

# Welcome!



California ACEs Learning and Quality Improvement Collaborative (CALQIC)

Virtual Kickoff Event

July 14, 2020

This virtual session is being recorded and will be posted to [careinnovations.org/calqic-portal](https://careinnovations.org/calqic-portal)

Everyone is currently muted.

To unmute yourself: Press \*7

To mute yourself: Press \*6

Please use the [chat box](#) to ask questions.

# CCI Program Leads



**Veenu Aulakh**  
President



**Tammy Fisher**  
Senior Director



**Megan O'Brien**  
Senior Program Manager



**Nikki Navarrete**  
Program Coordinator



GREETINGS

HI

WELCOME

HELLO

HOWDY

GLAD YOU'RE HERE





# Agenda

1

Welcome & Introductions

4

Support in Implementing  
Changes

2

Cohort Introduction

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Calendar + Program Portal

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Program Overview

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Q & A

# Coaching Team



Elizabeth Morrison



Leena Singh



Chris Bradley

# Evaluation Support

The Center for Community Health and Evaluation (CCHE)



**Maggie Jones,**  
Director



**Lisa Schafer,**  
Senior Evaluation &  
Learning Consultant



**Monika Sanchez,**  
Evaluation & Learning  
Associate



**Creagh Miller,**  
Evaluation & Learning  
Associate

# CALQIC UCSF Leadership



**Edward Machtinger**  
MD, UCSF Co-Director



**Anda Kuo**  
MD, UCSF Co-Director



**Marguerita Lightfoot**  
Ph.D. UCSF Co-Director



**Naomi Bardach**  
MD, MAS, UCSF  
Evaluation Lead

# CALQIC and ACES Aware



ACEs Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.

UCSF Center to Advance Trauma-informed Healthcare in partnership with the Center for Care Innovations (CCI) to lead CALQIC:

- 15-month learning collaborative
- 15 primary care organizations
- Primarily Medi-Cal patients across seven regions
- Identify promising practices, tools, resources and partnerships that will inform future phases of ACEs Aware.



# CALQIC Vision

Integrate **screening & response for ACEs** in healthcare settings in a way that enhances connection between patients and providers, helps connect patients to services that they want and need, and leads to better **outcomes, reduced disparities, and more positive experiences of care for all involved.**





# Poll #1

"How are you feeling about implementing ACEs screening and response at your organization at this moment?"

- 1. Ready to go
- 2. Overwhelmed
- 3. Unsure
- 4. Excited
- 5. Confident

- 6. Hesitant
- 7. Cautious
- 8. Obligated
- 9. Grateful
- 10. Curious

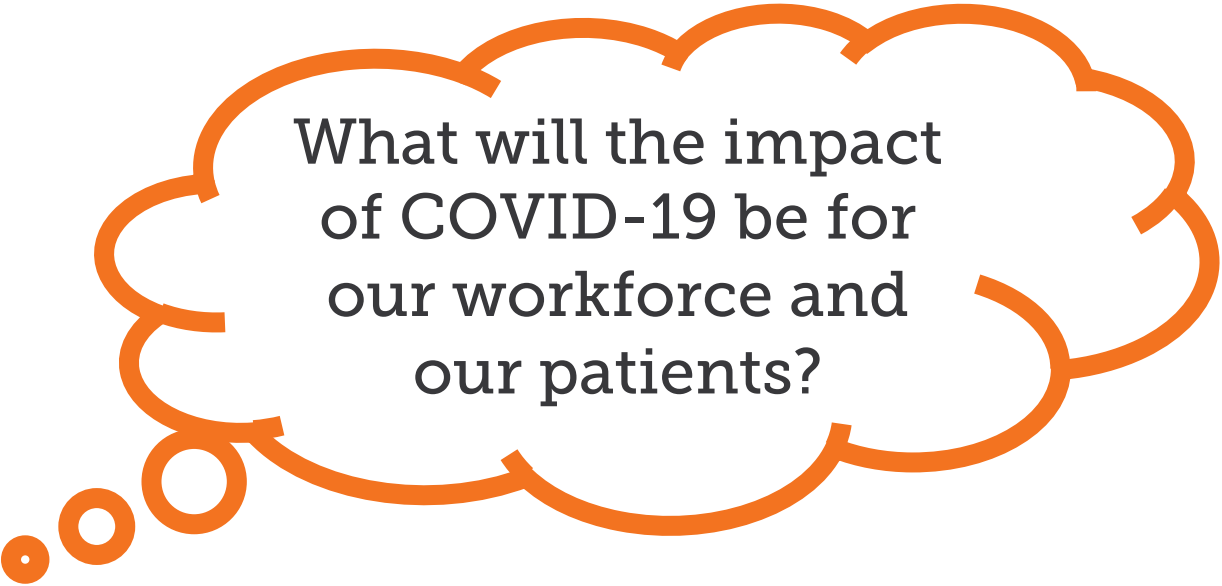




DON'T WORRY IF I BURST  
INTO TEARS - I'm FINE, JUST  
OVERWHELMED AND HAPPY TO  
BE HERE.



How will we get our care teams to adopt and be enthusiastic about yet another workflow when they have been stretched outside their comfort areas constantly for the last 3+ months?



What will the impact of COVID-19 be for our workforce and our patients?

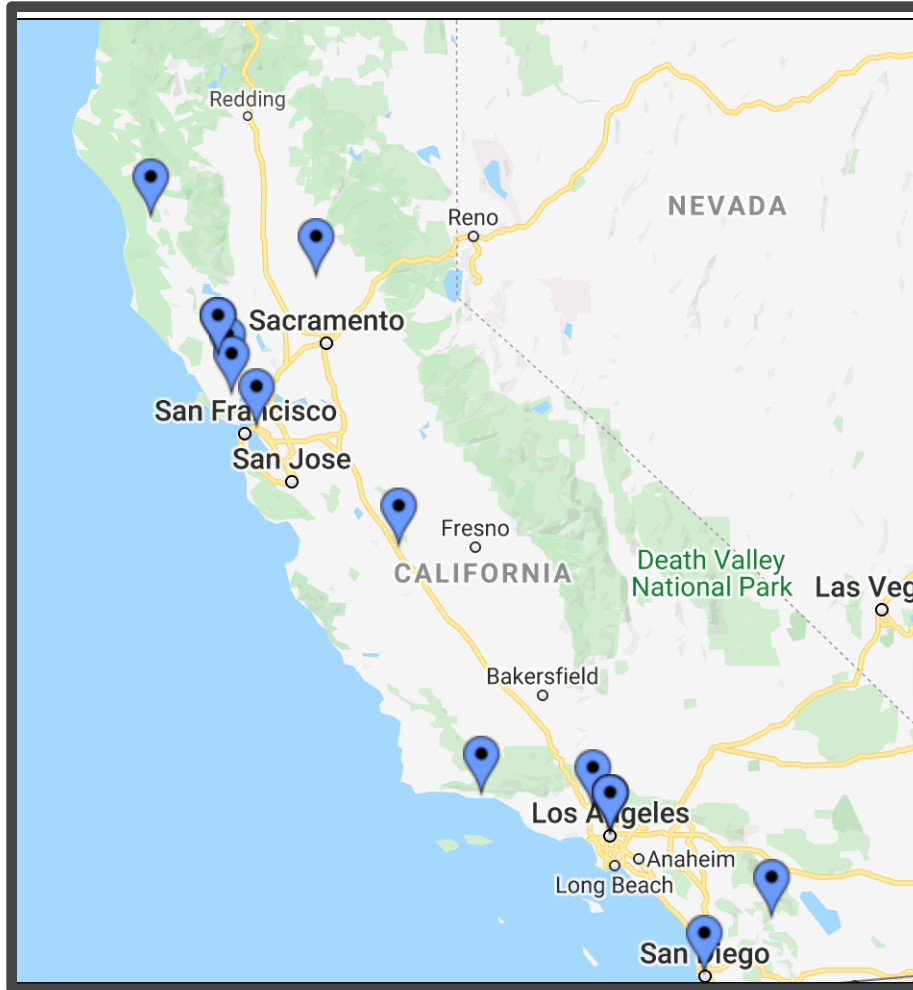


Can we make this a priority in the face of COVID related challenges?

# Cohort Introductions



# CALQIC Cohort At a Glance\*



1. Borrego Community Health Foundation
2. Eisner Pediatric and Family Medical Center
3. Family Health Centers of San Diego
4. Harmony Health Medical Clinic and Family Resource Center
5. La Clinica de La Raza Inc
6. LA County Department of Health Services
7. Long Valley Health Center
8. Los Angeles Christian Health Centers
9. Marin Community Clinics
10. Northeast Valley Health Corporation
11. Petaluma Health Center
12. Santa Barbara Neighborhood Clinics
13. Santa Rosa Community Health
14. Sonoma County Indian Health Project
15. The Regents of the University of California San Francisco at Fresno

# CALQIC Cohort At a Glance



## EHR

- 5 NextGen
- 4 eCW
- 2 EPIC
- 4 others (Greenway Intergy, eMD, Custom Built, Cerner)

## Regions

- 5 Bay Area
- 4 LA
- 2 Northern California
- 1 Central Valley
- 2 San Diego/Inland Empire
- 1 Central Coast

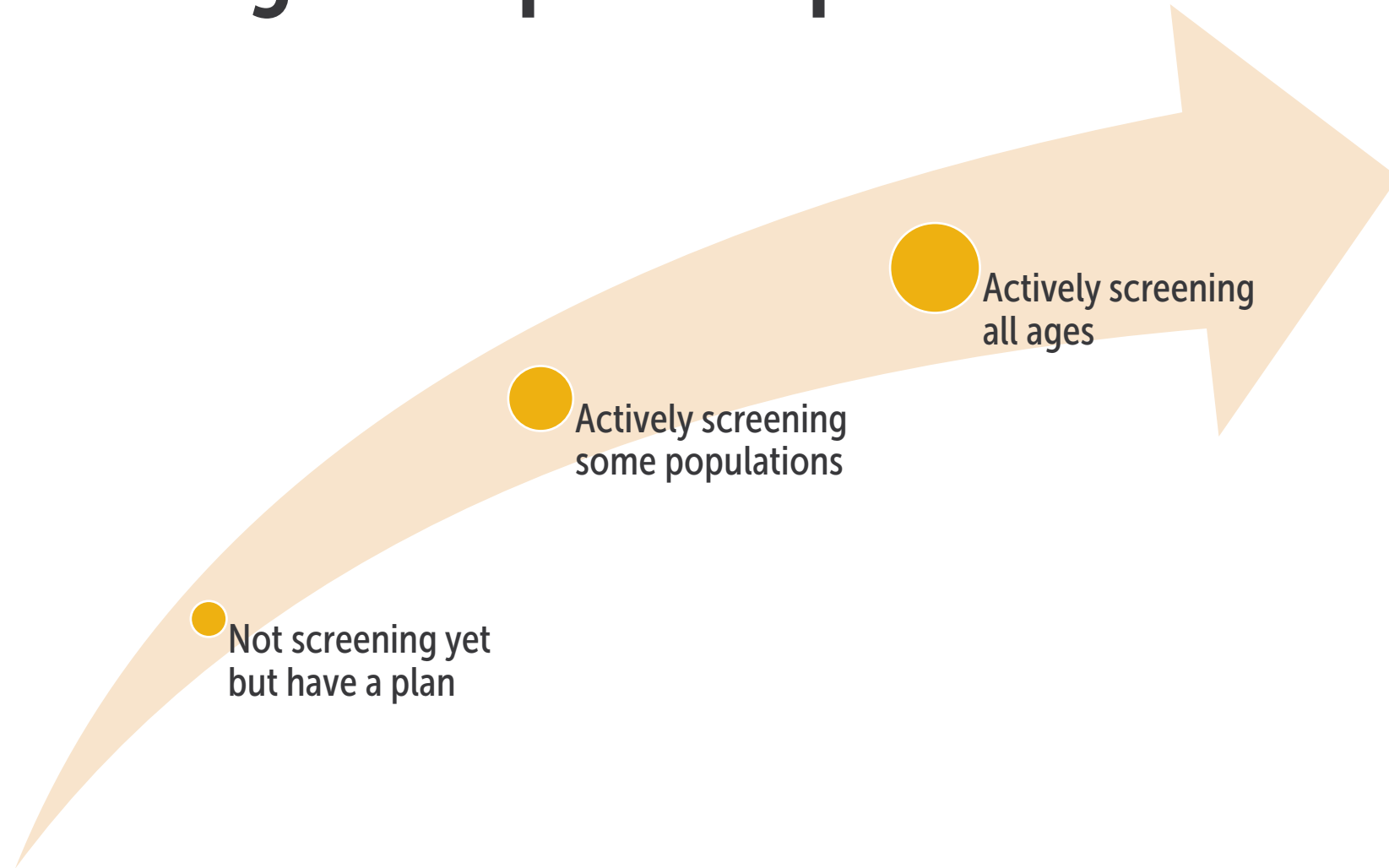
## Medi-Cal

- # of Annual Medi-Cal Patients range from 1,891 to 243,416

## Sites

- # of clinic sites ranging from 1 to 35

# ACEs Screening & Response Spectrum



# CALQIC Bright Spots



<b>Borrego Community Health Foundation</b>	<ul style="list-style-type: none"> <li>• Has many programs built around trauma-informed care, like the <b>HealthySteps Program</b>. The program involves a HealthySteps Specialists working with pediatricians in addressing a child's social-emotional well-being and growth in a non-stigmatizing setting.</li> </ul>
<b>Eisner Pediatric and Family Medical Center</b>	<ul style="list-style-type: none"> <li>• Strong focus on <b>staff wellness</b> including supporting staff in understanding stress and building resilience. Also had a permanently funded <b>Trauma-Informed Care Coordinator!</b></li> </ul>
<b>Family Health Centers of San Diego</b>	<ul style="list-style-type: none"> <li>• Has an <b>EHR that has been designed, developed, and maintained in-house</b>, allowing FHCSD to incorporate new projects and processes relatively seamlessly over the years. Teams members have <b>T/TA experience related to TIC</b>.</li> </ul>
<b>Harmony Health Medical Clinic and Family Resource Center</b>	<ul style="list-style-type: none"> <li>• Established a <b>Family Resource Center</b> in 2002 with <b>home visitation</b> services for families with children 0-5 and full scope community resources and outreach services to patients.</li> </ul>
<b>La Clinica de La Raza Inc</b>	<ul style="list-style-type: none"> <li>• Committed to becoming a healing organization through <b>current mental health programs</b> (i.e., Cultura Y Bienestar, Casa del Sol) as well as <b>robust clinical response to trauma</b>, including Integrated Behavioral Health.</li> </ul>

# CALQIC Bright Spots



LA County Department of Health Services	<ul style="list-style-type: none"><li>• Great <b>training materials</b> for screeners and has been adapting to <b>telehealth screening &amp; response</b>. Also has successfully <b>added the screening tool and response</b> into our <b>EHR</b>.</li></ul>
Long Valley Health Center	<ul style="list-style-type: none"><li>• First PCMH clinic in CA to be recognized by NCQA for the integration of Medical and Behavioral Health Services, with a <b>strong integrated team</b> that strives to always consider the <b>patient perspective</b> when providing care.</li></ul>
Los Angeles Christian Health Centers	<ul style="list-style-type: none"><li>• <b>ACES screening established for pediatrics</b>, with mental health available for warm handoff and <b>same day consult</b>. Has worked toward the creation of a <b>safe place</b> for patients and providers.</li></ul>
Marin Community Clinics	<ul style="list-style-type: none"><li>• Successful <b>2-year pilot of ACEs screening in a subset of pediatric patients</b>, existing <b>ACEs screening template in our EHR</b>, solid foundation of trauma-informed care knowledge across the organization, <b>buy-in and motivation</b> from our executive leadership to be successful.</li></ul>
Northeast Valley Health Corporation	<ul style="list-style-type: none"><li>• Developed <b>training curriculum and algorithm</b> and using <b>circle charts and One Degree</b> for referrals and follow-up.</li></ul>

# CALQIC Bright Spots



Petaluma Health Center	<ul style="list-style-type: none"> <li>• Experience with developing <b>community partnerships</b>. Also has a <b>screening process in-person for peds</b>, providing <b>universal education</b> to families, and a <b>training process for MA's</b> to better understand screening and interventions. Also has built <b>care gaps and structured data into EHR</b>.</li> </ul>
Santa Barbara Neighborhood Clinics	<ul style="list-style-type: none"> <li>• Established a <b>Screening/Intervention Program for Infants and their parents</b> and have worked through organization-wide <b>Trauma Informed Care training</b>. Involved <b>Wellness Navigators</b> who are unlicensed, para-professionals. Working with partners Child Abuse Listening Mediation (CALM) and UCSB and has <b>published two white papers on program's research thus far</b>.</li> </ul>
Santa Rosa Community Health	<ul style="list-style-type: none"> <li>• Has been <b>screening peds</b> for the past several years; use a <b>"flipped visit"</b> model that integrates a BH clinician in a scheduled medical visit when/where appropriate; and spearheads the <b>Sonoma Community Resilience Collaborative</b>.</li> </ul>
Sonoma County Indian Health Project	<ul style="list-style-type: none"> <li>• <b>Protected time</b> for staff training (ACES-Aware) &amp; deep understanding of the need for a <b>relational approach</b> to new programs or interventions.</li> </ul>
The Regents of the UCSF at Fresno	<ul style="list-style-type: none"> <li>• Built a <b>robust network of CBO's and cross sector agencies</b> in order to make linkages more efficient and effective. Also has increased community networking and built relationships with <b>community partners and residents</b>.</li> </ul>





**Northeast Valley Health Corporation**  
a california *health*<sup>+</sup> center

# **California ACEs Learning & Quality Improvement Collaborative (CALQIC)**

**Presented by:**

**Debra Rosen, RN, MPH  
Director, Quality and Health Education**

# Northeast Valley Health Corporation (NEVHC)

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- FQHC in SPA 2 of LA County serving the San Fernando and Santa Clarita Valleys
- 16 clinic sites
- 347,313 visits in 2019
- 82,565 users/patients in 2019
- 84% Latino
- 97% < 200% of FPL
- 73% < 100% of FPL
- 46% ages 0-17; 54% 18 & up
- 21% uninsured
- EHR System- NextGen
- Important thing to know about our organization: We are trained in human centered design



# Our CALQIC Team

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Debra Rosen,  
Director, Quality and Health  
Education  
Project Lead

“My new hobby is backyard bird watching. I have 10 bird feeders in my yard.”



Dr. Gina Johnson, MD  
Pediatric Medical Director  
Provider Champion

“My mom and I have run 3 Comrades ultramarathons (50+ miles) in South Africa and over 20 full marathons with Team World Vision, bringing clean water to 10 countries in Africa and child sponsorships to countries as diverse as Albania, Haiti, Rwanda and Uganda.”



Evelyn Vega  
Director, Behavioral Health

“I once worked for the Glendale Police Department.”



Jessica King  
Associate Director of Health  
Education

“Loves to create—food, crafts, furniture, etc.”



# Our CALQIC Team

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Jasmine Galindo  
Program Manager  
Data and Metrics Lead

“I have 12 screws and 2 plates in my ankle.”



Paula Kuhlman, MD  
Pediatrician (NEVHC, Newhall)  
Physician Lead

“I am a former elite and All-American gymnast, competed for UCLA.”



Lupe Ortega  
Frontline Workflow  
Coordinator  
Staff and Operations Lead

“My favorite movie is Pixar’s UP.”



Alejandra Mata  
Program Manager, Public  
Health

“I grow peaches, oranges, mandarins, kumquats, grapefruits and lemons.”



# Current State: ACEs Screening & Response

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- **Our current strengths:**
  - Our Team
  - Our curriculum and algorithm
  - Using circle charts and One Degree for referrals and follow-up
- **Our biggest challenges:**
  - Care team buy-in as we spread
  - Mapping data to i2i Tracks for reporting
  - Ensuring staff document correctly
- **Areas of greatest uncertainty:**
  - COVID 19 and the influx of positive ACE screens

# Advice & Guidance For Other Teams

---

- **Are there specific content areas your team has developed expertise or wisdom that you are willing to share more about with your peers?**
  - Algorithm and Circle Charts
  - Utilization of One Degree
- **What are you most proud of in your sites/system that others should know about?**
  - Data driven, Innovative, and use of Technology





# Marin Community Clinics

# Who We Are

- **Location:** Marin Community Clinics (MCC) is located in Marin County, California. Our clinic sites are located in Larkspur, San Rafael and Novato. In addition, we are opening a new clinic in Greenbrae.
- **Population Served:** We serve 38,500 patients and approximately one third of these patients are children. The majority of our patient population (73%) are Medi-Cal recipients. As to ethnicity, 66% are Latino, 24% Caucasian, and the other 10% mostly Asian/Pacific Islander and African American.
- We are open to everyone regardless of ability to pay.
- **# of Clinic Sites:** 7
- **EHR system:** NextGen
- **Important thing to know about our organization:** We are the largest Federally Qualified Health Care Center in Marin County and serve the majority of the uninsured and underinsured patients from our community. We strive to offer a variety of medical and dental services that improve and promote health and wellbeing in a holistic manner.



# Our CALQIC Team



**Heyman Oo, MD, Associate  
Medical Director of Novato  
South Clinic, Project Lead**



**Melanie Thompson, MD,  
Regional Medical Director,  
Lead operational & clinical  
implementation**



**Caren Schmidt, PsyD, Associate  
Director of Behavioral Health,  
Behavioral Health Leadership**



**Erinn lance, CNM, OB  
Program Manager, OB  
Leadership**



**Michelle Baron, MD, Lead  
OB Physician, OB  
Leadership**



**Rashem Agarwal, MD,  
Pediatrician, Lead Clinical  
Implementation**

# Current State: ACEs Screening & Response

- **Our current strengths:** successful 2 year pilot of ACEs screening in a subset of our Pedi patients, existing ACEs screening template in our EHR, solid foundation of trauma-informed care knowledge across the organization, buy-in and motivation from our executive leadership to be successful.
- **Our biggest challenges:** rolling out ACES screening in the new world of telehealth, staff turnover and staff burn out.
- **Areas of greatest uncertainty:** how will we get our care teams to adopt and be enthusiastic about yet another workflow when they have been stretched outside their comfort areas constantly for the last 3+ months?

# Advice & Guidance For Other Teams

Are there specific content areas your team has developed expertise or wisdom that you are willing to share more about with your peers?

It is really important to spend time building the foundation of trauma-informed care and getting buy in from all levels of leadership and staff groups before taking on a clinic-wide roll out of ACEs screening. Change fatigue is real and it can only be overcome by constantly returning to the core values of your healthcare system.

What are you most proud of in your sites/system that others should know about?

MCC's greatest strength is our staff, everyone is mission-driven and often go above and beyond to help our patients and our community. We have been constantly impressed by how nimble our organization has been in the face of such drastic change in how we practice medicine. We went from basically 0% telehealth to 90% telehealth in a week and have since continued to refine our workflows to meet patient needs.

# TRIADS Framework & Program Overview

# Program Goals

Integrate **screening & response for ACEs** in healthcare settings in a way that enhances connection between patients and providers, helps connect patients to services that they want and need, and leads to better **outcomes, reduced disparities, and more positive experiences of care for all involved.**



**Identify & overcome barriers** to ACEs screening & response at both the site & organizational level



Align clinical efforts with the statewide initiative **ACEs Aware**, which is working to help providers get credentialed, use approved screening tools, bill using CPT codes and more



Develop or strengthen models of care & tools for **operationalizing ACEs screening & response** (i.e. roles, workflows, scripts, etc.)



**Collect and track data** to assess progress in ACE screening & response



# TRIADS

**Trauma and Resilience-Informed Inquiry for  
Adversity, Distress, and Strengths**

***A Framework for Best Practices in ACEs Screening and  
Response***

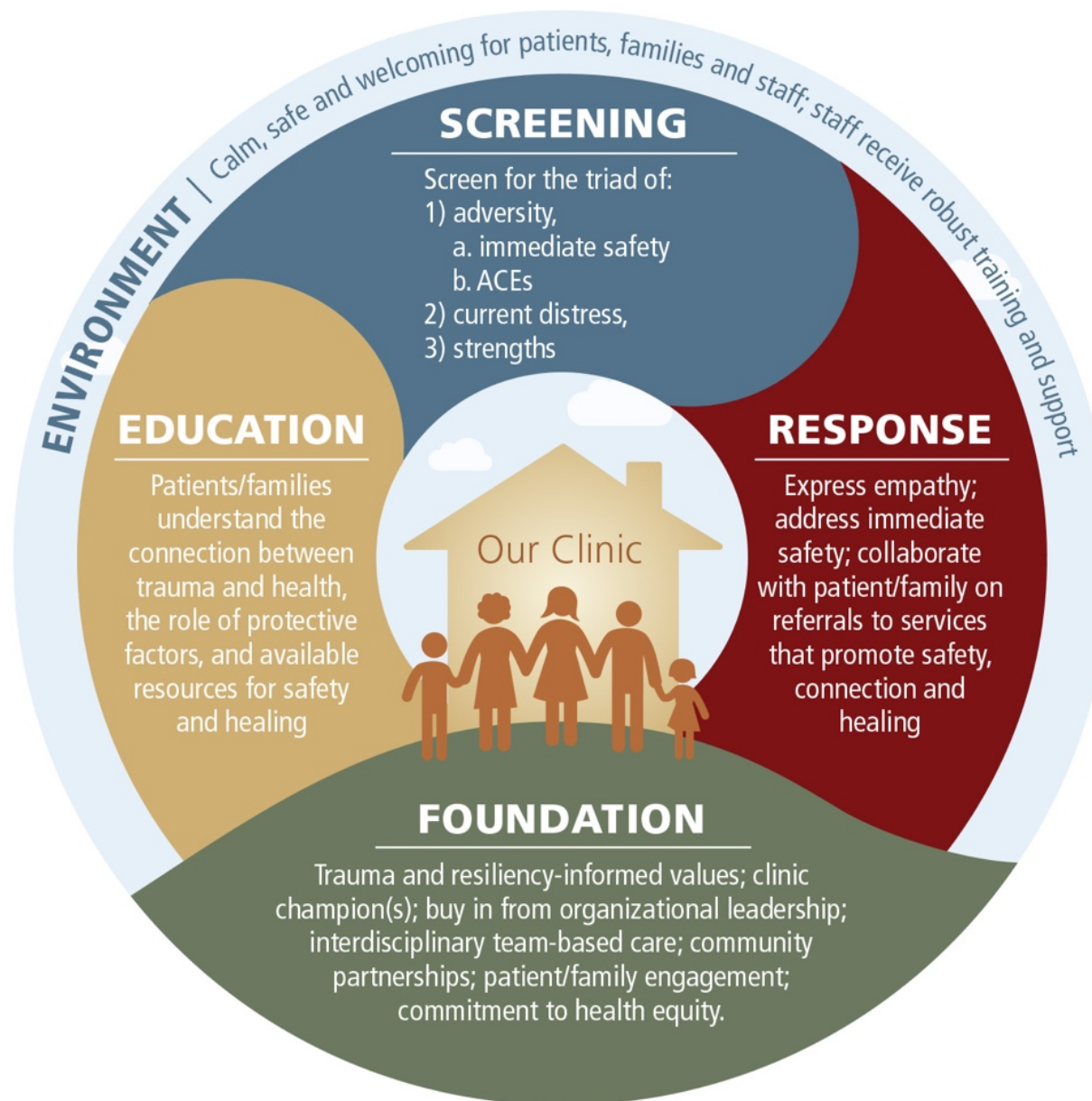
California ACEs Learning and Quality Improvement  
Collaborative  
(CALQIC)





# TRIADS Development

- Community wisdom
- Evidence-based interventions for traumatized children and families
- Influential trauma and resilience-informed clinical change frameworks
- SAMHSA practices and principles of trauma and resilience-informed care
- Expert opinion by CALQIC clinical faculty
- ACEs and Toxic Stress Risk Assessment Algorithm - OSG





# Core Principles of TRIADS

- We envision a purposeful shift from a biomedical focus on disease and dysfunction to a bio-psycho-social-spiritual focus on the whole person.
- Adversity is a universal human experience that occurs in the context of embedded ecological risk factors.
- Relational Health Focus: Trusting relationships are at the core of all healing endeavors, including ACEs screening and response.

# The Triad of Adversity, Distress, and Strengths





# A Living Document

- You will all get this document
- TRIADS is a “living document” that will evolve over the course of the learning collaborative via an iterative process.
- This is a work in progress! You are co-creating this with us!
- We are grateful for your commitment to serving vulnerable people in California.





# What We'll Cover in the Learning Community



Understanding the **CALQIC TRIADS framework** and using it in patient care and within your organization to drive change



Tips & communication tools for **engaging leadership and staff** in your ACEs screening & response work



Workflows & considerations related to ACEs screening and response and providing empathic care **in a virtual environment**



Tools and interventions to **promote resilience & protective factors**



Approaches to addressing and embedding **equity into your work**



Knowledge and tools for preventing, recognizing, understanding, and responding to **vicarious trauma and burnout among staff**



Knowledge and approaches **for involving patients and families** in designing and implementing trauma informed approaches to care

# Program Support & Delivery



## Statewide Learning Community

Coaching

Learning Events

(Content & Peer-Based; Virtual in 2020  
with in-person planned in 2021)\*

CALQIC  
Framework

Access to  
technical  
experts

Online  
Program  
Portal

Virtual Site  
Visits

Access to  
other self-  
directed  
trainings

\*In-person events are TBD and will occur in accordance with state and local guidance.

# Program Structure



Build on existing organization-led initiatives & interventions so that clinics can further **test, develop & strengthen** their role as a place to screen for ACEs, treat trauma & promote resilience, depending on prior work.

## Phase 1

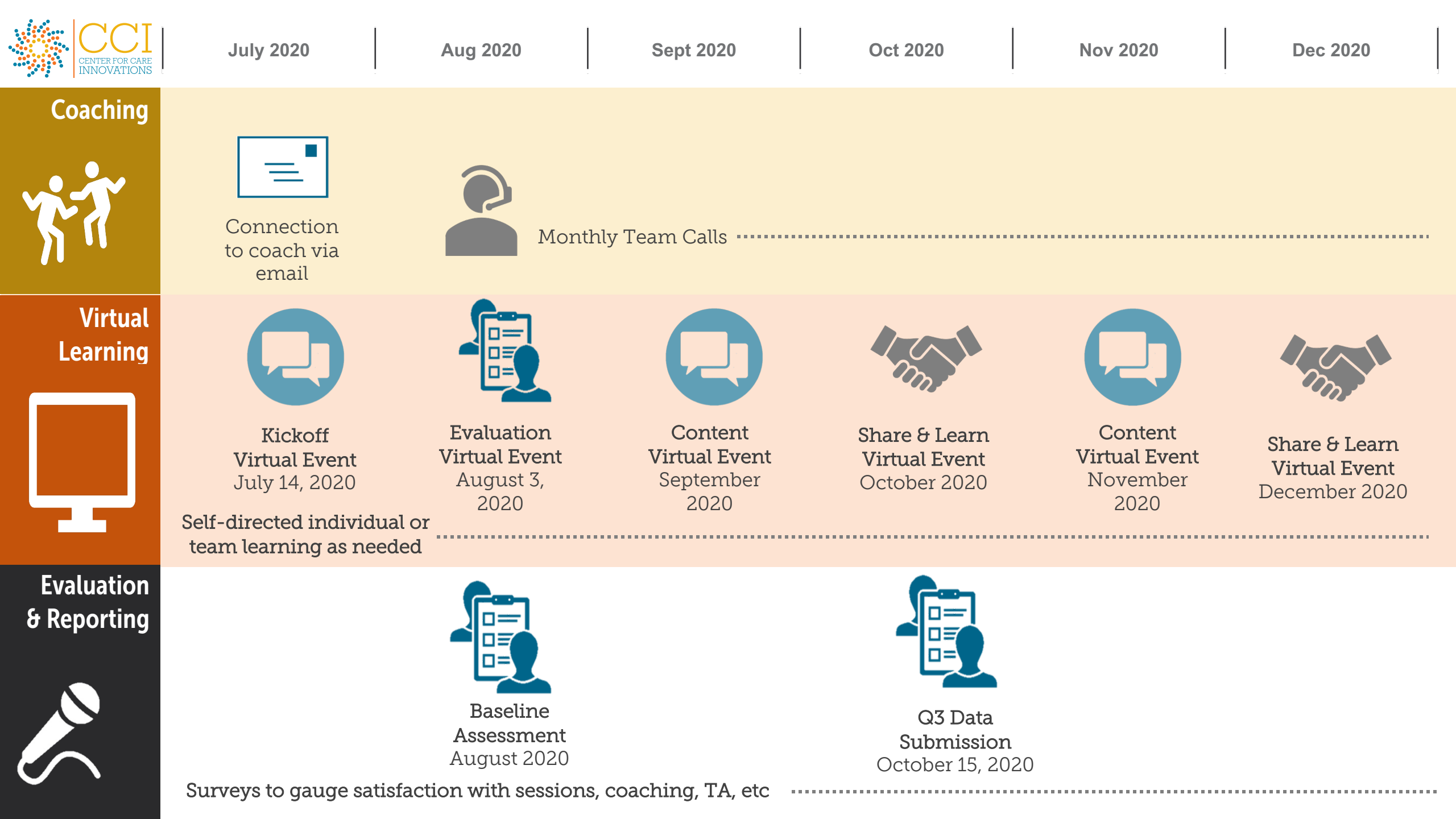
Building a Foundation for ACEs  
Screening & Response

## Phase 2

Test & Implement ACEs  
Screening & Response

## Phase 3

Spread & Sustain





# 2021 Tentative Plan

- Continued **coaching** until the end of October 2021
- **Virtual events** as needed
- **2 in-person convenings** in the Spring 2021 & Fall 2021
- **Progress Reports to CCI**
  - Midpoint (March 1, 2021)
  - Final (November 1, 2021)
- **Quarterly data submissions**
  - Q1 January 15, 2021
  - Q2 April 15, 2021
  - Q3 July 2021
  - Q4 October 2021
- **Evaluation Interviews:**
  - January-February 2021
  - September –October 2021
- **Endline Assessment** (Sept-Oct 2021)



# Participation Requirements



**Engaged  
Leadership**

**Reporting  
Data on  
Measures**

**Patient &  
Community  
Involvement**

**Continuity  
&  
Dedicated  
Team**

**Learning  
Session  
Attendance &  
Active  
Participation**

**Peer  
Sharing**



# Poll #2

"Do you have a patient advisory board you engage in delivery and planning of services?"

1. Yes
2. No

# Evaluation Overview

# Evaluation Support

The Center for Community Health and Evaluation (CCHE)



**Maggie Jones,**  
Director



**Lisa Schafer,**  
Senior Evaluation &  
Learning Consultant





**Monika Sanchez,**  
Evaluation & Learning  
Associate



**Creagh Miller,**  
Evaluation & Learning  
Associate

# Goals of the Evaluation

- 
- Assess changes in **organizations' capacity** related to implementing ACEs education, screening, & response.
  - Assess **changes in clinic-level outcomes** related to screening and response.

- 
- Provide **real time information** to CCI about program progress and participant experience.
  - **Synthesize and communicate** results and learnings from the program to key stakeholders.



# Measurement Strategy

## How & When



### Clinical Data Reporting

- Quarterly Submission beginning October 2020



### Clinic Capacity Assessments

- Baseline
- End of learning collaborative



### Program Participant Interviews

- Mid-point
- End of learning collaborative



### Coaching logs & Interviews

*\*Evaluators & Coaches only*



### Learning Collaborative Activities

- Post-event surveys



# Clinical Data Reporting

## Description of draft measures



1

% providers **credentialed** to bill for ACEs screening

4

% of patients with a **positive screen** indicating clinical response (per **sites' clinical definitions**)

2

**Screening rates** (% of patients screened for ACEs)

5

**Response rates** (% of patients with a positive screen receiving response)

3

% of patients at **high risk** for ACE associated health conditions (per the state definition)

6

Optional: **Strengths and resilience** (e.g., # of patients who are also screened for resilience or positive childhood experiences)

# CALQIC Clinic Capacity Assessment



**Purpose:** To assess your clinic site's capacity related to effectively integrating education, screening and response for ACEs

## Why?

- Gather insights about what is in place and where you are starting

## Who?

- Collaborative process with your multi-disciplinary team

## When?

- Beginning of CALQIC (Aug 2020)
- End of CALQIC (Sept 2021)

## What happens?

- Data benefits you, coaches, CCI and CALQIC overall

# Evaluation Kick Off Webinar

## Monday August 3<sup>rd</sup>, 11am PT



The evaluation team,  
how we will interact  
with the coaches,  
organizations and  
clinics



What data we will ask  
of you, when and  
why



What reports you will  
receive from us,  
when and why



Open space to  
discuss collaboration  
and questions

# Support in Implementing Changes...



# ...In a [Brave & Fragile & Overwhelming] New World

- The **collateral damage** from COVID-19
- COVID-19 has changed **clinic staffing**
- Uncertain of the workforce and the **state of mental burnout**
- Uncertain of the **social injustice** and the **climate of caring** for patients affected by such injustices
- COVID 19 and the **influx of positive ACE screens**
- COVID-19 has **disrupted** the in-person screening and therapeutic interventions
- Rolling out ACES screening in the new **world of telehealth**
- How to **get services** during Covid-19
- **Case management and care coordination** related to ACEs during COVID-19
- Finalizing **clinic-specific workflows** for telehealth screens

**"Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to influence their feelings."**

**The heart of change is in the emotions."**

**- John Kotter (2002), The Heart of Change: Real-Life Stories of How People Change Their Organizations. Harvard Business School Press**



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**“It’s an interesting time in the world for us to rethink how we engage in everything. Sometimes it’s just not about adding a phone call or a video, but actually blowing it all up to get at the essence of what we’re trying to do and then reinvent it.”**

**-Veenu Aulakh, CCI President**







- LA County Safety Net Clinics
- 6 clinics at 4 unique locations
- EHR system: Cerner (ORCHID)
- Diverse population, geography, climates, disease prevalence



# Our Team



**Shannon Thyne, MD**  
DHS Director of Pediatrics ACES-  
LA Co-PI



**Amy Shekarchi, MD**  
ACES-LA Co-PI



**Jamie Ruiz**  
Community Health Worker  
Assistant Project Manager



**Nina Thompson**  
Data & Project Manager





# Our Team



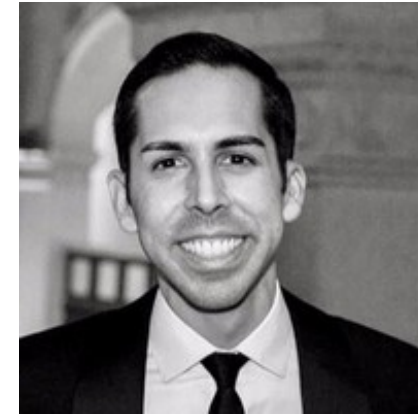
**Jorge Fuentes, MD**  
Medical Director, LAC+USC  
VIP/HUB Clinic



**Indu Kannan, MD**  
HDRHC/SVHC Interim Pediatric  
Primary Care Director



**Raymond Perry, MD, MPH**  
Medical Director, Humphrey  
Comprehensive Health Center



**Joseph Rojas, MD, MS**  
Medical Director, Olive View  
HUB/SCAN Clinic

# Current State: ACEs Screening & Response



- **ACES-LA Strengths**
  - adapting to telehealth screening & response
  - site-specific flexibility in screening workflows
- **ACES-LA Challenges**
  - adapting to telehealth screening & response
  - coaching screen initiation remotely, EHR data inquiry
- **Areas of greatest uncertainty**
  - telehealth - response for telehealth screens
  - finalizing clinic-specific workflows for telehealth screens
  - balancing of telehealth vs. in-person screening

# Guidance & Connection through Coaching

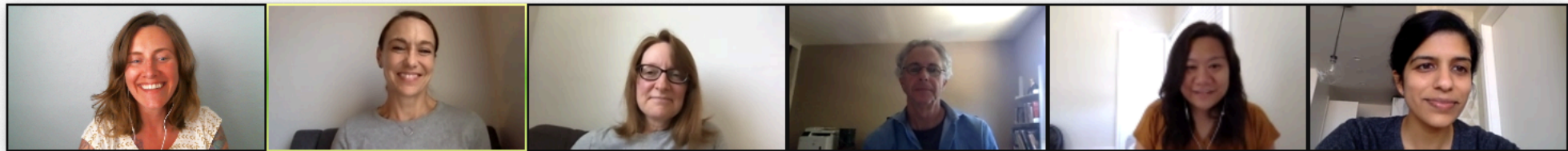


Supports teams  
in advancing  
your ACEs  
screening &  
response  
implementation  
goals

Connects teams  
with additional  
resources, experts,  
and other CALQIC  
teams and  
informs CCI of  
additional needs

Provide support &  
guidance on  
CALQIC  
Framework, EHR  
integration, QI  
tools, and more!

# Coaching in a virtual environment...an experiment!



# Hear From Our Coaching Team



Elizabeth Morrison



Leena Singh



Chris Bradley

# Calendar & Program Portal



# Important Dates & Timelines

## Evaluation Webinar

August 3,  
2020  
11am

## 1st Coaching Call

By mid-August

## Clinic Capacity Assessment

August 2020

## 1st Content Virtual Event

September 2020



# Poll #3

Which are good days for virtual events?

1. Monday
2. Tuesday
3. Wednesday
4. Thursday
5. Friday

What are the best times of the day?

1. Mid-morning (10am to 12pm)
2. Lunch (12pm to 2pm)
3. Early afternoon (2pm to 4pm)

# Program Portal

- ☐ Upcoming Events & Activities
- ☐ Who's in the Program & CALQIC Community
- ☐ Information on Evaluation & Data Reporting
- ☐ Archive of virtual events
- ☐ TRIADS Framework & Tools



[www.careinnovations.org/calqic-portal](http://www.careinnovations.org/calqic-portal)

# Q & A



# Poll #4

## Experience

On a scale of 1-5, please select the number below that best represents your overall experience with today's session:

(Single Choice)

- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

## Use of Time

Please select the number below that best represents your response to the statement: **Today's session was a valuable use of my time.**

(Single Choice)

- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

# Thank you!

For questions contact:

**Megan O'Brien**  
Senior Program Manager  
Center for Care Innovations  
[mobrien@careinnovations.org](mailto:mobrien@careinnovations.org)

**Nikki Navarrete**  
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