



Ohio Systems of Care Project ECHO for Multi-System Youth

Final Evaluation

August 2021

Table of Contents

Executive Summary	2
Introduction	5
Methods	6
GRC MSY ECHO Evaluation Results	8
Participant Description	8
Session Attendance.....	8
Participant System of Care.....	9
Participant Geographic Locations	10
Social Media Analytics	10
Case Presentations	14
Case Presentation Geographic Locations	14
Case Presentation Demographics.....	14
Post-Session Survey Results	17
Survey Demographics	17
Services for Medicaid Beneficiaries	19
Survey Item Results.....	19
Case Presenter Survey Results	25
Counties Represented in Responses.....	25
Benefits of Presenting a Case	26
Survey Item Results.....	27
Annual Survey Results	30
Counties Served by Respondents	30
Survey Demographics	30
Services for Medicaid Beneficiaries	32
Survey Results for Case Presenters.....	33
Survey Results for all Participants.....	34
Discussion	42
Conclusion	44
Appendix A: Post Session Survey	45
Appendix B: Case Presenter Survey	47
Appendix C: Overall Impact Survey	49
Appendix D: Post-Session Survey Participant Responses by System of Care	51
Appendix E: YouTube Engagement: Views of Didactic Presenters	56

Executive Summary

Purpose

The purpose of this evaluation is to report on the impact of the MedTAPP Ohio Systems of Care Project ECHO® for Multi-System Youth (MSY ECHO) on session attendees and case presenters in State Fiscal Year (SFY) 2021.

Session Attendance

Between July 2020 and June 2021, 46 MSY ECHO sessions and 44 case presentations were completed. The project had a total MSY ECHO session attendance of 1,980 individuals. Session attendance ranged from 30-58 participants with a mean of 42 participants per session. A majority (80%) of the 436 distinct participants who attended MSY ECHO sessions in SFY 2021 attended between one and five sessions. Participants came from 60 Ohio counties and were primarily affiliated with behavioral health, developmental disabilities, and Family and Children First Council (FCFC) systems of care. All MSY ECHO session participants July 2020-May 2021 were asked to complete an online survey following each session.

Case Presentations

Forty-four (44) case presentations addressed youth with complex needs aged six to 22 years old. Cases primarily involved the FCFC, education and behavioral/mental health systems of care. Each case had multiple diagnoses ranging from two to 19 per case. Diagnosis categories most often reported were general behavioral health, intellectual and developmental disabilities, physical health, ADHD, and neurological. Key themes from the priority case presenter questions for the MSY ECHO learning community include recommendations for:

- 1) Evaluation, assessment, monitoring, treatment, and medication options
- 2) Supports and resources for the family
- 3) Behavior management
- 4) Mitigating health and safety concerns
- 5) Stabilizing and supporting the youth and meeting their needs

Case presenters were asked to complete an online survey two months post session date.

Results

Of the 443 participant post session surveys completed after each MSY ECHO session during SFY 2021, a majority of respondents reported that the session enhanced their knowledge on the topic, was relevant to their work, and helped identify potential supports and/or resources for the youth/family, although there was some variation across system of care. Most respondents found case discussions and hub expert recommendations valuable to their work.

Case presenter surveys were sent two months after the case presentation to ensure the teams had time to act on the recommendations provided. Thirty-two (32) case presenter surveys were completed. The survey revealed that:

- Ninety-three (93%) percent of survey respondents reported having used the recommendations provided by the MSY ECHO.
- The vast majority of the survey respondents found that the most beneficial aspect of presenting a case was either 1) the specific recommendations received, 2) the availability of the experts, or 3) the general discussion and processing.

Of the total MSY ECHO distinct participants, 61 (14%) also completed a survey reporting on the overall impact of the SFY 2021 sessions. Results of the annual survey showed overwhelmingly positive responses from survey respondents:

- Seventy-three percent (73%) of respondents reported directly applying knowledge from MSY ECHO sessions to complex cases in their practice and increasing their ability to serve multi-system youth.

Of note, individuals who did not present a case reported attending more sessions than case presenters.

Discussion and Conclusion

The MSY ECHO sessions reached across multiple systems of care to deliver didactics and case presentations to an average of 43 participants each week. FCFC, Education, and Behavioral/Mental Health and Addiction were the systems most often involved with the cases presented. Attendance was primarily affiliated with the Behavioral Health, DD, and FCFC systems. Systems with lower attendance may benefit from targeted marketing and recruitment in SFY 2022, including system-specific outreach by a trusted voice from within the system of care.

The survey results across post-session, case presenter, and annual surveys were overwhelmingly positive and show encouraging findings in learning opportunities and changes in clinical practice. Results indicate that the sessions were particularly helpful to those working in the child welfare system, and there might be opportunities to provide targeted support to the other systems of care. Case presenter survey results showed high satisfaction with the elements of the ECHO process, and found recommendations to be effective in helping with the case. Some respondents identified the opportunity to enhance team roles and ensure support for the case presentation teams after completing the MSY ECHO presentation, such as encouraging coordination with the presentation team and local FCFC/DD regional coordinators.

A high proportion of early career annual survey respondents indicates that the project is reaching the target audience of professionals who are learning or newer to their roles. Participants who did not present a case had higher attendance and rated the project higher

than those who presented a case. Participation in the learning community as a non-presenter may be especially beneficial to professionals, and those professionals presenting cases may benefit from encouragement to join additional sessions.

In SFY 2021, the MedTAPP Ohio Systems of Care Project ECHO® for Multi-System Youth was exceedingly successful in establishing a learning community, educating professionals, and supporting individual cases of youth with complex needs despite the entirety the SFY 2021 MSY ECHO sessions being conducted during a global pandemic. Weekly sessions will continue in SFY 2022, and the results contained in this report will be used to support SFY 2022 programming and evaluation including creating additional marketing materials to be used in targeted participant recruitment for underrepresented systems of care and development of an online toolkit of resource recommendations to share with the Project ECHO® community.

Introduction

Background

The Project ECHO (Extension for Community Healthcare Outcomes) Model™ is a case-based learning and mentorship model. The MedTAPP Ohio Systems of Care Project ECHO® for Multi-System Youth Project (MSY ECHO) was launched in State Fiscal Year (SFY) 2021 to assist the Ohio Department of Medicaid (ODM) in providing efficient and effective administration of the Medicaid program. The project is co-sponsored by ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and in collaboration with the Ohio Department of Developmental Disabilities (DODD) to support youth with complex needs that cannot be met by a single state department. The Ohio Colleges of Medicine Government Resource Center (GRC) provided overall project management, administration and evaluation support for the project. GRC subcontracted with Northeast Ohio Medical University (NEOMED) to manage and deliver weekly teleECHO™ trainings and Case Western Reserve's (CWRU) Center for Innovative Practices (CIP) to facilitate the teleECHO™ sessions. NEOMED and CWRU CIP engaged with five sponsor-identified hub clinical experts to implement 46 case-based tele-mentoring sessions to professionals across Ohio involved in the care and coordination of multi-system youth (MSY) in state fiscal year (SFY) 2021.

Purpose

The purpose of this evaluation is to report on the impact of the MedTAPP Ohio Systems of Care Project ECHO® for Multi-System Youth on session attendees and case presenters in SFY 2021.

Methods

Design

The evaluation of MSY ECHO activities during SFY 2021 was designed in collaboration with the three state agency partners to evaluate the participation and perspectives of the MSY ECHO learning community, teams presenting cases at the MSY ECHO sessions, and public engagement. The design utilized both quantitative and qualitative program evaluation strategies and consisted of six main sources of data: 1) session attendance demographics, 2) social media analytics, 3) case consultation data, 4) post-session participant survey, 5) case presenter survey, and 6) annual survey.

Data collection

Session attendance

Attendance was recorded at each MSY ECHO session throughout the year. Attendance was tracked to determine the number of unique participants who joined each month. Participant system of care representation was self-reported and participants could select one or more system of care. The geographic location of each participant was also recorded.

Social media

Social media analytics were collected from GRC, NEOMED, and the Wraparound Ohio Session Didactic views on YouTube.

Case consultation

Data on county, system of care, demographics, and priority questions for case consultation was collected for each case presentation.

Post-session participant survey

An invitation to complete a post-session survey was sent to participants one day after each MSY ECHO session. The post-session survey data included information about professional affiliation, system of care, services to Medicaid beneficiaries, and questions to assess satisfaction with the information and format of the MSY ECHO session as well as self-reflection on knowledge gained relevant to their professional practice. See Appendix A for a copy of the survey.

Case presenter survey

Each case presenter was invited to complete a survey two months after completing a case presentation during the MSY ECHO session. The delay was intended to ensure that case presenters had time to begin implementation of recommendations after the session. The survey collected quantitative and qualitative data from case presenters. County of practice was collected from each respondent. Data on the most beneficial aspect of presenting a case was collected, along with responses to survey questions on the use, utility, and impact of recommendations, and communication with the support team. See Appendix B for a copy of the survey.

Annual survey

Each unique participant in the MSY ECHO learning community who attended at least one session over the past year received an invitation to complete the annual survey to measure overall impact of participation. The survey collected quantitative and qualitative data from participants. The first section collected participant system of care, role, tenure, county of practice, and whether the participant provides services to Medicaid beneficiaries. For participants who provided case presentations in the past year, data was collected on use and effectiveness of recommendations and barriers to implementation of recommendations. For all participants, including case presenters, data was gathered on the number of sessions attended, reasons for attending or not attending sessions, and contributions to questions and recommendations in the session. Data on anticipated or realized changes in practice, anticipated barriers, and benefits of participation in the learning community were also collected. See Appendix C for a copy of the survey.

Data analysis

Quantitative survey data were analyzed using descriptive statistics, including means, medians, and frequencies. The goal of the quantitative analysis was to assess participation and satisfaction with the format of the MSY ECHO session and information that was provided (didactic content, case presentation discussion, and recommendations). Responses to the post-session survey were analyzed after each session to provide the project team with a description of the session participants (e.g., provider type, system of care represented, etc.), and to review participant feedback and suggestions for future topics of interest. Case presenter surveys were analyzed to identify aspects of the MSY ECHO session that were most/least useful to the case presenters, assess the extent to which they were able to implement session recommendations in their practice, track if follow-up meetings and support occurred, as well as track which counties were impacted by the project. Finally, annual survey data from all MSY ECHO session participants and case presenters were analyzed to assess the impact of the MSY ECHO project on the workforce that serves multi-system youth in Ohio, including practice changes and quality of care. Sub-analyses were conducted to determine if differences existed in overall impact. For example, data was analyzed to determine if differences in session feedback exist between participants who presented cases and those who did not present cases.

GRC analyzed open-ended narrative responses from each of the three surveys and case consultation forms using a modified Grounded Theory thematic analysis approach. Responses were entered into ATLAS.ti software and analyzed by one GRC staff member with expertise in qualitative analysis. Specifically, GRC used an inductive approach to code the raw narrative responses, categorize similar codes into groups, and define any overall themes that emerged from the data to explain the findings of the open-ended responses.

GRC MSY ECHO Evaluation Results

Participant Description

Session participants were recruited through the MSY systems of care to attend MSY ECHO sessions as an opportunity to learn more about caring for youth with complex needs through didactic and case presentations. Participants were encouraged to join more than one session to build their knowledge base. Case presenters were invited to present during the MSY ECHO sessions through a standard process. Prospective case consultations were referred by Family and Children First Council (FCFC) coordinators to FCF Regional Liaisons for triage and then forwarded for scheduling with System of Care (SOC) ECHO experts.

Session Attendance

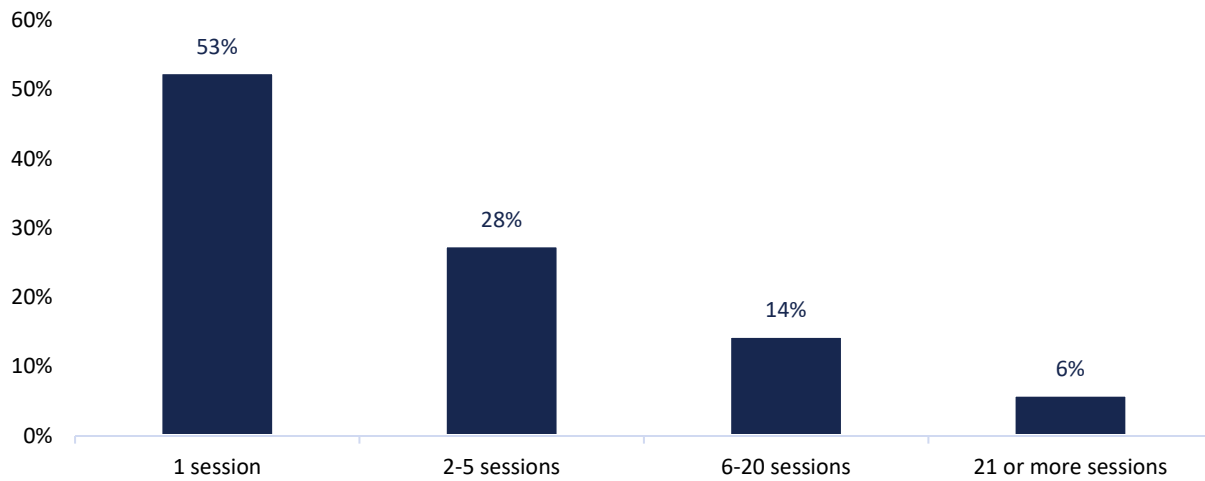
Forty-six (46) MSY ECHO sessions and 44 case presentations were completed between July 2020 and June 2021. MSY ECHO sessions had, on average, 42 attendees per session. Attendance ranged from 30-58 participants in each session over the course of the year. The number of new distinct participants in the month fluctuated over the year, with a high of 61 new participants, and a low of 14. By the end of SFY 2021, 436 unique participants were reached (see Table 1).

Table 1. MSY ECHO Session Attendance

Session Month	# Sessions	Attendance Range	Attendance Mean	New Distinct Participants
July	2	38-44	41	61
August	4	35-46	42.3	50
September	4	33-52	38.3	42
October	5	34-49	40.8	34
November	3	30-48	37.3	21
December	3	38-42	39.3	24
January	4	33-47	42	34
February	4	39-47	44.3	37
March	4	34-40	37.5	14
April	5	49-58	53.2	48
May	4	38-51	45.5	31
June	4	48-56	50.5	40
Total	46	30-58	42.6	436

Individual participant attendance ranged from one to 44 sessions in the period July 2020-June 2021 with median attendance of one session. The majority of MSY ECHO participants (229 individuals or 52.5%) attended only one session. Around 28 percent (27.5%), or 120 MSY ECHO participants, attended between two and five sessions. Figure 1 shows participant attendance details.

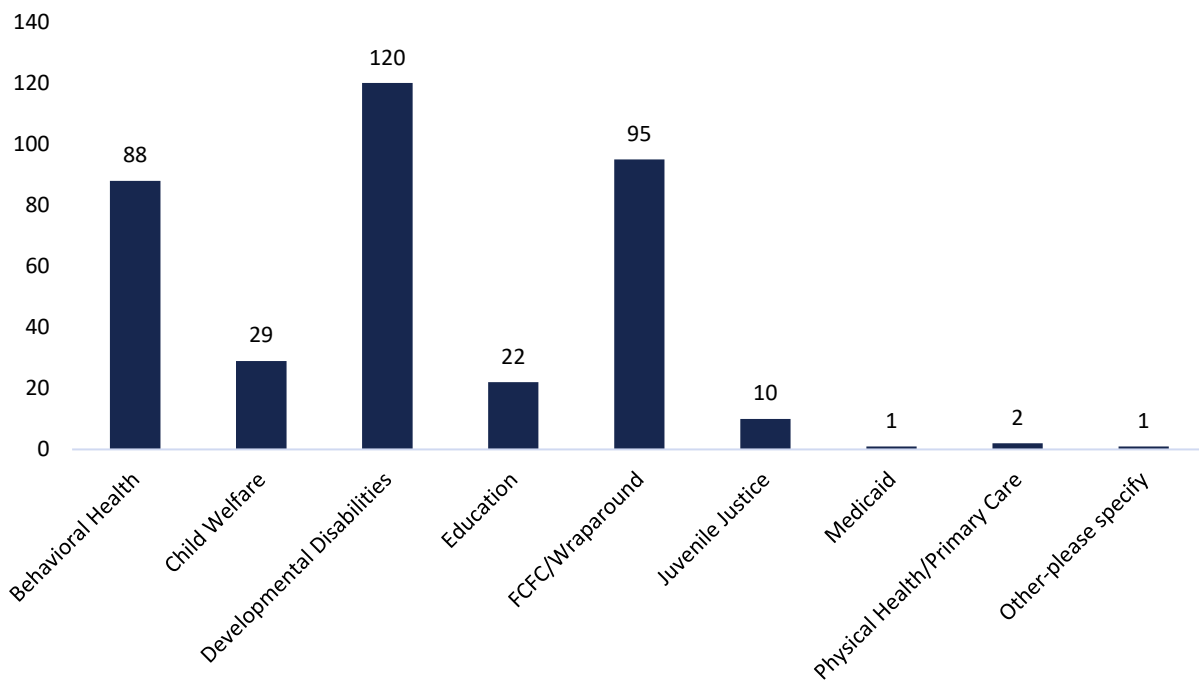
Figure 1: Number of Sessions Attended by Distinct Participants (n=436)



Participant System of Care

The MSY ECHO sessions reached across multiple systems of care, but the participants were primarily affiliated with the developmental disabilities (n=120), family and children first council (FCFC) (n=95), and behavioral health (n=88) systems. A smaller proportion of participants were from child welfare (n=29), education (n=22), juvenile justice (n=10), physical health/primary care (n=1), and Medicaid (n=1). Sixty-eight distinct participants did not report their system of care. See Figure 2 for a depiction of these results.

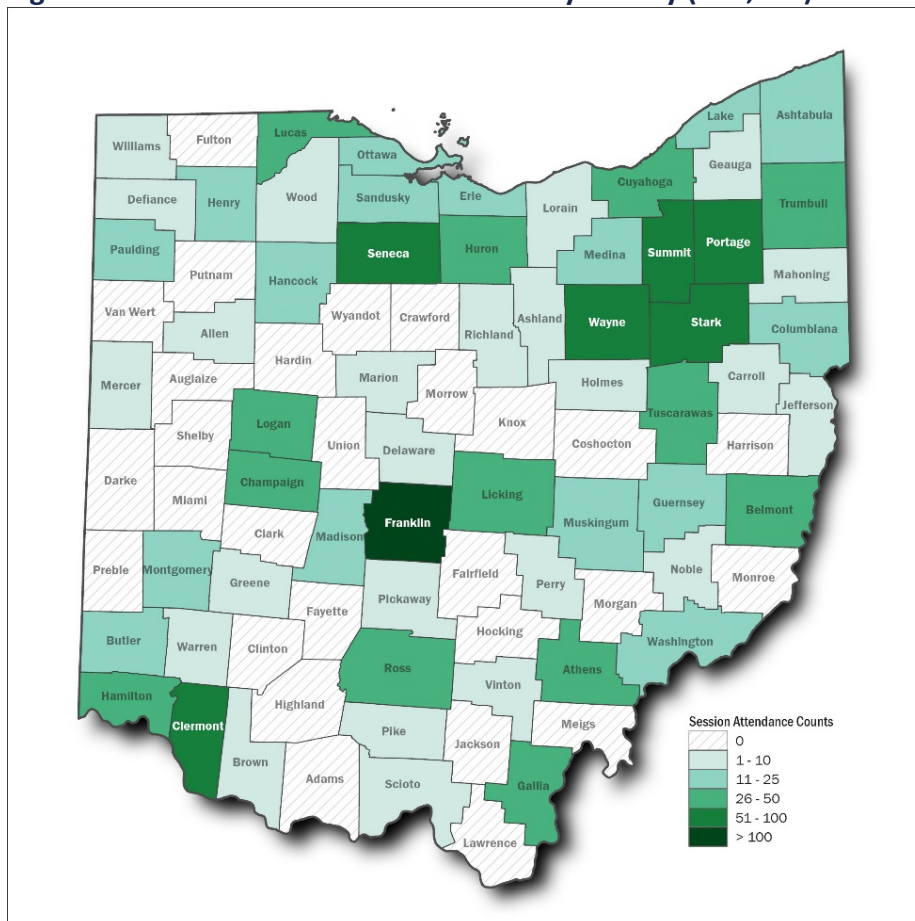
Figure 2. Percentage of Distinct Participants from Each System of Care (N = 368)



Participant Geographic Locations

Figure 3 displays the geographic locations of MSY ECHO participants during SFY21. The figure depicts all MSY ECHO session attendance over the year. Attendance is fairly well spread out across the state, including coverage of Appalachian counties, and more attendance across the Northeast Ohio region. Franklin County had the highest attendance count in SFY21.

Figure 3. MSY ECHO Session Attendance by County (n=1,980)



Social Media Analytics

Twitter and YouTube engagement are detailed in Tables 2-3. GRC tweets were posted at the beginning and end of each month to promote the MSY ECHO sessions. Tweets in January, February, March, and June around the topics of suicide, substance use disorder, and resilience had the highest numbers of impressions and engagements compared to other months. Table 2 details the Twitter content and engagement through July 20, 2021.

Table 2. Twitter Engagement: GRC Monthly Tweets

	Content	External Link	Impressions	Engagements	Likes	Retweets
August	Review of August Didactics Topic: Education	YouTube Link (40 clicks)	402	14	2	1
	Upcoming in September	Link to wraparound site	365	7	1	0
September	Review of September Didactics Topic: Psychiatric Medications	YouTube Link (21 clicks)	414	7	1	1
	Upcoming in October	Link to wraparound site	370	18	4	1
October	Review of October Didactics Topic: Various*	YouTube Link (28 clicks)	365	6	2	1
	Upcoming in November	Link to wraparound site	375	8	2	1
November	Review of November Didactics Topic: Gender & Sexuality	YouTube Link (53 clicks)	508	18	5	1
	Upcoming in December	Link to wraparound site	540	6	4	1
December	Review of December Didactics Topic: Youth & Family Supports	YouTube Link (32 clicks)	327	9	4	0
	Upcoming in January	Link to wraparound site	425	10	5	1
January	Review of January Didactics Topic: Transition Aged Youth	YouTube Link (36 clicks)	347	6	4	1
	Upcoming in February	Link to wraparound site	1600	31	5	2
February	Review of February Didactics Topic: Suicide	YouTube Link (46 clicks)	484	8	4	1
	Upcoming in March	Link to wraparound site	1289	19	5	2
March	Review of March Didactics	YouTube Link (44 clicks)	1470	32	5	4

	Topic: Substance Use Disorders					
	Upcoming in April	Link to wraparound site	316	5	3	1
April	Review of April Didactics	YouTube Link (21 clicks)	355	3	1	0
	Topic: Nutrition					
	Upcoming in May	Link to wraparound site	495	6	4	2
May	Review of May Didactics	YouTube Link (28 clicks)	751	10	5	0
	Topic: Sensory Issues					
	Upcoming in June	Link to wraparound site	961	24	6	2
June	Review of June Didactics	YouTube Link (38 clicks)	1482	28	7	5
	Topic: Resilience					

Impressions: Number of times the tweet was seen

Engagements: Number of times someone interacted with the tweet

**Various topics include: Cultural issues, differential diagnoses, dual diagnosis, genetic disorders, & juvenile detention*

The didactic portion of each MSY ECHO session was recorded and posted on the Wraparound Ohio website. Table 3 details the didactic topics and view count of SFY21 YouTube recordings that received the most views as of July 13, 2021. The top five most viewed didactic topics were an Overview of Project ECHO, Evaluation and Re-evaluation in Special Education, Psychopharmacology and Polypharmacy, Support Groups: MSY Youth & Parents, and Comorbidity in Prenatal Alcohol Exposure. Number of views reported for some videos may be contingent on date of the didactic presentation. The complete list of SFY21 didactic presentation recordings on YouTube and corresponding view counts can be found in Appendix E.

Table 3. YouTube Engagement: Top Views of Didactic Presentations

Session	Didactic Topic	Views
7/23/2020	Overview of Project ECHO	97
8/13/2020	Evaluation and Re-evaluation in Special Education	79
9/3/2020	Psychopharmacology and Polypharmacy	79
12/10/2020	Support Groups: MSY Youth & Parents	72
3/11/2021	Comorbidity in Prenatal Alcohol Exposure	70
11/5/2020	Supporting LGBTQIA+ Youth	64
10/15/2020	Dual Diagnosis	59
7/30/2020	Pharmacogenomics	56

5/27/2021	Sensory Sensitive Considerations & Supports for the Home	51
8/20/2020	“Other” Supports in Special Education	47
8/6/2020	Special Education	44
10/22/2020	Genetics in Intellectual Disability	41
10/29/2020	Juvenile Detention Alternative Initiative	41
2/4/2021	Suicide: Screening and Risk Assessment	41
11/12/2020	LGBTQ+ Services and Supports	40
5/6/2021	Sensory Integration & Sensory Diet	40
11/19/2020	Healthy Relationships, Sexuality, and Development	39
10/8/2020	Differential Diagnosis	37
9/24/2020	Monitoring	36
8/27/2020	Non-traditional Placements in Special Education	35

number of systems involved per case was 3.7. The top three systems of care involved in cases were FCFC, education, and behavioral/mental health and addiction. See Table 4 for full details on case system of care involvement.

Table 4. System Involvement Demographics for Cases (n=44)

System of Care	Number of Cases	Percent of Cases
FCFC	38	86%
Education	37	84%
Behavioral/Mental Health and Addiction	33	75%
Developmental Disabilities	21	48%
Child Welfare	17	39%
Juvenile Justice	15	34%

Nearly 60% of cases were male and nearly 40% were female. One youth identified as transgender male. See Table 5 for complete information on gender demographics for the cases.

Table 5. Gender Demographics for Cases (n=44)

Gender	Number of Cases	Percent of Case
Male	25	59.1%
Female	17	38.6%
Transgender Male	1	2.3%
Transgender Female	0	0%

A majority of cases were youth who are White followed by youth who are Black. See Table 6 for complete racial and ethnic demographics for the cases.

Table 6. Racial/Ethnic Demographics for Cases (n=44)

Race/Ethnicity	Number of Cases	Percent of Cases
White	32	72.7%
Black	9	20.5%
Hispanic	1	2.3%
More than one race	2	4.5%

Each case had multiple diagnoses ranging from two to 19 diagnoses. The top five categories of diagnoses observed in cases were general behavioral health diagnoses (other than ADHD, depression, and anxiety), intellectual and developmental disabilities (other than autism), physical health diagnoses, ADHD, and neurological diagnoses. See Table 7 for complete diagnosis category information for the cases.

Table 7. Frequency of Diagnoses Observed in Cases (n=43)

Diagnosis Category	Number of Reported Diagnoses
Other Behavioral Health Diagnoses	82
Other Intellectual and Developmental Disabilities Diagnoses	31
Physical Health Diagnoses	29
ADHD	28
Neurological Diagnoses	24
Autism	13
Depression	10
Anxiety	9
Substance Use Disorders	6

Each case presentation team provided their priority questions for the MSY ECHO sessions on a case consultation form to be presented for discussion at the session. During SFY 2021, 12 overall themes emerged around the types of priority questions submitted by case presentation teams. The top five most frequent themes of questions asked were wanting recommendations 1) for evaluation, assessment, monitoring, treatment, and medication options, 2) on supports and resources for the family, 3) for behavior management, 4) for health and safety concerns, and 5) to stabilize and support the youth and to meet their needs. See Table 8 for the complete list of these themes in order of the density of the questions asked.

Table 8. Themes of Priority Questions for MSY ECHO Consultation

Themes of Priority Questions	Density of Questions under Theme
Evaluation, assessment, monitoring, treatment, and medication options	36
Supports and resources for the family	18
Behavior management strategies	14
Mitigating health and safety concerns	13
Stabilizing and supporting the youth and meeting their needs	12
Increasing engagement in family and youth in care	8
Supporting youth and family for a safe return to home that is sustainable	7
Crisis planning	6
Addressing trauma	6
Improving family communication and dynamics	6
Keeping the youth in the home in the least restrictive environment	4
Managing relationships between our team, other interdisciplinary professionals, and the family	3

Post-Session Survey Results

Four hundred forty-three (443) post-session surveys were completed by MSY ECHO session participants across SFY 2021 out of a possible 1,793, based on the total number of session participants who were sent surveys from July through May (the fielding period for the post-session surveys). Therefore, the overall survey response rate for post-session surveys was 24.7% in SFY 2021. The response rate ranged from 14.7% to 37.8% over the course of the fiscal year for individual post-session surveys. See Table 9 for full details.

Table 9. Post-Session Survey Response Rate

Session Month	Total Number of Session Participants	Total Number of Post-Session Survey Respondents	Response Rate
July	82	31	37.8%
August	170	38	22.4% ¹
September	153	27	17.6%
October	204	30	14.7% ²
November	112	21	18.8%
December	118	37	31.4%
January	172	56	32.6%
February	180	44	24.4%
March	150	43	28.7%
April	270	74	27.4%
May	182	42	23.1%
June	202	n/a ³	n/a ³
TOTAL		443	24.7%

¹This month had 1 session that included 2 case presentations

²This month had 3 sessions without case presentations

³Post-Session Survey was not administered in June due to Annual Survey distribution

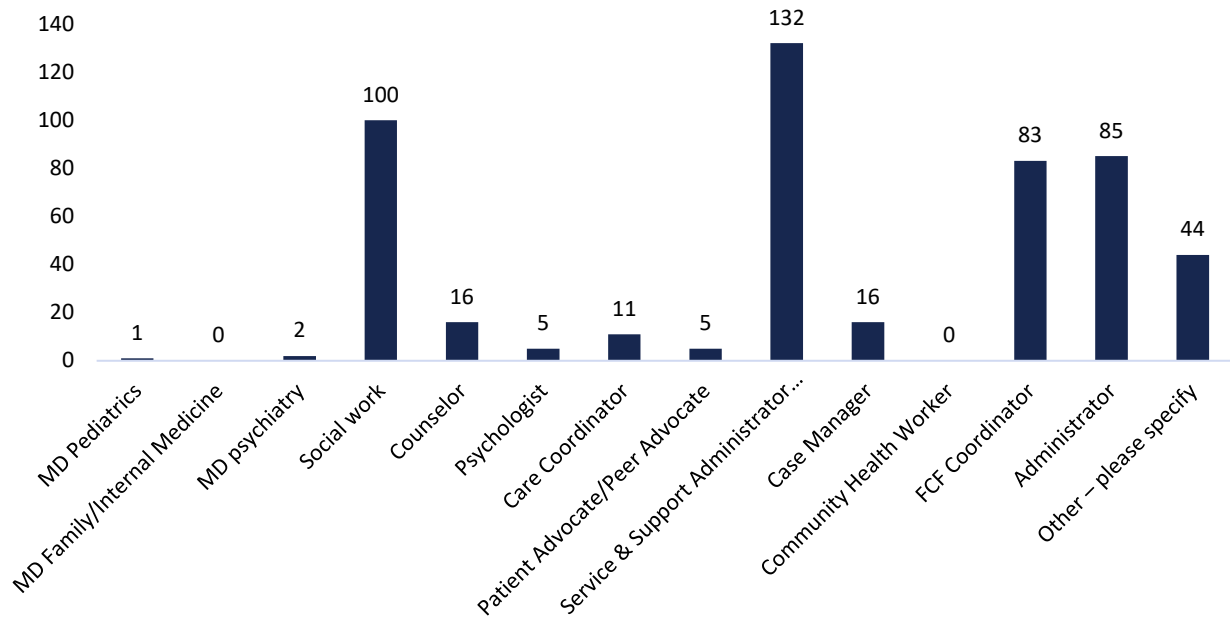
The frequency of individual participant survey participation ranged from one to 14 survey responses during the period of September 2020-May 2021 with a median survey response of one. The majority of unique MSY ECHO survey participants (64 individuals or 59.8%) submitted only one post-session survey, indicating that the survey results in Figure 4 represent unique individual perspectives and not the same individuals providing repeated responses after each session.

Survey Demographics

Post-session surveys completed by participants were affiliated largely with Service and Support Administrators (SSA), social workers, administrators, and FCFC professions. The lowest number of survey responses were from Community Health Workers (CHWs), physicians, psychologists, and patient advocate/peer advocate. Other professional affiliations included clinical medicine,

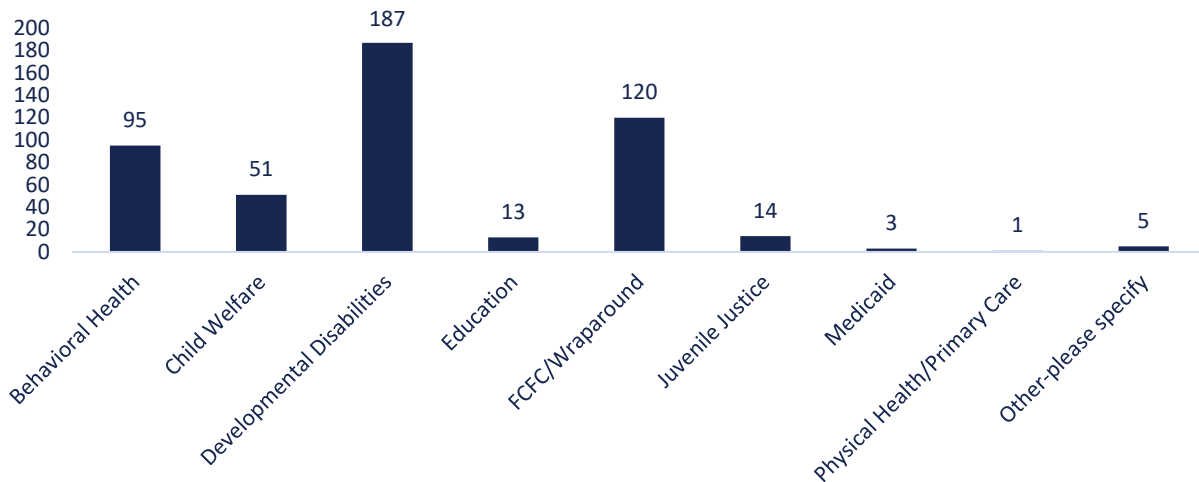
law, public health, state program administration, and community engagement, behavior support, or family support specializations. See Figure 5 for full details.

Figure 5. Total Post-Session Survey Responses by Professional Affiliation



Of the survey responses, 93% were affiliated with the systems of DD, FCFC, or Behavioral Health systems. Therefore, the survey responses below largely represent the experiences of participants in those systems. The survey responses are less representative of the other systems of care in Ohio, including Justice, Education, Medicaid and Physical Health/Primary Care. See Figure 6 for the full breakdown of the systems of care represented in the survey responses.

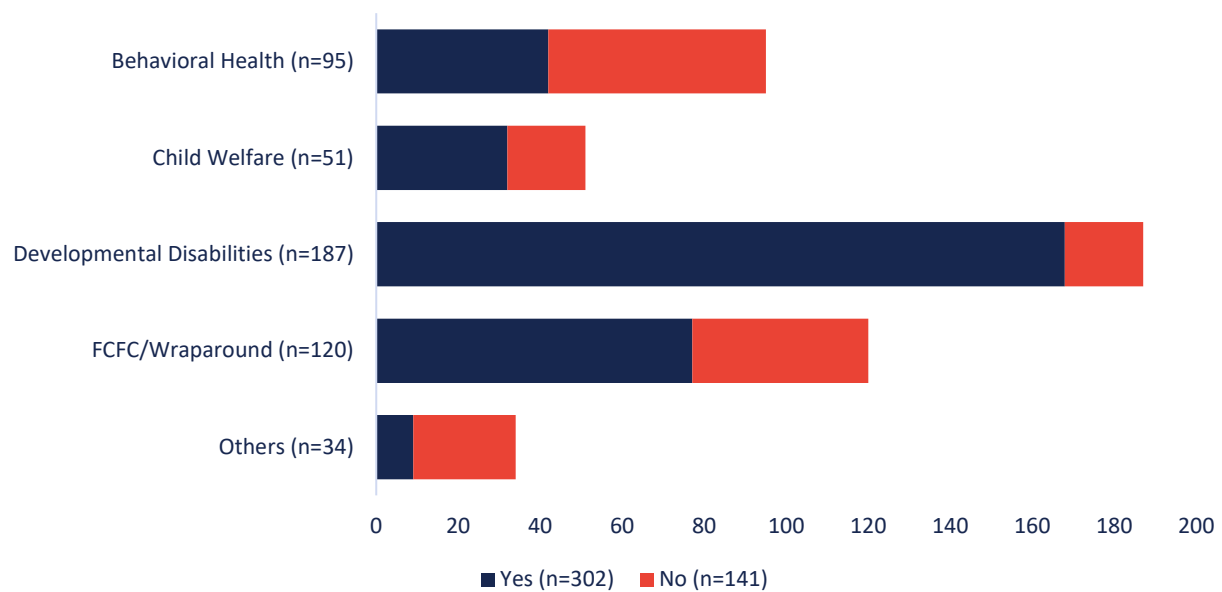
Figure 6. Total Post-Session Survey Responses by System of Care



Services for Medicaid Beneficiaries

Figure 7 shows the proportion of participant survey responses that reported providing services to Medicaid beneficiaries. Overall, 68.2% of survey respondents reported providing care to Medicaid beneficiaries. The highest proportion of respondents who provide care to Medicaid beneficiaries were affiliated with the DD system at 89.8% of survey responses, well above the average. Only 44.2% of respondents affiliated with Behavioral Health and 26.5% of respondents categorized as “Other” served Medicaid beneficiaries. The “Other” category includes Education, Juvenile Justice, Medicaid, Physical Health/Primary Care, and people who self-identified as “other” (ex. Dietician, Fetal Alcohol Spectrum Disorder Education, County Board), and likely contains a large percentage of non-clinical participant survey responses.

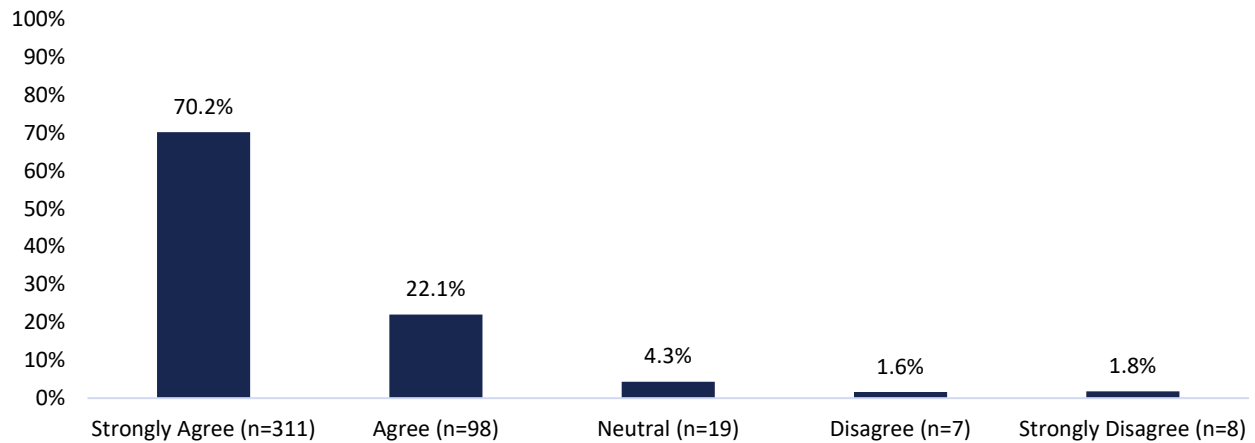
Figure 7. Post-Session Survey Participant Responses to “Do you provide services to Medicaid beneficiaries?”



Survey Item Results

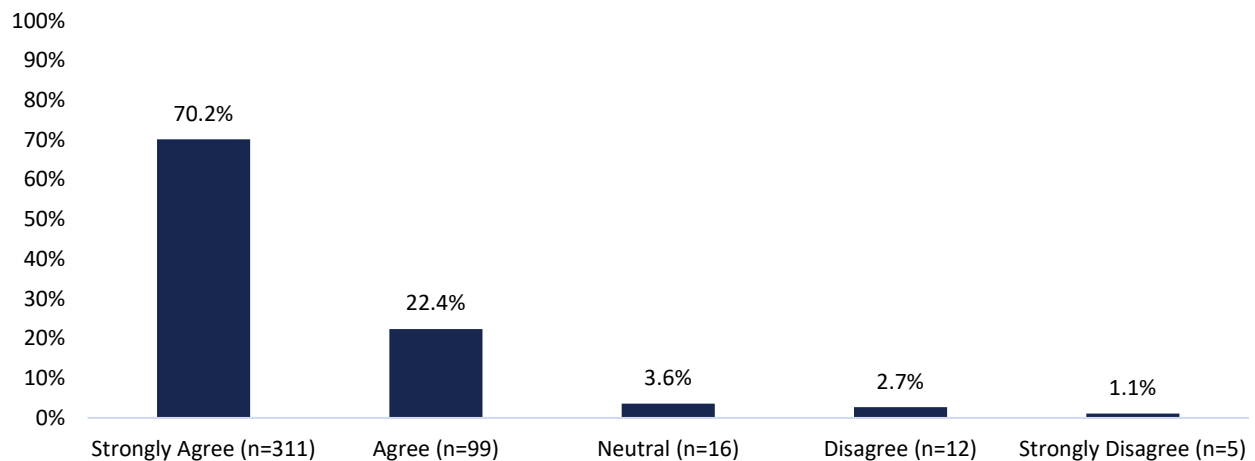
Post-session surveys were collected after each MSY ECHO session and are presented in aggregate below. Survey respondents reported very high ratings for the MSY ECHO sessions, overall and across the systems of care. Ninety two percent (92%) of post-session surveys indicated that respondents strongly agreed or agreed that “the didactic presenter used an engaging presentation style” (Figure 8). Only 3% of survey respondents disagreed or strongly disagreed. See Appendix D for survey responses by system of care.

Figure 8. Post-Session Survey Participant Responses to “The didactic presenter used an engaging presentation style” (n=443)



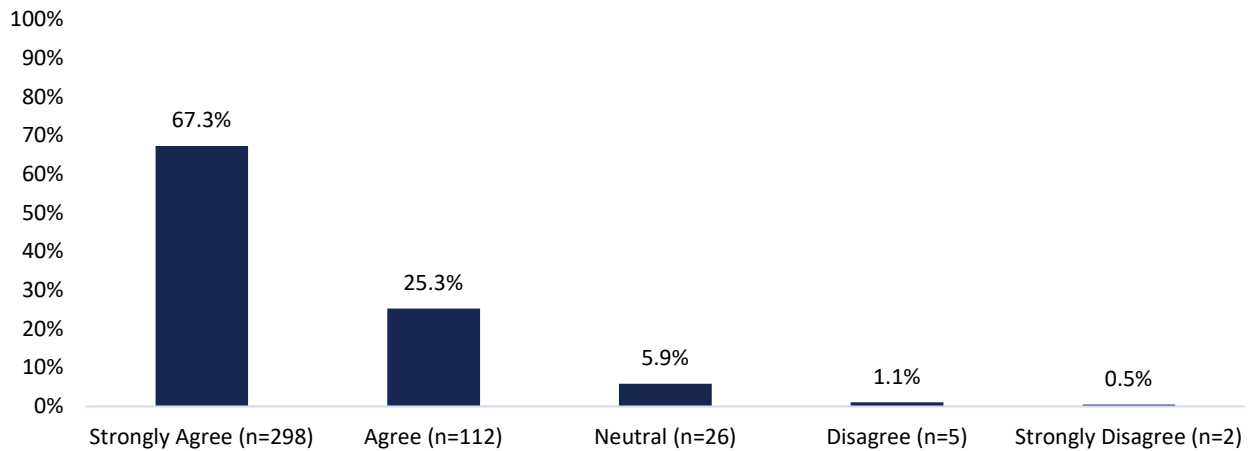
Ninety-three percent (93%) of survey respondents strongly agreed or agreed that the didactic presentation enhanced their knowledge, whereas four percent (4%) of survey respondents disagreed or strongly disagreed (Figure 9).

Figure 9. Post-Session Survey Participant Responses to “The didactic presentation enhanced my knowledge of the topic” (n=443)



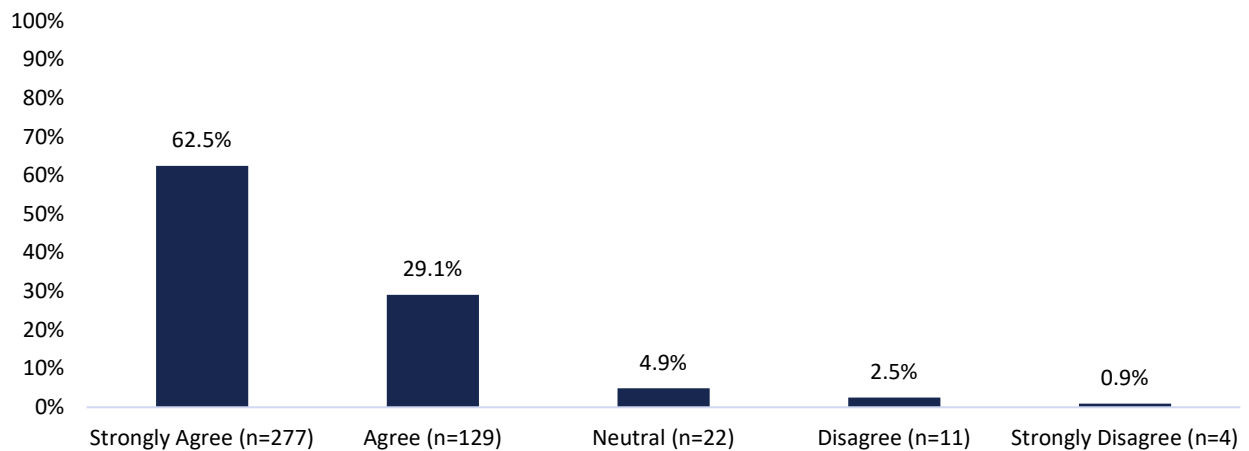
Survey responses to the “case presentation was relevant to my current or potential scope of practice” reflect that 94% of survey respondents strongly agreed or agreed with this statement, whereas 2% disagreed or strongly disagreed (Figure 10).

Figure 10. Post-Session Survey Participant Responses to “The case presentation was relevant to my current or potential scope of practice” (n=443)



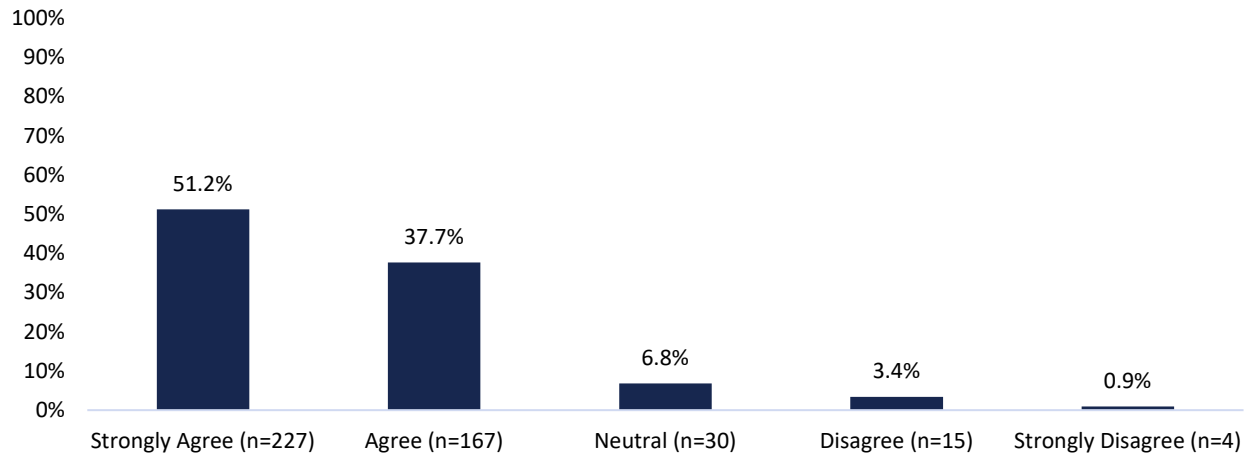
Ninety-two percent (92%) of survey respondents agreed or strongly agreed that the content of the case presentation added value to their overall knowledge about the topic, whereas three percent (3%) disagreed or strongly disagreed (Figure 11).

Figure 11. Post-Session Survey Participant Responses to “The content of the case presentation added value to my overall knowledge about this topic” (n=443)



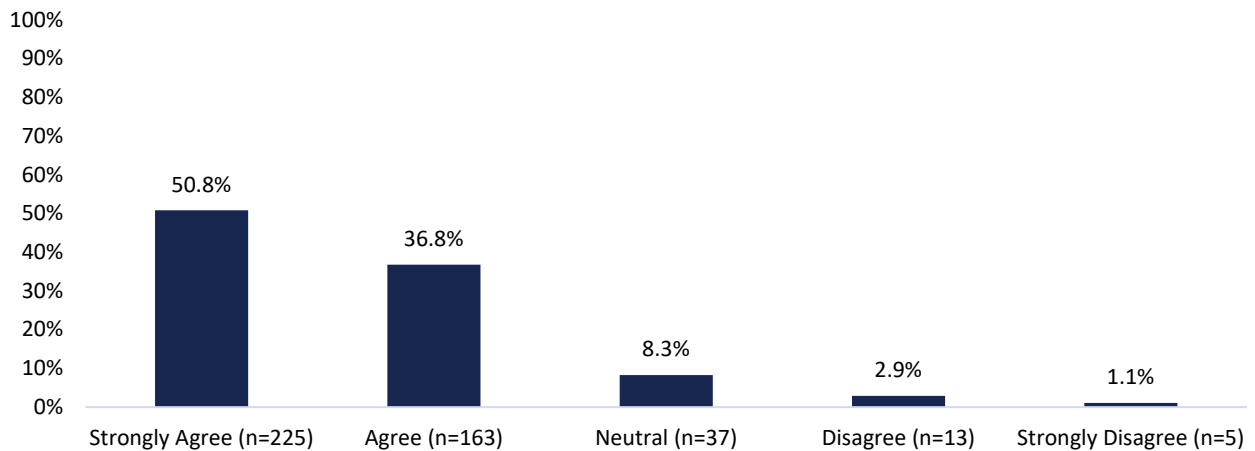
Eighty-nine percent (89%) of survey respondents strongly agreed or agreed to the statement “This session gave me new ideas to use with youth and families” (Figure 12). Four percent (4%) of survey respondents disagreed or strongly disagreed.

Figure 12. Post-Session Survey Participant Responses to “This session gave me new ideas to use with youth and families” (n=443)



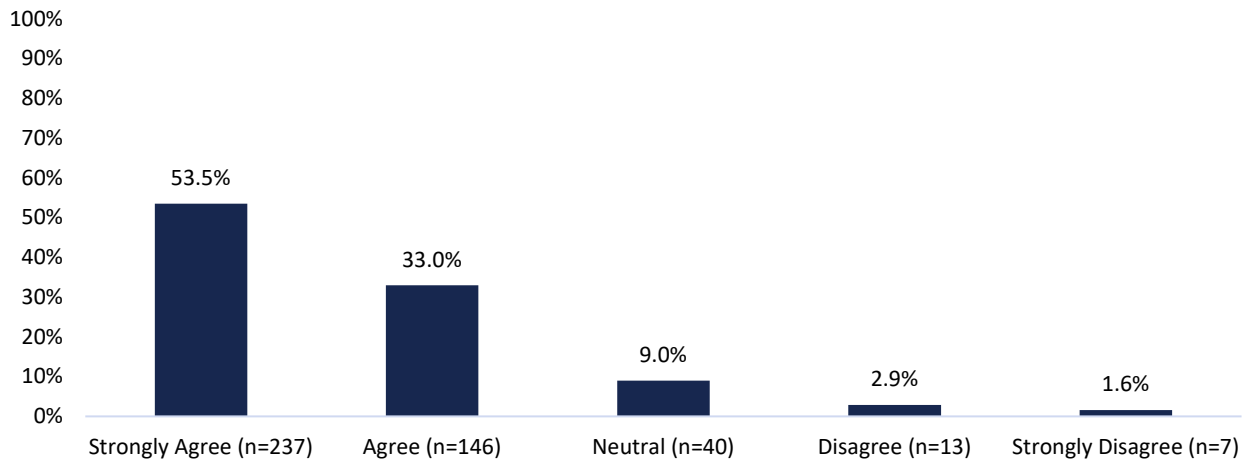
Survey responses to “This session helped me identify new/better treatment approaches” show that 88% of survey respondents strongly agreed or agreed with this statement (Figure 13).

Figure 13. Post-Session Survey Participant Responses to “This session helped me identify new/better treatment approaches” (n=443)



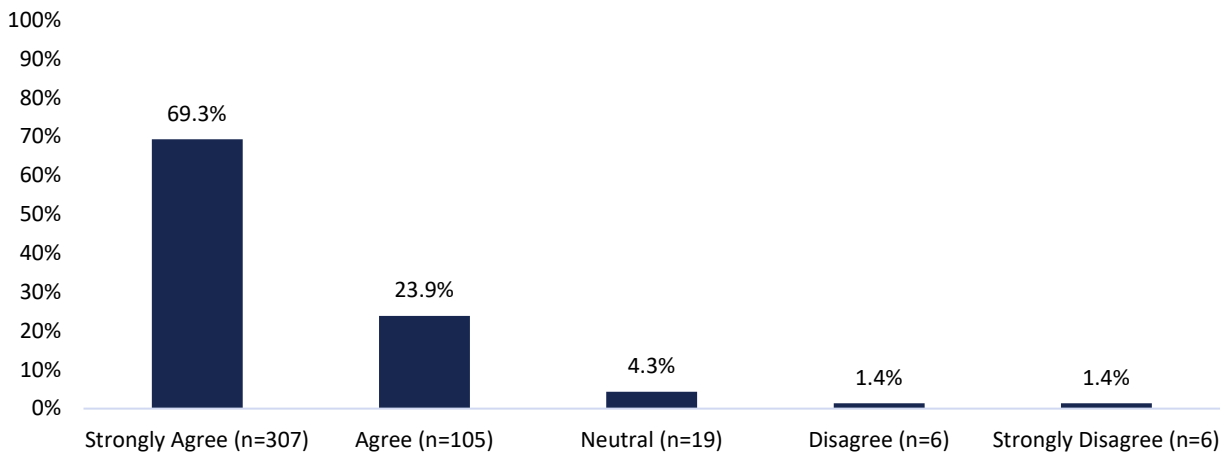
Eighty-seven percent (87%) of survey respondents strongly agreed or agreed that the session helped identify potential supports and/or resources for youth and family (Figure 14). Nearly 5% disagreed or strongly disagreed with this statement.

Figure 14. Post-Session Survey Participant Responses to “This session helped me identify potential supports and/or resources for the youth/family”



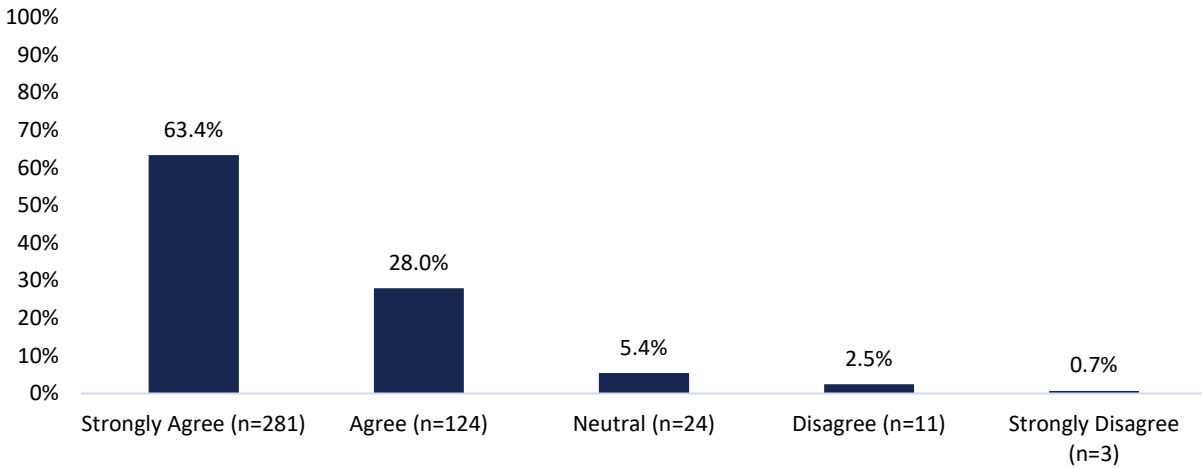
Survey results show that 93% of survey respondents strongly agreed or agreed that the case discussion with the ECHO community was valuable for their work (Figure 15).

Figure 15. Post-Session Survey Participant Responses to “The case discussion with the ECHO community was valuable for my work” (n=443)



Ninety one percent (91%) of survey respondents indicated that they strongly agreed or agreed that the recommendations provided by the hub experts were valuable for their work (Figure 16).

Figure 16. Post-Session Survey Participant Responses to “The recommendations provided by the hub experts were valuable for my work” (n=443)



Post-session survey results show that overall, the sessions are highly rated, with affirmative responses at or above 87% across questions about didactics, case presentations, and hub recommendations. When disaggregated by system of care, survey responses from child welfare and behavioral health responses had a higher than average proportion of affirmative responses (strongly agreed or agreed), whereas FCFC/Wraparound and other systems of care (including education, juvenile justice, Medicaid, physical health/primary care) and respondents who identified their system of care as “other” had a lower than average proportion of affirmative responses.

Case Presenter Survey Results

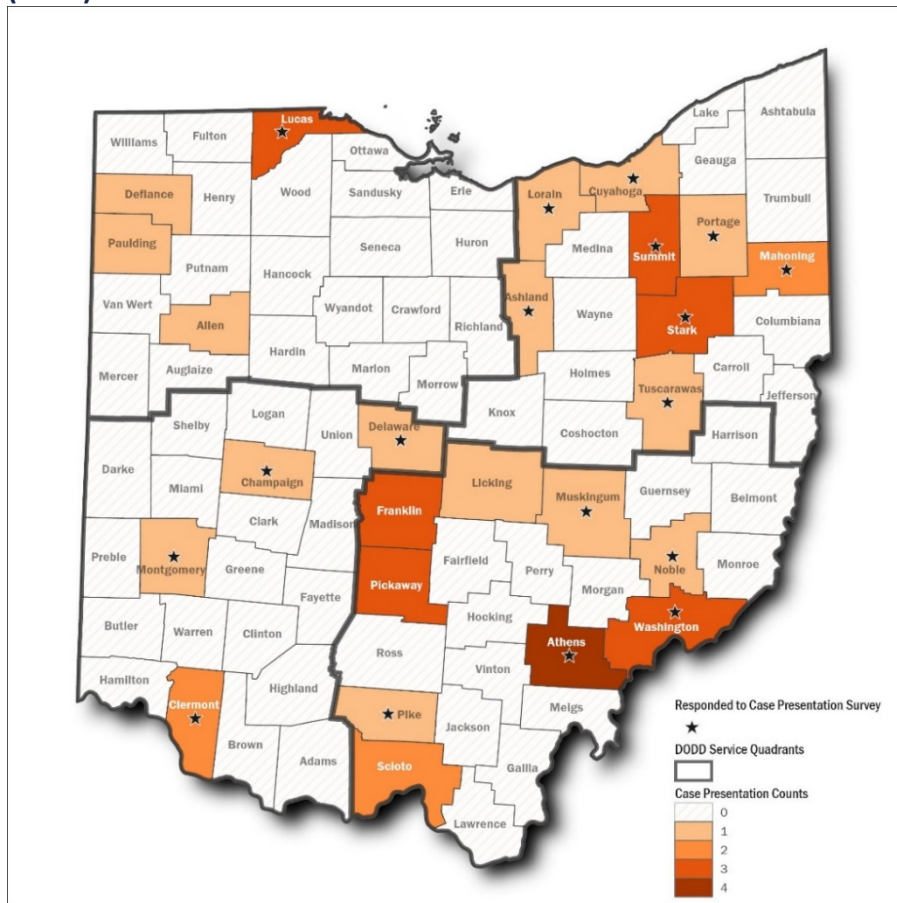
Case presenter surveys in SFY 2021 were sent to teams that presented cases between July 23, 2020 and April 1, 2021. Cases that were presented during MSY ECHO sessions after April 1, 2021 are not included in this SFY 2021 report as the survey was sent two months after the case presentation and responses from that period will be reported in the next fiscal year.

In SFY 2021, case presenter surveys were completed by 32 MSY ECHO individual case presenters across 25 unique cases presented. Given that there were 31 cases presented during the period of July 23, 2020 and April 1, 2021, this reflects an 80.6% response rate of unique cases that provided 2-month follow-up information.

Counties Represented in Responses

Figure 17 displays the counties represented by the case presenter survey respondents. A star indicates each county with at least one case presenter response. The Northwest DODD quadrant may be underrepresented in the survey responses.

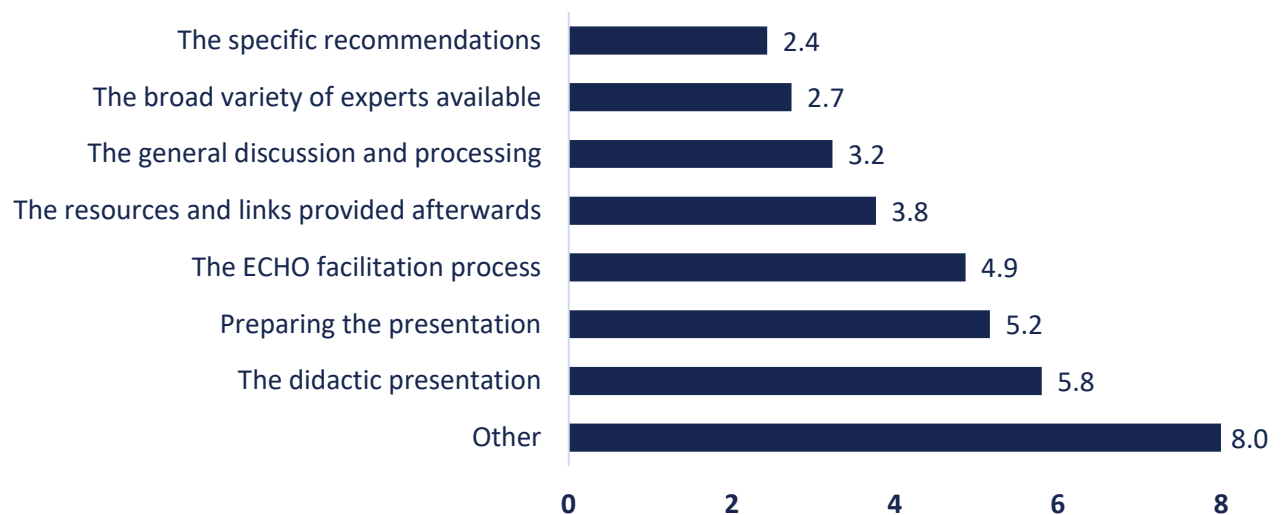
Figure 17. MSY ECHO Case Presentation and Case Presenter Survey Response by County (n=32)



Benefits of Presenting a Case

Case presenters were asked to rank the most beneficial aspect of presenting a case, from 1 (most beneficial) to 8 (least beneficial). The lower the mean rank score, the more beneficial the response option. Figure 18 illustrates the mean rank of the most beneficial aspects of presenting a case as reported by the case presenters surveyed. The top four most beneficial aspects include 1) the specific recommendations, 2) the broad variety of experts available, 3) the general discussion and processing, and 4) the resources and links provided afterwards. “Other” was ranked as least beneficial, and indicates that the survey accurately identified the most beneficial aspects in the response options presented.

Figure 18. Case Presenter Survey Participants’ Mean Rank of the Most Beneficial Aspect of Presenting a Case (n=30)



Note: The mean rank can be interpreted as the average rank of the response from 1 to 8 where a rank of 1 indicates the most beneficial aspect of presenting a case and 8 indicates the least beneficial.

Note: Two survey responses were missing ranked data.

Ranked results were also analyzed to examine marginal frequency. The goal of a marginal frequency is to determine whether there are any patterns in the ranking that are obscured by single figure of the mean rank. Table 10 below shows patterns of clusters of responses around rankings, indicating the mean rank is an accurate measure of the ranked data.

Table 10. Marginal frequency of the most beneficial aspect of presenting a case (n=30)

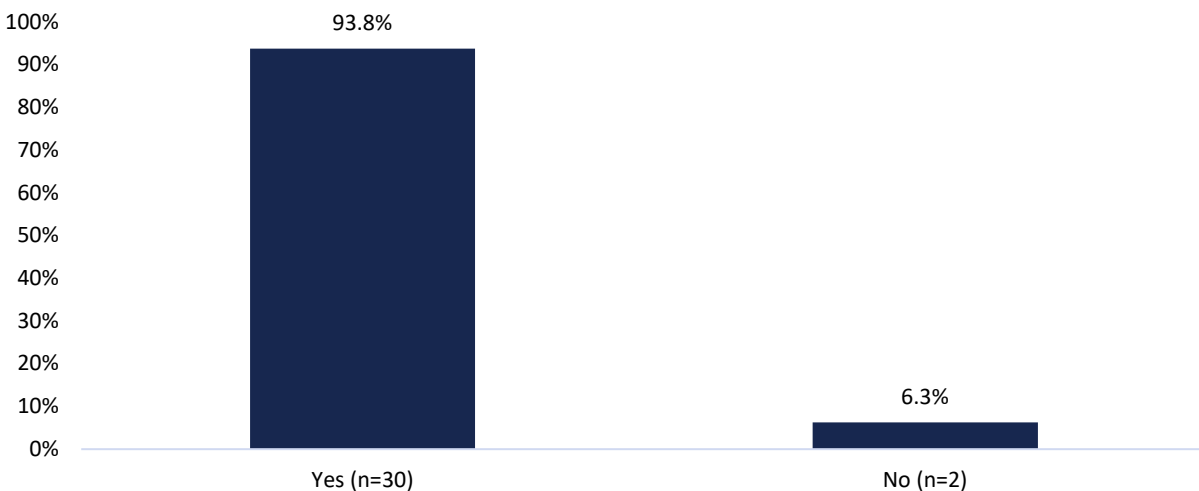
Response	Frequency of Position Rank								Mean Rank
	1	2	3	4	5	6	7	8	
The specific recommendations	10	10	4	1	3	2	0	0	2.4
The broad variety of experts available	9	3	8	7	3	0	0	0	2.7
The general discussion and processing afterwards	4	7	9	4	1	4	1	0	3.2
The ECHO facilitation process	4	6	4	5	4	4	3	0	3.8
Preparing the presentation	1	1	3	5	10	6	4	0	4.9
The didactic presentation	1	1	2	5	7	7	7	0	5.2
Other	1	2	0	3	2	7	15	0	5.8
	0	0	0	0	0	0	0	30	8.0

Note: The marginal frequency identifies the number of times a response option was chosen as a particular rank
 Note: Two survey responses were missing ranked data.

Survey Item Results

Ninety-four percent (94%) of case presenter survey responses reflect that recommendations from the ECHO team were utilized (Figure 19). The reasons cited for the two case presenter respondents who indicated that their team did not use any of the recommendations provided were the team had “a difficult time getting the family to follow through with recommendations” and “the family decided not to proceed with the wrap-around process.”

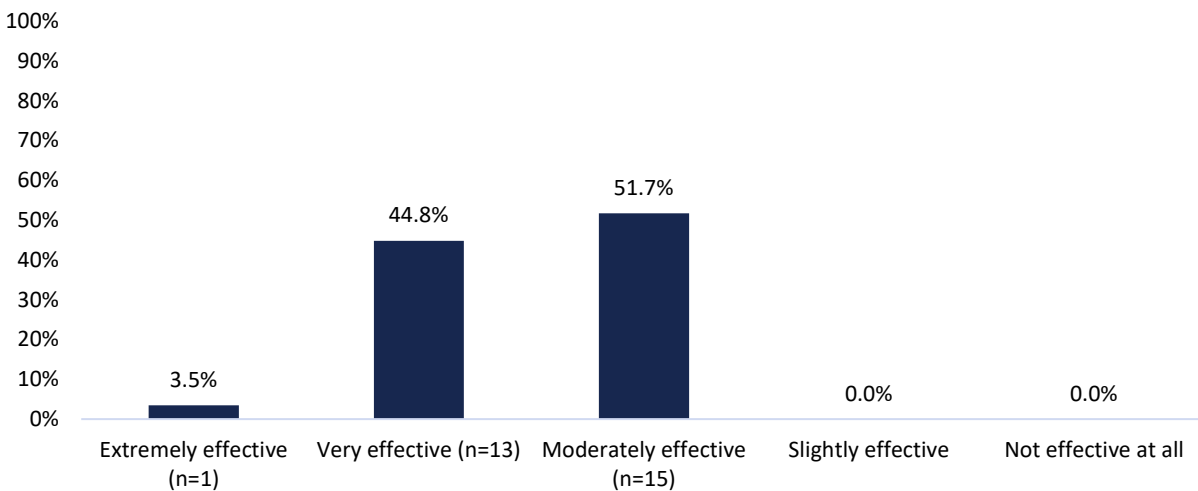
Figure 19. Case Presenter Survey Participant Responses to “Did you and/or your team use any of the recommendations provided?” (n=32)



One hundred percent (100%) of case presenter survey respondents found the recommendations extremely, very, or moderately effective (Figure 20). Of the fourteen case presenter respondents who cited that the recommendations were “extremely effective” or

“very effective” in assisting their cases, most stated that the recommendations for follow-up on medical assessments, treatments, and medications were most helpful. Two respondents also cited it was helpful to receive resources and ideas on how to support the family appropriately. There were also comments on the effectiveness of finding a male mentor for the youth as well as recommendations for the team to recognize that some of the symptoms observed in the youth may be related to “*unaddressed trauma and/or anxiety*”. A majority of respondents who stated that the recommendations were “moderately effective” cited that while they are in the process of implementing the recommendations it is too soon in the process to observe the full impact of the recommendations. Several also cited finding the recommendations helpful. One respondent in the “moderately effective group” stated that they are struggling with non-compliance of the youth and family as they are trying to implement the recommendations.

Figure 20. Case Presenter Survey Participant Responses to “Were the recommendations effective in assisting with your case?” (n=29)



Note: Three surveys were missing responses to this item.

In the majority of cases, a follow-up wraparound/service coordination meeting was held (Figure 21) and the team received follow-up support from the FCFC and DD regional coordinators. However, the results of the survey show that 34% of case presenter respondents did not receive follow-up support from the FCFC and DD regional coordinators (Figure 22).

Figure 21. Case Presenter Survey Participant Responses to “Did a follow-up wraparound/service coordination meeting occur?” (n=32)

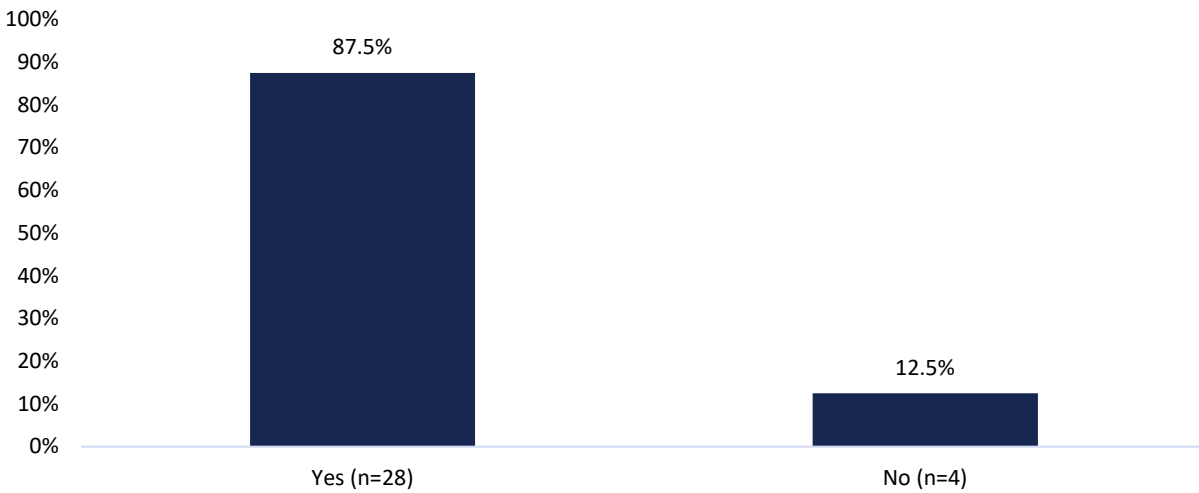
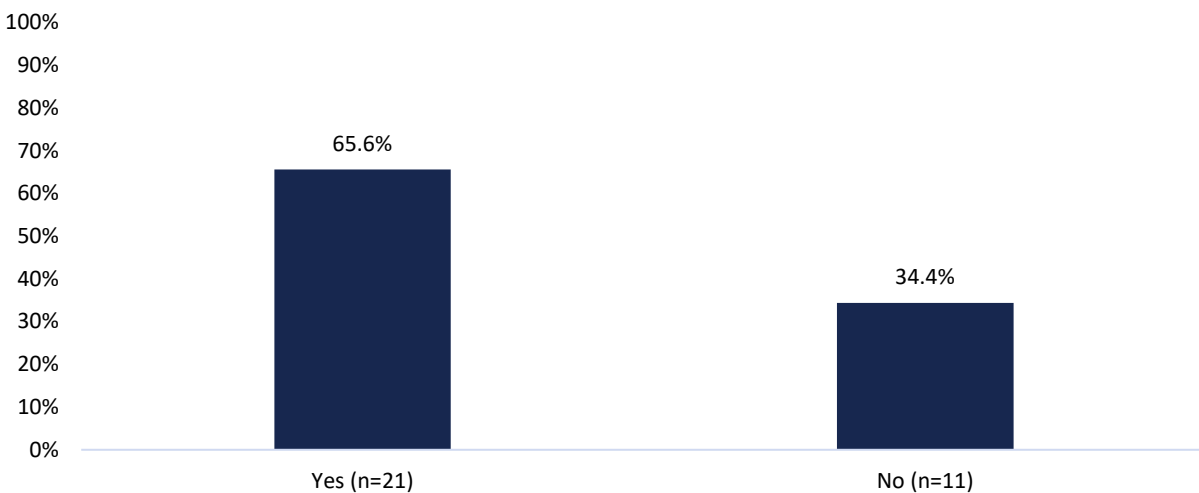


Figure 22. Case Presenter Survey Participant Responses to “Did your team receive follow-up support from FCFC regional coordinators and DD regional coordinators?” (n=32)



Overall, case presenter respondents found the ECHO process to be a positive experience. One respondent stated: *“The process went very smoothly. We were thankful to be able to present and receive the expert recommendations.”* Another stated they were *“grateful for the time and effort”* and *“impressed by the program and its opportunities when course of care needs outside input and consideration.”* A few respondents provided suggestions for improving the case presentation process. These included *“more resources needed in Ohio for Conduct Disorder in children,”* *“team roles need to be clearly defined; there was a lot of confusion on who takes the lead for specific tasks,”* and *“it would have been better if I would have been told about the presentation and had time to prepare for it. I was told about it and only had a day or two to prepare.”*

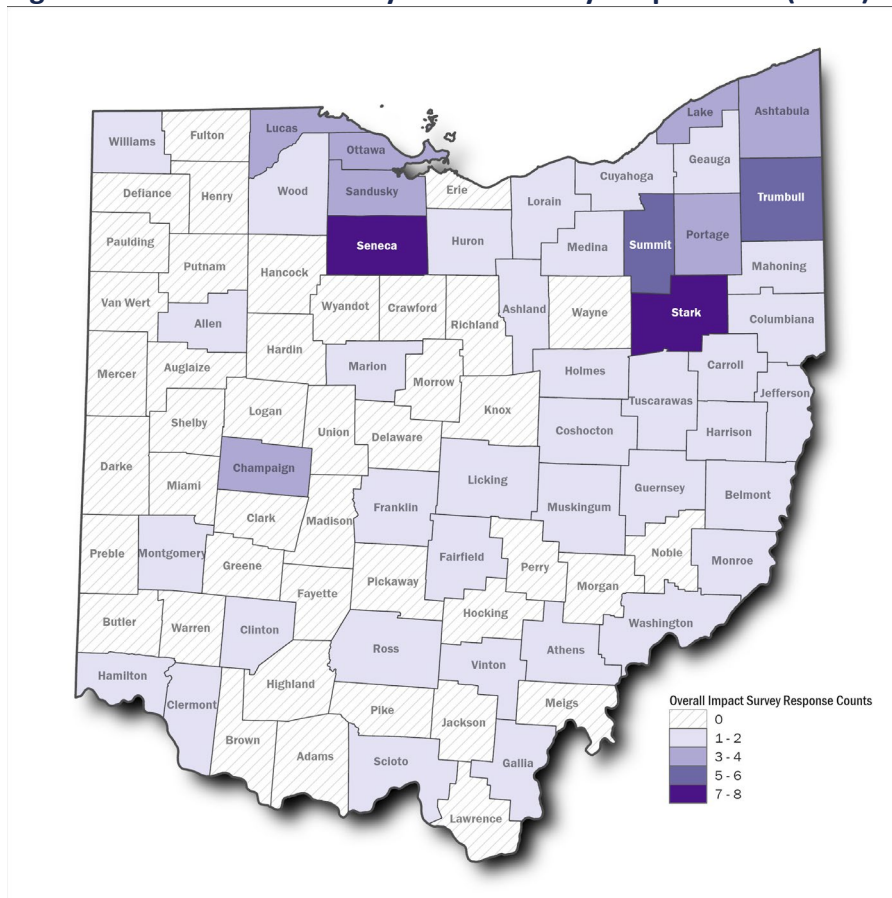
Annual Survey Results

Sixty-one (61) surveys were completed by MSY ECHO session participants across SFY 2021 out of a possible 436 unique participants. Therefore, the annual survey response rate was 14.0%. Surveys that had missing responses for the majority of the survey questions were considered incomplete and not included in the analysis. Individual responses to questions that were identified as not applicable or missing were omitted from the charts presented in this report.

Counties Served by Respondents

Figure 23 displays the counties in which survey respondents report working. The map shows survey respondents clustered in the Northern and Eastern portions of the state, and few responses from the Western side of the state.

Figure 23. Counties Served by Annual Survey Respondents (n=61)

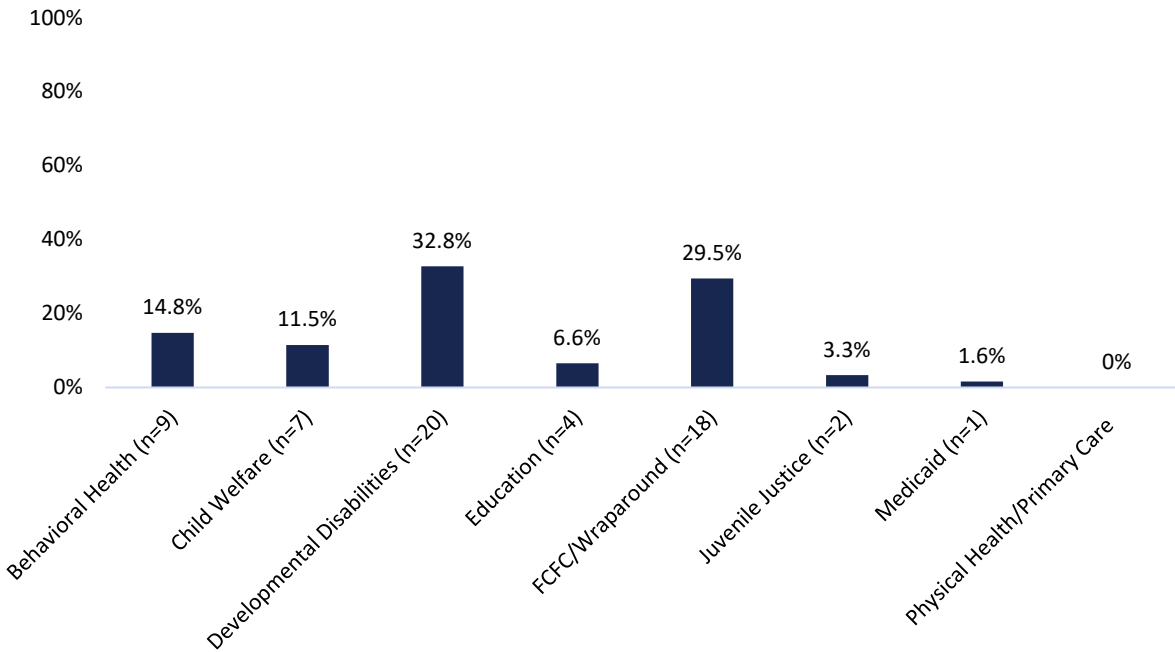


Survey Demographics

Of the participants who responded to the survey, 89% were affiliated with the DD, FCFC/Wraparound, behavioral health, and child welfare systems (Figure 24). Therefore, the

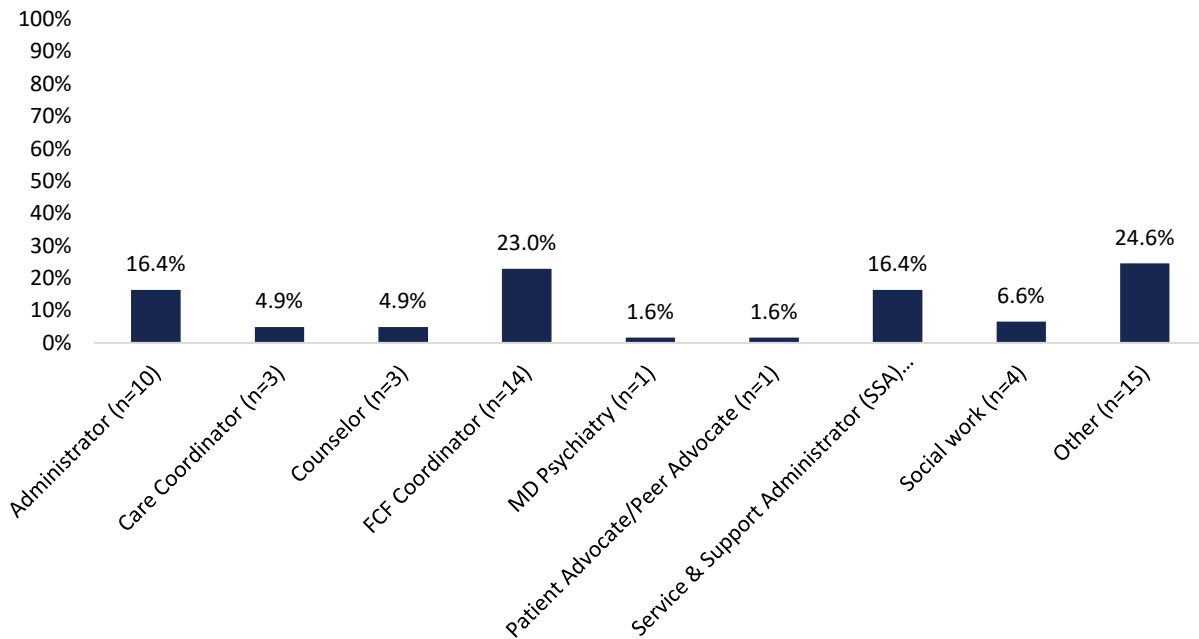
survey responses largely represent the experiences of participants in those systems. Annual survey results are less representative of the other systems of care in Ohio, including juvenile justice, education, Medicaid, and physical health/primary care.

Figure 24. Annual Survey Participant Responses to “What system of care do you represent?” (n=61)



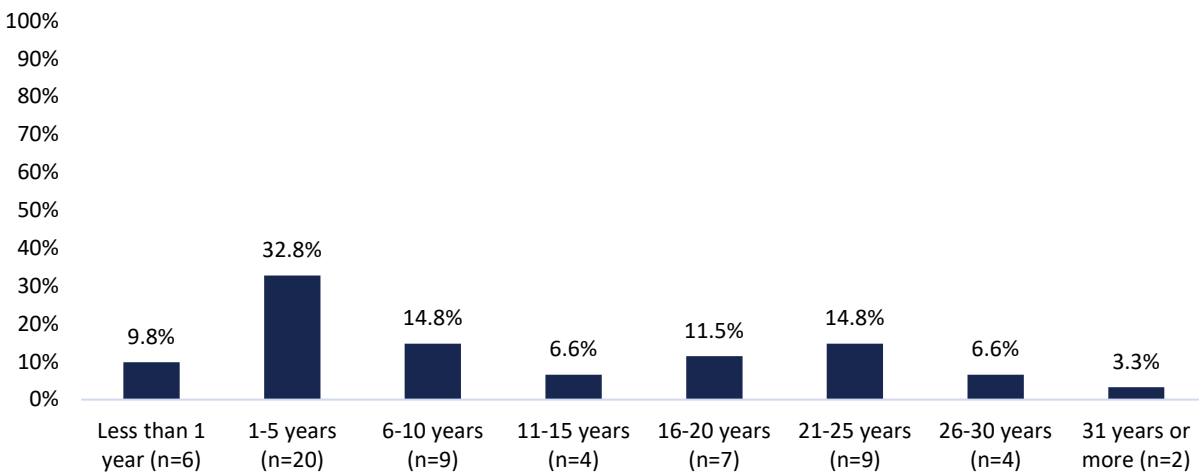
More than half of the participants who responded to the annual survey were Service and Support Administrators (SSA), FCF Coordinators, or Administrators (Figure 25). There were zero responses from the professional affiliations of MD Pediatrics, MD Family/Internal Medicine, Psychologist, Case Manager, and Community Health Workers. “Other” professional affiliations included registered nurse, professor, emergency department staff, dentist, and managed care organization.

Figure 25. Annual Survey Participant Responses to “What is your role in the system of care?” (n=61)



Almost half (42%) of all participants surveyed were in the first 1-5 years in their current professional affiliation and 57% of participants surveyed were in the first ten years of their current professional role (Figure 26).

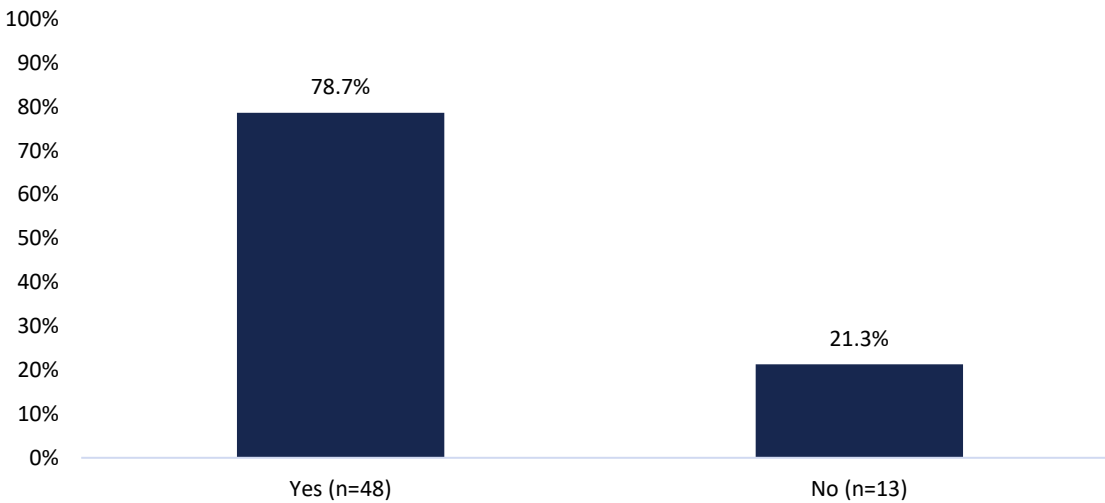
Figure 26. Annual Survey Participant Responses to “How long have you worked in your current professional affiliation?” (n=61)



Services for Medicaid Beneficiaries

The majority of participants surveyed provided services to Medicaid beneficiaries (Figure 27).

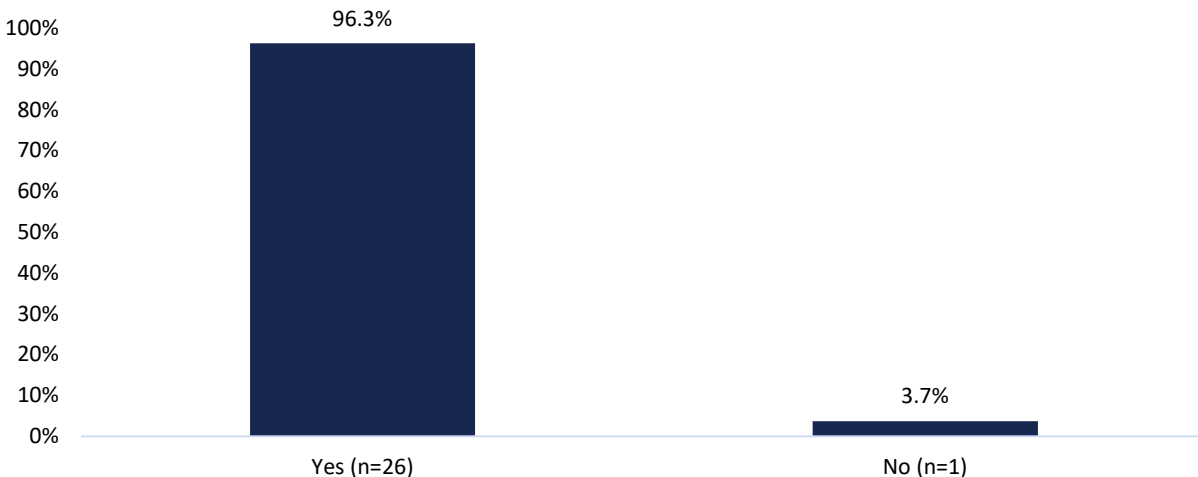
Figure 27. Annual Survey Participant Responses to “Do you provide services to Medicaid beneficiaries?” (n=61)



Survey Results for Case Presenters

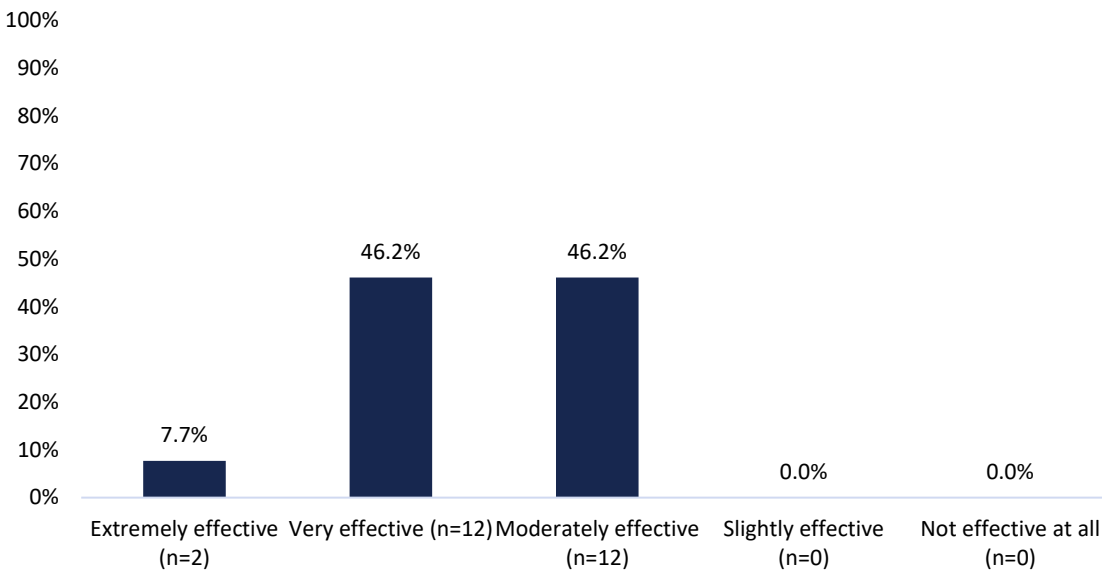
Individuals who presented a case in the past year made up nearly half of the annual survey respondents (Figure 28). Of those 28 survey respondents who presented cases, 96% used recommendations provided by the MSY ECHO team. The respondent who indicated that they had not used any of the recommendations reported that they were in process of implementing several of the recommendations.

Figure 28. Annual Survey Case Presenter Participant Responses to “Did you and/or your team use any of the recommendations provided?” (n=27)



One hundred percent (100%) of survey respondents reported that the recommendations were “extremely effective,” “very effective,” or “moderately effective” in assisting with their case (Figure 29).

Figure 29. Annual Survey Case Presenter Participant Responses to “Were the recommendations effective in assisting with your case?” (n=26)

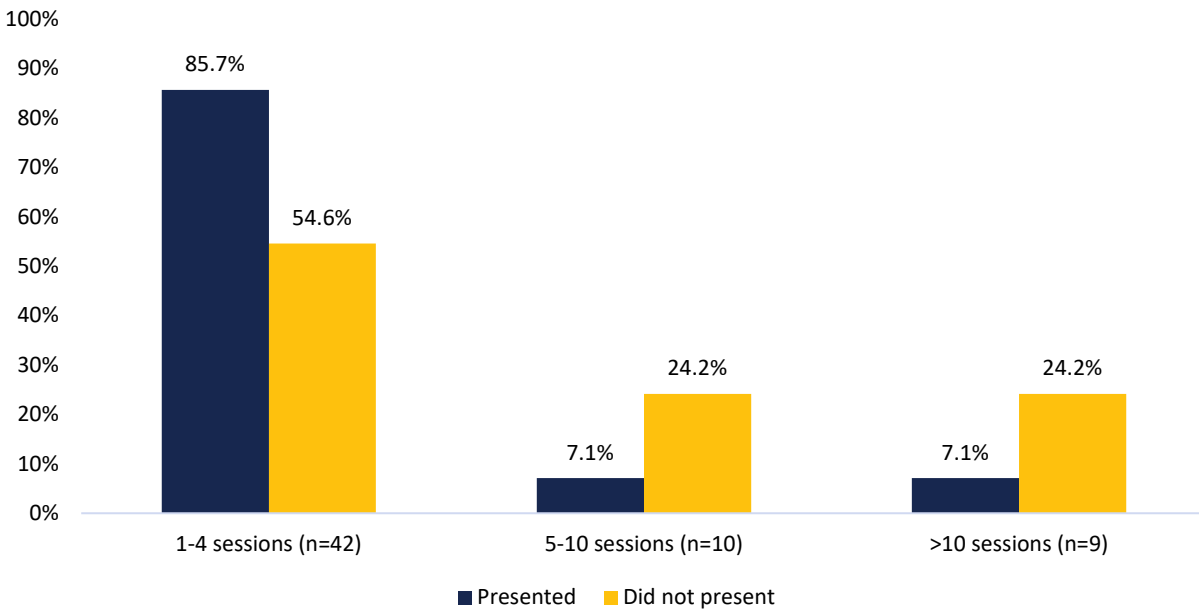


Four main themes of what recommendations were effective in assisting with their case emerged in annual survey responses from case presenters. The first theme was several respondents citing recommendations around further assessment and evaluation being effective for their case. The second most frequent theme cited was recommendations around specific treatment for the youth being effective. Finally, both recommendations for family supports (such as counseling) and recommendations around trauma informed care were effective for the cases. Other individual recommendations cited included recommendations for staff training, providing new ideas in general, and finding the medication review to be helpful.

Survey Results for all Participants

Of the 61 survey responses, 69% of annual survey respondents reported attending 1-4 total sessions. Respondents who presented cases attended fewer sessions than those respondents who did not present cases (Figure 30).

Figure 30. Annual Survey Participant Responses to “How many System of Care (SOC) ECHO for Multi-System Youth (MSY) sessions have you attended since July 2020?” (n=61)

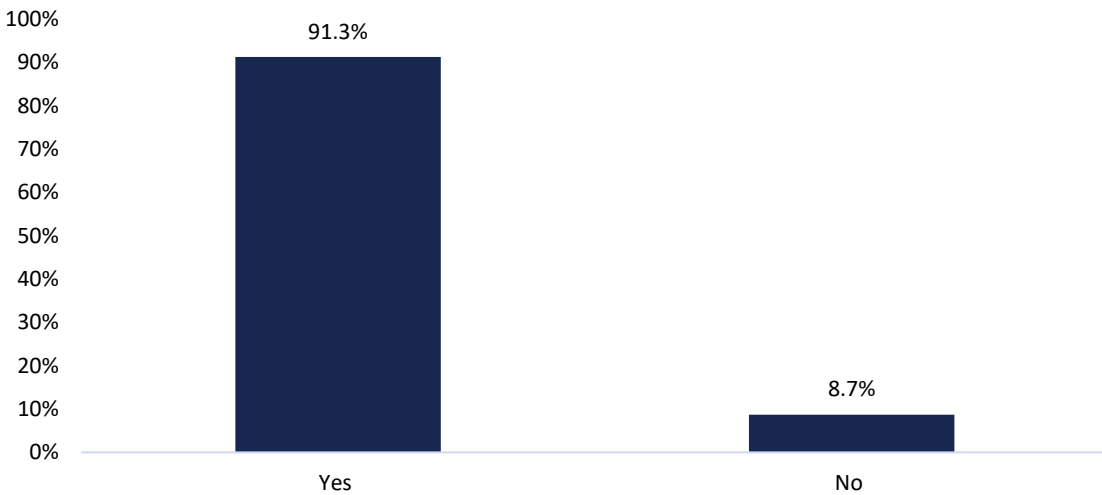


Annual survey respondents cited several factors that motivated them to keep returning to the ECHO sessions throughout SFY 2021 including it being a great learning opportunity, the interdisciplinary perspectives on these topics, the opportunity to learn from the cases presented, to gain new ideas and information to apply to their own work, and appreciating the didactic presentations. One respondent also cited access to virtual information during the pandemic that was not available elsewhere.

For respondents who did not frequently attend the ECHO sessions in SFY 2021, a majority (31 respondents) indicated they could not attend more due to their schedule but that they found great value in attending and would like to attend more. One individual indicated that engaging didactics are motivating for their attendance. Three individuals indicated they only attend when they are presenting a case and one individual cited only attending for didactics and not staying for the rest of the session.

Annual survey respondents reported overwhelmingly (91.3%) that they felt empowered to ask a question or to provide a recommendation during the MSY ECHO sessions (Figure 31). Forty percent (40%) reported ever asking a question during the session and 25% reported making a recommendation.

Figure 31. Annual Survey Participant Responses to “Did you feel empowered to ask a question or provide a recommendation during the sessions?” (n=46)



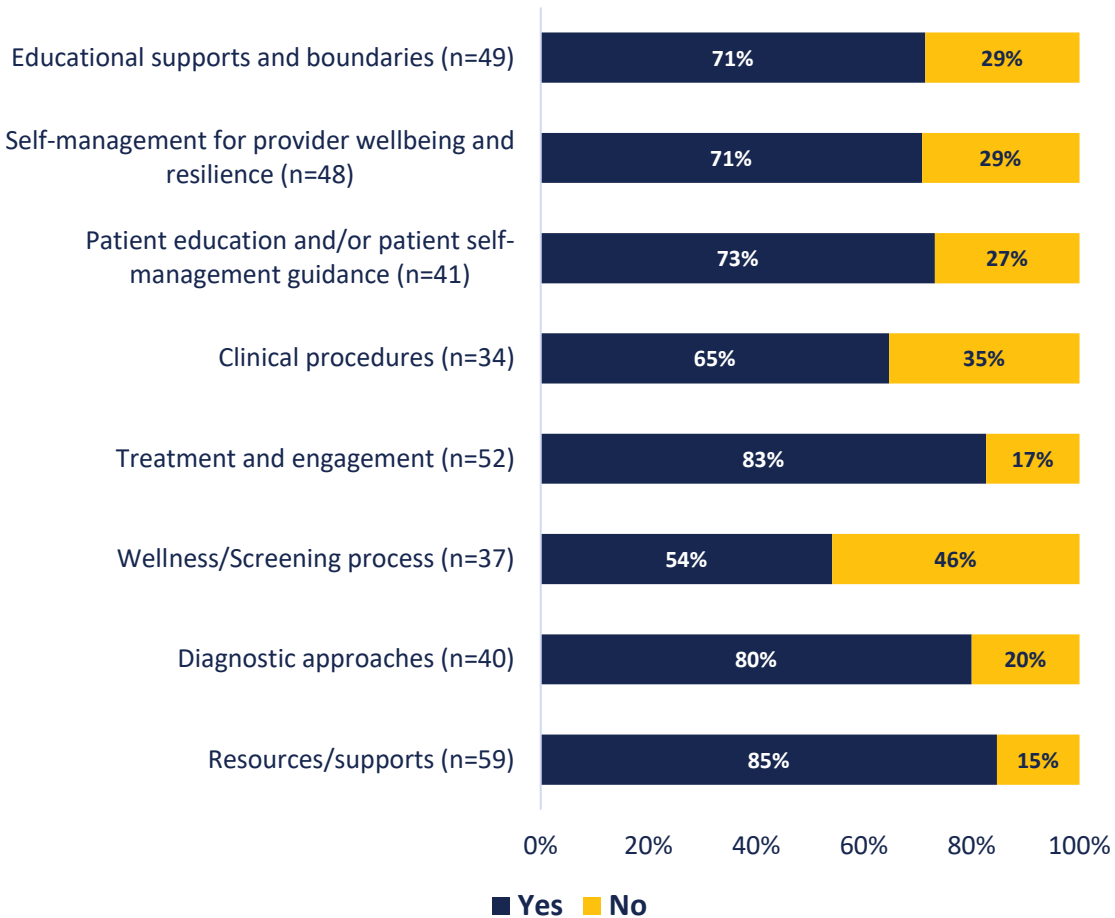
Two of the four respondents who reported they did not feel empowered to ask a question or provide a recommendation during the sessions provided the following explanations:

"I did not think as observers we were supposed to ask questions."

"I think I just need to have more confidence in myself. Sometimes the questions I would have are already asked by others who speak up before I have an opportunity to do so. Other times, I just feel like others are more knowledgeable. The environment is welcoming and I do not feel that I am discouraged from asking, just internal hesitation."

Survey responses showed that the majority of individuals felt that participation in the MSY ECHO sessions helped to plan or make changes in their practice related to resources/supports, diagnostic approaches, wellness/screening processes, treatment and engagement, and clinical procedures. Other responses referenced patient education and/or patient self-management guidance, self-management for provider well-being and resilience, and educational supports and boundaries (Figure 32).

Figure 32. Annual Survey Participant Responses to “Did participation in the SOC ECHO for MSY help you to plan or make changes in your practice related to connections to...”



A higher proportion of participants who did not present a case reported feeling that participation in the SOC ECHO for MSY helped them to plan or make changes in their practice (specifically diagnostic approaches, wellness/screening, treatment and engagement, patient education and/or patient self-management guidance, and educational supports and boundaries) more often than participants who presented cases.

Fifteen annual survey respondents reported having other areas where participation in the MSY ECHO session helped them plan or make changes in their practice and provided the following comments:

"To provide education to leadership about MSY ECHO, and the fantastic resource this is for our field."

"Asking client what makes him feel safe. We realized mom had already given him pictures of herself and her clothes with her smell."

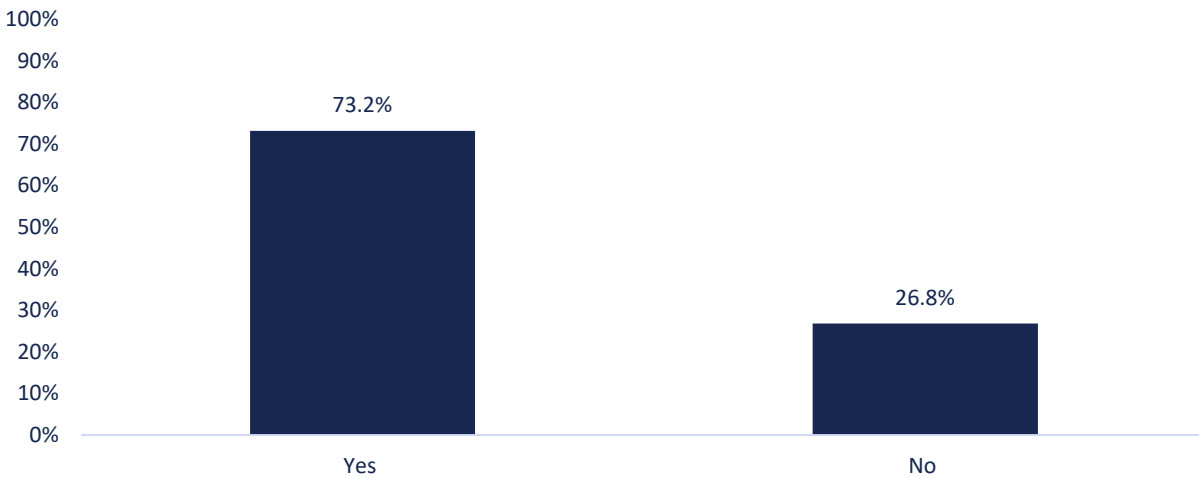
"Awareness of this resource and promoting it to our behavioral health care agencies who would benefit from the information."

"My approach to working together as a wraparound team."

Thirty-four annual survey respondents provided open-ended responses about specific changes they have made or plan to make to their practice as a result of their participation in the MSY ECHO sessions. Respondents offered many unique responses, but two categories emerged as the most prevalent, 1) implementing the recommended assessment and using the resources provided in their practice and 2) gaining new perspective on situations and learning to think outside the box in their practice. A few respondents also noted that they now use a more trauma informed approach in their practice as a result of their participation in these sessions. Other individual responses include having a broader approach to work and more comfort in bringing in more partners, creating a checklist for their cases to go through, having conversations with local FCF, looking at community assets to support their families, and using a more holistic approach with clients.

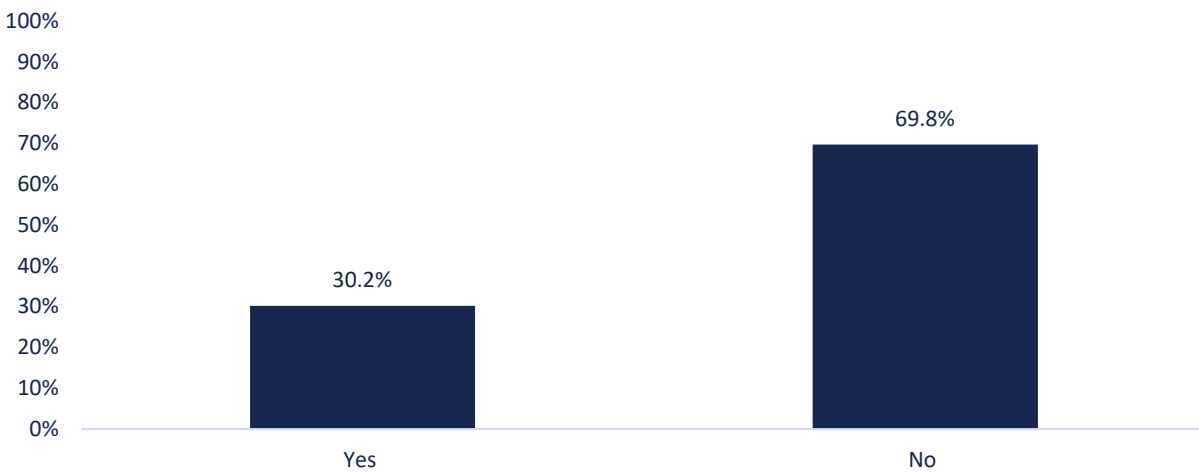
The majority of annual survey respondents reported applying lessons learned to other complex cases in their practice (Figure 33). In particular, 82% of respondents who did not present in the past year reported applying lessons learned to other complex cases. A majority of survey respondents stated that the MSY ECHO sessions have equipped them with alternative approaches and resources for youth and families to share with their teams. In addition, most respondents have taken away new ideas, lessons learned, and learning to think "outside the box" from the MSY ECHO sessions to apply to their practice. A few also noted that they have learned the importance of multidisciplinary collaboration from these sessions as well as the importance of doing a better job of taking a complete history on a child. Others cited learning that they need to define their staff roles better and have a larger focus on trauma informed care in their practice.

Figure 33. Annual Survey Participant Responses to “Have you applied any lessons learned from the SOC ECHO for MSY to other complex cases you see in your practice?” (n=41)?



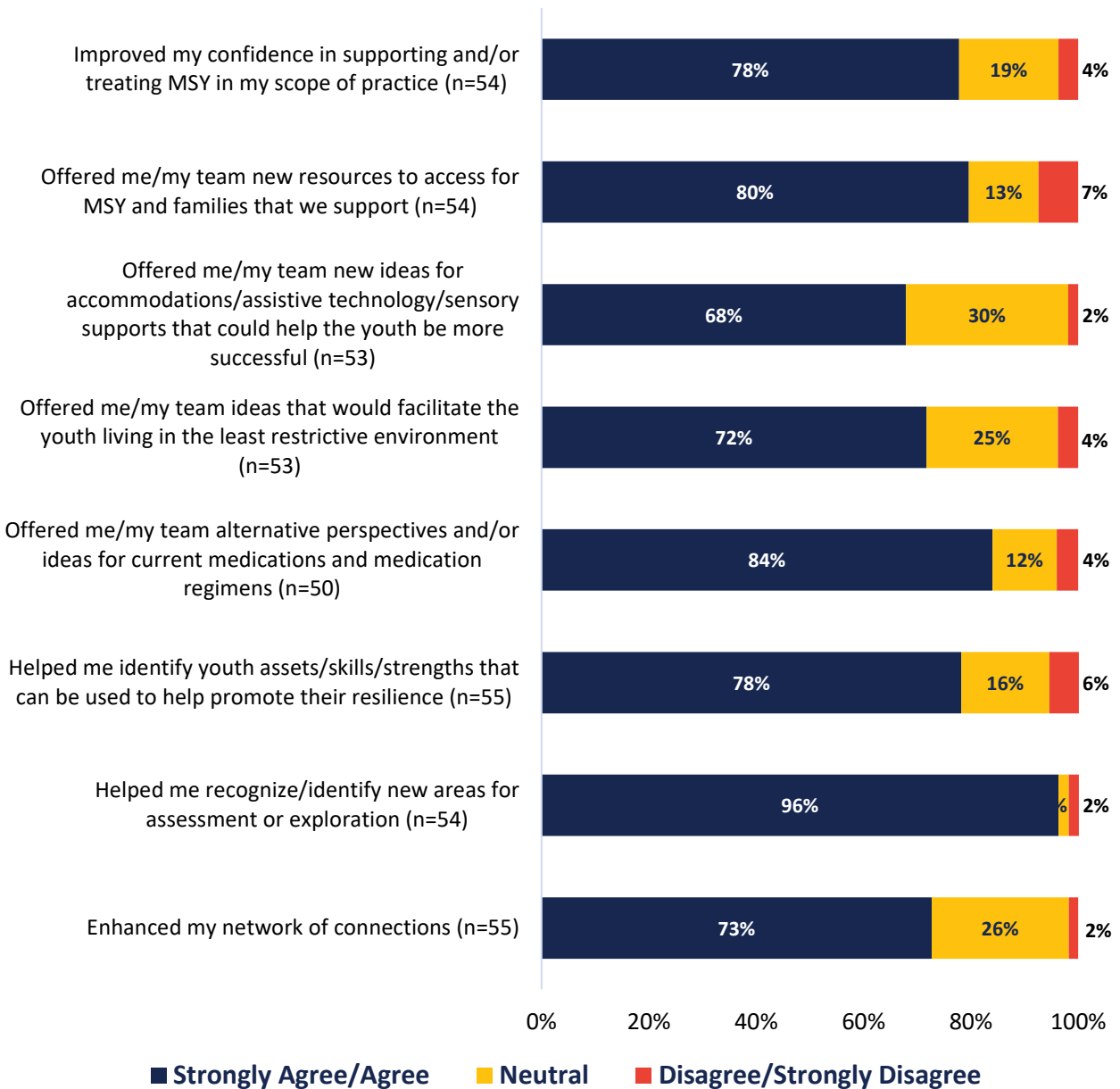
The majority of annual survey respondents reported that they did not anticipate barriers to making changes in their clinical practice (Figure 34). For the 13 respondents who have experienced or anticipate barriers to making changes to their clinical or professional practice, most (six respondents) cited lack of local community resources or financial barriers as the greatest challenges. Other barriers cited included lack of agency cooperation (two respondents), lack of qualified providers in their community (one respondent), challenges of getting follow through from other individuals (one respondent), and scope of practice limitations/time constraints (one respondent). Note that two respondents who have experienced or anticipate barriers to making changes to their practice did not provide open-ended responses describing their barriers.

Figure 34. Annual Survey Participant Responses to “Have you experienced or do you anticipate barriers to making changes in your clinical or professional practice?” (n=43)



Most annual survey respondents reported positive outcomes based on participation in the MSY ECHO sessions including improved confidence in supporting/treating youth with complex needs who are involved in multiple state systems. Of note, 96% of survey respondents reported that participation helped them to identify new areas for assessment or exploration. One hundred percent (100%) of respondents who presented a case and 93% of those who did not present a case reported that the MSY ECHO sessions helped them to identify new areas for assessment or exploration (Figure 35).

Figure 35. Annual Survey Participant Responses to “Participation in the SOC ECHO for MSY sessions has...”



Many annual survey respondents who provided additional comments about their participation in the MSY ECHO sessions cited that the sessions provided them with valuable information and resources. For example, one respondent stated: *“Participation has enhanced my connections/networking within the MSY support community more than any other experience that I have had around MSY. Participation has provoked new ways of thinking about support strategies, and has enhanced my “fluency” in MSY challenges and strategies for success.”* Furthermore, four respondents specifically stated that they hope this program continues. Finally, two respondents cited wanting more time to hear recommendations from the experts.

Discussion

The MedTAPP Ohio Systems of Care Project ECHO® for Multi-System Youth reached 436 unique participants during 46 teleECHO™ sessions between July 2020 and June 2021. The MSY ECHO sessions reached across multiple systems of care to deliver didactics and case presentations in line with the Project ECHO® model to an average of 43 participants each week. Attendance was primarily affiliated with the Behavioral Health, DD, and FCFC systems. The systems with lower attendance may see improvement with targeted marketing and recruitment in SFY 2022, including planned system-specific outreach by a trusted voice from within the system of care.

Forty-four cases were presented with an average of 3.7 systems involved per case. The systems most often involved were FCFC, Education, and Behavioral/Mental Health and Addiction. Key themes from the priority case presenter questions for the MSY ECHO learning community include recommendations for 1) evaluation, assessment, monitoring, treatment, and medication options, 2) supports and resources for the family, 3) behavior management.

Over the course of the year, sessions were evaluated on a weekly basis by attendees (response rate of 25%), case presenters were surveyed two months after they presented their case (response rate of 81%), and an annual survey was provided to all SFY 2021 participants (response rate of 14%). The survey results were overwhelmingly positive and show high levels of agreement with the sessions providing learning opportunities as well as anticipated or implemented changes in clinical practice.

Participants reported that didactics, case presentations, and recommendations from the learning community including the hub experts were extremely valuable for learning and expanding clinical practice across the board. When disaggregated by system of care, child welfare responses consistently showed higher than average ratings, whereas FCFC/Wraparound and other systems of care (including education, juvenile justice, Medicaid, physical health/primary care) were consistently lower than average. This indicates that the sessions were particularly helpful to those working in the child welfare system, and there might be opportunities to enhance the experience for the other systems of care.

Case presenters found that the most beneficial aspects of presenting a case were the specific recommendations, the variety of experts available, and the discussion with the learning community. Recommendations were overwhelmingly implemented and found to be extremely to moderately effective in helping with the case. Some respondents identified opportunities to enhance team roles and ensure support for the case presentation teams after completing the MSY ECHO presentation, such as encouraging coordination with the presentation team and local FCFC/DD regional coordinators.

The annual survey results primarily represent participants affiliated with the systems of DD, FCFC/Wraparound, Behavioral Health, and Child Welfare. The MSY ECHO sessions across SFY 2021 had high overall ratings and participants felt empowered to ask a question or make a

recommendation, made or planned to make changes in clinical practice, and applied lessons learned to other complex cases. The high proportion of early career participants indicates that the project is reaching the target audience of professionals who are learning or newer to their roles, and the learning community also has a healthy proportion of experts in their practice to help guide the MSY ECHO session and to provide community recommendations. Participants who did not present a case had higher attendance and rated the project higher than those who presented a case. Participation in the learning community as a non-presenter may be especially beneficial to professionals, and those professionals presenting cases should continue to be encouraged to join additional sessions.

Limitations

There are several limitations of this evaluation. The survey data contained within this evaluation report is limited by the fact that it was a non-random, convenience sample and the findings cannot be generalized to professionals in systems of care across Ohio. In addition, individual responses from the post-session survey were not tracked at the person level consistently throughout the SFY, since individually tracked post-session links were first provided to participants in September, 2020. Finally, the data are reported in counts and percents, and any reported differences have not been tested for statistical significance, therefore the results should be interpreted with caution.

Conclusion

In SFY 2021, the MedTAPP Ohio Systems of Care Project ECHO® for Multi-System Youth demonstrated positive results in the first year of MedTAPP administration, including self-reported changes to clinical practice, learning, and application of new knowledge to complex cases. Recommendations were routinely applied to support cases presented to the group, and the learning community continued to add new members throughout the year. The project was overwhelmingly successful in establishing a learning community, educating professionals, and supporting individual cases of youth with complex needs despite the entirety the SFY 2021 MSY ECHO sessions being conducted during a global pandemic.

MedTAPP Ohio Systems of Care Project ECHO® for Multi-System Youth will continue weekly sessions in SFY2022. The results contained in this report will be used to support SFY 2022 Project ECHO® programming and evaluation. In addition to creating additional marketing materials to be used in targeted participant recruitment for underrepresented systems of care, the MSY ECHO team will also produce an online toolkit of resource recommendations to share with the Project ECHO® community.

Appendix A: Post Session Survey

ECHO Post Session Evaluation Items

Target Audience: ECHO participants (spokes, case presenters, hub members)

Data Collection Time Point: Administered after each individual ECHO session

Item	Response Options
1. Today's date	Clickable calendar
Demographic Items	Response Options
1. What system of care do you represent? (Select all that apply)	<i>(Drop down menu)</i> Behavioral Health Physical Health/Primary Care Developmental Disabilities Education Child Welfare Juvenile Justice Medicaid FCFC/Wraparound Other – please specify
2. What is your professional affiliation?	<i>(Drop down menu of professions)</i> MD Pediatrics MD Family/Internal Medicine MD psychiatry Social work Counselor Psychologist Care Coordinator Patient Advocate/Peer Advocate Service & Support Administrator (SSA) Case Manager Community Health Worker FCF Coordinator Administrator Other – please specify
3. Do you provide services to Medicaid beneficiaries?	Yes No
4. Did you present a case today?	Yes No
Survey Items	Response Options
1. The didactic presenter used an engaging presentation style.	Strongly Agree Agree
2. The didactic presentation enhanced my knowledge of the topic.	Neutral Disagree

3. The case presentation was relevant to my current or potential scope of practice.	<i>Strongly Disagree</i>
4. The content of the case presentation added value to my overall knowledge about this topic.	
5. This session gave me new ideas to use with youth and families.	
6. This session helped me identify new/better treatment approaches.	
7. This session helped me identify potential supports and/or resources for the youth/family.	
8. The case discussion with the ECHO community was valuable for my work.	
9. The recommendations provided by the hub experts were valuable for my work.	
10. Suggestions for future topics:	<i>(Open Ended Response)</i>

Appendix B: Case Presenter Survey

ECHO Case Presentation Evaluation Items

Target Audience: ECHO case presenters

Data Collection Time Point: 2-3 months after case presentation

Demographic Items	Response Options
5. What System of Care ECHO for Multi-System Youth session date did you present your case in?	<i>(Calendar to select session Date)</i>
6. What county do you work in?	<i>(Drop down list of counties)</i>
7. Please provide your agency name.	<i>(Open-Ended Response)</i>
Survey Items	Response Options
11. Did you and/or your team find it beneficial to present your case to the ECHO network?	Yes No <i>If no, why not?</i>
12. Why not?	Display if “no” to item 1 <i>(Open-Ended Response)</i>
13. Please indicate (by rank order) which parts were most beneficial to you. Click and drag the part to the preferred rank position	Display if “yes” to item 1 <i>Items to rank:</i> -Preparing the presentation -The ECHO facilitation process -The broad variety of experts available -The general discussion and processing -The specific recommendations -The didactic presentation -The resources and links provided afterwards -Other (please specify)
14. Did you and/or your team use any of the recommendations provided?	Yes No
15. Why not? Please describe any barriers you may have encountered.	Display if “no” to item 4 <i>(Open-Ended Response)</i>
16. Were the recommendations effective in assisting with your case?	Display if “yes” to item 4

	<i>Extremely effective</i> <i>Very effective</i> <i>Moderately effective</i> <i>Slightly effective</i> <i>Not effective at all</i>
17. Please describe what recommendations worked. (Please do not include any patient protected or identifiable information in your response.)	Display if “yes” to item 4 <i>(Open-Ended Response)</i>
18. Did a follow-up wraparound/service coordination meeting occur?	<i>Yes</i> <i>No</i>
19. Did your team receive follow-up support from FCFC regional coordinators and DD regional coordinators?	<i>Yes</i> <i>No</i>
20. Please provide recommendations for improving the case presentation process.	<i>(Open-Ended Response)</i>

Appendix C: Overall Impact Survey

ECHO Overall Impact Evaluation Items

Target Audience: ECHO spokes and case presenters

Data Collection Time Point: Annual (May/June)

Demographic Items	Response Options
8. What system of care do you represent? (Select all that apply)	<i>(Drop down menu)</i> Behavioral Health Physical Health/Primary Care Developmental Disabilities Education Child Welfare Juvenile Justice Medicaid FCFC/Wraparound Other – please specify
9. What is your professional affiliation?	<i>(Drop down menu of professions)</i> MD Pediatrics MD Family/Internal Medicine MD psychiatry Social work Counselor Psychologist Care Coordinator Patient Advocate/Peer Advocate Service & Support Administrator (SSA) Case Manager Community Health Worker FCF Coordinator Administrator Other – please specify
10. Do you provide services to Medicaid beneficiaries?	Yes No
11. Did you present a case in the past year?	Yes No
12. What is your region?	Northeast Ohio Northwest Ohio Southeast Ohio Southwest Ohio
Survey Items	Response Options

21. How many System of Care (SOC) ECHO for Multi-System Youth (MSY) sessions have you attended since July 2020?	<i>1-4 sessions; 5-10 sessions; >10 sessions</i>
Questions 2-9: Did participation in the SOC ECHO for MSY help you to plan or make changes in your practice related to...	
22. Connections to resources/supports?	<i>Yes; No; Not Applicable; If yes, please explain: (Open Ended Response)</i>
23. Diagnostic approaches?	
24. Wellness/screening process?	
25. Treatment and Engagement?	
26. Clinical procedures?	
27. Patient education and/or self-management guidance?	
28. Educational supports and boundaries?	
29. Other (please explain)	
30. Have you experienced or do you anticipate barriers to making changes in your practice?	<i>Yes; No; If yes, please explain: (Open Ended Response)</i>
Questions 11-17: Participation in the SOC ECHO for MSY sessions has:	
31. Enhanced my network of connections.	<i>Strongly Agree Agree Neutral Disagree Strongly Disagree</i>
32. Helped me recognize/identify new areas for assessment or exploration.	
33. Helped me identify youth assets/skills/strengths that can be used to help promote their resilience.	
34. Offered me/my team alternative perspectives and/or ideas for current medications and medication regimens.	
35. Offered me/my team ideas that would facilitate the youth living in the least restrictive environment.	
36. Offered me/my team new ideas for accommodations/assistive technology/sensory supports that could help the youth be more successful.	
37. Offered me/my team new resources to access for MSY and families that we support.	
38. Please provide any other comments you have on the value of participating in the SOC ECHO for MSY.	<i>(Open Ended Response)</i>

Appendix D: Post-Session Survey Participant Responses by System of Care

Fig. D.1 Survey participant responses to “The didactic presenter used an engaging presentation style”

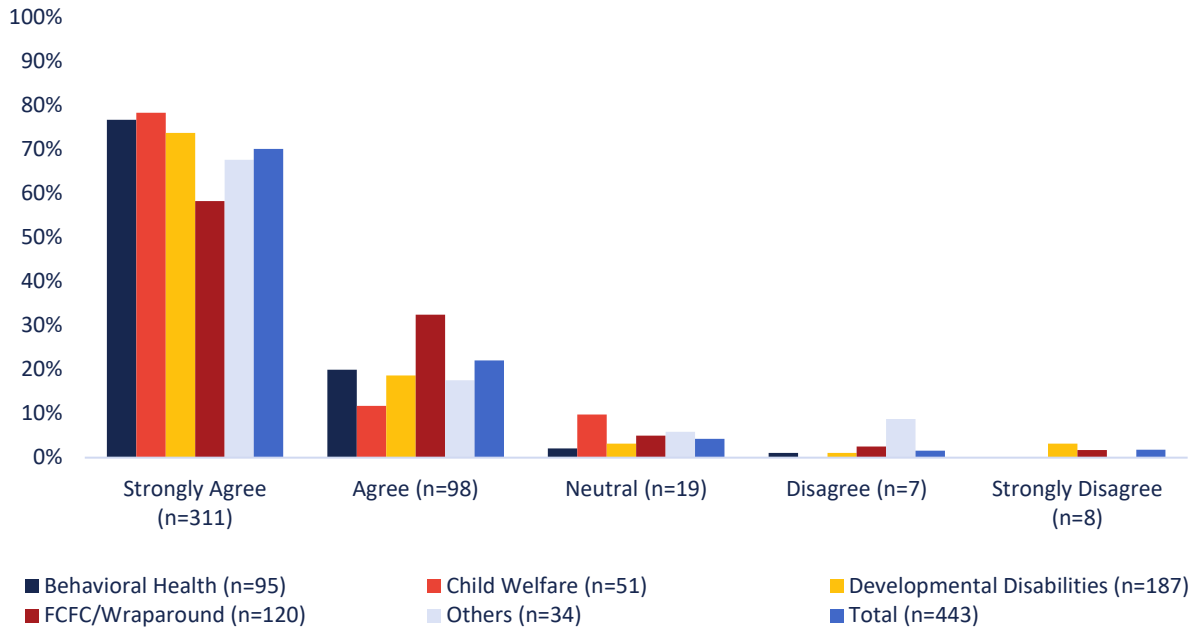


Fig. D.2 Survey participant responses to “The didactic presentation enhanced my knowledge of the topic”

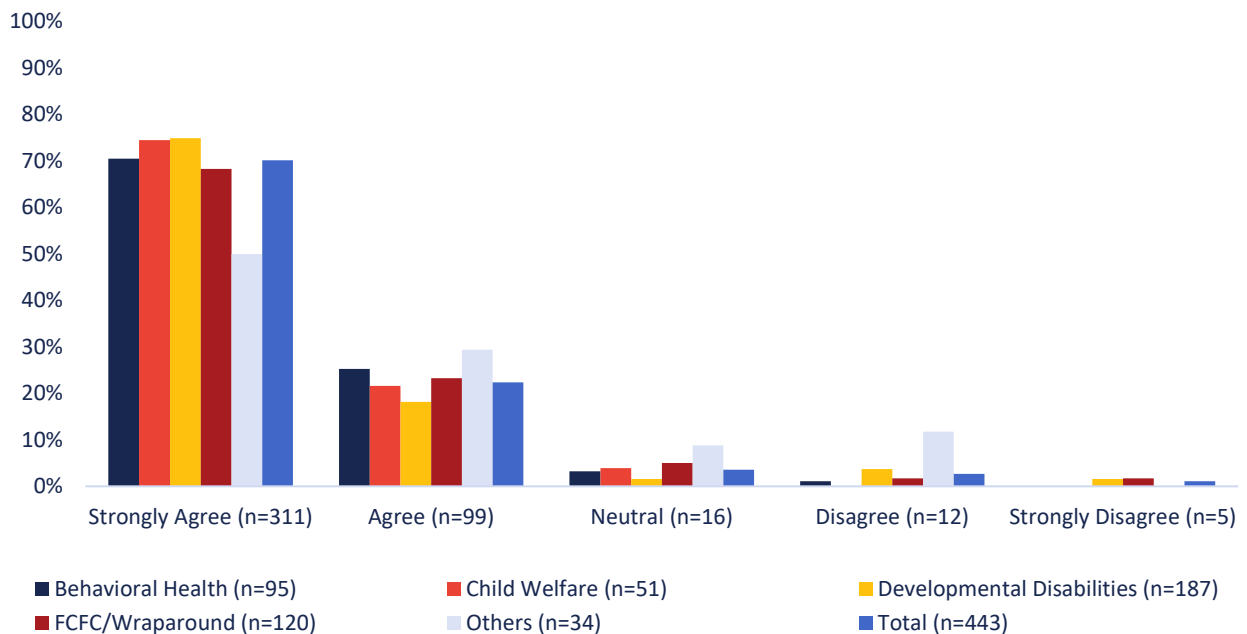


Fig. D.3 Survey participant responses to “The case presentation was relevant to my current or potential scope of practice”

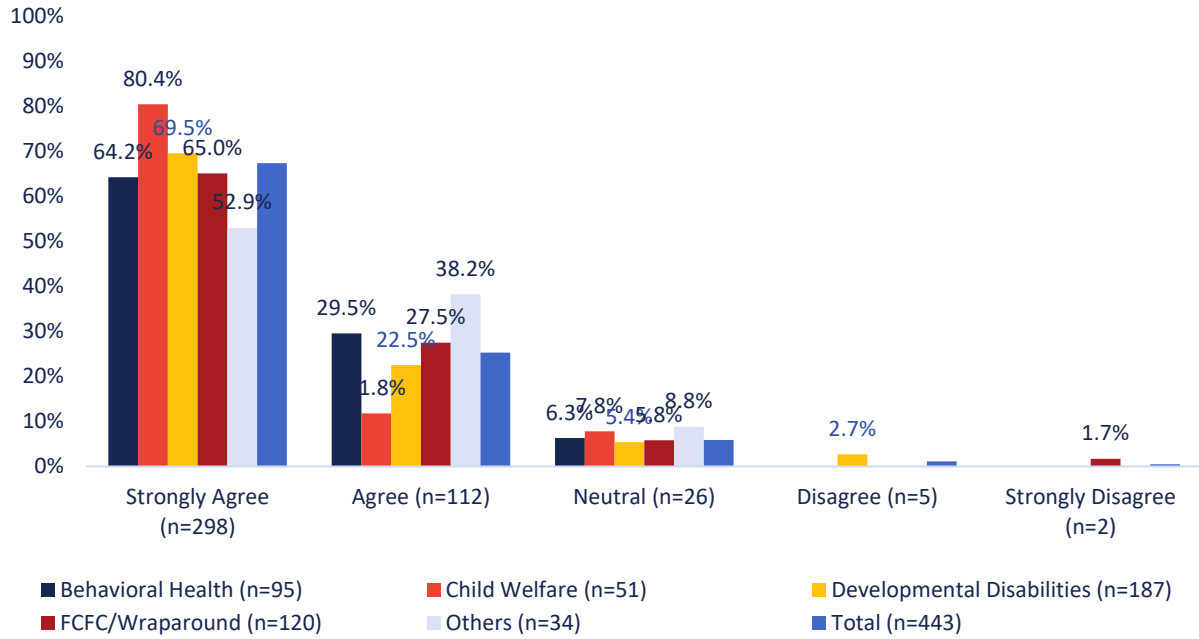


Fig. D.4 Survey participant responses to “The content of the case presentation added value to my overall knowledge about this topic”

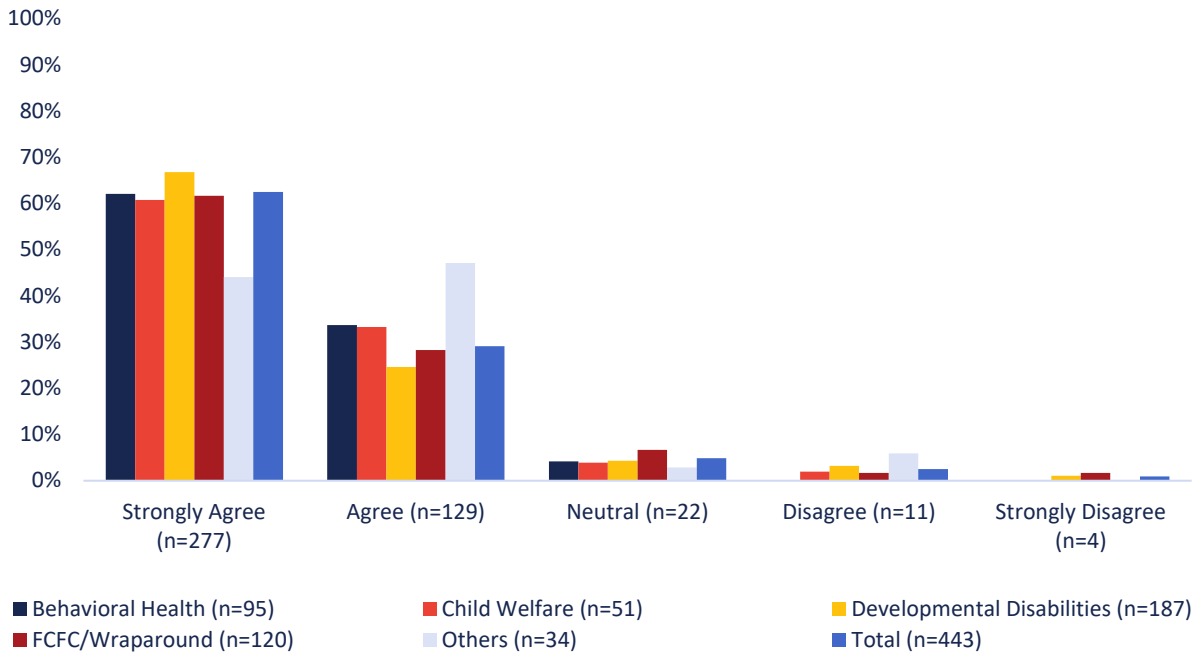


Fig. D.5 Survey participant responses to “This session gave me new ideas to use with youth and families”

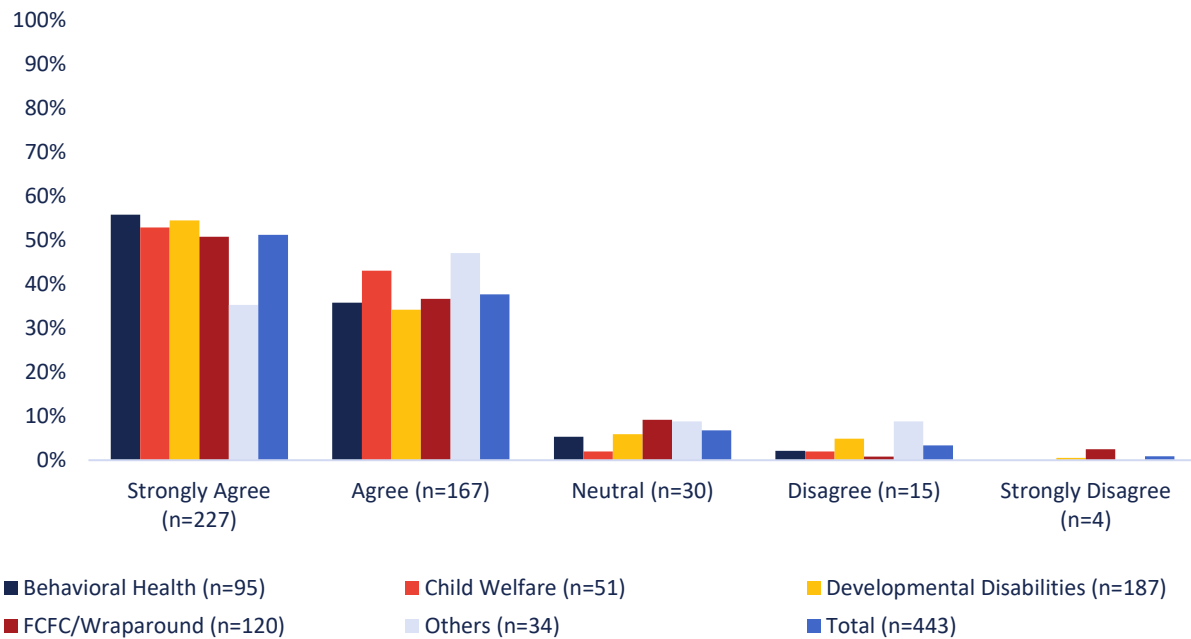


Fig. D.6 Survey participant responses to “This session helped me identify new/better treatment approaches”

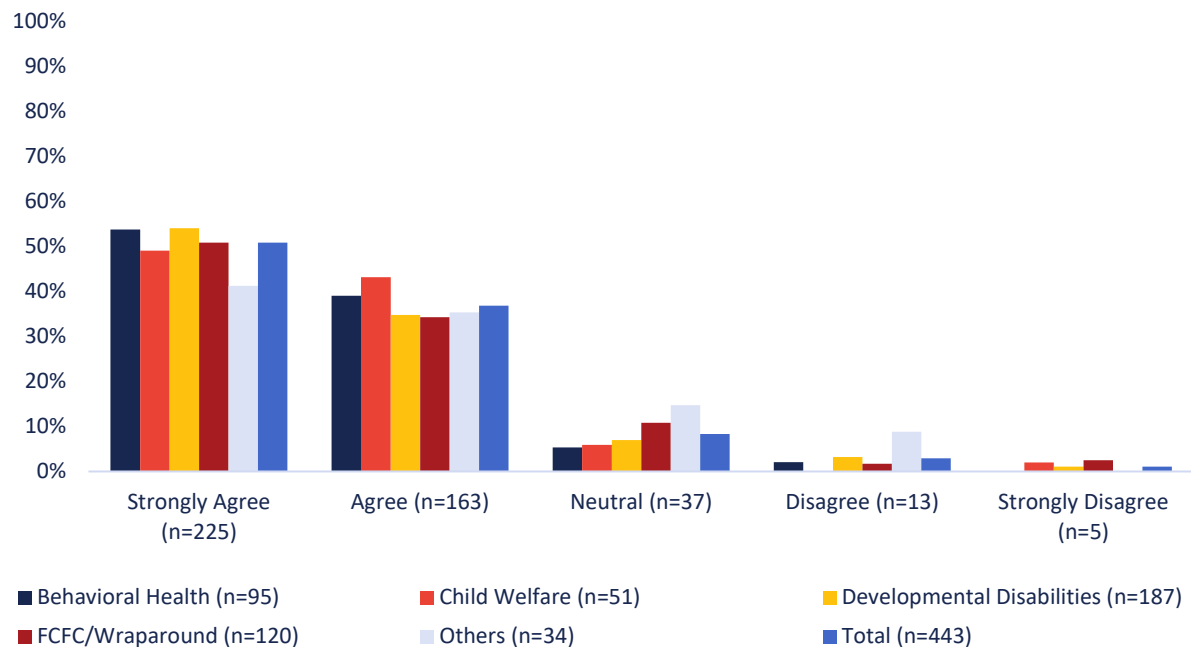


Fig. D.7 Survey participant responses to “This session helped me identify potential supports and/or resources for the youth/family”

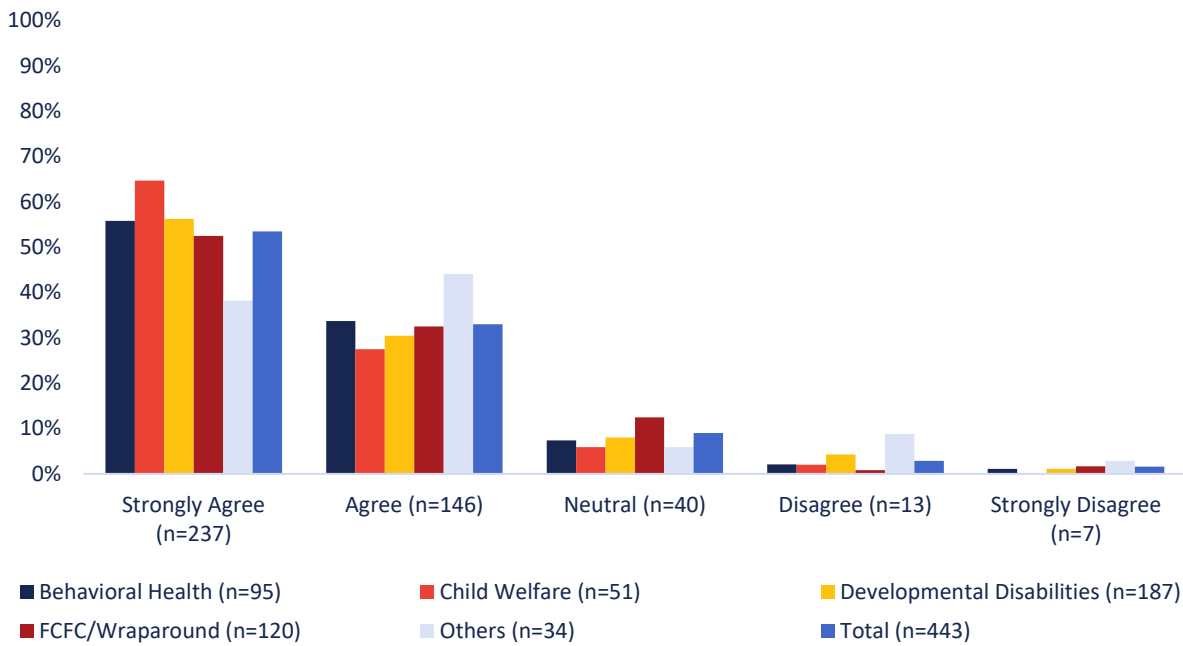


Fig. D.8 Survey participant responses to “The case discussion with the ECHO community was valuable for my work”

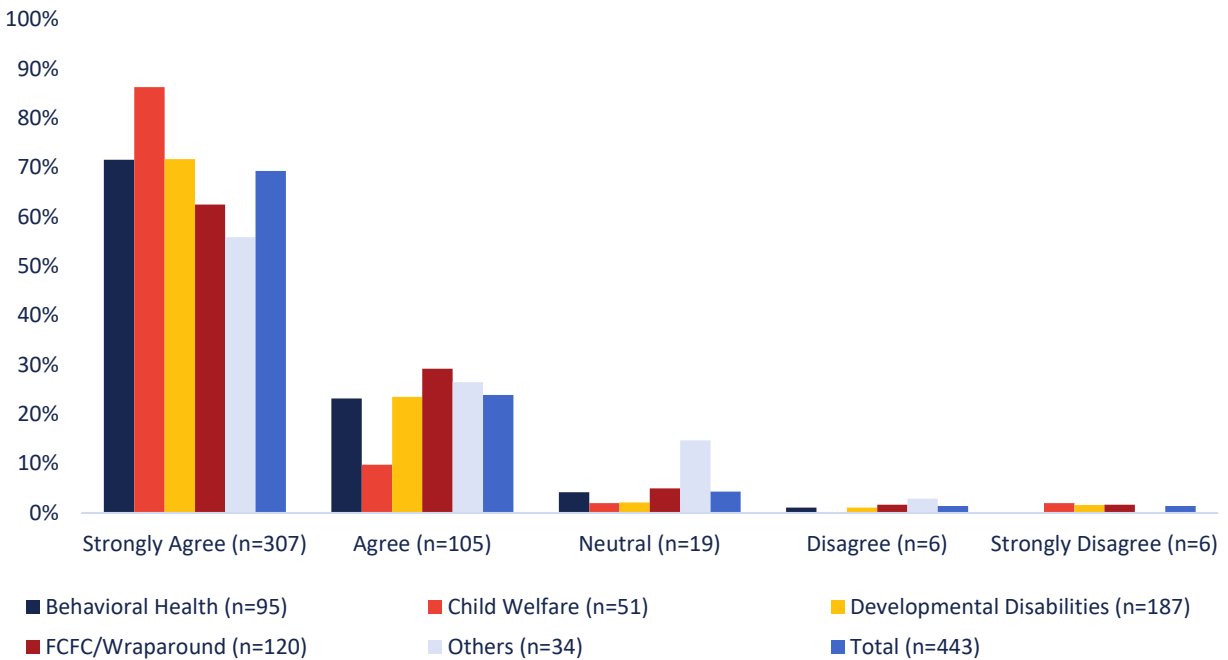
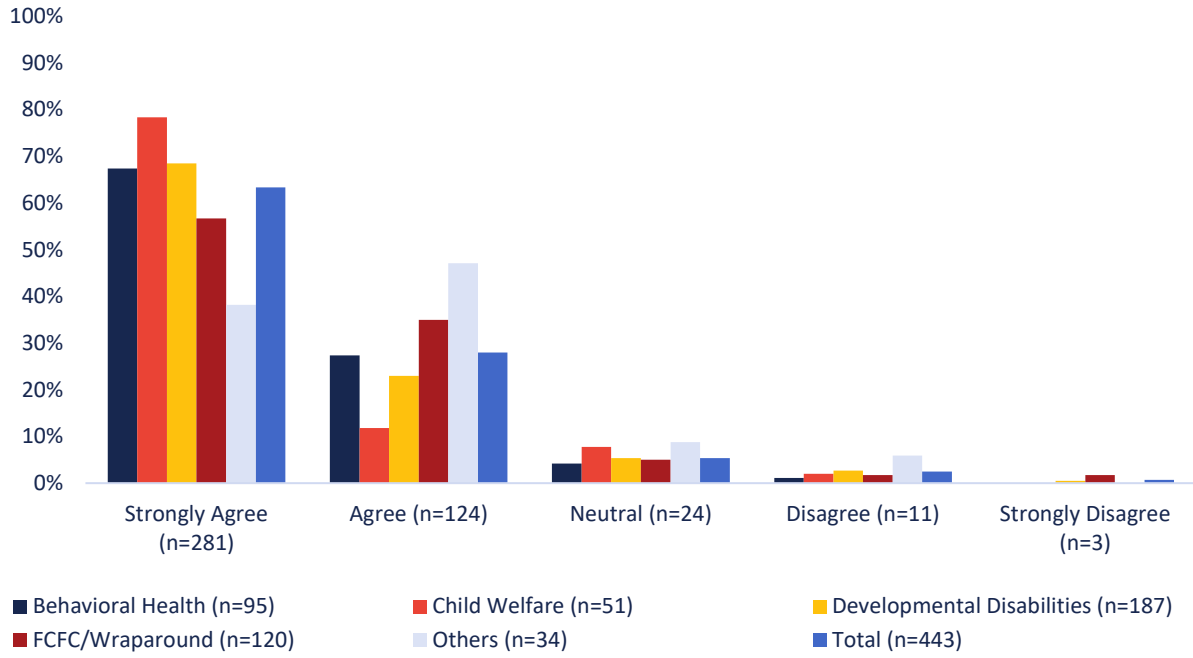


Fig. D.9 Survey participant responses to “The recommendations provided by the hub experts were valuable for my work”



Appendix E: YouTube Engagement: Views of Didactic Presenters

Table E.1. YouTube Engagement: Total Views of Didactic Presentations

Session	Didactic Topic	Views
7/23/2020	Overview of Project ECHO	97
7/30/2020	Pharmacogenomics	56
8/6/2020	Special Education	44
8/13/2020	Evaluation and Re-evaluation in Special Education	79
8/20/2020	“Other” Supports in Special Education	47
8/27/2020	Non-traditional Placements in Special Education	35
9/3/2020	Psychopharmacology and Polypharmacy	79
9/10/2020	Drug Interactions	33
9/17/2020	Adverse Effects and Contraindications	28
9/24/2020	Monitoring	36
10/1/2020	Cultural Competency in Psychiatry	32
10/8/2020	Differential Diagnosis	37
10/15/2020	Dual Diagnosis	59
10/22/2020	Genetics in Intellectual Disability	41
10/29/2020	Juvenile Detention Alternative Initiative	41
11/5/2020	Supporting LGBTQIA+ Youth	64
11/12/2020	LGBTQ+ Services and Supports	40
11/19/2020	Healthy Relationships, Sexuality, and Development	39
12/3/2020	Supporting Youth During a Pandemic	29
12/10/2020	Support Groups: MSY Youth & Parents	72
12/17/2020	Family and Parent Advocacy	22
1/7/2021	Employment Services & Options for YAA	16
1/14/2021	Education and Employment for Transition Aged Youth	31
1/21/2021	System of Care Approach for Transitional Age Youth...A work in progress	25
1/28/2021	Preparing Transitional Youth for Living Independently	27
2/4/2021	Suicide: Screening and Risk Assessment	41
2/11/2021	Suicide: Risk and Protective Factors	20
2/18/2021	Safety Planning & Lethal Means Counseling	32
2/25/2021	Suicide Risk & Prevention Intersections: Black & LGBTQ Youth	29

3/4/2021	Youth with Co-Occurring and Multiply-Occurring Needs	31
3/11/2021	Comorbidity in Prenatal Alcohol Exposure	70
3/18/2021	Treatment Considerations for Youth when Substance Use is Involved	26
3/25/2021	Youth Psychoactive Substances	10
4/1/2021	Food and Drug Interactions	35
4/8/2021	Nutrition Assessment in Complex Needs	15
4/22/2021	Picky Eaters & Other Food Sensitivities	20
4/29/2021	Healthy Eating: Tips from a Psychologist	8
5/6/2021	Sensory Integration & Sensory Diet	40
5/13/2021	Nutrition and Metabolic Impact	9
5/20/2021	OICALI Sensory Resources	7
5/27/2021	Sensory Sensitive Considerations & Supports for the Home	51
6/3/2021	Story in Process	28
6/10/2021	Co-Regulation	20
6/17/2021	FFPSA, Ohio Rise, and the COE	10
6/24/2021	The Resilience Project	14