	○	○	○
I am better able to communicate my role within an interdisciplinary team.	○	○	○	○

Treating Addiction Together ECHO - Advisory Team Survey

4. The ECHO team appreciates your continued role as an Advisory Team member.

Given the time, resources (e.g. technology), and training for this role, how feasible has it been to do each of the following:

	Completely feasible; I had the time, resources and training I needed	**Somewhat feasible;** I had most of the time, resources and training I needed	**Moderately feasible;** I needed more time, resources and training	**Not at all feasible;** I did not have the time, resources and training I needed
Attend the initial training	○	○	○	○
Attend sessions every other week	○	○	○	○
Conduct didactic presentation(s)	○	○	○	○
Participate in the session debriefs	○	○	○	○

5. Is it feasible for you to do the work that is expected of you as an Advisory Team member within the time budgeted for you (an average of 6 hours a month)?

- ○ Yes
- ○ No

Treating Addiction Together ECHO - Advisory Team Survey

6. How confident do you currently feel as a contributing member of the Advisory Team?

- ○ Very confident
- ○ Moderately confident
- ○ Somewhat confident
- ○ Not at all confident

7. Since the start of the Treating Addiction Together ECHO sessions do you feel that your confidence as a contributing member of the Advisory Team has:

- ○ Increased
- ○ Stayed the same
- ○ Decreased

8. Do you feel that the Advisory Team has the right background and expertise to make recommendations to support and enhance the care that the community clinicians provide?

- ○ Yes
- ○ No

9. If backgrounds or expertise are missing from the Advisory Team, please describe what is needed.

Treating Addiction Together ECHO - Advisory Team Survey

10. How likely would you be to participate as an Advisory Team member on a similar ECHO again?

- ○ Very likely
- ○ Likely
- ○ Unlikely
- ○ Very unlikely

11. If there was a future opening for an Advisory Team member on an ECHO, how likely are you to recommend the role to someone you know?

- ○ Very likely
- ○ Likely
- ○ Unlikely
- ○ Very unlikely

12. What would improve your experience as an Advisory Team member on the Treating Addiction Together ECHO?

13. Please share any opportunities for improving the Treating Addiction Together ECHO

14. What suggestions do you have for didactic topics for the remaining sessions of the Treating Addiction Together ECHO?

Treating Addiction Together ECHO - Advisory Team POST Survey

As a member of the Treating Addiction Together ECHO Advisory Team, the feedback you provide about your experience is valuable to understand what worked well and what improvements could be made for future ECHO implementation. Please answer the following questions as honestly as possible. Responses from the ECHO Advisory Team members will be aggregated and summarized as part of the evaluation of the project.

* 1. What is your overall satisfaction with your experience as a member of the Advisory Team of the Treating Addiction Together ECHO?

- ○ Very satisfied
- ○ Satisfied
- ○ Dissatisfied
- ○ Very dissatisfied

The ***problem*** that the Treating Addiction Together aimed to solve was: not all patients seeking SUD treatment are receiving individualized treatment based on their needs in a standardized way.

The ***solution*** to this problem was: to provide a virtual platform using ECHO to bring SUD treatment providers together to form a network to increase understanding and utilization of ASAM criteria through case based learning.

* 2. How successful were we in supplying the intended solution to the target audience?

- ○ Very successful
- ○ Successful
- ○ Not very successful
- ○ Not at all successful

3. In your opinion, what did participants gain through the Treating Addiction Together ECHO?

*** 4. Please rate how you experienced the tasks that the Advisory Team was asked to do.**

	1 (Extremely negative experience)	2	3	4	5 (Neither negative nor positive experience)	6	7	8	9	10 (Extremely positive experience)
Attending the initial training	○	○	○	○	○	○	○	○	○	○
Attending the MOCK session	○	○	○	○	○	○	○	○	○	○
Attending sessions every other week	○	○	○	○	○	○	○	○	○	○
Preparing didactic presentations	○	○	○	○	○	○	○	○	○	○
Conducting didactic presentations	○	○	○	○	○	○	○	○	○	○
Being the notetaker	○	○	○	○	○	○	○	○	○	○
Participating in the session debriefs	○	○	○	○	○	○	○	○	○	○
Participating in evaluation activities	○	○	○	○	○	○	○	○	○	○

*** 5. Please rate your level of satisfaction with the following aspects of the Treating Addiction Together ECHO.**

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Communication from the JSI Ops Team	○	○	○	○
Clarity around expectations for serving in your role	○	○	○	○
Opportunity to provide input during planning sessions	○	○	○	○

6. Please provide any suggestions you have for improving the Treating Addiction Together ECHO.

7. Please provide any other comments you have about the Treating Addiction Together ECHO.

Operations Team Interview Protocol

Note: Text in blue are questions asked of the Project Director only.

Interview Protocol
The purpose of this interview is to understand your experience as a member of the Operations Team of the Treating Addiction Together ECHO. Your feedback along with others who provide feedback will be used to determine what went well, where there were challenges and identify any improvements that could be made in implementing future ECHO projects.

I will be taking notes on your responses to the questions I ask. I will also be recording our conversation so that I can go back and check my notes to make sure they are accurate. Please feel free to ask me to clarify any questions that are not clear. This should take no more than an hour of your time. Thank you very much for sitting down with me for this interview today.

1. Just so I can become familiar, please give me a brief overview of your role and experience as part of the Treating Addiction Together ECHO.

   Thinking about how the ECHO project was designed and implemented, can you describe to me the extent to which the project had direction to meet its goals -- both a vision of the future and strategies for producing the changes needed to achieve that vision?
   Prompt: Can you talk about direction in the context of this particular ECHO project and also in the context of broader work implementing ECHOs at JSI?

2. As this ECHO was implemented the intention was to remain participant focused, including being deliberate about trying to do what provides the best experience for the participants and achieve the project goals using the best information that could be collected. *With that being said, in your view were these intentions important to maintain? How so?*

   Probes:
   - Do you think the ECHO was participant focused?
   - In your view were these intentions to be participant focused important to maintain? How so?
   - Did trying to maintain these intentions play out to be a valued or helpful approach?

3. The ECHO included people from various disciplines, levels of experience, and professional cultures. To what extent do you feel that diverse perspectives were valued on the Operations Team? Were they celebrated?

   Can you describe the communication throughout the project and the extent to which communication was effective including written and oral, formal and informal?

   From your perspective, did the project align the team members working on it? For example did the project manager help the team members speak similarly about the project and work in coordination?

4. Was there any aspect of the implementation of the ECHO that you were particularly impressed by? Does anything stand out?

   Probes:
   - Was there something you noticed?
   - If we were to do another ECHO, what would you suggest carrying forward?

5. Now I'd like to hear about the team environment. Some factors that can be related to feelings of being on a team are collaboration, willingness to function as a team and have joint decision-making, working toward common goals, trust between members, and having a secure and comfortable environment in which you can freely express your opinions. Please describe the extent to which a team environment was or was not developed in the implementation of this project.

   Probe: Can you give me any examples of when you felt part of the team?

6. Questions, requests and modifications often come up throughout implementation of a project. Think about times when this came up during the ECHO. What considerations were taken into account when these came up and decisions needed to be made?

7. This ECHO project was a new project for this office, it was very fast moving, had time constraints in implementing and included unexpected challenges. This had a lot of potential to raise stress levels within the team. Now I would like to explore your perspective on how the team managed challenges.

   - To what extent did the project team effectively address challenges and solve problems?
   - How did the team culture facilitate team members' support of each other?
   - Were there any missed opportunities to address challenges effectively?

8. Are there skills and/or processes that the project team needs to strengthen or develop in order to implement another ECHO project?

   Can you comment on the extent to which the project did or did not consistently produce results expected by its stakeholders? (Stakeholders can be the client/funder, the participants, or the advisory group.)

9. Is there anything that could have been done differently to better meet the needs and goals of the project?

10. Thank you for your responses to the questions. Are there any other comments or suggestions you would like to make about your experience with the Treating Addiction Together ECHO?

Appendix C

John Snow, Incorporated

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October 15, 2019

Anna Ghosh and Adelaide Murray
Community Health Institute/JSI
Bow, NH

STUDY TITLE: Treating Addiction Together ECHO Evaluation

IRB REFERENCE: IRB #19-35E
ACTION: EXEMPT DETERMINATION

Dear Ms. Ghosh and Ms. Murray:

The JSI Institutional Review Board (IRB) has determined that this activity is EXEMPT from human subjects oversight. The basis of this exemption is CFR 46.101 (b) (2), which covers survey activities without identifiers or sensitive questions that could result in harm; no participants in the study will be less than 18 years of age.
I have personally reviewed the project materials submitted 10/11/19.

If any changes are made to the plan that has been submitted, please resubmit to verify continued exemption.

If you have questions, please contact me (617 413-8572) or email IRB@jsi.com.

Sincerely,

Laureen Kunches, Ph.D.
JSI IRB Chair and Research Protections Specialist
OHRP IRB00009069 John Snow, Inc.

Appendix D

Permission Agreement

This Permission Agreement ("Agreement"), as it may be amended from time to time, is effective as of November 14, 2019 (the "Effective Date"), by and between the American Society of Addiction Medicine ("Licensor") with offices at 11400 Rockville Pike Suite 200, Rockville, MD 20852 and JSI Research & Training Institute ("Licensee") with offices at 501 South Street, Bow, NH 03304.

WHEREAS LICENSOR is the owner of the trade names "ASAM" and "American Society of Addiction Medicine" and has registered the marks in the United States of America for professional association representation, education, and research purposes;

WHEREAS LICENSOR has developed and is the sole and exclusive owner of all rights with respect to The ASAM Criteria, including, but not limited to copyright, publishing, and trademark rights;

WHEREAS LICENSEE is a Training Vendor based on the criteria for the Agreement described more fully below in Paragraph 1.2.

WHEREAS LICENSEE wishes to acquire a limited, nonexclusive and non-transferable license from LICENSOR to use a trademark held by ASAM and/or specific portions of The ASAM Criteria in its operations as more fully described below.

NOW THEREFORE, in consideration of the promises and agreements set forth herein, and with intent to be legally bound hereby, the parties agree as follows:

1. **Definitions.**

1.1 "WORK" is defined herein as *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, Washington, D.C., American Society of Addiction Medicine (2013) ("The ASAM Criteria").

1.2 "TRAINING VENDOR" is defined as a vendor of training on The ASAM Criteria that communicates the standards of the ASAM Criteria with fidelity.

1.3 "OPERATIONS" is defined as the operation of a TRAINING VENDOR, including all training, education, consulting, practice support, evaluation, and supporting materials and activities using the WORK, as more fully described in Exhibit C, which is incorporated herein by reference.

1.4 "DISCLAIMER" is defined as the text included herein as Exhibit A.

1.5 "FEE SCHEDULE" means a mutually executed written instrument that sets forth the relevant purchase or acquisition information, term, fee, dates for performance, and such other information as the Parties deem necessary and appropriate. Each FEE SCHEDULE shall be consecutively numbered for the purposes of identification and shall pertain solely to the product or service specified therein. Once signed by both

Parties, each FEE SCHEDULE shall be automatically deemed to be attached to, incorporated into and subject to the terms of the Agreement.

2. **License Grant**

2.1 Subject to the terms of this Agreement, LICENSOR hereby grants to LICENSEE for the term of this Agreement a limited nonexclusive, nontransferable right and license to reproduce and distribute the WORK as used in LICENSEE's OPERATIONS, as defined by Paragraph 1.3 above, throughout the United States of America.

2.2 LICENSEE product shall maintain fidelity to the WORK and shall not modify, alter, or adapt the WORK, including the text, captions, tables, charts, graphics, or illustrations contained in the WORK, in any way that misrepresents the intent of the WORK.

2.3 LICENSEE agrees that it will not use the WORK, or any portion thereof, in any other manner or in any other medium than that set forth in this Agreement.

2.4 LICENSEE agrees that LICENSOR retains the right to review and approve the LICENSEE's OPERATIONS (but only with respect to how the WORK is incorporated into the OPERATIONS), such approval not to be unreasonably withheld. Upon request, LICENSEE agrees to provide to LICENSOR the means to access any aspect of the OPERATIONS involving the use of the WORK for the limited purpose of ensuring compliance with this Agreement. LICENSOR agrees to notify LICENSEE of any objections to the OPERATIONS within fifteen (15) business days of LICENSOR's review of the OPERATIONS. If LICENSOR does not approve the proposed use of the WORK in the OPERATIONS, LICENSEE may redesign and/or modify the use of the WORK in the OPERATIONS and submit to further review by LICENSOR. If LICENSOR requests modifications LICENSEE agrees to use the WORK in the OPERATIONS only in the form approved by LICENSOR. LICENSOR retains the right to terminate this Agreement pursuant to Paragraph 9, below, in the event that LICENSOR has not approved the modified use of the WORK in the OPERATIONS within 180 days following the initial review.

2.5 LICENSEE shall not include any statements or make any representations as a part of the OPERATIONS or in any advertising or information accompanying the OPERATIONS that expressly or implicitly represents or suggests that LICENSOR has sponsored, endorsed, or approved the OPERATIONS, or that LICENSOR is affiliated, connected, or associated with the OPERATIONS. Notwithstanding the foregoing, LICENSEE may state in marketing materials and related messaging that the OPERATIONS uses the WORK. However, ASAM shall have the right to review and approve such marketing materials or messaging upon request (but only with respect to how the marketing materials and messaging represent the WORK and to ensure they refrain from expressing or implying ASAM endorsement).

2.6 LICENSEE shall display the appropriate DISCLAIMER in all documents and materials, in any format or location, in the same or larger font as to the surrounding text, where the LICENSEE uses or makes reference to the WORK. All reproductions of the WORK must use the Full Disclaimer. The shorter Marketing Disclaimer may be used for marketing materials or other documents that only use the trademark. Staff and employees of the LICENSEE shall be trained on the meaning and contents

of the DISCLAIMER and shall be prepared to explain its meaning. The DISCLAIMER, including both the Full Disclaimer and the Marketing Disclaimer, is included herein at Exhibit A.

3. **Obligations of Licensee.**
   - **3.1** LICENSEE shall permit access to the WORK in its OPERATIONS only to trainees, employees, and contractors who have entered into an agreement with LICENSEE that obligates the trainees, employees, and contractors to comply with the restrictions on the use of the WORK as specified in Exhibit D, which is incorporated herein by reference.
   - **3.2** LICENSEE shall take commercially reasonable measures to restrict and control the use, copying, and security of the WORK, including, but not limited to, preventing unauthorized individuals from accessing the WORK.
   - **3.3** LICENSEE shall deliver without charge to LICENSOR, an electronic version of any document or material that uses or references the WORK, including any necessary passwords, within 10 business days of a request by LICENSOR solely for the purpose of verification of compliance with the terms of the Agreement.
   - **3.4** LICENSOR shall provide notice of any new release of any new edition of *The ASAM Criteria* book or electronic book. LICENSEE shall update its OPERATIONS at minimum within 90 days of publication of receipt of such notice.

4. **Other Versions of the WORK.** This License extends to the use of future editions/versions of the WORK.

5. **Assignability.** This License is personal to the LICENSEE and shall not be assigned by any act of LICENSEE or by operation of law. Any attempt by LICENSEE to assign this License and or Agreement shall be null and void.

6. **Sublicenses.** LICENSEE is not authorized to and shall not license or permit others to retransmit, reproduce, or distribute the WORK, other than as necessary for LICENSEE to operate the OPERATIONS.

7. **License Fees.** In consideration for the License granted hereunder, LICENSEE agrees to pay LICENSOR compensation as set forth in the applicable FEE SCHEDULE, which is incorporated herein by reference. Failure by Licensee to make payments to Supplier consistent with those payment terms set forth in the FEE SCHEDULE, unless such payment is disputed for reasonable purposes in writing, shall constitute a material breach of this Agreement and shall, at LICENSOR's sole discretion, be grounds for immediate suspension of all rights provided to Licensee under this Agreement. Payment of the license fee, as set forth in the FEE SCHEDULE, entitles Licensee to the right to use the WORK for the duration of the License Term.

8. **Term of the Agreement.** Subject to prior termination in accordance with the provisions of Paragraph 9, the License granted by this Agreement shall commence on the EFFECTIVE DATE, and shall continue to the end of the calendar year. This Agreement shall be renewed automatically on January 1 for an additional 12 calendar month term unless either party provides

advance notice of non-renewal which shall be provided in writing at least thirty (30) calendar days prior to the end of the Term.

9. **Termination.**

9.1 LICENSOR shall have the right to immediately terminate this Agreement by providing written notice of such termination to LICENSEE in the event that LICENSEE fails to abide by any of the terms and conditions of this Agreement, or in the event that LICENSEE's continued use of the WORK or OPERATIONS is reasonably determined by LICENSOR to be materially detrimental to the interests of ASAM and its members. In the event of a termination of this Agreement for any reason, all rights with respect to the WORK shall automatically revert back to LICENSOR. Termination of this Agreement shall be without prejudice to any moneys already paid or then due or to become due from LICENSEE or LICENSOR and without prejudice to any rights of either party at law or equity.

9.2 Notwithstanding the foregoing, LICENSEE shall have a period of 15 days after termination in which to modify its OPERATIONS to remove the WORK and notify any third parties of the termination of the License.

10. **Intellectual Property Rights**

10.1 Nothing in this Agreement shall be construed to grant to the LICENSEE any ownership or other proprietary interest in the WORK. The LICENSEE agrees that it does not acquire any title, ownership, or other intellectual property right or license under this Agreement. LICENSOR retains all rights in the original and any derivative WORK to the full extent of the law, regardless of whether or not it is used in LICENSEE's OPERATIONS. Nothing in this Agreement shall be construed to grant to the LICENSOR any ownership or other proprietary interest in the OPERATIONS, whether or not the WORK is used as a part of the OPERATIONS.

10.2 **Copyright.** In all materials and documents where any portion of the WORK appears, the Full DISCLAIMER must be included in the same or larger font as to the text. The shorter Marketing Disclaimer may be used for marketing materials or other documents that only use the trademark. The DISCLAIMER is included herein in Exhibit A. To the extent that the DISCLAIMER is embedded in an electronic product, LICENSEE agrees that it will not alter it or delete it.

10.3 **Trademark.** LICENSEE acknowledges that, "ASAM," "American Society of Addiction Medicine," and "ASAM Logo," are registered trademarks of ASAM and may not be used commercially without prior approval. LICENSOR grants to LICENSEE permission to use "ASAM" as a part of the WORK, with review upon request as set forth in paragraph 3.3 above, and only as necessary to accomplish LICENSEE's purpose as set out in Paragraph 1.3 above. The DISCLAIMER shall be used anytime the WORK is used.

11. **Damages.** In the event that LICENSEE breaches this Agreement, the parties agree that damages will not provide any adequate remedy for LICENSOR. Therefore, in the event of a breach or threat of breach, LICENSOR shall be entitled to seek injunctive relief, in addition to any other relief available at law or in equity.

12. **Disclaimer of Warranties.**

LICENSOR EXPRESSLY DISCLAIMS AND EXCLUDES ALL WARRANTIES (INCLUDING WITHOUT LIMITATION, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) AND REPRESENTATIONS, WHETHER EXPRESS OR IMPLIED, IN RELATION TO LICENSEE'S USE OF THE WORK IN ITS OPERATIONS.

LICENSOR WILL NOT BE LIABLE TO LICENSEE, OR ANY THIRD PARTY FOR LOSS OF PROFITS, LOSS OF USE OR FOR ANY INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES WHETHER BASED UPON A CLAIM OR ACTION OF CONTRACT, WARRANTY, NEGLIGENCE, STRICT LIABILITY OR OTHER TORT, EVEN IF IT IS AWARE OF THE POSSIBILITY THEREOF. LICENSEE AGREES THAT THE ENTIRE LIABILITY OF LICENSOR WILL IN NO EVENT EXCEED AN AMOUNT EQUAL TO THE FEE PAID FOR THE LICENSE.

13. **Disclaimer of Medical Liability.** The WORK is not a substitute for, is not designed to, and does not provide, medical advice. It is a guide for clinicians. Every clinician should use his or her own medical judgment and skill in diagnosing and treating substance use disorders and mental illness. LICENSOR shall not be liable to LICENSEE, training participants, or any other third party if readers of the WORK or patients served by participants trained through the OPERATIONS disregard professional medical advice, or delay in seeking advice, because of something they have read in the WORK or been told by someone associated with the OPERATIONS. LICENSOR shall not be liable to LICENSEE, training participants, or any other third party if LICENSEE or training participants rely on information in the WORK in making diagnosis, or in place of seeking professional medical advice. RELIANCE ON ANY INFORMATION CONTAINED IN THE WORK IS SOLELY AT THE USER'S OWN RISK. Moreover, LICENSOR is not responsible or liable to LICENSEE, training participants, or any other third party for any advice, course of treatment or diagnosis provided by a physician or other health care professional.

14. **Indemnification.** LICENSEE shall defend, indemnify, and hold harmless LICENSOR from and against all liability, demands, damages, expenses, losses, attorney's fees, and costs arising out of or related to the design, implementation, distribution, or use of LICENSEE' OPERATIONS. LICENSOR shall defend, indemnify and hold harmless LICENSEE from and against all liability, demands, damages, expenses, losses, attorney's fees, and costs arising out of or related to any third party claim that the WORK infringes the intellectual property rights of any third party.

15. **Entire Agreement.** This Agreement represents the entire understanding and agreement between the Parties hereto and may be modified or waived only by a separate writing signed by both Parties expressly so modifying or waiving this Agreement.

16. **Severability.** If a term or condition of this Agreement is found by a court or administrative agency to be unenforceable, the remaining terms and conditions will remain in full force and effect.

17. **Governing Law.** This Agreement shall be governed by and construed under and in accordance with the laws of Maryland, excluding its principles governing conflicts of law, and the courts within such jurisdiction shall be the only courts of competent jurisdiction.

18. **Counterparts.** This Agreement may be executed in one or more counterparts (including facsimile copies), each of which, when so executed, constitutes one original and all of which, when taken together, constitutes one and the same Agreement. Electronic signatures shall have the same effect as originals.

19. **Notice.** Any notice, including the notice of material breach and notice of termination, required by this Agreement, may be given by certified mail, overnight courier service, or electronic mail to the name and address specified below:

From LICENSEE to ASAM

Penny S. Mills
American Society of Addiction Medicine
11400 Rockville Pike, Suite 200, Rockville, MD 20852

From ASAM to LICENSEE

JSI Research & Training Institute, Inc.
Rekha Sreedhara
501 South Street, Bow, NH 03304
Rekha_Sreedhara@jsi.com
603.573.3342

LICENSEE

Signature: [signature]
Name: Rekha Sreedhara
Title: Senior Consultant
Date: 11/25/2019

ASAM

Signature: [signature]
Name: Maureen Boyle
Title: Chief of Quality and Science
Date: 11/26/2019

Exhibit A

REQUIRED DISCLAIMER

Full disclaimer:

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Exhibit B

FEE SCHEDULE #1
to the
PERMISSION AGREEMENT
between
(ORGNAME) ("Licensee")
and
AMERICAN SOCIETY OF ADDICTION MEDICINE ("Licensor")

FEE SCHEDULE (to be invoiced semi-annually):

LICENSEE shall pay a license fee, pursuant to Paragraph 7 of the AGREEMENT, calculated according to the trainings delivered by its OPERATIONS as set forth in the FEE SCHEDULE below. LICENSEE acknowledges that any other use is not authorized by this Agreement.

Statements shall be submitted by LICENSEE semi-annually, with statement periods running from January 1 to June 30 and July 1 to December 31, and statements and payment shall be provided within 30 days of the end of each statement period. Each such statement shall report the number of participants and the total amount of fees payable pursuant to this Agreement. Any payments owed by LICENSEE under this Agreement that are made more than ninety (90) days after completion of a training shall accrue a late penalty of one and one-half percent (1.5%) interest per month or the maximum allowable by law, whichever is less.

LICENSEE shall maintain complete and accurate books of account relating to the implementation of its OPERATIONS. LICENSOR or its duly authorized representative shall have the right, at its own expense, upon reasonable prior written notice and during normal business hours, to examine and make extracts from said books of account insofar as they relate to this Agreement. If the LICENSEE is found to have underpaid any sum due to the LICENSOR in accordance with the FEE SCHEDULE, LICENSEE shall pay interest on such unpaid amount which shall accrue from the date payment was originally due at a rate of fifteen percent (15%) per annum through the date when paid in full.

Subsequent acquisitions of any additional content or supplements to the WORK described under this FEE SCHEDULE may be acquired solely through an amendment to this FEE SCHEDULE signed by both the LICENSOR and LICENSEE.

PERMISSION FEE per training

The base licensing fee is calculated at $1.00 per participant, per hour for each training. The following discount schedule should be applied to calculate the permission fee for each training.

Discount Schedule

	HOURS					
PARTICIPANTS	**4 or less**	**5-9**	**10-19**	**20-29**	**30-39**	**40 or more**
Less than 20	0%	5%	10%	15%	20%	25%
20-40	5%	10%	15%	20%	25%	30%
41-60	10%	15%	20%	25%	30%	35%
61 or more	15%	20%	25%	30%	35%	40%

EXHIBIT C

Description of Licensee's Operations

Name(s) of Training(s): Treating Addiction Together Project ECHO

Format: Videoconference

Description:

Project ECHO (Extension for Community Healthcare Outcomes) is a guided-practice model that aims to increase workforce capacity by sharing knowledge. Specialists meet regularly with providers in local communities via videoconferencing to increase knowledge and skills for the delivery of specialty care services. The ECHO model™, developed at the University of New Mexico Health Sciences Center, does not actually provide care directly to patients. Instead, it provides front-line clinicians with the knowledge and support they need to manage patients with complex conditions in the patients' own communities.

The NH Center for Excellence, a project of JSI facilitates a Project ECHO, Treating Addiction Together ECHO virtual platform to bring providers together to form a network and increase understanding and utilization of ASAM criteria through case based learning. The has been developed with a goal to increase provider use of ASAM criteria in clinical decision-making so that patients with substance use disorder in New Hampshire receive the care they need and that which is appropriate for them.

Anticipated Trainings: 18 one hour sessions

Approximate Date	Hours of Training	Estimated Participants	Location
10/24/19-6/18/20	18 hours	30 participants per session (same participants attending each session)	Virtual

EXHIBIT D

Principal Requirements of Training Agreements

To be in compliance with the Permission Agreement, each Training Agreement entered into by you or any of your distributors must contain the following elements in a form appropriate to the laws in the jurisdiction in which the Product is to be used. Other provisions may be added so long as they do not conflict with your license with ASAM, and as long as they do not expose ASAM to any liability or jeopardize any of ASAM's rights, including copyright or trademark rights. The Training Agreement must:

1. Prohibit distribution, publishing, translating, or transferring possession of the training materials.
2. State that the training participants may not make copies of the WORK without permission from ASAM.
3. Paragraphs 13 and 14 of the Permission Agreement must be included in their entirety in any Training Agreement, replacing "LICENSOR" with "The American Society of Addiction Medicine" for clarity.