REPORT AUTHORS
Sophie Weider, MS
Michaela Fascione, MPH
Kelsi West, MPH
Marcy Doyle, DNP, MHS, MS, RN, CNL

LEAD PARTNERS

MCD Global Health
Institute for Health Policy and Practice

COLLABORATORS

UNE University of New England
University of Maine
The University of Vermont Health Network

SPECIAL THANK YOU
Health Resources and Services Administration
Participants: Clinical, Community, Students
Project ECHO Subject Matter Experts

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SUGGESTED CITATION
The Collaborative for Advancing Rural Excellence and Equity (CARE2) program was developed to respond to the impact of COVID-19 on the behavioral health of rural communities in Northern New England and New York, particularly as it pertains to social isolation and lack of access to behavioral health treatment for residents with substance use disorder (SUD) and older adults across the long-term care continuum. To accomplish this, CARE2 facilitates evidence-based trainings through Project ECHO programs, and provides collaborative training resources through an open-access e-Learning portal.

The region served by CARE2 includes the three northern New England states of Maine, New Hampshire, and Vermont, as well as northern New York. Collectively, this includes 77 rural counties across three primarily rural states, and New York’s North Country. This region has substantial medically underserved populations that are challenged to obtain quality health care due to poor health insurance coverage, the burden of transportation from rural communities to more urban medical centers, and the restricted availability of specialty care providers and support services.1 This region also includes some of the nation’s oldest communities, as well as populations experiencing high rates of SUD and behavioral health issues.2 These challenges are further exacerbated by the COVID-19 pandemic and have led to heightened social isolation for older adults and record rates of overdose and SUD-related deaths.3,4 This creates an urgent need for both acute and sustainable solutions, especially in the face of a continually dwindling healthcare workforce.

**BACKGROUND**

**OUR GOALS**

1. Developing a person-centered learning community that stresses interprofessional care and emphasizes collaborative partnerships.

2. Delivering Project ECHO programs to rural primary care and long-term care “spoke sites” across the region to facilitate the dissemination of best practices, with a focus on addressing gaps in services for adults with behavioral health concerns and/or substance use disorder.

3. Developing accessible tools to support program planning and implementation.

4. Engaging students to facilitate early adoption of best practices and reduce stigma and bias in an all-teach, all-learn approach.
The CARE2 ECHO programs foster an interdisciplinary community where both participants and subject matter experts represent multidisciplinary teams that include community health workers, community-based organizations, geriatricians, medical librarians, nurses, occupational therapist, peer recovery and support professionals, pharmacists, practice administrators, mental health professionals, social workers, students, and more.

**Our Interdisciplinary Approach**

<table>
<thead>
<tr>
<th>ORGANIZATIONS</th>
<th>PARTICIPANTS</th>
<th>SUBJECT MATTER EXPERTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project ECHO: Aging, Community &amp; Equity (PEACE)</strong></td>
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<tr>
<td>36</td>
<td>78</td>
<td>10</td>
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<tr>
<td><strong>Substance Use Disorder (SUD) ECHO</strong></td>
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<td>48</td>
<td>72</td>
<td>8</td>
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</tbody>
</table>
ORGANIZATIONS

Project ECHO: Aging, Community & Equity (PEACE)

Substance Use Disorder (SUD) ECHO
### PARTICIPANT RESPONSE

#### Project ECHO: Aging, Community & Equity (PEACE)

*Themes of Participant Responses to the ECHO Model Impact on Practice/Organization and Participant*

<table>
<thead>
<tr>
<th>Describe how your ECHO is useful to you and your practice/organization.</th>
<th>How has ECHO improved the way you provide client/patient care?</th>
<th>How has ECHO improved the way your practice/organization provides patient/client care?</th>
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</thead>
<tbody>
<tr>
<td>Access to resources/information</td>
<td>Access to resources</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Enhanced knowledge</td>
<td>Enhanced knowledge</td>
<td>Access to resources</td>
</tr>
<tr>
<td>Peer support and collaboration</td>
<td>Increased collaboration</td>
<td>Enhanced knowledge</td>
</tr>
<tr>
<td>Learning from real-life scenarios</td>
<td>Person-centered approaches</td>
<td>Innovative approaches</td>
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<td></td>
<td>Communication skills</td>
<td>Increased compassion for others</td>
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</tbody>
</table>

#### Substance Use Disorder (SUD) ECHO

*Themes of Participant Responses to the ECHO Model Impact on Practice/Organization and Participant*

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</tr>
</thead>
<tbody>
<tr>
<td>Different perspectives</td>
<td>Knowledge of resources</td>
<td>Interdisciplinary approaches</td>
</tr>
<tr>
<td>Increased knowledge</td>
<td>Increased conversations with clients</td>
<td>Increased and improved conversation</td>
</tr>
<tr>
<td>Improve overall practice</td>
<td>Strength-based language</td>
<td>Shared content and resources</td>
</tr>
<tr>
<td>Up to date information</td>
<td>Increased awareness and understanding of challenges</td>
<td></td>
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<td></td>
<td>Evidence-based treatment</td>
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</table>
IMPACT

Project ECHO Programs
Of the participants who completed continuing education evaluations, 84 participants noted satisfaction with curriculum or content and 81 participants reported intention to apply/use information learned across both programs. Of the participants who completed both pre and post surveys for the SUD ECHO and PEACE, **89% and 89% increased knowledge**, respectively. Similarly, in both the SUD ECHO and PEACE, **100% and 78% increased confidence**, respectively.

“I am very grateful for the opportunity to participate in this PEACE ECHO series. The timing is perfect. The topics so far have been right-on in terms of compelling issues we are facing in our service to older adults and those facing life-limiting journeys - let alone the compounding effects of the pandemic!

We all want to do it all, and everyone is just figuring it out as we go - no blueprint for much of what we are dealing with right now. So, to have these thoughtful topics, presented by outstanding faculty members, some of whom I know from my work here in Maine and some I am meeting for the first time - all very rich and full of valuable resources. Thank you again, PEACE ECHO planners.

-Jody Wolford-Tucker, Ph.D., Executive Director, Hospice Volunteers of Hancock County

Asynchronous eLearning
The CARE2 program developed 2 asynchronous courses. Find both on www.telehealthclassroom.org

1. **Telehealth Toolkit for SUD and OUD Services**: This toolkit was adapted from the SUPPORT for ME Telehealth Toolkit and was designed for providers who utilize telehealth to provide Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) services to their patients and clients.
2. **Tips and Tools to Address Health Disparities and Social Isolation in Rural Aging Communities**: Join experts from Androscoggin Home Health & Hospice as they address the issue of social isolation in aging communities and discuss how your organization can activate and sustain community volunteer networks and apply for grant funding to support these endeavors.
FUTURE CONSIDERATIONS

The first year of CARE2 highlighted the need for the response to the impact of COVID-19 on the behavioral health of rural communities in Northern New England and New York, particularly as it pertains to social isolation and lack of access to behavioral health treatment for residents with substance use disorder (SUD) and older adults across the long-term care continuum.

Future program development will utilize program evaluations and surveys to further understand the gaps in education and training as they pertain to COVID-19 and behavioral health in rural communities for older adults and individuals with substance use disorder.

visit us at ruralcare2.org
REFERENCES


