



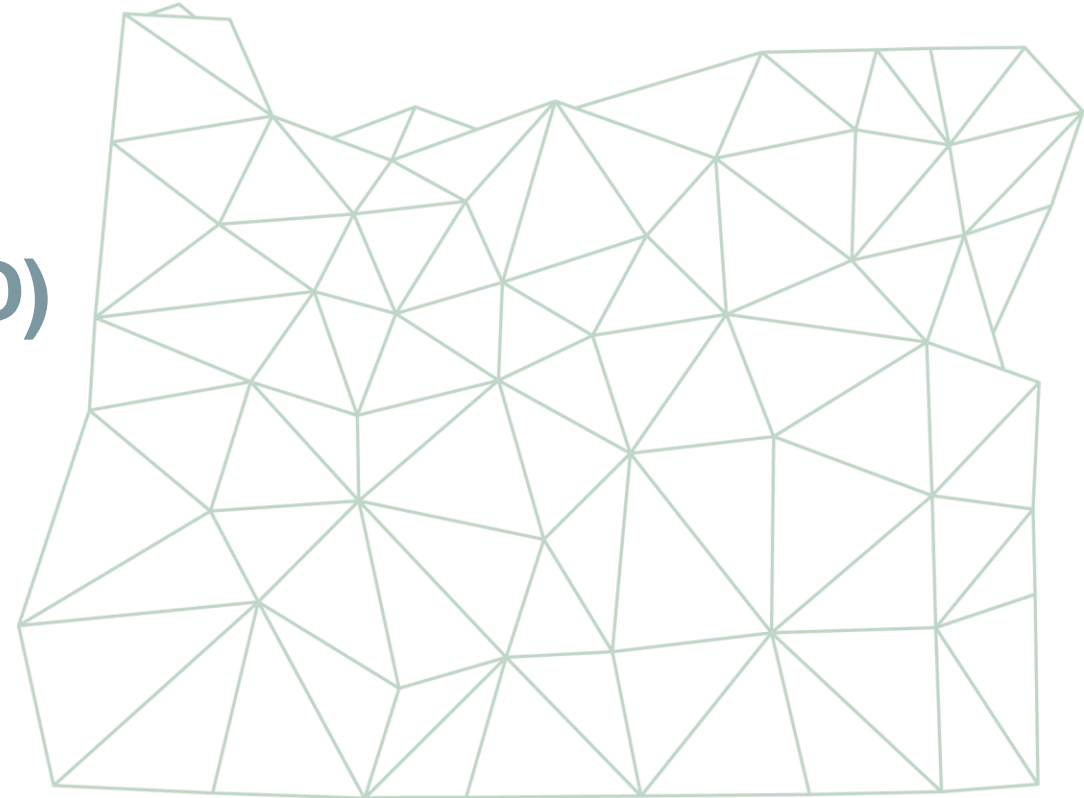
## HB 2502

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# Substance Use Disorders (SUD) in Adolescents ECHO

**Dan Hoover, MD** he/him

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Addiction Medicine ECHO Director  
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# What is ECHO?

- Telementoring learning framework for rural and under-resourced areas
- 1 hour Zoom sessions
- Once weekly for 1 quarter
- Half the session is short didactic by expert
- Half is an interactive panel conversation and Q&A
- Resource library available

## All Teach, All Learn



## We call it “all teach, all learn.”

ECHO participants engage in a virtual community with their peers where they share support, guidance and feedback. As a result, our collective understanding of how to disseminate and implement best practices across diverse disciplines continuously improves and expands.

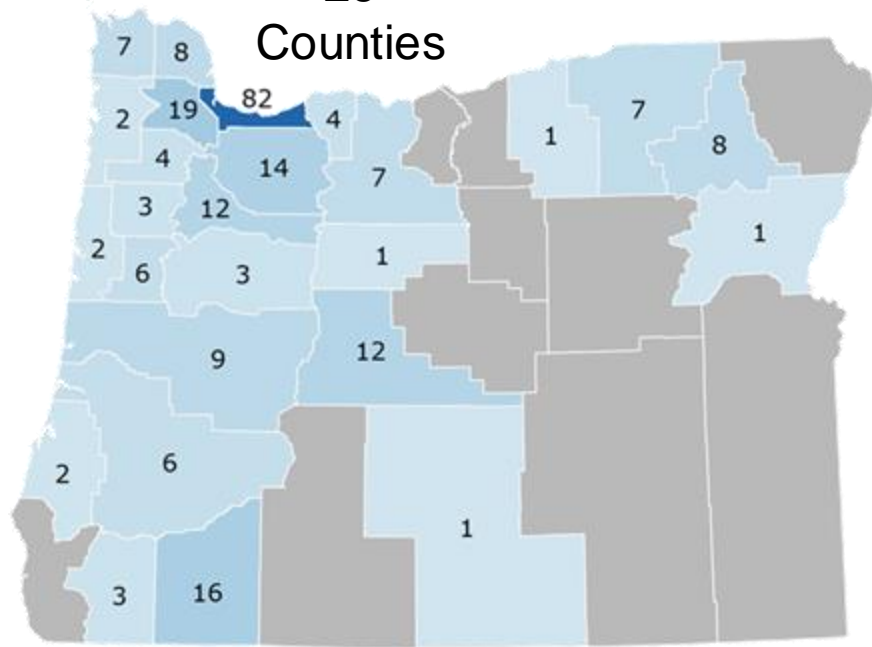
[Origins of ECHO Model at UNM](#)

# SUD in Adolescents ECHO x4, Winter 2023 - Fall 2024

## Goal

Improve care for adolescents with substance use in primary care, pediatrics, and behavioral health.

26  
Counties



Session	Didactic Topic
1	Intro to ECHO; Language & Stigma
2	Neurobiology
3	Screening and Brief Intervention
4	Mental Health & Substance Use Disorder
5	Overview of Opioid Use Disorder
6	Peer Support
7	Treatment of Opioid Use Disorder
8	Harm Reduction
9	Working with BIPOC and LGBTQ youth
10	Motivational Interviewing for Youth and Parents
11	Nicotine
12	Cannabis

# Testimonials by ECHO Participants in Support of HB 2502

The funding for Oregon Health and Sciences University's ECHO program is **critical to equipping primary care physicians** the tools to provide life saving care to youth with substance use disorders.

Amelia Baker, MD, PhD, IBCLC,  
Family Medicine Physician, Providence

This important ECHO provided me with the tools to allow me to collaborate with patients and their families as well as to **champion change within my organization to meet the needs of youth** in need of SUD services, as well as for youth with co-occurring disorder.

I still network with the ECHO team when I need advice on a difficult case and **without this support I would have no resources for assistance.**

Dawn Coglisier, MSN, Nurse Practitioner, Options for Southern Oregon

The case discussions were excellent.... Isolated clinical practice can sometimes discourage physicians because we may think that we do not know enough to help our patients. **Working as a team on complex cases increases our understanding and skill and it alleviates the stress and exhaustion** we may experience from thinking that we simply are not the right people to help our patients.

Moxie Loeffler, DO, MPH, Eugene Oregon



# SUD in Adolescents ECHO, Winter 2023- Fall 2024

## Further Participant Feedback

“This was my first ECHO program. I was **both awed and impressed by the experience of the faculty and presenters.**

The PowerPoint presentations were wonderful and will be a good resource for future reference. And the case presentations provided guidance on how to manage similar situations I encounter in my primary care practice.”

Winter 2023 participant

“I really liked that my questions were validated and answered, and that the questions [were] able to inform others in the group. **There was a safe space created where I felt heard and respected.**”

Fall 2023 Participant

“I was also impressed and happy to see the reframing of the case study client's presentation of behaviors away from the very stigmatizing term of "manipulative" to the understanding that **the behaviors are a call for help** and are communicating an unmet need in the client.”

Fall 2024 Participant

# SUD in Adolescents ECHO, Fall 2024

## Further Participant Feedback

### Level of confidence in performing targeted activities

How to IDENTIFY substance use disorder in adolescents in a primary care setting.

How to MANAGE substance use disorder in adolescents in a primary care setting.

Learn how to navigate patient privacy, autonomy, and partnership with parents in the care of adolescents with SUD.

Have a strong knowledge base in the chronic disease model of substance use disorder.

How to IDENTIFY unique properties of non-pharmaceutical fentanyl and its emerging impact on adolescents.

How to incorporate a peer support specialist into a primary care setting.

Learn to utilize available referral resources for adolescents.

	3.0	3.8
	2.5	3.7
	3.1	3.8
	3.0	3.9
	2.5	3.5
	2.5	3.4
	2.7	3.7

Not at all confident (1)

Extremely confident (5)

Note. ♦Pre. ●Post. n = 22.

# SUD in Adolescents ECHO, Fall 2024

## Further Participant Feedback

Please select the extent to which your practice setting has improved because of participating in this ECHO program

Screening is performed effectively to IDENTIFY substance use disorder in adolescents.

Substance use disorder is MANAGED effectively once diagnosed.

Harm reduction counseling and Naloxone are provided when appropriate.

Peer support specialists are involved to support patients.

	5.6
	5.7
	4.9
	5.6
Much worse than before (1)	Much better than before (7)

Note. n = 18-19.

# SUD in Adolescents ECHO, Fall 2024

## Further Participant Feedback

My participation  
in this ECHO  
program...

Improved my access to expertise in substance use disorders in adolescents.

95%

5%

Enhanced my skills in communication with patients and their families about substance use disorders in adolescents.

95%

5%

Provided me with resources for further training and mentorship.

82%

9%

9%

Increased the number of collegial discussions I have with clinicians and/or other practice staff about substance use disorders in adolescents.

86%

14%

Allowed me to learn about the experiences of other practices regarding substance use disorders in adolescents.

100%

Text Box 4

Helped me feel supported in my work.

95%

5%

Provided me with concrete examples of effective approaches to treating substance use disorders in adolescents.

95%

5%

Other

29%

71%

■ Yes ■ No ■ Unsure

Note. n = 22.

# EXPANSION – SUD Prevention and Early Intervention ECHO

## Goals:

- Increase engagement to school systems
- Bring healthcare and community partners together for education & collaboration
- Inspire systemic change



## Audience:

### **Leaders and administrators**

- School board members
- Superintendents
- Principals

### **Educators**

- Teachers
- Coaches
- Counselors

### **School-based health care providers**

- Nurses
- Health providers



**ORPRN**  
Oregon Rural Practice-Based  
Research Network



## Program Evaluation Report

Substance Use Disorders in Adolescents ECHO, Cohort 4, Fall 2024

March 11, 2025

Submitted by Michael Wohner; Emily Myers; Tuesday Graham

Oregon Rural Practice-based Research Network | Oregon Health & Science University

### PURPOSE

The goal of the Substance Use Disorder in Adolescents was to improve care for adolescents with substance use disorder and risky substance use who are treated in primary and pediatric care.

### FUNDING

This ECHO program was funded by SAMHSA State Opioid Response funds through the Oregon Health Authority.

### FORMAT

This project consisted of a 12-session ECHO program that met weekly from September to November 2024. The Oregon ECHO Network uses the Project ECHO® methodology to deliver its projects. Initially developed at the University of New Mexico in 2003, Project ECHO® (Extension of Community Healthcare Outcomes) is a telementoring program that builds the capacity of participants to manage common conditions that they typically refer to specialists outside of their setting. Using a simple webcam and basic technology, learners connect through an internet platform to collectively interact with an interdisciplinary team of experts in Substance Use Disorder in Adolescents. The sessions last about 60 minutes, and include a 20-minute practical, process-oriented expert presentation by a specialist, and discussion of one case with specialists and participants. All cases are de-identified and the healthcare learners maintain responsibility for care of any patients that are discussed.

### ECHO PROGRAM TEAM

#### FACULTY TEAM

**Lead: Rae Wright**, MD, Family Medicine, Addiction Medicine Specialist, Addiction Medicine Fellowship Director, PeaceHealth Vancouver

**Ana Hilde**, MD, MPH, Child and Adolescent Psychiatrist, Great Circle Recovery

**Isabella Shavlovsky**, Peer Support Specialist

**Diana Latorre**, LCSW, CADC-III, Clinical Director, Haven Counseling Collective and Co-Occurring Therapist, Iris Telehealth

#### ECHO STAFF

Tuesday Graham, OEN, Program Manager

Sarann Bielavitz, OHSU, Program Implementer





## CURRICULUM TOPICS AND DATES

**Table 1. Curriculum Topics, Description, Presenter and Dates**

Session	Date	Didactic Topic	Didactic Presenter
1	09/04/2024	Intro to ECHO; Language & Stigma	Rae Wright, MD & Ana Hilde, MD
2	09/11/2024	Working with BIPOC and LGBTQ youth	Shinjini Bakshi
3	09/18/2024	Neurobiology	Ana Hilde, MD
4	09/25/2024	Mental Health & Substance Use Disorder	Ana Hilde, MD
5	10/02/2024	Overview of Opioid Use Disorder	Rae Wright, MD
6	10/09/2024	Harm Reduction	Robert Sanders
7	10/16/2024	Treatment of Opioid Use Disorder	Rae Wright, MD
8	10/23/2024	Peer Support Services	Bella Shavlovsky
9	10/30/2024	Screening and Brief Intervention	Rae Wright, MD
10	11/06/2024	Motivational Interviewing for Youth and Parents	Diana Latorre, LCSW
11	11/13/2024	Cannabis and Vaping Part 1	Ana Hilde, MD
12	11/20/2024	Cannabis and Vaping Part 2	Ana Hilde, MD

## HEALTH EQUITY

During program planning, health equity is discussed. During sessions, subject matter experts point out opportunities to promote equity during case studies.

## METHODS

Participant demographics were collected during registration, including race, gender, organization, and location. To measure program effectiveness, a retrospective program survey was created and analyzed based on program objectives and the perceived practice changes and knowledge gained. For process monitoring, a post-session survey was distributed and analyzed 7 days after each session to understand participant needs; results were shared with the expert team prior to the following session. The post-session survey captured details regarding objectives, atmosphere, pace, and satisfaction. Both surveys included fixed response questions and open response items and were administered using the REDCap survey tool.

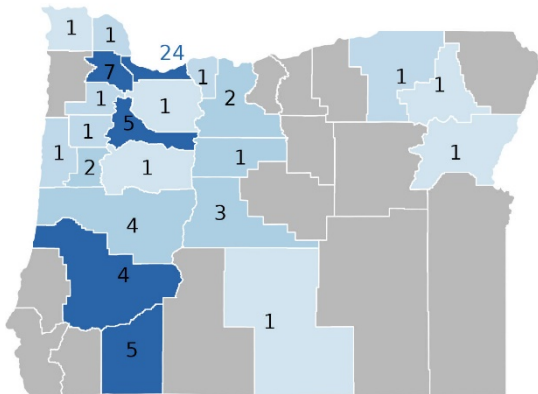
## ANALYSES

Registration, demographics, post-session surveys, attendance, and the pre- and post-program surveys were merged to create a clean dataset that was analyzed using *R*. Names and email addresses of participants were used to merge all datasets. The clean and final dataset included both quantitative and qualitative variables. In addition to quantitative and qualitative outcomes, the program's impact was described through a retrospective knowledge comparison. Similarly, all responses were aggregated for the post-session surveys to be able to report measures of participants' overall satisfaction.

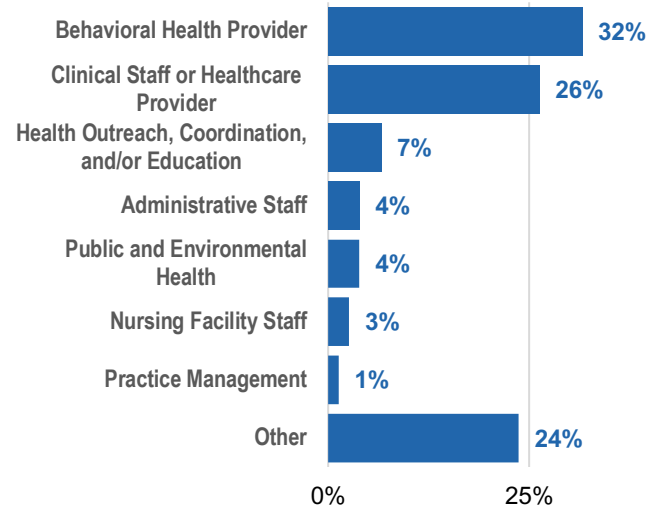
## Participation

One Hundred and one unique individuals registered for and were accepted to the Substance Use Disorder in Adolescents ECHO. Of those registrants 76 unique participants (75%) attended at least one session—on average, program participants attended 5.5 of 12. Participants were from 22 Oregon counties (Baker, Benton, Clackamas, Clatsop, Columbia, Deschutes, Douglas, Hood River, Jackson, Jefferson, Lake, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Union, Wasco, Washington and Yamhill) and 4 U.S. States (Alaska, California, Virginia and Washington).

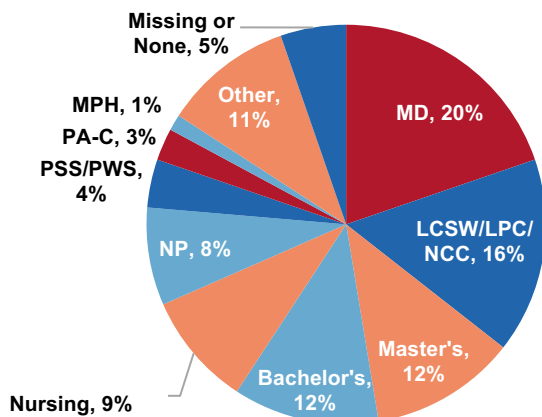
**Figure 1. Map of Participants (n = 69)**



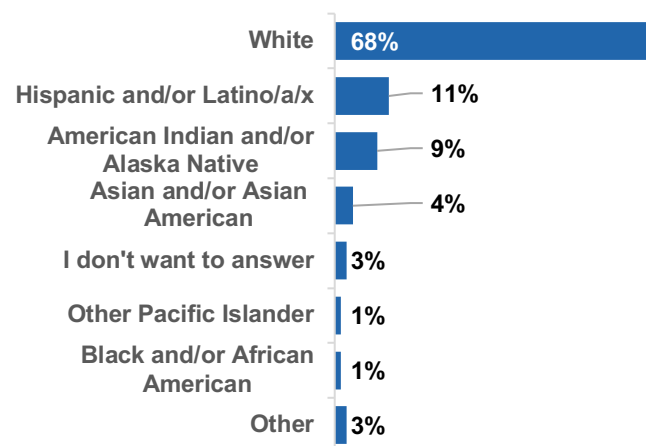
**Figure 3. Participants' Organizations (n = 76)**



**Figure 2. Participants' Credentials (n = 76)**



**Figure 4. Race and Ethnicity (n = 79)<sup>1</sup>**



<sup>1</sup> Other race/ethnicity responses: Basque, mix.

## Post-Session Survey Results

After each session, all registered participants were sent a post-session evaluation to assess quality. Table 2 shows the attendance and post-session survey response rates for each session, while Figure 3 summarizes the average feedback ratings across sessions compared to aggregated scores for all Fall 2022- Spring 2023 ECHO programs. The average session was attended by about 35 participants (range: 26 to 47 participants per session). Overall, sessions received strong ratings.

**Table 2. Post-Session Evaluation Response Rates**

Session #	1	2	3	4	5	6	7	8	9	10	11	12	Average
<b>Session Attendees (n)</b>	47	42	39	45	42	30	33	29	29	26	27	26	34.6
<b>Post-Session Survey Respondents (n)</b>	32	27	26	23	21	22	21	20	19	17	21	19	22.3
<b>Session Survey Response Rate (%)</b>	68%	64%	67%	51%	50%	73%	64%	69%	66%	65%	78%	73%	66%
<b>Overall session rating (1, low – 5, high)</b>	4.4	4.4	4.2	4.0	4.0	4.2	4.0	4.1	3.7	4.2	4.4	4.4	4.2

**Figure 3. Aggregated Post Session Survey Responses**

The ECHO session delivered balanced and objective content.

The ECHO session delivered evidence-based content.

The ECHO session was well organized.

There were ample opportunities during the ECHO session to ask questions.

The didactic presentation was relevant to the context of my practice setting.

The case presentation was relevant to the context of my practice setting.

The ECHO session's atmosphere felt welcoming.

Overall, the stated objectives of today's ECHO session were met.



Strongly Disagree (1)

Strongly Agree (6)

How would you rate the pace of today's ECHO session?



Way Too Slow (1)

Way Too Fast (5)

How would you rate your overall satisfaction with today's ECHO session?

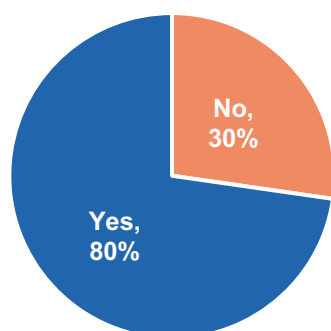


Note. Aggregated responses:  $n = 262-271$ .

Participants were also asked open ended questions. In this section, we have summarized these qualitative responses; complete responses are provided in the **Appendix**.

#### Figure 4. Anticipated Practice Changes from Post-Session Surveys

Do you plan to make any changes in your practice because of this ECHO session?



Aggregated responses:  $n = 271$ .

**What changes do you plan to make in your practice?**

**Language/approach:**

- Be more mindful about/use less stigmatizing language
- Use more open-ended questions/goal setting
- Practice/employ motivational interviewing
- Consider co-morbidities/co-occurring conditions more often
- Continue with harm reduction focus and advocacy efforts
- Encourage the use of peer support/peer contacts
- Discussing withdrawal symptoms w/ youth

**Screening/treatment:**

- Incorporate the CRAFFT screener
- Use Stages of Change model
- Use SBIRT regularly
- Start using PHQ A instead of PHQ 9
- Consider loneliness screening
- Screen for vape use
- Use mirtazepine for thc withdrawal
- Look into using of Naltrexone

**What are the barriers to making changes (if any)?**

- **Not applicable to participant role:**
  - Prevention educator, not a clinician
  - Far removed from direct practice
  - Work at a state-level, not direct services
  - Not seeing patients this age
  - Not a prescriber
- **Systemic barriers:**
  - Limited time
  - Limited staff capacity
  - Lack of training/need for more education
  - Lack of resources in community re: language services
  - Lack of leadership adapting change
  - "I haven't been able to connect any adolescents with a peer support locally. We only have them for those 18+ in age"

#### GENERAL QUALITATIVE FEEDBACK

Participants were asked generally what they liked best about the ECHO session and what aspects could be improved. Common themes across sessions are presented below, along with an illustrative quote from a participant.

**What did you like best about this ECHO session?**

**ECHO Environment:**

- Welcoming
- Organized
- Empowering

**What aspects of this ECHO session could be improved?**

- **Slower pace / more time**
  - Longer didactics
  - More time for cases
  - More time for questions



- Engaging
- Inspiring
- Feels safe and friendly
- Mix of perspectives
- Evidence-based overviews
- Didactics and cases
- High quality of expertise
- Real-world case examples
- Meeting colleagues/making connections
- Resources/information shared

- More in-depth conversations about medications
- Simplified slides

- **Make resources easily accessible** (post in one place, don't just link in slides, follow-up with information)
  - Request: Include a list of peer support resources in the state of Oregon
- Provide **more evidence** and/or **examples** of:
  - Peer support effectiveness
  - Harm reduction effectiveness
  - Motivational interviewing

#### ECHO Content:

- Dopamine pathway/neurotransmitters associated with SUD (session 2)
- Motivational interviewing techniques (session 3)
- Family dynamics (session 4)
- Fentanyl crisis (session 5)
- Peer support role (session 6)
- Vaping and nicotine (session 11)
- How cannabis works in the brain (session 12)

***LIKED BEST: "I was also impressed and happy to see the reframing of the case study client's presentation of behaviors away from the very stigmatizing term of "manipulative" to the understanding that the behaviors are a call for help and are communicating an unmet need in the client."***  
(Session 5).

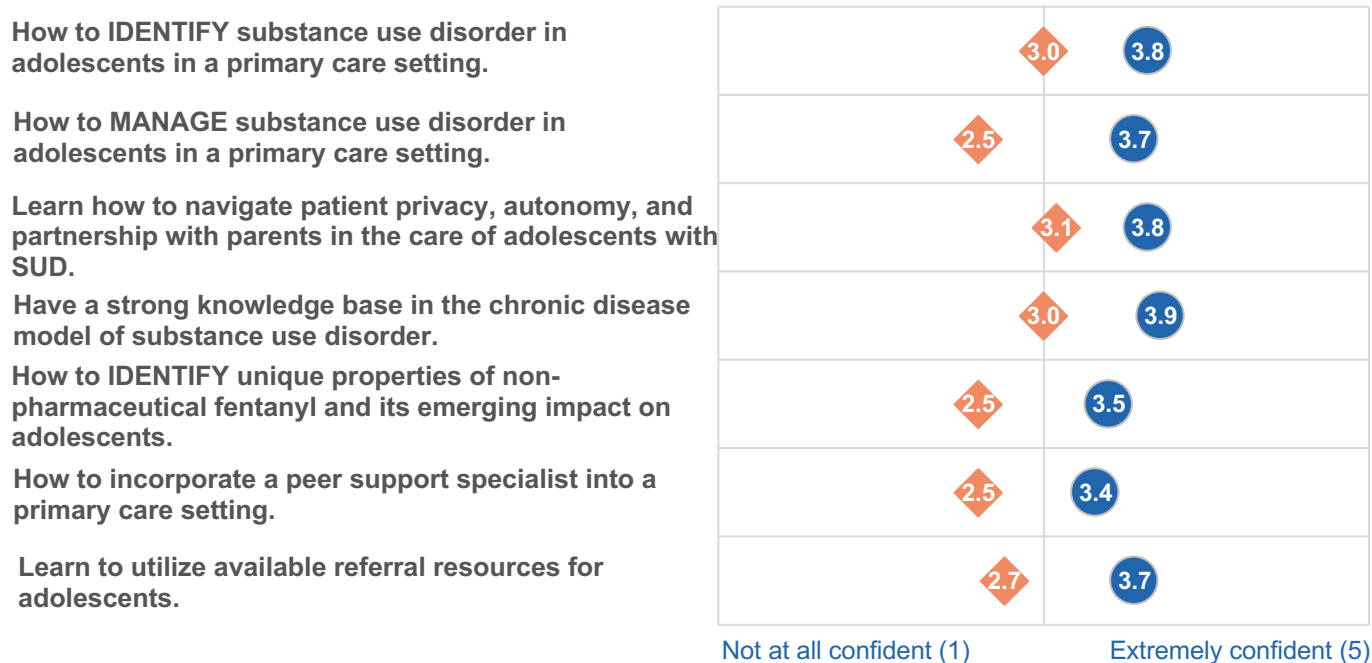
## Post Program Survey Results

Post-program surveys were sent to all participants. Twenty-two of the 76 participants who attended at least 1 session completed the post-program survey, yielding a response rate of 29%. Note that due to clerical error the surveys were sent out 4 weeks after the program had wrapped up, thus affecting the response rate.

## PROJECT AND PRACTICE EFFECTS

Overall, participants rated their knowledge and skills to recognize behavioral health conditions highly (**Moderately or Very knowledgeable**), with a positive change from their perception of prior to the program to post program (Figure 6). Prior to the program, confidence in knowledge of how to incorporate a peer support specialist into a primary care setting was rated the lowest but had an increase in the post-survey. Participants rated “have a strong knowledge base in the chronic disease model of substance use disorder” as the area where they were most knowledgeable.

**Figure 6. Level of confidence in performing targeted activities**



Note. ♦Pre. ●Post. n = 22.



Participants reported their practice has changed and is **BETTER THAN BEFORE**. Participants reported that they were much better when it comes to **MANAGING** substance use disorder effectively once diagnosed. (Figure 7).

**Figure 7. Please select the extent to which your practice setting has improved because of participating in this ECHO program.**



Note. n = 18-19.

**95%** of the post-program survey respondents said they were **LIKELY** or **EXTREMELY LIKELY** to use new information they learned in the ECHO program.

### CASE STUDY PARTICIPATION

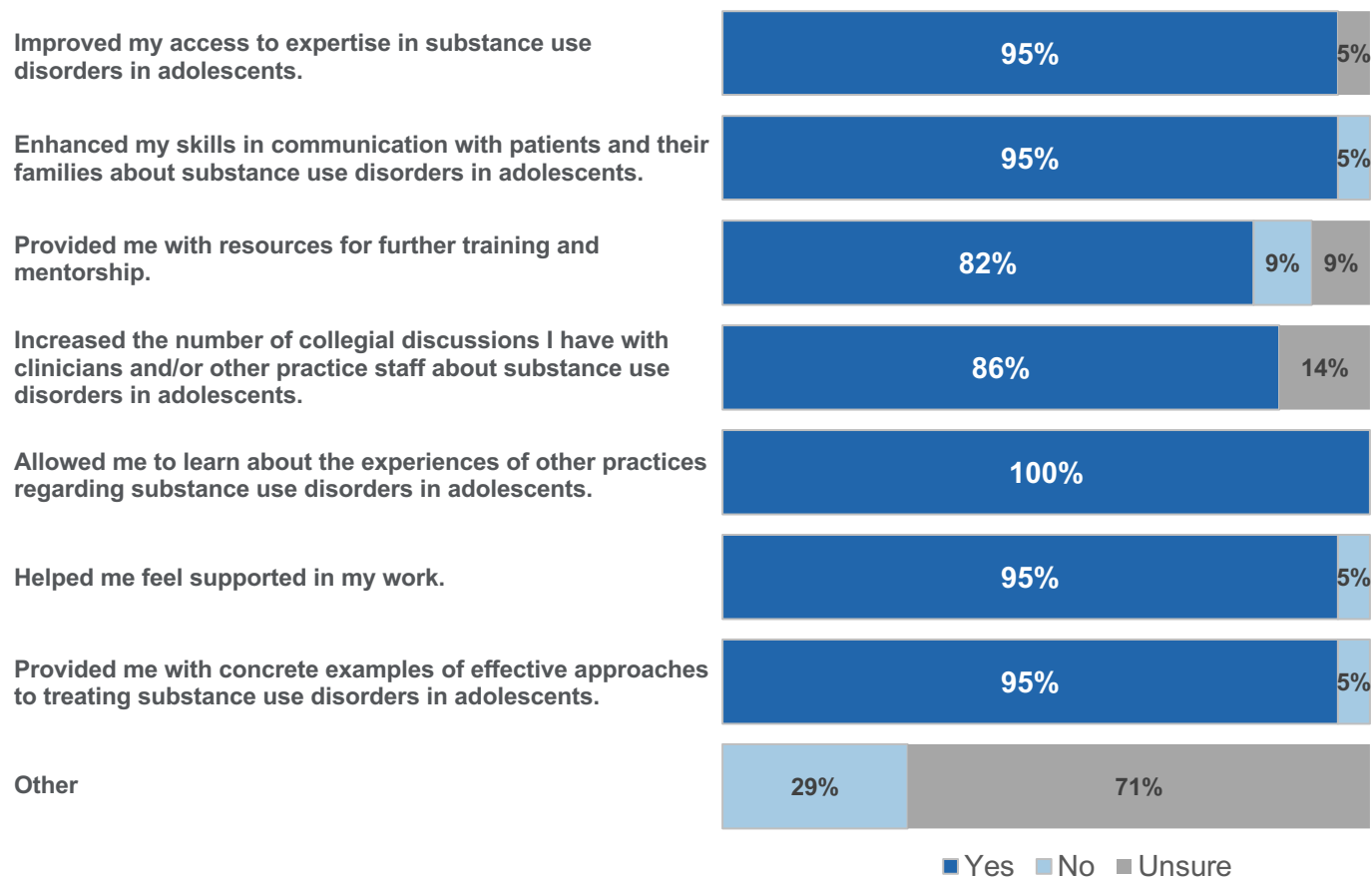
**Six** of the post-program survey respondents reported that they or someone from their organization presented a case (32%). Of those whose cases were presented, 6 reported that the **recommendations received about their case were helpful** (100%).

Case presentations were valued for enhancing clinical knowledge through access to new treatment approaches and addiction management expertise. They also provided the benefit of collaborative decision-making through group wisdom and cultural perspectives, ultimately improving direct patient care.

### PROGRAM BENEFITS

Respondents in the post-program survey reported that ECHO led to the following benefits (Figure 8). Participants reported an improvement in [their] knowledge and skills about substance use disorders in adolescents and the program enhanced [their] skills in communication with patients and their families about substance use disorders in adolescents.

**Figure 8. My participation in this ECHO program...**



Note. n = 22.

## SHARING INFORMATION & APPLYING KNOWLEDGE

An important component of Project ECHO is that participants share the knowledge they gain with other clinicians and clinic staff. As seen in Figure 9, 77% of participants shared knowledge or resources they learned in ECHO within their organization.

**Figure 9. Please answer the following questions regarding the frequency that you taught, shared, or applied information from the ECHO.**

I shared knowledge or resources I learned about in this ECHO within my organization.



I shared knowledge or resources I learned about in this ECHO beyond my organization.



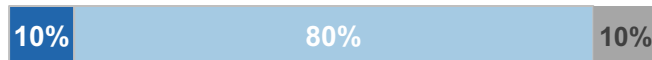
I provided a case consultation for a colleague on substance use disorders in adolescents.



I convened a group within my organization to discuss substance use disorders in adolescents.



My organization changed a policy or procedure regarding substance use disorders in adolescents.



■ Yes ■ No ■ Unsure

Note. n = 20-22.

**LIKED BEST:** *“This session made me think not just about how other conditions may be co-occurring, but mostly how to talk about that with an adolescent and get them into thinking about it, which may get them thinking more about change.” (Session 4)*

## PERCEPTIONS OF ECHO

When asked about the perceptions of ECHO, most post-program survey respondents were very positive about their experience:

- **Almost all** survey respondents **MOSTLY** or **COMPLETELY AGREED** “Clinicians and staff at my practice have been supportive of my involvement in ECHO.” (n = 21 out of 22)
- **Most** survey respondents **MOSTLY** or **COMPLETELY AGREED** that “Participating and learning about Substance Use Disorders in Adolescents through ECHO is an effective way for our clinic to enhance its expertise.” (n = 19 out of 22)
- **All** post-program survey respondents said **they would recommend ECHO** to a colleague. (n = 22)

***“I would love some of the experts from ECHO faculty and participants to present in schools!” – Participant***

When asked about the most helpful information and the most helpful aspects of participating in the ECHO, respondents cited the “motivational interviewing and the importance of peer support”, “the correlation between SUD and mental health”, and the “resources available for youth”. Access to resources and policy changes were cited as the main supports needed to make changes in practice now that the ECHO program is complete.

**SUGGESTED EDITS FOR FUTURE SURVEYS: No revisions to data collection tools suggested for future cohorts.**



## Appendix: Qualitative Responses from Post-Session Surveys

Substantive responses to the post-session survey open-ended questions are noted below (excludes responses such as “none,” “n/a,” etc.).

### SESSION 1: INTRO TO ECHO AND LANGUAGE & STIGMA

#### Do you plan to make any changes in your practice because of this ECHO session?

What changes do you plan to make in your practice?	What are the barriers to making changes (if any)?
<ul style="list-style-type: none"> <li>▪ Not necessarily change, rather I will use what I learned to guide my work with youth involved in the legal system.</li> <li>▪ being more mindful of the differences between adolescent SUD and adult SUD</li> <li>▪ Heart centered language concept was great!</li> <li>▪ role modeling non stigmatizing vocabulary.</li> <li>▪ I'll be more mindful of my language around substance use and stigma</li> <li>▪ Use less stigmatized language around substance abuse disorders</li> <li>▪ trauma informed informed bias</li> <li>▪ Words used</li> <li>▪ I hope to provide better care for youth using substances.</li> <li>▪ Using mindful person centered language.</li> <li>▪ Consider language used both clinical and personal.</li> <li>▪ Language used</li> <li>▪ Taking caution with the words I use</li> <li>▪ The language I am using when speaking to patients.</li> <li>▪ continue to be mindful of my language, word choices when interacting with patients</li> <li>▪ Assist other staff with using patient centered talk.</li> <li>▪ Take into account the words I use and how they can impact/reinforce stigma</li> <li>▪ Review all clinic forms with the mindset of "language matters".</li> <li>▪ I appreciated the dialogue on trauma informed language</li> <li>▪ Language shift, do help de-stigmatize mental health and substance abuse.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Will continue to focus on empowering patient centered language regarding communication to patients, providers as well as medical record.</li> <li>▪ This was my very first time attending any ECHO sessions. I am just getting a feel for what they are, what they do, and how I am going to benefit from them. I am sure I will make changes in the future.</li> <li>▪ none, just not any new info</li> <li>▪ Some barriers to making changes in providing care include lack of resources within communities, specific language services as well as lack of leadership adapting change.</li> <li>▪ Not much new information, but good for a first meeting</li> </ul>
What did you like best about this ECHO session?	What aspects of this ECHO session could be improved?
<ul style="list-style-type: none"> <li>▪ All of it</li> <li>▪ feels safe and friendly</li> <li>▪ It was very welcoming.</li> <li>▪ Great opening, liked being able to meet some of the other participants and break out rooms made it easy and more efficient. Really warm, welcoming group and leaders. thank you!</li> <li>▪ Learning about stigma. Meeting my colleagues.</li> <li>▪ meeting the cohort</li> <li>▪ Seeing where everyone was from</li> </ul>	<ul style="list-style-type: none"> <li>▪ It was fine for an introduction.</li> <li>▪ I think this session could have been condensed.</li> <li>▪ I do not believe there are any aspects that need improvement as of currently.</li> <li>▪ more info</li> <li>▪ smaller breakout groups. one person didn't have time to fully introduce themselves.</li> <li>▪ Transition between intros and didactic</li> </ul>



- 
- making community connections
  - Hearing about the other participants and leaders.
  - I enjoyed the opportunity to connect with everyone in the meeting, as well as having the opportunity to ask any questions. I additionally enjoyed the organization that the session had.
  - Meet and greet with the other professionals, great presenters and OHSU staff.
  - Meeting other people in the field
  - Over it was great for the short time we had.
  - feel of community
  - review of planned content.
  - Getting to see other participants backgrounds and locations
  - I liked that there are so many qualified experts getting together to discuss adolescent SUD and MH treatment / prevention
  - The organization and passion amongst ECHO faculty.
  - I enjoyed being able to hear from other professionals in the similar field and their purpose for joining the ECHO training.
  - The presenter was great!
- 

**Please list topics of future interest and additional comments regarding this session.**

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- How to engage a adolescent in making good choices for their own health.
  - Harm Reduction
  - working with ambivalent teenagers and resources for residential treatment
  - Adolescents and peer pressure
  - Family/social implications around SUD
  - Topics on Youth Vaping and Cannabis
- 

## SESSION 2: WORKING WITH LGBTQ+

### Do you plan to make any changes in your practice because of this ECHO session?

#### What changes do you plan to make in your practice?

- look into YSBIRT more
  - Talking to youth about the different factors affecting their decision-making when it comes to substance use/misuse.
  - Ask how risky behavior is positive for a patient
  - Start using CRAFFT again and risk assessment
  - Will try to implement all comments from today - ask "how is this benefitting you?" re substance use. Ask if they would return to see me in a few months. Try to provide information rather than counseling right away.
  - Learned good questions to ask, like: What do you want from your medical care? and How are drugs/alcohol uplifting your life? Also learned that helping teens understand their brains can have an impact on whether or not they continue using substances.
  - Look/review resources available in my area.
- 

#### What are the barriers to making changes (if any)?

- I work in systems level and did not find direct application, but did not necessarily expect to.
-

- Understanding more about exposure to substance use on age can give more insight as to the long term affects.
- Work out of Stages of Change model
- Use the info to help inform future initiatives.
- Trying to have more conversation regarding the use
- Using the CRAFFT screener more often.
- discuss use of CRAFFT screening tool
- different ways of motivational interviewing for teens when talking about substance use for the first time or during brief interactions.
- I will talk to young people about their brain development and the importance of the stages they go through.
- Introduce info on neurobiology into conversations on substance use
- Focus on rapport
- Provide psychoeducation regarding the teenage brain
- Since I have a system focus in my role, todays presentation and subsequent discussion will help me think through how we support providers treating our members.
- Use the scores on the screening tools to show the number on the website, that way the information isn't directly coming from me but an external source.
- offering therapy

What did you like best about this ECHO session?	What aspects of this ECHO session could be improved?
<ul style="list-style-type: none"> <li>▪ Loved the quick but evidence based overview of the topic and was interested in folks various approaches to the case presentation</li> <li>▪ Discussion</li> <li>▪ The content and pace</li> <li>▪ I love the neurobiology and information. I wish we could have spent more in-depth time on it.</li> <li>▪ IT was ALL great. thanks!</li> <li>▪ i LOVE this ECHO. Amazing talk by Dr. Hilde today, truly changed the way I think about brain functioning in adolescents.</li> <li>▪ I loved the lecture and the case.</li> <li>▪ I liked both halves of the echo. I thought the advice from faculty was really good.</li> <li>▪ I enjoyed the case presentation discussed during the session, as well as the strategies provided.</li> <li>▪ case presentation</li> <li>▪ I loved the brainwork portion.</li> <li>▪ I love how organized and thoughtful the ECHO operations are.</li> <li>▪ neurobiology presentation very information, discussion was great as well with participants</li> <li>▪ The case and the presenter. They both did an excellent job.</li> <li>▪ Dopamine pathway, and other neurotransmitters associated with substances</li> </ul>	<ul style="list-style-type: none"> <li>▪ more information on specific substances and their effects</li> <li>▪ This specific session was way too fast. The content is complex, even if some of the attendees are medical providers, not all of us are.</li> <li>▪ As above! Loved it! It helps so much to develop a thorough understanding of the neurobiology to integrate with psychology of addiction.</li> <li>▪ The presenter was a bit scattered.</li> <li>▪ More information on impacts when adolescents stop using, do those pathways change, how long does that take, differences between adults and adolescents in those aspects.</li> <li>▪ I thought that the slides and notes would be provided after the presentations. Is there a way to access them?</li> </ul>



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- I thought the education about the teenage brain was very helpful when linking impulsive behaviors
  - interactive nature
- 

**Please list topics of future interest and additional comments regarding this session.**

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- FASD
  - When is inpatient treatment better than outpatient treatment? How to help parents be patient with the process of disengaging from substance use.
  - euphoric recall
  - trauma-informed collaborative problem-solving residential BH services
  - Based on prevention science evidence, what are the most effective ways to teach young people about substance use and risk?
  - EMDR, techniques for SUD
- 

### SESSION 3: NEUROBIOLOGY

#### Do you plan to make any changes in your practice because of this ECHO session?

##### What changes do you plan to make in your practice?

- Meds to help with cannabis withdrawal, thanks!
- integrating mental health for the clients who we serve.
- I'm going to show the graph on the CRAFT
- Very helpful to see the CRAFT graph to show patients. Also really helpful to think about how to treat marijuana withdrawal.
- I will use more motivational interviewing, open-ended questions around substance use in my teens. Probably also good techniques for eating disorder patients.
- New ways to treat marijuana withdrawal symptoms
- Continue to work on Brief Interventions and MI skillset to make the most of contact with students.
- Use different screening forms recommend
- Continue to try and implement screenings and motivational interviewing
- CRAFT screening
- Start using the CRAFT. Consider some of the other screening tools suggested in the chat by participants
- Using the SBIRT regularly
- I will probably dwell longer on the chief complaint and use motivational interviewing to help the patient decide whether and how cannabis may be leading to the anxiety and hyperemesis.
- Reviewing drug interactions with Lexapro
- informed practice
- Applying new knowledge to systems planning
- I will use discussion topics and content to make changes.
- Increase collaboration.
- I plan to talk with my colleagues about the screeners presented today. I am not sure if any of them are used in a school based setting outside the Counseling Office.

##### What are the barriers to making changes (if any)?

- Much of the information on screenings felt more tailored towards a primary healthcare setting.
- I am doing sbirt and checking for SUD
- Not applicable to my profession
- I work in state-level government oversight and not direct services.
- I already implement SBIRT with all preteen and teens at every visit. I may further develop my motivational interviewing skills to make the screening more effective.
- No barriers but I don't see using the screening tools in my scope and practice, though it was good to learn about them for my own knowledge.



What did you like best about this ECHO session?	What aspects of this ECHO session could be improved?
<ul style="list-style-type: none"> <li>the resources</li> <li>i appreciated the slides and the information on the OARS.</li> <li>discussed a common situation that I see clinically</li> <li>really enjoyed the reality of the case presented - and framing this as she is actually contemplative rather than hopeless.</li> <li>talking about motivational interviewing and how to motivate teens to abstain from substances</li> <li>lecture</li> <li>Case presentation, very relevant to current practice.</li> <li>Learning about new tools to me and also the presentation and feedback.</li> <li>The case example.</li> <li>Resources provided</li> <li>the didactic</li> <li>Discussion with the presenter. Questions from the audience. Resources and tools suggested by presenter and audience members.</li> <li>It was very empowering and engaging.</li> <li>Information shared.</li> <li>Learned about screening tools and how they have been adapted to more current drug use</li> <li>There were lots of perspectives from different providers.</li> </ul>	<ul style="list-style-type: none"> <li>Seems like a lot of information to cover in such a short time</li> <li>Rather than listing web links in the slides alone, I would be glad to see people post them all (or the ones they want to emphasize) in the chat. I intend to access references later, but I rarely manage to do so. Bookmarking them during talks helps me a lot. And I often send the references to myself on Instapaper for my reading list. (It's a neat app to keep reading organized).</li> </ul>
Please list topics of future interest and additional comments regarding this session.	
<ul style="list-style-type: none"> <li>I'm glad we're going deeper into motivational interviewing in this ECHO</li> <li>I would like to be able to watch a video recording of the sessions I have to miss</li> <li>What topics are good for group process</li> <li>Evidence review for cannabis use disorder and withdrawal treatment. Curious about NAC and gabapentin, other meds. I would want to know dosing for kids for all meds. I don't know anything much about med dosing for teens and kids generally. I would be glad to present a case, but I'd have to ask around to see if someone in my community could present it for my turn. I do not have any teen or child patients currently.</li> <li>Holistic Healing, Health, Nutrition and Wellness</li> <li>Integrative Health</li> </ul>	

#### SESSION 4: MENTAL HEALTH & SUBSTANCE USE DISORDER

##### Do you plan to make any changes in your practice because of this ECHO session?

What changes do you plan to make in your practice?	What are the barriers to making changes (if any)?
<ul style="list-style-type: none"> <li>I will use the information in my work as a graduate student mental health provider for youth involved in the judicial system in Washington County</li> <li>Resilience questionnaire. thanks!</li> <li>I will start using PHQ A instead of PHQ 9 for youths</li> <li>Thinking about co-occurring ADHD with substance use disorder and treating ADHD</li> <li>I will make sure to fully eval mental health whenever I see a patient with substance use - now that I know the prevalence of dual diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>Screening tools that are relevant for my population.</li> <li>Not seeing patients this age currently</li> <li>Not as applicable for my field</li> <li>No barriers to making change. I am doing a lot of what was discussed.</li> <li>Interesting discussion on the case example.</li> <li>I am not a practitioner. I am a prevention educator. I will be using this information to help inform my work, but am not a clinician.</li> </ul>

- Have more confidence to diagnose ADHD in older adolescents. Consider co-morbidities to anxiety and depression.
- Continue to impress upon patients and professionals alike that substance use is rarely a standalone condition with no MH precursor or aftereffects.
- Will be looking at different diagnostic inventories to use with adolescents.
- Treatment
- I plan to evaluate patients with anxiety and ADD differently and use NAC occasionally (not part of my current practice since I'm an internist).
- How I talk with adolescents about the impact that substances may be having on them,
- I appreciated the viewpoint on how to change language to be less bias
- more screens
- Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.
- Increase collaboration.
- Keep info and supports in mind

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**What did you like best about this ECHO session?**

- I enjoyed the overview of medication options and their efficacy with young people as well as the risks.
- The presentation!
- The presentation
- Dr. Hilde's presentations are wonderful and very thought provoking.
- I loved the whole thing.
- The case presentation was very detailed and the family dynamic's effect on the presenting patient.
- Just the overall presentations
- The ability to interact
- didactics
- Presentation - didactic, and case discussion
- This session made me think not just about how other conditions may be co-occurring, but mostly how to talk about that with an adolescent and get them into thinking about it, which may get them thinking more about change.
- timely
- The training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.
- Information shared.
- Case presentation

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**What aspects of this ECHO session could be improved?**

- Allow for the didactic to be longer. The case presentations are very short and there's ample opportunity to ask questions and provide feedback, so taking a little more time to teach the material wouldn't greatly affect that portion of the training.
- more time
- Everything appeared just right.
- Length of time so it doesn't feel rushed
- There wasn't quite enough time for questions. But the content they had was so great that it was still excellent on the whole.
- Some wrap up of the didactic section that reincorporates the different conditions into the topic.

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**Please list topics of future interest and additional comments regarding this session.**

- more information on medications to help adolescents get off drugs of choice, and ideas on how to get kids to start connecting with their social circles - as you mentioned that connection is so important to mental health
  - the need for integrated BH/SUD services, warm handoff culture, educating our insurance overlords about the link between SUD and MH and increasing access to tx for both.
-



- Panic attacks. I still give people a limited number of tabs of benzo per month for this because many of them do not need daily medication, or won't take it. And high quality therapy is very hard for Medicaid patients to get and attend.
- Future recommendations: Holistic Healing, Health, Nutrition and Wellness
- Integrative Health
- Collaborating with school teams

## SESSION 5: OVERVIEW OF OPIOID USE DISORDER

### Do you plan to make any changes in your practice because of this ECHO session?

#### What changes do you plan to make in your practice?

- I am able to provide more up to date facts about our current drug supply to clients
- print materials for clients. share websites
- use of family therapy (access is always challenging though)
- At times I'm nervous to push ADHD treatment in adolescents, but the continued talk about self medication and need to consider comorbid diagnoses is helping open my eyes to the importance of considering good ADHD treatment. Also, love how you emphasize connection and that all behavior is communication - I will ask my patients what need they are trying to fill with SUD.
- Make sure patients who wish to quit nicotine get high enough dose of patches + gum and offer Wellbutrin more often Use Vyvanse when there is potential for abuse
- Naltrexone use as a new tool for cutting
- Remind myself and staff to watch out for the use and context of the word "manipulative" as opposed to viewing behavior as how a person is getting their needs met.
- Screen for more substance issues that what we do now.
- Look more into the use of naltrexone
- More education with my teens regarding fentanyl risks.
- As an adult medicine physician, I do not recommend family therapy but I know it could really help this patient and many youths if they were open to it.
- Exploring language used with adolescents (e.g manipulation)
- Increased awareness for a well-rounded team to include emotional-behavioral counseling.
- Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.
- Increase collaboration.
- Just keeping lots of these factors in mind

#### What are the barriers to making changes (if any)?

- I am very far removed from direct practice - but these trainings are helpful for my systems level work.
- Most of this I was familiar with already
- informative not performative
- I am a prevention educator, not a clinician.

#### What did you like best about this ECHO session?

- resources
- The whole thing

#### What aspects of this ECHO session could be improved?

- More specifics about some medications like Quelibree, naltrexone and how to use them in primary practice



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|--|--|
| <ul style="list-style-type: none"> <li>▪ Learning more about the fentanyl crisis with regards to kids in OR</li> <li>▪ Case presentation</li> <li>▪ info session on fentanyl and other substances teens are using</li> <li>▪ Sharing of ideas</li> <li>▪ Watching and listening to the doctors and providers 'workshop' the case presentation.</li> <li>▪ Presentation</li> <li>▪ All of it. Great topic. Great presentation. With all the "serious" and quickly fatal drugs, I often overlook nicotine use.</li> <li>▪ Medication discussion. Discussion of his psychological needs, esp. belonging, sense of meaning.</li> <li>▪ Case was interesting, many parts going on and a more complex situation.</li> <li>▪ Complex case discussion and always good to hear latest research and information</li> <li>▪ The training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.</li> <li>▪ Information shared.</li> <li>▪ It was helpful to see what types of data are being shared, since a large part of my job is educating the public on trends in use, perception of risk, and overdose rates. I was also impressed and happy to see the reframing of the case study client's presentation of behaviors away from the very stigmatizing term of "manipulative" to the understanding that the behaviors are a call for help and are communicating an unmet need in the client. It is frustrating to hear young people referred to as "manipulative" and disappointing to know that their treatment is affected by such stigmatized perceptions of behavior.</li> <li>▪ Understanding resistance to treatment and high # of deaths in teenagers due to overdose</li> </ul> | <ul style="list-style-type: none"> <li>▪ felt the case was rushed</li> <li>▪ more time for case</li> </ul> |
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- 

**Please list topics of future interest and additional comments regarding this session.**

- going more in depth regarding treatment strategies
  - Future recommendations: Holistic Healing, Health, Nutrition and Wellness
  - The session was outstanding.
  - Teaming with school and outside supports
- 

## SESSION 6: HARM REDUCTION

### Do you plan to make any changes in your practice because of this ECHO session?

#### What changes do you plan to make in your practice?

- I plan on incorporating what we learned into counseling youth at the WashCo Juvenile Department

#### What are the barriers to making changes (if any)?

- I learned a lot about the peer support roll. But at this point I haven't been able to connect any adolescents
-

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ I was not able to open the google doc. I would love more resources for peer support other than the ones I worked with when I worked with more adults in the past.</li> <li>▪ We would like to connect with peer support for our youth in detention</li> <li>▪ I will put more emphasis on peer contact and limiting social isolation in my patients who struggle with drug use.</li> <li>▪ Make sure patients who complete SUD treatment are connected to a mentor program</li> <li>▪ Learn more about virtual and in-person peer support services for youth.</li> <li>▪ Help to inform programming.</li> <li>▪ Looking for more resources to be able to help individuals.</li> <li>▪ inquire about peer supports in my organization</li> <li>▪ look up clinics that offer CM for StUD since there are a few of them now</li> <li>▪ Incorporate resources like 4D recovery in conversations about resources</li> <li>▪ Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.</li> <li>▪ Increase collaboration.</li> <li>▪ Consider the program discussed for possible referrals</li> </ul> | <p>with a peer support locally. We only have them for those 18+ in age.</p> <ul style="list-style-type: none"> <li>▪ No barriers, good to know about peer support options.</li> <li>▪ I do not yet have an identified change I have influence on</li> <li>▪ our clinic utilizes peer supports this session did help me learn more about their role though which I appreciate</li> <li>▪ Was aware of the content today.</li> <li>▪ I will continue to advocate for ALL students (black, brown, special education, poverty, rural communities, addictions, etc)</li> </ul> |
|---|---|

#### What did you like best about this ECHO session?

- The case presentation
- I love didactics- I love to learn. I also like to hear other people's experiences.
- learning about how a peer support roll works and the psychiatric perspective at the end.
- I liked knowing that there are peer support people in the community. I hadn't even thought of that.
- Everyone's insight and combined problem solving
- Peer Mentors getting their recognition.
- The lay out of the presentation.
- the explanation of peer support services
- learning presentation
- hearing a peer support give the case presentation
- Case presentation was great. I liked the focus on the patient's strengths, social supports, and rapport.
- Case with aspects beyond SUD. Good to remember to incorporate all the needs and barriers
- the links in the chat
- The training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.
- Information shared.
- Discussion of peer-to-peer support as part of equation

#### What aspects of this ECHO session could be improved?

- The didactic presentations do not need to be so short and fast. There is always time at the end that could have been used to make the presentation more complete.
- I just found this survey in my email. I work with school-based therapists. SUD is a huge issue in schools as we know.
- this is a big ask and maybe not the roll of the echo, but a list of peer support resources in the State of Oregon
- Knowing what resources for SUD treatment and peer support there are outside the Portland area. Also, explaining what contingency management is.
- Info for similar programs in other parts of the state
- I would like to hear more of SUD clients and working with them and not as much dual diagnosis as that is what I work with.
- It is possible that I'm alone in this perspective... I've heard a lot about peer support and most systems approach it the same way. But what's missing for me in peer support discussions is evidence. I have never heard anyone present research on outcomes for patients randomized to peer support vs. usual care. I also have never heard of any evidence that peer support organizations that are free-standing have any measurable outcomes in terms of SUD remission. I have worked with a lot of peers and they've been





great when integrated into healthcare. I do not have data either.

- Maybe a little more time and detail about program

**Please list topics of future interest and additional comments regarding this session.**

- How to work better with the schools while understanding each other's roles and barriers/strengths to meet our mutual goals for the student/patient with SUD and mental health/trauma concerns (which I see as often hand in hand).
- Not sure, except a little about contingency management.
- recruiting and training youth to be peer mentors
- More about specific SUD treatment and adolescents.
- --research on outcomes for patients randomized to peer support vs. usual care. --evidence that peer support organizations that are free-standing have any measurable outcomes in terms of SUD remission.
- partnerships between community and schools - advocacy for more funding for adolescents.
- Future recommendations: Holistic Healing, Health, Nutrition and Wellness
- The training session was very informative.

## SESSION 7: TREATMENT OF OPIOID USE DISORDER

### Do you plan to make any changes in your practice because of this ECHO session?

#### What changes do you plan to make in your practice?

- Working with adolescents involved in the Juvenile system (teens) I will have several opportunities to apply and this knowledge and I'm always reading more on the subject.
- magnesium!
- Consider using Magnesium for muscle cramps May up titrate bup dose to 32mg for youths using high doses of fentanyl
- Seek opportunities to use MI, etc to foster change.
- Continue to gain resources in helping youth and just knowing what is out there for adolescents. Medication review was helpful.
- Having increased personal knowledge of buprenorphine to share with other providers and clients
- I feel much more comfortable about treating youth with buprenorphine after hearing about induction dosing. It sounds like ages 16+ with high opioid tolerance can get 16-32 mg total on day 1. I previously thought that it would be riskier and much more complex.
- Feel more able to support and give information on different treatment options and can incorporate that into my conversations
- Increased awareness in opioid dependence in youth
- Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.
- Increase collaboration.
- I work in a hospital. The information provided was useful and I can use it to advocate for services and treatment when I see a need. I also felt inspired by the delivery of the presentation speaking with care,

#### What are the barriers to making changes (if any)?

- Time
- Today's presentation made me think about how we could start a SUD treatment group for teens locally.
- I am struggling to be able to attend the full hour as there are many conflicting meetings on Weds at noon. But, I am going to continue trying to attend.
- Consider recommending EMDR and magnesium for patients with trauma
- Lack of training
- Just the known systemic barriers related to inter-agency and cross-sector communication and collaboration in existing systems.
- I don't prescribe medication so not much here to implement but good information to know



warmth and empathy of teens that need this treatment.

What did you like best about this ECHO session?	What aspects of this ECHO session could be improved?
<ul style="list-style-type: none"> <li>▪ The presentation was a good summary of available treatment for youth.</li> <li>▪ information and discussion. resources excellent. thank you.</li> <li>▪ I really enjoyed learning about the medication options. At this point I don't feel comfortable prescribing them, but just learning about them is very helpful.</li> <li>▪ I don't manage opioid use disorders in clinic.</li> <li>▪ Access to specialists and engaging with colleagues</li> <li>▪ How individual are connecting with their clients and not just doing what they want but truly listening.</li> <li>▪ High quality of expertise and real-world case examples.</li> <li>▪ Clear content regarding SUD treatment</li> <li>▪ The bup. induction presentation and the case.</li> <li>▪ Learning about how medications work differently for adolescents and most appropriate meds for this age group</li> <li>▪ case consult</li> <li>▪ The training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.</li> <li>▪ Information shared.</li> <li>▪ Good information on medication</li> <li>▪ The information presented on OUD was informational for me and helpful. The case presented was very relevant and thought provoking. I have appreciated all of the resources mentioned.</li> </ul>	<ul style="list-style-type: none"> <li>▪ I would have enjoyed a little more in-depth conversation about the medications, but I realize this echo isn't just focused on prescribers.</li> <li>▪ I was glad that we talked about dose levels today. I think it would help me a lot as an internist to always have dose included in cases and presentations because doses sometimes vary in pediatrics and sometimes they do not. That is my main barrier in treating youth.</li> <li>▪ I was discouraged to hear that a teen left acute care on so many medications and high doses, creating a scenerio very difficult for this teen, her family, and the outpatient provider, in my opinion. I am not a provider and so hesitate to speak up in the program, but left thinking this problem really needs to be acknowledged in our current system. We don't want to create problems for people. (I realize I'm in the hospital, and so I see the children that have increased suicidal ideation on their antidepressants. I see the teens that overdose on their antidepressants) It is inspiring seeing all of the good work going on out there.</li> </ul>
<b>Please list topics of future interest and additional comments regarding this session.</b>	
<ul style="list-style-type: none"> <li>▪ I really enjoy the case discussions.</li> <li>▪ Alternative therapies to address trauma that can be associated with addiction</li> <li>▪ Research on EMDR for patients with co-occurring trauma and SUD. I've seen many patients who delay EMDR but I don't know what the optimal timing is or to whom I ought to recommend it. (There's a shortage in my area for EMDR anyway, but perhaps we can build that care).</li> <li>▪ Future recommendations: Holistic Healing, Health, Nutrition and Wellness</li> <li>▪ Integrative Health</li> <li>▪ Teaming with school and outside teams</li> <li>▪ Not Opiate Use Disorder in particular, but I'd love to hear if anyone has a site that they use to print good handouts to use while talking with teens, and for them to take home. Handouts about specific substances or problems that can open a discussion. I mentioned in a past session liking the Headspace Youth Health (Australian) site but it would be great to have a US site that is recommended. <a href="https://headspace.org.au/professionals-and-educators/health-professionals/resources/printable-fact-sheets-for-young-people-and-families/">https://headspace.org.au/professionals-and-educators/health-professionals/resources/printable-fact-sheets-for-young-people-and-families/</a> And actually, I'd also love a handout site share about specific psychiatric medications so teens have more knowledge about their medications. I love the work of Pat Deegan and these resources and I'd love to hear if others have sites where they like to go for handouts. <a href="https://www.recoverylibrary.com/assets/browser_test/personal_medicine_worksheet.pdf">https://www.recoverylibrary.com/assets/browser_test/personal_medicine_worksheet.pdf</a> <a href="https://power2u.org/wp-content/uploads/2016/06/MedicationMeetingPacket.pdf">https://power2u.org/wp-content/uploads/2016/06/MedicationMeetingPacket.pdf</a></li> </ul>	





## SESSION 8: PEER SUPPORT SERVICES

### Do you plan to make any changes in your practice because of this ECHO session?

#### What changes do you plan to make in your practice?

- I like the idea of a brief intervention with teens
- I clarify by asking youth "do you want to vent or problem solve?"
- how i talk to adolescents about SUD
- Meeting a patient where they're at, asking about what they might be willing to change, how they want their future to look, if they want to set goals around decreasing drug use.
- Continue with harm reduction focus and advocacy efforts
- Continue to use harm reduction skills and meet the client where they are at.
- be more mindful in the patient's experiences
- Pay more attention to grief and its complexity in the setting of child abuse.
- Consider incorporating aspects of harm reduction into conversations with students, vs abstaining only
- Training on motivational interviewing.
- Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.
- Increase collaboration.
- Consider discussions around harm reduction when talking about drug use with teens
- Asking permission to give input, I have some thoughts, would you like to hear them? It's ok to say no. to give information about substances that can harm during experimentation. Having Narcan. Harm reduction if using information giving.

#### What are the barriers to making changes (if any)?

**No substantial comments**

#### What did you like best about this ECHO session?

- Presentation
- resources and information
- sharing challenges
- I really like the recommendations on how to talk to adolescents about substance use.
- Learning about Harm Reduction.
- Case Presentation and Panel feedback
- I always like hearing the cases and the information provided by other.
- loved the case presentation
- The case presenter did a great job. I liked the discussion about harm reduction and how different and crucial it is with youth.
- The training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.
- Information shared.
- Case presentation

#### What aspects of this ECHO session could be improved?

- For the time frame given I believe it is just the right amount of information provided.
- Would appreciate evidence surrounding harm reduction. A positive of using harm reduction could be that there are studies that found it to be effective.
- I would have appreciated some concrete examples of harm reduction in youth in the initial presentation: maybe a sample case (in addition to the case presentation).

- 
- Patient focused
  - An overall interesting and helpful discussion for me to listen to.
- 

**Please list topics of future interest and additional comments regarding this session.**

- How can we advocate for legislation to reduce the THC content of cannabis products? I don't mind that adults can buy THC. But I think that reduced potency could lead to less cases of anxiety/depression/psychosis/schizophrenia. I wonder about how to frame this without sounding like I'm pursuing some kind of nanny state.
  - Future recommendations: Holistic Healing, Health, Nutrition and Wellness
  - Integrative Health
  - Motivational interviewing
  - Teaming with school teams and outside supports
- 

## SESSION 9: SCREENING & BRIEF INTERVENTION

### Do you plan to make any changes in your practice because of this ECHO session?

#### What changes do you plan to make in your practice?

- Acknowledge the intersecting elements of an individual's personality.
- Implement resources and spread what I learn with other staff. role model
- reach out to HRBR clinic and reach out to legislature on advocating MAT for youth in correctional facilities
- Continuing to make everyone feel welcome, asking more open ended questions and check my biases at the door.
- Adding a disclaimer to the SOGI forms and/or addressing the limitations with my patients
- Advocacy for BIPOC and LGBTQ youth. Mindfulness on Cultural Humility and support needs
- I just contacted a state representative to find out what law or administrative rule we need to change to fund Jail MOUD and technical assistance. I only found out last week that the jails are receiving grants to care for adults only, not youth. I work on public policy and it helps me to know who's getting left out.
- More advocacy as a direct support to the care.
- Increased awareness and holding more conversation regarding LGBTQIA2S+/BIPOC youth best practices with staff
- review inclusive practices, integrate into program development the language and reflective practices described
- Review slides and think about incorporating into practice.
- Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.
- Increase collaboration.
- Vocabulary, considering barriers to treatment/recovery and how to reduce.
- Being mindful to listen to people's expertise on themselves. Advocating for my team to hear how

#### What are the barriers to making changes (if any)?

- No changes to be made, but helpful discussion and resources to share with colleagues
- No barriers. I feel I am already a champion for breaking down barriers for providing culturally competent care. Will continue.



youth feel nourished and alive and not just a safety/survival focus.

What did you like best about this ECHO session?	What aspects of this ECHO session could be improved?
<ul style="list-style-type: none"> <li>▪ The presentation was great</li> <li>▪ ideas from community</li> <li>▪ The discussions around how discrimination and culturally dominant norms affect LGBTQIA+ people and their mental health. Also, the advocacy around obtaining health care.</li> <li>▪ The breadth of resource knowledge of the participants</li> <li>▪ Solutions-focused feedback on case presentation. Really important growth area in care was highlighted.</li> <li>▪ Discussion regarding access to care</li> <li>▪ Great topic.</li> <li>▪ The case was very compelling! Heart wrenching too, but it just makes me more motivated to fix systems.</li> <li>▪ Collaborative discussion</li> <li>▪ Excellent presenter.</li> <li>▪ The training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.</li> <li>▪ Information shared.</li> <li>▪ It felt immediately relevant to the population I serve. I attend a lot of equity-based PD and this one felt deeper even though it was only 30 minutes. I also really enjoyed the discussion during the case presentation today.</li> <li>▪ The presentation was great. It was inspiring.</li> </ul>	<ul style="list-style-type: none"> <li>▪ judgment. There are two sides to each story. Consider that while a provider may not be comfortable, they should send to someone who is and get people trained who are comfortable. But I am not comfortable slapping judgment on others when we are trying to avoid judgment on patients, too. Let's work on productive ways to help each other function at a level we need to be or, at the very least, explore WHY they are uncomfortable and work from there. Meanwhile, it would be best to refer the individual to someone who CAN help- that is where one of the huge problems is.</li> <li>▪ The speaker was trying to convey too much information and the slides were too full. It was challenging to take it all in and I felt like I was missing important points</li> <li>▪ The presenters slides were packed full of useful information, but there wasn't enough time to read and digest them. I'll have to go back and review them.</li> <li>▪ For the case presentation, it was inspiring to hear the various creative ideas as well as the interest in protecting this person from iatrogenic harm with a Suboxone treatment that was started and would need to be ended quickly in a transition. This is not a field I have knowledge in, but it did leave me wondering more about titrating off Suboxone and when wanted, I wondered more on how this is best done.</li> </ul>
Please list topics of future interest and additional comments regarding this session.	
<ul style="list-style-type: none"> <li>▪ fasd</li> <li>▪ I was disappointed that the case didn't relate to the topic, as the patient in the case presentation was a straight, white, female</li> <li>▪ systemic change</li> <li>▪ Who should we contact when we have complaints about: --CCOs? --jail healthcare? I know how to deal with these things on a macro-level via policy, but when they arise with an individual patient, I sometimes feel despair and paralysis.</li> <li>▪ Future recommendations: Holistic Healing, Health, Nutrition and Wellness</li> <li>▪ The session was very informative.</li> </ul>	

## SESSION 10: MOTIVATIONAL INTERVIEWING FOR YOUTH AND PARENTS

### Do you plan to make any changes in your practice because of this ECHO session?

What changes do you plan to make in your practice?	What are the barriers to making changes (if any)?
<ul style="list-style-type: none"> <li>▪ Work to continue to implement MI in my conversations</li> <li>▪ role of nicotine in sleep and anxiety</li> <li>▪ Looking back and looking to the future</li> <li>▪ The refresher on MVIT was great</li> <li>▪ Use more open ended questions and do some goal setting and more reflective listening.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Current staff capacity</li> </ul>

- Consider loneliness screening Ask more specifics about mg and frequency of vaping
- Continue to polish and practice MI skills and be a client-leading practitioner.
- Plan to employ motivational interview techniques during clinic visits, especially with teens
- Understanding the situation in which patients use substances. I.e. when he's bored or lonely.
- Work on incorporating MI into my conversations more, especially reflective listening. Work on my righting reflex.
- Very relevant for my role.
- Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.
- Increase collaboration.
- Implement motivational interviewing
- I felt inspired by the presenter and will read and learn more about motivational interviewing. I plan to try some of the techniques I saw like listening for the strength and desire to change something, and asking more specifics about how that may look for them, showing care and an interest in hearing how it went for the person.

What did you like best about this ECHO session?	What aspects of this ECHO session could be improved?
<ul style="list-style-type: none"> <li>▪ Didactic and conversation</li> <li>▪ Learning about motivational interviewing</li> <li>▪ MI review</li> <li>▪ Examples</li> <li>▪ Discussion. Didactic on MI specific to teens.</li> <li>▪ Case was good. I feel like I have a lot of folks in similar circumstances.</li> <li>▪ This training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.</li> <li>▪ Information shared.</li> <li>▪ Good reminder of MI techniques and research</li> <li>▪ The presenter was skilled and inspiring. I always learn from her comments in the other sessions as well. I also appreciated the book share on loneliness.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Do some role playing with motivational interviewing</li> <li>▪ It was excellent! Wouldn't touch a stitch.</li> <li>▪ More examples of MI</li> <li>▪ The case study felt quite relevant. Time was running short and I think we missed talking about how the coughing blood likely was a result of vaping and why. This can be hard with a person already with so much anxiety, so also good to point out -great for checking in with the NP about it and getting an xray -and how vaping less may help. I think good factual information can be really helpful talking to teens. found and like this resource: <a href="https://headspace.org.au/explore-topics/for-young-people/vaping/">https://headspace.org.au/explore-topics/for-young-people/vaping/</a></li> </ul>
Please list topics of future interest and additional comments regarding this session.	
<ul style="list-style-type: none"> <li>▪ Whether there are any tobacco dependence medication treatments that are especially effective in youth, and what the dose/frequency/forms are. I am not confident as to how to translate what I know and safely apply it to youth in this area.</li> <li>▪ Future recommendations: Holistic Healing, Health, Nutrition and Wellness</li> <li>▪ The session was very informative.</li> <li>▪ I'd love to hear more about the effects of vaping on the lungs.</li> <li>▪ emphasis on most teen SUD use not being seen as "problematic" by them and how to support accordingly</li> </ul>	



## SESSION 11: CANNABIS AND VAPING PART 1

### Do you plan to make any changes in your practice because of this ECHO session?

#### What changes do you plan to make in your practice?

- I'll be able to provide my juvenile clients, who are referred to me by parole officers ("youth counselors") at the Washington County Juvenile Department with research-based information and discuss their nicotine use with them having a better understanding on the topic.
- Spend more time on nicotine
- Better define mg of nicotine being used
- will start asking specifics of nicotine use / vaping and share info on chemicals in E Cigs and withdrawal symptoms with youth
- I'll ask adolescents more questions about nicotine. Have been using the CRAFFT only. Now have an idea how to use nicotine cessation products.
- Plan for treatment of nicotine addiction
- Research more interventions for nicotine use/dependence
- Check into more information on Vaping and adolescent's research.
- Prescribe multiple agents for cessation
- screen for vape use
- I plan to learn more about nicotine vaping and replacement.
- Discussing nicotine use and potential treatments
- Utilizing the suggested screenings for nicotine
- Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.
- Increase collaboration.
- Consider different types of nicotine available and withdrawal symptoms from nicotine.
- I feel more comfortable talking/listening to teens about vaping and asking if they are interested in stopping or using less.
- I am going to research a nicotine calculator to help my clients understand how their vape nicotine use compares to cigarettes per day.

#### What are the barriers to making changes (if any)?

- I still feel like I need more education on medication management for adolescent SUD. But this was a nice start
- Currently not offering tobacco cessation services within community

#### What did you like best about this ECHO session?

- The presentation was full of new information that I can apply to my work with youth
- I liked the calculators and resources
- very pertinent to my practice
- Learning about vaping and nicotine in adolescents.
- Didactic lecture was very practical for primary care
- information on nicotine's addictive potential, unknowns on vaping due to recency

#### What aspects of this ECHO session could be improved?

- For me, possibly because of being neurodiverse, the pace is always too fast.
- I think it may only have been a bit fast for me with regards to calculating nicotine vaping and replacement dosage.



- 
- The update information on youth vaping
  - Presentation by Dr Hilde
  - Case was unusual and interesting. I loved the didactic!
  - Supporting NRT use for adolescents and explaining doses of nicotine in vapes
  - This training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.
  - Information shared.
  - Good info
  - Good information. I don't have much knowledge about vaping.
- 

**Please list topics of future interest and additional comments regarding this session.**

- Because of the field I'm in at this time as an intern, understanding youth involved with the courts would be very useful.
  - vape lawsuit outcomes
  - Future recommendations: Holistic Healing, Health, Nutrition and Wellness
  - The session was very informative.
- 

## SESSION 12: CANNABIS AND VAPING PART 2

### Do you plan to make any changes in your practice because of this ECHO session?

#### What changes do you plan to make in your practice?

- I'll be able to provide my juvenile clients, who are referred to me by parole officers ("youth counselors") at the Washington County Juvenile Department with research-based information, and discuss their cannabis use with them having a better understanding on the topic and being able to connect them with treatment, peers, CADCs, etc.
  - more education and looking into the skills part of the education as was mentioned today
  - use mirtazepine for thc withdrawal
  - Consider using mirtazepine for marijuana symptoms
  - Be more clear with adolescents about the risks and effects of marijuana usage.
  - Continue to research best materials for prevention and education around current trends in cannabis use
  - Just continue to look for update research on Cannabis and adolescents.
  - More education about cannabis risks
  - Counseling on medication management for CUD - use of mirtazepine Risks of Cannabis
  - I'll be using the medications that Ana recommended for CUD. In adults, I've only ever used gabapentin.
  - Discussing withdrawal symptoms with students
  - Increase awareness for the ECHO sessions.
  - Make sure that there are on-going reviews of our policies, practices and procedures in an effort to ameliorate positive outcomes and achievements.
  - Increase collaboration.
- 

#### What are the barriers to making changes (if any)?

- I'm not a prescriber.
-



- Feel more aware of risks of use of cannabis and signs of withdrawal
- Talking with my team about how best to talk to teens and families when we think cannabis use may be negatively affecting a person's health. I feel more confident, after the presentation and discussion, opening the subject to teens and families I see in the hospital.

What did you like best about this ECHO session?	What aspects of this ECHO session could be improved?
<ul style="list-style-type: none"> <li>▪ I really didn't know how detrimental cannabis use is for teens. I enjoyed learning about it.</li> <li>▪ So applicable to taking care of teens.</li> <li>▪ The didactic</li> <li>▪ A refresher on how MJ affects the brain and the receptors involved, etc.</li> <li>▪ Over all professionalism</li> <li>▪ The studies shared about cannabis use</li> <li>▪ Personal stories</li> <li>▪ The RN Linda who told us about her son's story! Wow, how wonderful.</li> <li>▪ Information on the receptors and how cannabis works in the brain.</li> <li>▪ This training was well-orchestrated with in-depth, valuable and substantive information. The presenter(s), their presentations and delivery of information were very engaging and empowering. Thank you so much.</li> <li>▪ Information shared.</li> <li>▪ More resources and facts to share with people about the effects of cannabis use long term, validates my own experience. I also appreciate the fact that Dr. Hilde addressed the racist origins of "marijuana." This has long been a concern in the cannabis industry and among many consumers and it is good to see it addressed in the medical community.</li> <li>▪ Useful info for the school setting</li> <li>▪ It was all great information. Thank you!!</li> </ul>	<ul style="list-style-type: none"> <li>▪ More time on this subject and how to help teens understand the risks of THC.</li> <li>▪ This session made it clear that there isn't any effective medication intervention for cannabis. However, it seems important to consider medications that could be used to manage withdrawal symptoms (like insomnia or anxiety).</li> </ul>
<b>Please list topics of future interest and additional comments regarding this session.</b>	
<ul style="list-style-type: none"> <li>▪ more information on links between cannabis use and mental health</li> <li>▪ I'd love to learn about the timeframe for increasing the meds for CUD. Eg. for topiramate, how often would you increase it after starting at 25 mg? And would you see the patient before each increase, or if f/u time interval is not med dose based, then how often would you see them?</li> <li>▪ Future recommendations: Holistic Healing, Health, Nutrition and Wellness</li> <li>▪ The session was very informative.</li> </ul>	

**TABLE A2. OPEN-ENDED QUESTIONS FROM THE POST-PROGRAM SURVEY**

**What was the most helpful aspect of participating in Project ECHO?**

- Presentations
- Identifying fentanyl, resources- I did share them with all of our therapists
- Amazing resources in peds psych and SUD treatment
- Motivational interviewing and the importance of peer support.
- pharmacological knowledge of the MDs and NPs



### What was the most helpful aspect of participating in Project ECHO?

- The correlation with SUD and mental health with adolescents
- Resources available for youth Network of other providers in the area
- Nicotine and vaping especially. Feel better able to counsel adolescents and discuss options.
- collaboration benefits everyone
- The information was very educational and empowering.
- All of the information provided was very helpful.
- I learned that many medical practitioners do not know very much about substance use disorder or mental health disorders, how to treat them, nor how to work collaboratively with patients and their other providers to meet the desired goals of the patients.
- Vocabulary, screening tools, motivational interviewing, supporting LGBTQ+ youth

### What other supports, if any, do you need in place to make changes in your practice now that the ECHO is complete? (e.g., mentoring, policy changes, access to certain resources)?

- Access to resources, periodic updates in information and updates on drugs on the streets, labs used to detect, etc.
- More teen mental health resources in Southern Oregon
- List of local resources
- youth mentors and school sites allowing them access to youth. Lots of policy change. Reducing barriers to accessing care, school inreach and education. I would love some of the experts from ECHO faculty and participants to present in schools! And teach out to school BH staff.
- Policy changes
- Policy changes in my organization

### Please share any final comments, including other Project ECHO topics that would be helpful to you or your colleagues.

- As above, would love to see more time spent on certain drugs and nuances in the community. Popular drugs in high schools, middle schools, etc. rather than rushing through them- talking about the logistics of them realistically as kids use them, hide them from teachers or vape on the playground, for example, in front of our noses but we don't see it.
- Thank you!
- I really enjoyed this program. I'm new at this and hearing the expertise helped me feel more grounded in next steps for my patients who have SUD.
- Thank you!
- Intensive training on Harm Reduction Reducing stigma of addicts receiving care in the medical system
- The program was outstanding!!!
- The program was outstanding!
- I'm a School Psychologist at a public high school, so some of what was covered was maybe more clinical/medical in nature than what might be useful for me. But I still found a lot of the information useful and appreciated the opportunity to hear about SUD from a variety of perspectives and the chance to listen to multiple practitioners discuss case studies. It was all very interesting to me even if not directly applicable to a lot of my day-to-day responsibilities.