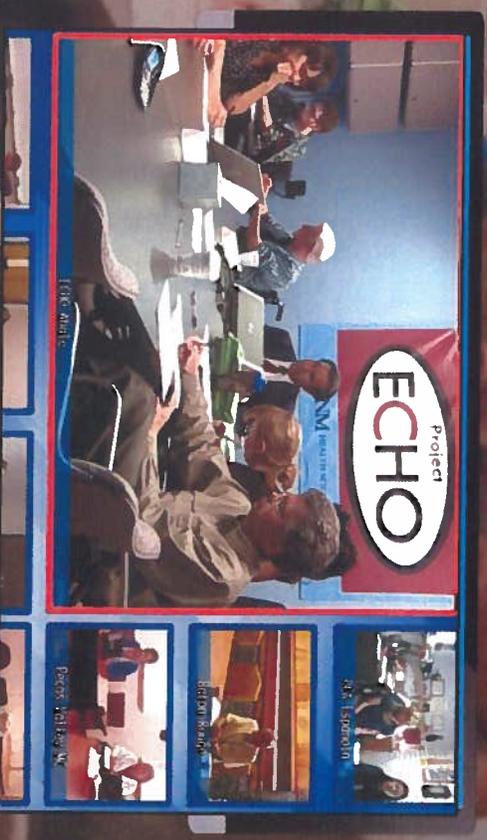




THE TRANSFORMATIVE MODEL IN MEDICAL EDUCATION AND CARE DELIVERY

Project ECHO® (Extension for Community Healthcare Outcomes) helps democratize medical knowledge and develops specialty care capacity in underserved communities.

Using a revolutionary model of telementoring, collaborative medical education and care management, Project ECHO empowers front-line primary care professionals to provide the right care, in the right place, at the right time.



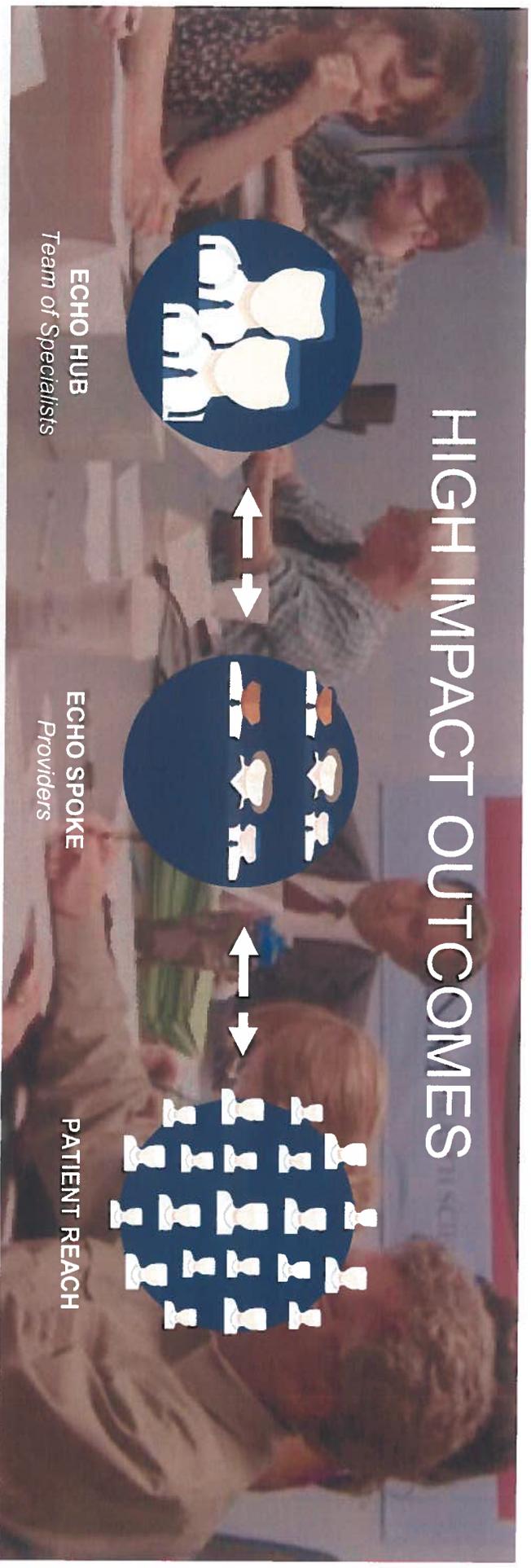
INSPIRED FROM A GLOBAL PROBLEM



Launched in 2003, Project ECHO grew out of one doctor's vision. Sanjeev Arora, M.D., a social innovator and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, was frustrated that he could serve only a fraction of the HCV patients in his state who needed treatment. He wanted to serve as many patients with HCV as possible, so he created a free, virtual clinic and mentored community providers across New Mexico in how to treat the condition.

Today, dozens of teleECHO clinics addressing much more than HCV take place every week—and their reach extends far beyond New Mexico.

Project ECHO currently has over 50 hub sites globally, operating in over 20 states and in more than nine countries for over 40 distinct common complex conditions.



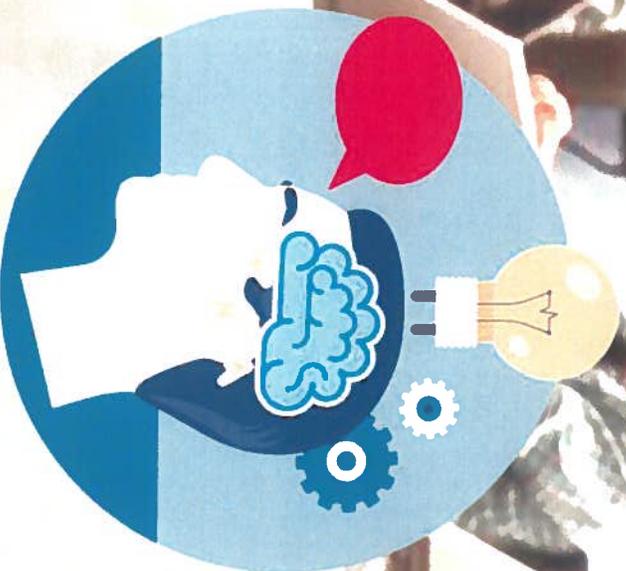
“One to Many” – Leveraging a proven model to significantly increase access to specialty care for common complex conditions

Hubs & Spokes - ECHO provides front-line providers with the knowledge and support they need to care for complicated patients they would otherwise refer out. ECHO links expert specialist teams at an academic ‘hub’ with primary care providers in local communities – the ‘spokes’ of the model.

Together, they participate in weekly teleECHO™ clinics, which are like virtual grand rounds, combining patient case presentations with didactic learning and mentoring.

WHY ECHO?

THE UNDERSERVED PATIENTS



PROBLEM:

Underserved patients have limited access to quality specialist care for common complex conditions.

In 2003:

Only 5% of New Mexicans infected with hepatitis C were able to access treatment.

SOLUTION:

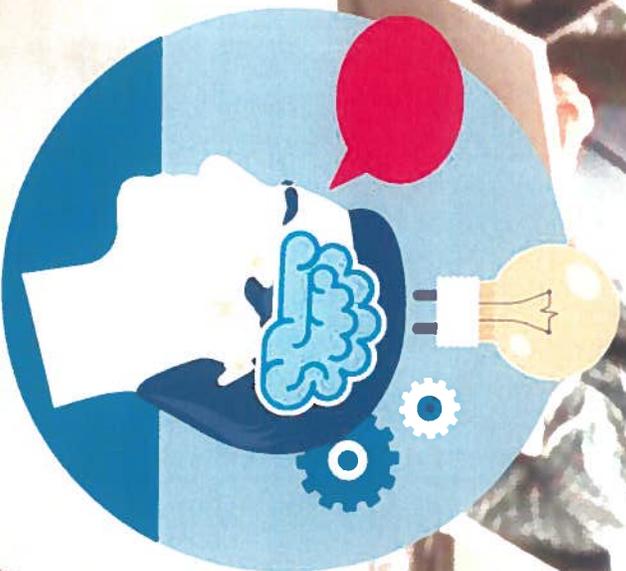
A model that expands access to care by leveraging telementoring and guided practice to build system capacity by empowering primary care providers to care for complex conditions at their local clinic.

In 2015:

80% of New Mexicans infected with hepatitis C have access to the right treatment, at the right time, at the right place.

WHY ECHO?

THE PROVIDER



PROBLEM:

- Want to advance their skills, career and professional relationships.
- Lack access to knowledge and training to provide specialty care for their patients.
- Often feel socially and professionally isolated.

SOLUTION:

- Providers engage in a community with like-minded fellow providers and specialists from academic centers.
- Develop specialized knowledge.
- Provide specialty care for common complex conditions.
- Receive free CME/CE credits.

Providers participating in ECHO in New Mexico: felt their professional isolation diminish, professional satisfaction and self-efficacy for treating hepatitis C increase.¹

In New Mexico:

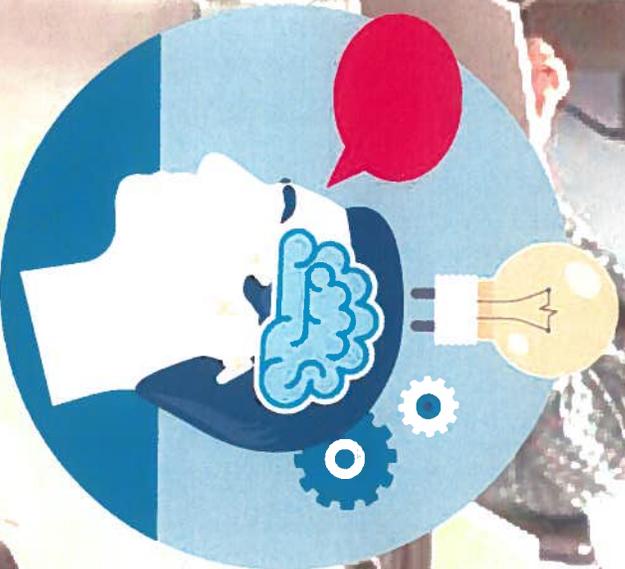
More than 76k free CME/CE credits issued.

1. Arora S, Kalishman S, Thornton K, Dion D et al: Hepatology. 2010 Sept;52(3):1124-33

WHY ECHO?

NEW HEALTH ALLIANCE

Community Health Centers



PROBLEM:

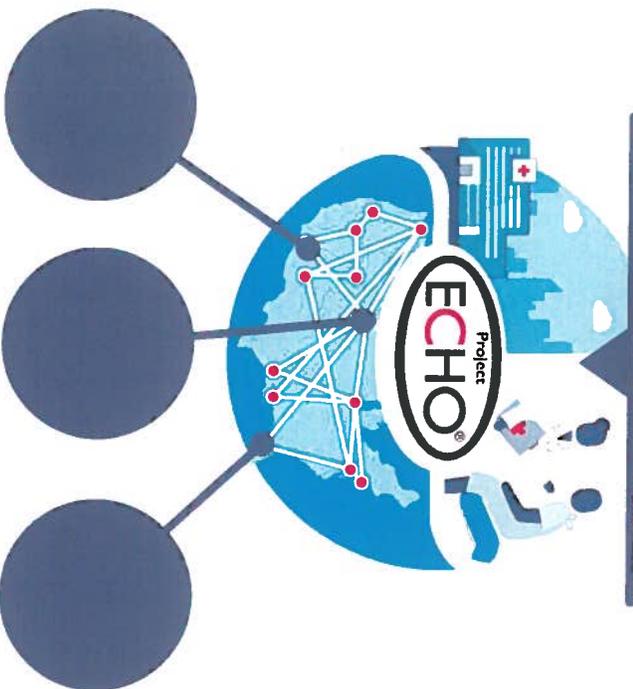
- Limited ability to provide specialty care for common complex conditions.
- Difficulties recruiting and retaining community providers.

SOLUTION:

Primary care providers acquire new skills and competencies, expanding access to care. They become part of a community of learners, increasing their professional satisfaction while their feelings of professional isolation decrease.

Through ECHO, community health centers have a way to expand access to care for complex chronic conditions and serve more patients, while keeping treatment dollars in the community. They also acquire a new tool for recruiting and retaining providers.

A provider in an health center in California saw an increase of 38 new HCV patients in one year as a result of participating in ECHO.



HOW IT WORKS

ECHO connects providers with specialists through ongoing, interactive, telementoring sessions.

ECHO creates ongoing knowledge networks by linking primary care providers at numerous locations with a team of expert inter-disciplinary specialists, to mentor them to treat their patient cases.

Specialists serve as mentors, training community providers to provide care in clinical areas that previously were outside their expertise.

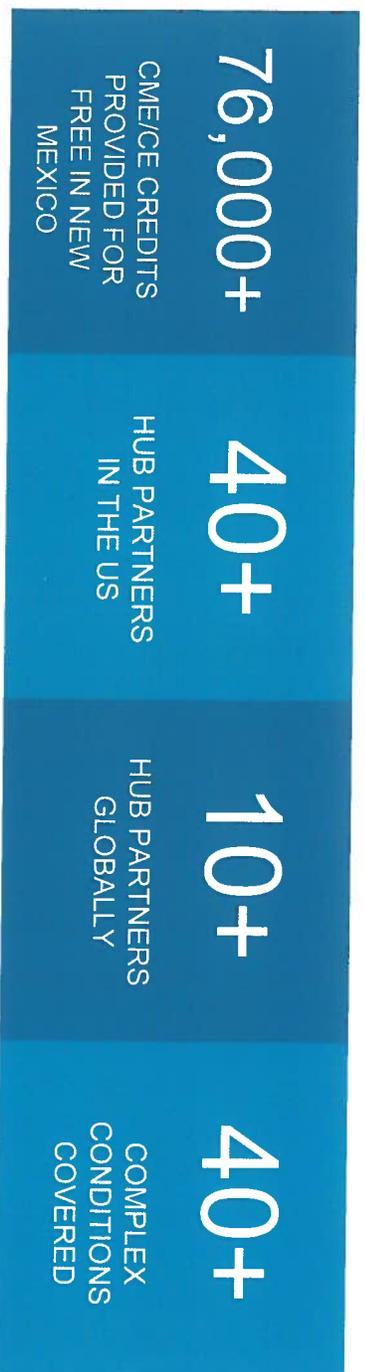
Evidence-based practice is a team sport

Move knowledge, not patients

De-monopolize expertise

THE IMPACT

Replication of the ECHO model is achieved through the creation of ECHO 'hubs' or regional centers, in which partner sites or 'spokes' connect via low cost video conferencing through teleECHO clinics. With ongoing mentoring, these spokes gain specialty expertise and knowledge. Since its initial expansion, the ECHO model has been successfully replicated across the United States and around the globe.





RIMROCK



Addiction and Mental Health Collaborative ECHO

Collaboration between the DOC and Billings Clinic and Rimrock

HUB: DOC (Trisha Ayers-Weiss) PharmD (Michelle Blari),
Psychiatrist (Dr. Arzubi), LAC/LCSW (Malcolm Horn)

Spokes:
Passages
DOC-Helena
Pine Hills

with 15 minutes of didactic

collaboration and resources



Billings Clinic





WANT TO BE PART OF ECHO?

echoreplication@salud.unm.edu or
[local ECHO hub contact info]

Visit: <http://echo.unm.edu>



P.O. Box 310
Bigfork, MT 59911
406-837-2247

www.childbridgemontana.org

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2/1/16

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John Webster

Mr. Bill Hooks

CC: Governor Steve Bullock

Mr. Schylar Baber-Canfield

Executive Director

Steve Bryan

Dear Protect Montana Kids Commission,

Thank you for the opportunity to share our thoughts with you and ask for your consideration of the opportunities offered below.

We are appreciative of your work and service, and offer our enthusiastic support, as all stakeholders must work together in new and innovative ways to improve outcomes for Montana children in need.

Sincerely,

Steve Bryan

Mary Bryan

Founders

Child Bridge

Child Bridge finds and supports foster and adoptive families for Montana's children in need. We are a nonprofit, tax exempt, 501 (c) (3) Public Charity. Your donations are tax deductible.

Nonprofit tax id # 27-3382066

Background:

Child Bridge is a faith-based, non-profit founded in late 2010 with a simple and focused mission of finding and supporting foster and adoptive families for Montana children in need. Originating in the Flathead Valley, we now recruit and serve foster/adoptive families with full time staff in the Flathead, Billings and Missoula. Our Flathead staff serve Kalispell, Bigfork, Whitefish, Columbia Falls, Libby and Polson. Additionally, our efforts have recruited families who are in pre-service training or caring for children in Helena, Bozeman, Butte and Dillon. We have ongoing statewide expansion plans and a heartfelt desire to serve children and families in every major Montana community.

Our model is based on creating awareness of the need for foster and adoptive families and assisting interested families through the process. Recruiting of families is done primarily in churches where we meet with families to explain the process. Later, we host in-depth informational meetings that include a Child and Family Services representative, a therapeutic foster care partner representative, and a panel of foster/adoptive families. Employing a customer service model, we walk alongside families throughout the journey and support them after a child is placed in their care. We offer multiple touch points on an ongoing basis creating relationships with the families. We connect them to supports that can strengthen the placement and minimize disruptions. These supports might be provided by individuals, churches, community or therapeutic level services. Child Bridge monthly resource groups offer a time of respite, connection and foster/adoptive licensing renewal credits.

During these past five years, Child Bridge recruited and/or supported families are making a significant impact on children in their time of need...caring for 150 children who entered out of home care...whether temporary or permanent. Child Bridge families have adopted 26 children, and our monthly resource groups for foster/adoptive families and child welfare providers have served over 5,000 (instances) of children and adults in ongoing evenings of support and education.

Since we began our first foster family recruiting and awareness efforts in 2011, we've had the privilege of working with many Child and Family Services staff; in local field offices, with the five Regional Administrators, former Field Services Manager, Cory Costello, and Administrator, Sarah Corbally.

We're encouraged by the Governor's Executive Order creating the Protect Montana Kids Commission, and are extremely thankful for your service. While we have not yet met all of you, we have had the opportunity to work with Sarah, Jani McCall, have met with Joyce Funda, and work closely with CASA and other child welfare partners across the state.

While we understand there are many, many aspects of child welfare that you are tasked with reviewing, we'd like to share a few ideas and observations that relate to our area of focus, **Foster Care**, as well as addressing key factors of **Culture, Leadership** and **Technology** that must be thoroughly examined to improve outcomes. You'll note that throughout this document, we stress expanded collaboration. Care of our children in need should not be the sole responsibility of the government. Your efforts are critical, but it is not humanly or fiscally possible to do this work alone. Innovative thinking and creating "best of breed" partnerships can expand your outreach and improve care.

While each item could be presented in great detail, at this time, we're simply providing some high level points for your consideration. I'm sure you'll understand the thinking behind each...but if elaboration is desired, please let us know. We'd welcome the opportunity to work with you in more detail.

Strategies for Improving Child Welfare Services and Outcomes

Nearly 30 years ago, Frank Farrow, now head of the Center for the Study of Social Policy wrote:

"There is growing consensus about the need to change how states and communities protect children. Alarmed by steady increases in child abuse and neglect reports, and a child protective services (CPS) system that is only intermittently successful in safeguarding children, professionals and politicians alike are calling for a new approach.

*... To promote children's safety, a child protection system **should broaden the responsibility... beyond the public child welfare agency.**"* Farrow, Building Community Partnerships for Child Protection

CULTURE & LEADERSHIP

With your formation of a Workplace Culture/Staff Recruitment and Retention Subcommittee, you are already very well aware of the staffing issues, turnover, and the devastating impact that these issues have on children, families and child welfare as a whole.

While obvious needs to be addressed include: providing competitive salaries, training, quality improvement incentives or measurable success criteria to drive retention, rewards for performance, professional growth and satisfaction, and reduced caseloads, root cause also needs to be determined and investigated.

We believe it's probable that over time, the stress of the current workloads, shorthandedness, current processes, staff experiencing secondary trauma, and lack of resources create a toxic culture that spirals and cycles into ongoing problems. This kind of culture has significant impact on employees, and extends outwardly to those the department serves and partners with. It seems that what currently exists is a system where even the best intentioned, best trained and most diligent employee (and we work with many) simply cannot succeed professionally, or achieve personal satisfaction.

Cultural change and leadership attitudes could be addressed in the following ways:

1. Governor, Executive and Regional Leadership teams need to create an agreed upon and embraced vision for change with a focus on child centric leadership. The vision must include a foundation of truth, transparency, collaboration, accountability and an environment where information can be shared without fear. Then, leadership must disseminate to their regions this critical investment in values, belief, encouragement and vision. This should extend to internal staff and community collaborations.
2. Governor and legislative support and involvement should be encouraged in spearheading vision and improvements.

3. Promote and demonstrate receptivity for change from leadership to downline workers and partners. This might be done via a bi-monthly, “all-hands” conference call or Skye, hosted by the Governor. This would encourage positive organizational morale that would elicit better outcomes and build teamwork.
4. While we understand the extremely confidential nature of the work, leaders need to create an environment of less secrecy and more transparency.
5. Improve communication between administration and the field.
6. From the Governor level, promote a desire for expanded collaboration with community partners, and ask Regions to identify professional, high-quality connections, define collaborations and execute together at local levels. Collaborations will help to develop a full service continuum and approaches based on common values. Communication, transparency and mutual trust are key to these relationships and will provide significant returns.
7. Leadership should ensure strict adherence to federal law of Section 475(5)(E) regarding terminating parental rights if child has been in out of home care 15 of the last 22 months.

TECHNOLOGY

Success in the private sector often comes from the ability to innovate and make regular investments in technology improvements. Why are we handicapping Child and Family Service workers with lack of appropriate tools?

We understand a new case management system is being adapted from the Department of Corrections. We're not familiar with the technology so we don't know the answer to this, but we urge you to ask, is it really the right tool? Is it a band-aid, a step in the right direction or a fully integrated system that enables workers to spend less time on paperwork, more time with families, offers tablet and phone updates, provides current relational data at their fingertips in meaningful, easy to understand web type interface? We can't afford to approach this critical issue with half measures. A robust and well planned commitment to useful, modern technology must be made. Significant updates and new tools can improve the outcomes for children and families as well as the lives, effectiveness and efficiency of workers.

1. Update case management software to the most current, useful tools. Consider a subcommittee to review and make recommendations. Implement solutions that go beyond case management by moving from traditional case management tools to "person-centric" tools where longitudinal data models are employed that focus on persons, relationships and groups such as families and households. Person centric applications enable users to follow individuals and families and look at meaningful data over time. These tools enable an easy view of data, metrics and trends that get actionable data to workers faster. Many programs have predictive modeling capabilities that can show a family or child's projected paths. This information is valuable for managing current caseloads and longer term outcomes. Some programs also include algorithmic modeling and scoring to address issues such as the best match for a child to a foster/adoptive family.

2. For maximum effectiveness, every social worker should have a tablet. This will enable workers to maximize time in the field, eliminate duplication of work (writing and transposing later, or entering information later that may not be fresh in their minds) and have data and innovative applications (points 3 & 4 below) available at their fingertips. With some applications, they can even speak their notes to the tablet. Case notes and data will be entered in a timelier way.
3. Consider a major collaboration with the University of Montana or Montana State University, to develop a Data Portal (Child Well Being Portal). The portal could address two important areas:

- a. Address Quality Assurance or Continual Process Improvement Components where families, foster families, partners, etc., can log in, and make suggestions, log concerns or complaints. Data can be collected and sorted and made actionable using relational database fields and text analytics for unstructured data. Develop a timely, feedback and response process. Compare key practice areas among regions and share successful strategies. Communicate results and findings regularly with the public.

- b. The portal can also show and share relevant research and data findings with partners and community to encourage informed decision making about child welfare policy and practices. Easy to understand maps, graphs and reports can highlight information about our states child welfare data by region. Please see the work being done in Washington state as an example: www.partnersforourchildren.org and www.pocdata.org

4. Empower social workers when temporary foster or permanent placements need to be made with software that provides thorough visual information about available families. This secure portal and searchable data base has already been developed by Child Bridge at our own expense. The vision for the portal is to help tear down silos of information and shrink our expansive state geography for social workers and family resource specialists. Child Bridge is willing to administer the portal annually in partnership with the State. Sarah Corbally and all Regional Administrators have been introduced to this work in 2015.

Of course, technology is a significant investment. But we seem to make short sighted decisions to save money, with little regard for the excessive costs and negative outcomes that the decisions will bring about in the long run. When we invest in technology, we are investing in people... the CPS staff and the children and families they are serving. State of the art technology investments are ones that will pay dividends.

FOSTER CARE

Child Bridge believes that caring for children in need should not reside solely on the shoulders of government. Collaboration with community partners can strengthen the child welfare system immensely. What if Montana was a state where an army of well trained, well supported and connected families were available to care for children in their time of need? It's a disgrace that kids are waiting for families...families should be waiting for children to care for them in their most vulnerable time. But, it takes awareness, education and tremendous supports to make that a reality. Child Bridge works towards this goal every day and believes that together we can do more.

1. Implement a statewide foster/adoptive (child centric) campaign led by the Governor centered around foster care recruiting and adoption issues. Successful states have clearly demonstrated that once goals for the number of needed foster families and adoption from foster care are set and publicly announced by the Governor, that the highly dedicated parties responsible for foster care will work collaboratively with community partners and together, they will implement highly effective programs to achieve them. (See Oklahoma,

Virginia, Colorado.)

2. Foster care typically only gets attention when a scandal or abuse occurs. The many great foster parents who are doing very difficult work are often treated poorly, unrecognized and not considered as professional members of the team. Foster parents must be full members of the child welfare team. This concept needs to be incorporated in social worker training to underscore in policy and practice the important role that foster parents play as child welfare practitioners. Skills of workers and supervisors to engage foster adoptive families as professional members of the child's care team must be implemented. If there is a clear sense that local offices and workers are listening to foster families and working with them as vital team members, outcomes will improve. Consider additional ways to establish channels for communicating with and learning from your foster families (your clients) and others who serve them. (Perhaps this channel could be integrated in the portal recommended above.)

3. Improve the foster/parent training and licensing process. While organizations like Child Bridge focus on recruiting quality families that can provide immediate assistance to an overwhelmed system, in many communities, the process is stymied far too often by lack of available State (Keeping Children Safe/KCS) Foster Parent Trainings held locally. When trainings are available, home study completion creates a tremendous bottleneck. This training and licensing system must be re-evaluated and re-structured. Put additional resources behind completing home studies, by contracting them out or adding staff to complete them. Ensure that monthly trainings occur in all major cities, (kudos to Great Falls for this.) Consider creating a State training academy to train and certify partners to train families to your satisfaction, or partner with private agencies to develop and improve training.

4. Expand collaboration with recruiters and facilitators in potential adoptive placements. Again, collaboration with trusted partners is key in expanding the volume and quality of your work, and improving outcomes for children and families. Partner with agencies like Child Bridge who are working full time with families across the state in the areas of recruiting and support. Under your direction, guide agencies who are not licensed child placing agencies, to assist you in finding families for children who are in Permanent Legal Custody (PLC) of the state and in need of permanent families.

Working closely with the social worker of a child in permanent legal custody, agencies like Child Bridge can dramatically expand the reach of sharing the needs of waiting children and assisting in child specific recruiting of families. Child and Family Services is still responsible for the matching and placing of the child. But allow your partners to bring many potential families to the table to ensure the best fit for the child, and taking some of the workload off your plate. Repeal, or amend Statutes 42-7-105(1)(a) and 42-7-105(1)(b) to facilitate broader, valuable collaborations in this area.

As you partner with trusted agencies, many additional opportunities exist for family recruiting for children awaiting permanency. These collaborations can be designed to highlight the good work of CFS, and not only improve outcomes for children and families, but also the perception of the Department by the public.

Thank you for the opportunity to share our thoughts with you and your consideration of these ideas. We firmly believe that transparency, collaboration and sustained attention from all stakeholders are needed in order to achieve real reform. Child Bridge welcomes the opportunity to assist in these efforts in any way we can.