

BOARD OF DIRECTORS MEETING

September 24, 2019 4:00 pm

Health District of Northern Larimer County 120 Bristlecone Drive Fort Collins, CO



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September 24, 2019 4:00 pm

Health District, 1st Floor Conference Room

AGENDA

4:00 p.m.	Call to Order; Introductions; Approval of Agenda	Michael Liggett
4:05 p.m.	PUBLIC COMMENT Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided on the back	s of the agenda.
4:08 p.m.	SPECIAL PRESENTATION • UCHealth North Update/ReportKevin Unger, CE	EO, UCHealth North
4:40 p.m.	PRESENTATIONS AND DISCUSSION • Highlights of Consumer Reviews and Updates • CAYAC (Child, Adolescent and Young Adult Connections) • Advance Care Planning	Karen Spink MJ Jorgensen
5:25 p.m.	 PRESENTATION, DISCUSSION & ACTIONS Budget Process	
5:35 p.m.	 UPDATES & REPORTS Executive Director Updates UCHealth-North/PVHS Board Liaison Report 	
5:45 p.m.	PUBLIC COMMENT (2 nd opportunity) See Note above.	
5:50 p.m.	CONSENT AGENDAApproval of July 2019 Financials	
5:55 p.m.	 ANNOUNCEMENTS October 16, 4:00 pm, Joint Board Meeting HD/PVHS October 22, 4:00 pm, (may be changed) Board of Directors Regular M November 12, 4:00 pm, Board of Directors Regular Meeting 	feeting
6:00 p.m.	ADJOURN	

■ Mission ■

The Mission of the Health District of Northern Larimer County is to enhance the health of our community.

■ VISION ■

- □ District residents will live long and well.
- Our community will excel in health assessment, access, promotion and policy development.
 - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
 - All Health District residents will have timely **access** to basic health services.
 - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
 - Citizens and leaders will be engaged in the creation and implementation of ongoing systems and health policy development at local, state, and national levels.
 - Like-minded communities across the country will emulate our successes.

■ STRATEGY ■

The Health District will take a leadership role to:

- Provide exceptional health services that address unmet needs and opportunities in our community,
- □ Systematically assess the health of our community, noting areas of highest priority for improvement,
- □ Facilitate community-wide planning and implementation of comprehensive programs,
- □ Educate the community and individuals about health issues,
- ☐ Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- □ Promote health policy and system improvements at the local, state and national level,
- □ Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- □ Share our approaches, strategies, and results, and
- Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

■ VALUES ■

- □ Dignity and respect for all people
- ☐ Emphasis on innovation, prevention and eduation
- ☐ Shared responsibility and focused collaborative action to improve health
- ☐ Information-driven and evidence-based decision making
- ☐ Fiscal responsibility/stewardship
- ☐ An informed community makes better decisions concerning health

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself spell your name state your address. Tell us whether you are addressing an agenda item, or another topic.
- Limit your comments to five (5) minutes.

Child Adolescent and Young Adult Connections (CAYAC) Team

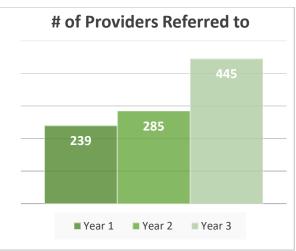
Key Program Evaluation Highlights 8/1/2016 – 7/31/2019

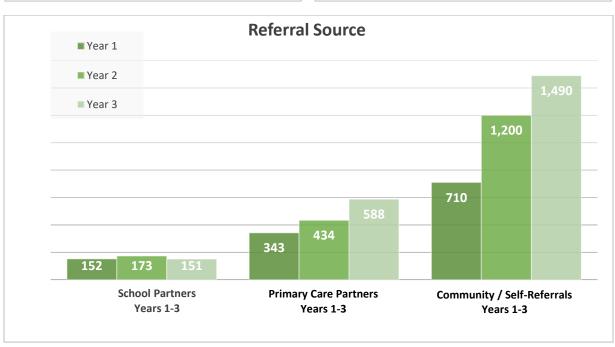
QUANTITATIVE





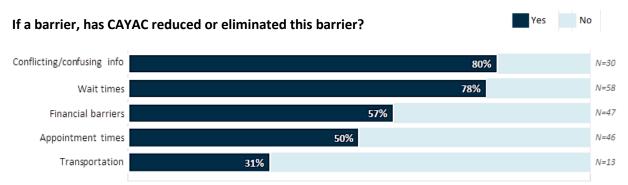






CLIENT SURVEY

- 93% of clients reporting being "very satisfied" or "somewhat satisfied" with the services received on the intake survey. At follow-up, 83% reported being "very satisfied" or "somewhat satisfied".
- **91%** of clients reporting said **they would feel comfortable reconnecting with CAYAC** if they needed help in the future.
- o **87%** of clients reporting said they **were more hopeful** they would receive help based on their interaction with CAYAC (25% said it did not make a difference).
- o **82%** of clients said they **were connected to resources** with 56% saying they were helpful (35% said they hadn't used the resources provided yet).



*Results above include both intake and follow-up survey results throughout the third year of the grant.

CAYAC CLIENT COMMENTS

- "It was extremely hard before CAYAC to have any resources, there are not enough for mental health."
- "I had been trying to get him help for years and kept getting the run around. They addressed the issue that same day and gave me hope. They helped me understand what was going on with my son. What I had been asking for a couple years, they did in a few minutes."
- "My child was already seeing a therapist and already having a lot of non-medical interventions and support, but hit a very severe and acute onset of symptoms. If I were to try to get my child in with a psychiatrist in the community, we were looking at months of wait time and quadruple the expense. My child may have ended up at Mountain Crest because it was severe enough, had we not gotten in and gotten some medication, while they were trying to figure out was a better fit long term. I was very impressed with [CAYAC Provider] to work with my child as a person and address the most immediate and urgent needs. It really helped our family, it saved us save money, not just for us individually, but for the entire community, since we didn't have to unnecessarily go somewhere like Mountain Crest which would have been a major cost to everyone."
- They have been incredible. My child is getting ready to see them. When my child first came to me just after having gotten out of a psych hospital for suicide attempts we couldn't get into CAYAC because of my schedule, but they were incredible. I left a voicemail and someone called me back within a few hours to discuss what was going on and offered to do some med changes over the phone to ensure my child's safety. They called me back the next day just to follow up and make sure everything was going okay. That was incredible!

PROGRAM EVALUATION SUMMARY

CAYAC continues its mission of improving access and understanding of mental health care and resources by connecting youth to long-term care and providing community education and outreach. CAYAC is often able to get clients in quickly despite previous issues with finances or insurance, and provide resources and referrals for long term care. In the majority of cases, these referrals are acted on and found helpful, with both clients and mental health providers indicating that CAYAC helps facilitate a good match and level of care between client and mental health provider.

CAYAC Evaluation Activities

Grant Year 3: August 1, 2018 – July 31, 2019



In this document, you will find copies of the survey reports and instruments implemented and analyzed by the Research and Evaluation Team. You may navigate to the appropriate survey using the table of contents below.

In grant year 3, the Research and Evaluation Team continued implementing all ongoing surveys with clients and families, as well as surveys specific to education events or workshops held throughout the year. In addition, the mental health providers that CAYAC refers out to were interviewed by phone in the summer of 2019.

-Research and Evaluation Team

Client/Family Surveys

Client Intake Survey.....

Client In-Depth Follow-Up Survey (w/ Qualitative Analysis)	p6
<u>Partner Surveys</u>	
Mental Health Provider Interviews	p18
Education Events and Workshops	
Mental Health First Aid Follow-Up Survey	p22
Youth Therapist Network and Training (3)	p25
ADHD Workshop Series (2)	p33
Teens and Tech Parenting Series	p40
Survey Instruments	n/13

Mental Health Connections: CAYAC

Client Intake Survey August 1, 2018 - July 31, 2019

How much were you helepd by the services and information provided today?* N=47



2019 Eval Plan Measure: At least 90%...report having been helped by the care and information they received.

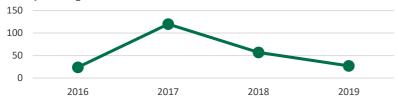
How well did the services meet your expectations?* N=46



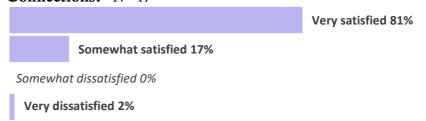
How well did the information provided today meet your needs?* N=47



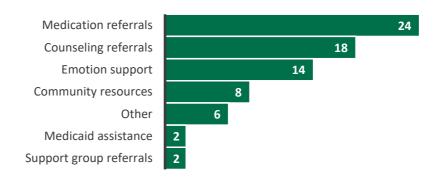
Surveys completed over time



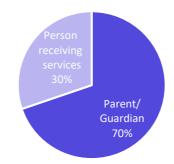
How satisfied were you with the services you have received at Connections?* N=47

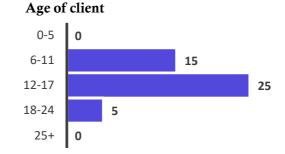


The services provided at this visit included:* N=47



Person completing survey





^{*}See following page(s) for written comments associated with this question.

Note: Contact the Evaluation Team if you want this data in tables, by quarter, etc.

Mental Health Connections: CAYAC

Client Intake Survey August 1, 2018 - July 31, 2019



Comments from "The primary reason for my visit today was:"

- ADD diagnosis.
- ADHD.
- ADHD.
- Anxiety.
- Anxiety.
- Behavioral concerns.
- Concern of bipolar disorder.
- Depressing screening/intake evaluation.
- Depression, anxiety?
- Depression.
- Depression.
- Evaluation.
- Evaluation.
- Evaluation.
- Evaluation.
- For my daughter.
- Grief counseling.
- Help for depression.
- I'm not sure if this is the physiatrist evaluation?
- Information.
- Initial evaluation.
- Intake evaluation.
- Intake therapy sessions, resources, and referrals.
- Link with doctor.
- Med checkup/evaluation.
- Med management.
- Med management.
- Medication for my autistic son.
- Medication issues.
- Medication management.
- Medication.

- Medications adjustment.
- Medications.
- Meds eval.
- Meds.
- My mom told me to come here.
- Parent meeting.
- Psychiatric evaluation.
- Psychiatric intake/anxiety solutions.
- Psychiatrist appointment.
- Referral from doctor.
- Starting services.
- Stop gap appointment because regular therapist is out of town.



'Other' answers from "The services provided at this visit included:

- Intake appointment.
- Intake.
- Learn about CAYAC.
- On-site counseling and medication oversight.
- Psychiatric intake.
- To help understand what we want to do to help my daughter learn.



Comments from "How much were you helped by the services and information provided today?"

- All my questions were answered (some before I even had to ask) feel more confident about choices I made.
- Amazing staff.
- [Navigator] was very helpful and understanding. But until [client name] wants help there is not anything I can do.
- Clarified what we needed.

It was the first meeting, designed to help decide what to do next.



Comments from "How well did the information provided today meet your needs?"

- ➡ Felt comfortable, again all questions were acknowledged. I felt in the driver seat but I could get directions without pressure and with options that fit us.
- Great info.
- We are at the very beginning of the process.



Comments from "How well did the services meet your expectations?"

- Still at the beginning.
- Very helpful!



Comments from "How satisfied were you with the services you have received at Connections?"

- Have only done the initial intake. Waiting to see how it goes.
- School Liaison did not help as far as I know. We had to take that on ourselves even though we were told it would be taken care of.
- So grateful!
- Very friendly, felt like my son mattered.



Comments from "What did you find most helpful during your visit today?"

- [Client name] needs to want to help himself!
- ADD questions, knowing how to move forward and a comfortable med plan.
- Being told what to do next.
- Clarify on medication and what we can do to help.
- Clear explanations. Thank you!

- Discussion of past and recommendations/plan of action before next visit.
- [Psychiatrist] and [program assistant] are great!
- [Psychiatrist] was very straight forward. The office staff communicated very well. The intake interview was very thorough and well guided.
- Everything.
- Everything.
- Finding a list of therapists.
- Friendliness of staff made it very comfortable.
- Friendly staff and caring doctor.
- Great intake process, [program assistant] is awesome. Scripts, great psychiatry, and great listening.
- Having [client name] communicate about her feelings.
- Having someone listen and help make a plan.
- Helping me find the right medications to help me out.
- How thorough they are and caring.
- I got the help I need and deserve.
- I liked how they took a learning-based approach and I learned a lot today, as well as the helpfulness they provided.
- Information and plan.
- Knowing that there is something [client] needs, medicine and therapy among other things.
- [Psychologist] did awesome at explaining things.
- Meeting the doctor.
- Organized, kindness of staff and doctor.
- Overview of services.
- Plan of action to help daughter control wiggles treatment plan!
- Referrals.
- Suggested an intermediate dose for weekends.
- Talking in general to figure out what to do next.
- Talking with someone who has helped other people in my situation.
- That she should see a therapist and see if that helps. Also talked about medication.
- That you would see us so quickly. Talked on phone beforehand.
- The medication, speed of starting service, help with finances.
- The staff made me comfortable and were very kind, when I was nervous to come.

- Very thorough and helpful with changing medications to assist with mental needs.
- Very understanding doctor and very informative.
- Very welcoming and supportive people.
- Worked well with [client].



Comments from "Is there anything you would like to see us improve?"

- Everything was great and very much appreciated!
- Everything was wonderful! Thank you!
- From the moment we walked in the door the whole environment/experience was great!
- FYI when I arrived the office was empty and all doors unlocked. Anyone could have come in and looked through files or taken a purse or two. Be careful.
- Laws need to change about mental health issues and to be able to help our 23 year-old.
- Not at all! ②
- Online contact info needed to be more easily found/accessed.
- School Liaison helping.
- Thank you!
- To take my insurance. ②

Survey Methods

Clients are provided with the survey at their intake appointment. The survey is offered in English and Spanish. The survey is available on paper only (no online option).

Note: Results reported reflect only those who were provided a survey and who chose to respond and are not necessarily generalizable to the client population.

CAYAC Clients + Families Survey

Client Satisfaction Survey | 50% Response Rate 2019 Mid Year Report

100% English responses

16 total responses

- 15 respondents were the parent/guardian
- 1 respondent was the person receiving services

4 respondents said they had testing services*

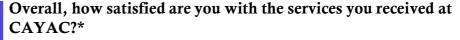
• 3 said it was very helpful, 1 said it was somewhat helpful

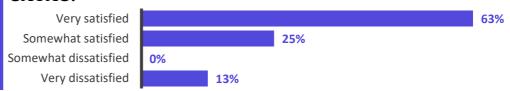
4 respondents said they were attending PSD and received school coordination services*

• 2 said it was very helpful, 2 said it was somewhat helpful

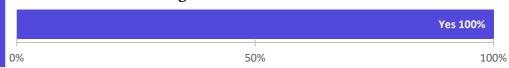
75% of respondents said they were <u>more hopeful</u> they would receive help based on their interaction with CAYAC.

25% said it did not make a diffence

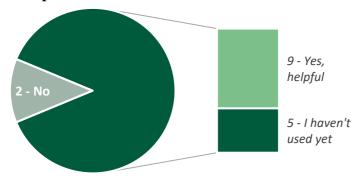




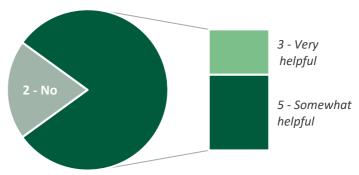
If someone in your family needed help in the future, would you feel comfortable recontacting CAYAC?



Did CAYAC staff connect or refer you to counselors, therapists, or other community resources? If yes, did they turn out to be helpful?*



<u>11 respondents</u> said they were prescribed medication. Are you currently taking the medication(s)? If yes, are they helpful?*



^{*}See following pages for written comments associated with this question.

Note: Contact the Evaluation Team if you want this data in tables, by quarter, etc.

CAYAC Clients + Families Survey

Client Satisfaction Survey | 50% Response Rate 2019 Mid Year Report



The staff at CAYAC listened to my/my family's needs.

Strongly agree 75%

The staff at CAYAC treated me/my family with respect and compassion.

Strongly agree 94%

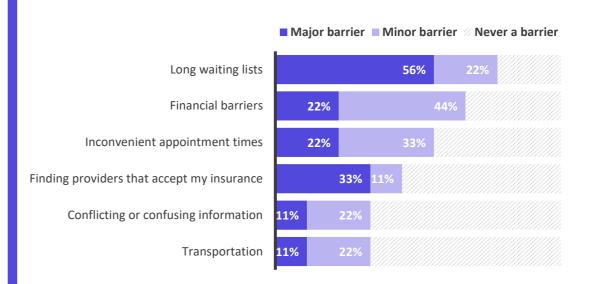
The staff at CAYAC helped me/my family understand treatment options.

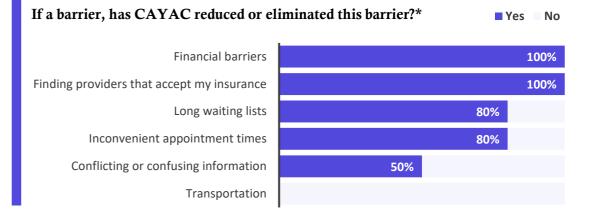


The staff at CAYAC address my/my family's questions and concerns.



9 out of 16 respondents said they had tried to access youth mental health services before reaching CAYAC. Those 9 said their barriers had been...*





^{*}See following pages for written comments associated with this question.

Note: Contact the Evaluation Team if you want this data in tables, by quarter, etc.

CAYAC Clients + Families Survey

Client Satisfaction Survey 2019 Mid Year Report



Comments from "Overall, how satisfied are you with the services you received at CAYAC?"

Ouarters 1&2

- Everyone was very nice and helpful.
- In all fairness, I didn't even know what guestions to ask. This has been a huge learning experience but CAYAC has been a big help along the way!
- Our first visit was not a good visit, but after that it was good. I was satisfied, I guess very satisfied, they did what they could do in the 4 appointments given that it was such a little amount of time.
- Super appreciative.
- They were nice enough people but I didn't understand the system. They wanted to help but they were going through their process.

Comments from "Please use this space to share any concerns, comments, suggestions on how to improve the program, how to better serve the community, or anything else."

Ouarters 1&2

- The only suggestion I have is for CAYAC to treat children under five more than only a handful of times. As a single mom, I was not able to be a stay at home mom. However, my son couldn't function in a daycare setting because of his disorders. He needed help and will continue to need help learning to live with his disorders.
- I was happy we connected with CAYAC. I wish CAYAC was in Loveland but it was worth all the meetings!
- If they could get kids scheduled in quicker, I think it took two months to get him in.

- Great experience I wish I would have known about this sooner! As a parent of a child struggling with mental illness, I didn't know where to start or who to go to. All the service providers I called could only schedule months out and many didn't take my insurance. Glad that CAYAC could help fill the gap!
- Great people. Great services.
- I had a very good experience, they always asked what days I was available - that was always very nice. They were always very understanding.
- I think few people are aware of CAYAC services and therefore don't know how to access them.
- I'm just really happy with the situation and I'm happy CAYAC exists.
- It's pretty sweet. Everyone out there is pretty respectful and good vibes, I guess.
- Like I have stated already everyone was very nice and helpful.
- [Comment excluded due to privacy reasons.]

- Overall, I was happy with CAYAC.
- The waitlist for CAYAC (for psychological testing) was not nearly as long as we anticipated. CAYAC did an amazing job getting this done with him within 6 months. 6 months is not a long time for a waitlist.



Comments from "Your experience facing barriers accessing mental health care."

Quarters 1&2

- I really appreciated when we came in, my kids were always offered a snack which was really nice and the first lady I spoke to was very helpful, and they always followed up. When I spoke to [the psychiatrist] about the meds, it felt a little rushed though. I just didn't know the questions to ask and just felt a little rushed and things that I could have already known, but it was still important for us to go and get the information. I felt like the med eval was less in depth than other evaluations. But I also don't know how in depth you can get with that stuff.
- I live in Loveland so CAYAC is a bit far. I would have to get his sisters out of school early as well so we could all make it in time. It was worth the trip though.
- Insurance CAYAC helped get me on track with insurance. Wait lists - oh my God yeah, months at other offices. It was an emergency situation, and we couldn't wait months, so CAYAC was helpful for that. I wish there were more CAYACs out there.
- Insurance was more of an annoyance before, CAYAC somewhat reduced that barrier. Long waiting lists - it has taken a long time to get in with our provider that CAYAC referred us to. It took CAYAC, me, and his MD calling in order to actually get them to be like "hey, these people are serious, and they aren't going anywhere". Appointment times - we were able to get hooked up with a therapist who does appointments on weekends, which is a blessing.
- My son's regular physician kept blowing us off. Daycares just kept kicking my son out. Even though my son was not able to function, other facilities said he was too young to be tested.



Comments from "Do you have any specific examples of how CAYAC made a difference, good or bad, for you/your family?"

Quarters 1&2

- Good they were able to put her on different meds, that didn't work (she just needs to figure it out with a neurologist). Just the fact that she saw them and they were willing to talk to the school or talk to a doctor or therapist helped us. They reached out to the family doc and a therapist, which was helpful.
- Great communication and proactive in helping us find long-term help.
- My child is getting a full psychological eval. Before he had only ADD type of testing, so this is more well-rounded testing rather than just the one test.
- I appreciated that staff stuck with us until we found a medication that worked, we're still working with the psychiatrist. I know it's supposed to be a short, interim program but it was helpful for her to help us until we got things straightened out.
- They made it easy to find a counseling group that helped my son.
- They were very welcoming and they were not judgmental so they really understood, they were kinda like a relief.
- Yes! I was hitting brick walls with getting help for my son.
 Everyone kept telling me my son would grow out of it, etc. CAYAC was the first place that actually listened and helped. CAYAC recommended an assessment and as it turns out, my son has two very real disorders that he needed help mastering. I'm so thankful for CAYAC that we were finally able to get some answers!



Comments from "Please explain why you have not used the referrals or resources provided yet."

Ouarters 1&2

- I my son was having issues with his behavior, I thought going with CAYAC I would talk to somebody, they couldn't tell me anything so they referred me out. It was easier to deal with his behaviors day to day. With Medicaid they were trying to get me to multiple places but I was looking for tips and tricks.
- I found someone on my own.
- It was for my daughter and she is going through some hard times and she would take off a lot, she wouldn't be home so it was hard to get her to appointments.
- Too expensive.
- We are still trying to find the best medication fit for my son. Once he is semi regulated then we will be transferring to a long term care provider.



Comments from "Are the medication(s) helpful?"

Quarters 1&2

- He's only been on it for about 2 weeks so it's a little early to tell.
- Off and on it does not work as well as others.
- We had to switch because the first round didn't help out, but it hasn't been that long since we started the new medication, so it's hard to tell.
- We have not been able to find the best medication for yet. However, we are trying new doses and types of medication.



Comments from "How helpful was this [testing] in clarifying your/your child's needs and treatment direction?"

Ouarters 1&2

We ended up having a meeting about it in person and she explained what everything meant and that was really cool.



Comments from "How helpful was this school coordination?"

Ouarters 1&2

- I [Mom] met with the school and arranged something and it seemed to be helpful. They all met and wrote [the client] notes and [the client] transferred, and didn't get in at first, but then they got in. [The client] is going to be behind, but as long as they graduate.
- My son will need more testing in the fall.

Survey Methods

Evaluation staff conducts this survey with CAYAC clients/families - who received a Needs Assessment in addition to Brief Therapy, Crisis Intervention, Psychiatric Services, Psychological Testing, Tobacco Cessation, or School Report - approximately 3 to 4 months after the client's first CAYAC interaction. Three staggered attempts to reach the client/family for this survey are made, generally 2 phone attempts and a final e-mail attempt.

Note: Results reported reflect only those who were provided a survey and who chose to respond and are not necessarily generalizable to the entire CAYAC client population.

Report sent to: Lin Wilder, Kristen Cochran-Ward, Jessica Shannon, Suman Mathur, Carol Plock

In-Depth and Brief Responses Combined 2018 Quarter 4 Report 115 total responses (2 by client, 113 by parent/guardian) for Q1-Q4 Only Q4 qualitative responses are shown, due to space.





Did CAYAC staff connect or refer you to counselors, therapists, or other community resources?

Yes	94	82%
No	21	18%



Were you/your child prescribed any medication(s) by CAYAC staff or a CAYAC-referred provider?

Yes	69	69%
No	31	31%

Did those counseling providers and/or community resources turn out to be helpful?

Yes	52	56%
No	8	9%
I/we haven't used the referrals or resources provided yet.	33	35%

Are you/your child currently taking the medication(s)?

Yes	58	84%
No	11	16%

Are the medication(s) helpful?

Very helpful	28	50%
Somewhat helpful	27	48%
Not at all helpful	1	2%

- It's hard to tell, without the counseling yet. We have an appointment on Monday.
- We are continuing to adjust and find the right fit. Staff has been very knowledgeable.
- We've had to do several changes.



Did you meet with the Marybeth Rigali-Oiler (see photo), Johnny, or Kathy for psychological assessment?

Yes	18	18%
No	66	67%
Not sure	14	14%

How helpful was this in clarifying your/your child's needs and treatment direction?

Very helpful	13	81%
Somewhat helpful	3	19%
Not at all helpful	0	0%

■ Haven't got the results yet.



Did CAYAC work with your/your child's school to make accommodations or arrange other school based services (i.e. helping with a 504, IEP, etc)?

Yes	18	19%
No	54	56%
N/A - not attending PSD	18	19%
Don't know	7	7%



Based on your interaction with CAYAC, do you feel more hopeful that you/your family will receive help, less hopeful, or did it not make a difference?

More hopeful	98	89%
Less hopeful	3	3%
Did not make a difference	9	8%

How helpful was this school coordination?

Very helpful	12	75%
Somewhat helpful	1	6%
Not at all helpful	3	19%

- Still waiting for the results.
- They were supposed to work with the school to help, [client] missed school and they were supposed to help coordinate some of the teachers dropping the assignments or allowing time to make up. As far as I know no one contacted them, I ended having to do all that with the teachers and counselors. I never heard from the schools that someone was working with them on that. Definitely the ball was dropped there and that was a bummer and missing school was a huge deal because of my child's anxiety. That was one really big thing that if that could change that would be helpful.



The staff at CAYAC...



Overall, how satisfied are you with the services you received at CAYAC?

Very dissatisfied	5 5%	
Somewhat dissatisfied	2 2 %	
Somewhat satisfied	26 24%	
Very satisfied	77 70 %	

means (out of 4)

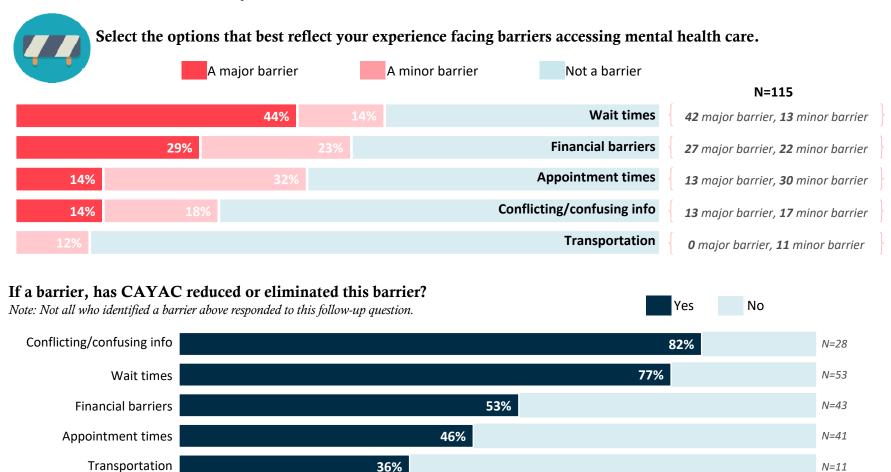
^{*}See comments in qualitative report at end.



If you or your family needed help in the future, would you feel comfortable recontacting CAYAC?*

Yes	57	97%
No	2	3%

^{*}Question was added to the In-Depth Survey in May.



Do you feel that CAYAC has reduced or eliminated barriers to accessing mental health care your family faced in the past?*

Yes	6 43%
No	2 14%
N/A - my family did not previously experience barriers	6 43%

^{*}Asked of Brief Survey clients only.

Survey Method:

The report combines the responses of the CAYAC client **Brief Survey** and **In-Depth Survey**.

Evaluation staff conducts the **Brief Survey** with CAYAC clients - who received a Needs Assessment and Care Coordination or Case Management (unless they are eligible for the In-Depth Survey) - approximately 2 to 3 months after the client's first CAYAC interaction. Two e-mail attempts are made for each client. The 2018 response rate for this survey was 18%.

Evaluation staff conducts the **In-Depth Survey** with CAYAC clients - who received a Needs Assessment in addition to Brief Therapy, Crisis Intervention, Psychiatric Services, Psychological Testing, Tobacco Cessation, or School Report - approximately 2 to 3 months after the client's first CAYAC interaction. Three staggered attempts to reach the client for this survey are made, general 2 phone attempts and a final e-mail attempt. The 2018 response rate for this survey was 59%.

Qualitative Report

Qualitative analysis for themes was conducted in Dedoose in July 2019. Qualitative responses from August 1, 2018 to June 30, 2019 by question were broken down into excerpts for thematic analyses. Some excerpts fit multiple themes, as tabulated in the frequency chart below. In the appendix of excerpts following the chart, each excerpt was categorized by its primary theme. As a results, not all excerpts that match that theme are listed under each category.

Theme	Frequency	
Positive Comments about CAYAC		
Satisfied with CAYAC		24
Satisfied with staff		16
Help with Medication/Access to Psychiatrist		13
Assistance in finding Long-Term Help		12
Feeling Listened to		12
Quick Process/Access		10
Great Communication		6
Improved at Home Situations		4
Educational		2
Financial Assistance		1
	:	100
Neutral		
CAYAC Services not well-known		5
Psychiatric Testing		3
		8
Negative Comments about CAYAC		
CAYAC communications/message unclear		7
Poor Experience with Staff	1	6
Poor School Experience		3
Lack of assistance		3
Difficulty Accessing CAYAC		2
		21
Desired Services		
Increased Availability		9
Familial Support		5
Long-Term Services	•	4
Assistance in Long-Term Services		3
More Psychiatrists/staff		2
Group Counseling		1
		24

Summary Report

Key themes remained similar to the previous year, "Help with medication/Access to psychiatrist", "Feeling listened to" and "Assistance in finding long-term help" remain common opinions regarding CAYAC services. Other recurring themes include, "quick process/access", "educational", and "great staff". Themes that were not previously identified include "Financial assistance", "Improved at home situations" and "Great communication". One client reported that CAYAC "helped our family, it saved us save money not just individually, but for the entire community, since we didn't have to unnecessarily go somewhere like Mountain Crest which would have been a major cost to everyone". Three clients reported on CAYAC's response (Great communication) being quick and reliable, "I left a voicemail and someone called me back within a few hours to discuss what was going on and offered to do some med changes over the phone to ensure her safety".

Few families reported that CAYAC services are not well known and should be advertised more often. One parent reports, "Honestly I would say more marketing...". Other clients reported on being thankful for the psychological testing that was done.

Negative experiences recurring from previous responses include, "CAYAC communication/message unclear", "Poor school experiences" and "Difficulty accessing CAYAC". New themes identified include, "Poor experience with staff" and "Lack of assistance (in finding long-term help)". Two clients reported on feeling frustrated due to how rushed the appointment with the CAYAC psychiatrist felt. Other complaints include a lack of resolution after the appointment, "I would like to see the psychologist do more than just listen. He listened but he didn't really give us a resolution. It seemed like he was in a hurry to prescribe him meds right away rather than resolve it before the meds came in place".

Desired services from previous years remain the same, as group therapy and increased availability were identified. Most comments regarding "increasing availability" revolved around increasing appointments available after school. A child missing class remained a significant concern among parents. New desired services that were identified include, "Familial support", "Assistance in (finding) long-term services", "More psychiatrists/ staff" and "Long-term services (at CAYAC)". Clients identified wanting more staff to reduce waiting times. One parent stated, "More staff so that you don't have to wait so long to do the testing that they recommend. They mentioned another place in Fort Collins that would be out of pocket, but they said the wait time would be longer, so we just let it go".

Most commonly reported themes remained the same from previous years. Notable changes include an increase in reports for more available times after school and an increase in desire for CAYAC to market their services.

CAYAC Provider Interviews Phone Interviews Summary of Findings July 2019

Background

The purpose of these phone interviews was to understand how CAYAC facilitates access to mental health care for their clients. Health District Evaluation staff contacted 9 mental health providers who receive referrals from CAYAC. Evaluation staff scheduled the phone calls and created the interview guide. Interview questions covered topics relating to the appropriateness and fit of CAYAC's referrals to these providers and overall quality of communication with CAYAC.

Phone Interview Questions and Themes

In general does CAYAC do a good job at referring clients, who are appropriate to your practice?

All nine providers reported that clients received from CAYAC were an appropriate fit for their practice.

Compared to clients who do not go through CAYAC, how does the involvement of CAYAC impact the matching process?

Most providers indicated that CAYAC helps improve the matching process and has had a positive impact for the clients. Providers indicated that CAYAC maintains a good level of communication with them and their clients. One provider stated that CAYAC will call and ask for clarification, check for openings and make sure they are coming up with a good match for their client. Others have stated that CAYAC has been a valuable resource for the community and allows potential clients to better understand the service they will be receiving prior to meeting with the provider. Three providers indicated that they felt that referrals from CAYAC were more specific/specialized.

"I believe that CAYAC takes some consideration of the actual therapist and their expertise rather than just having people reach out to who is available. More specialized."

Also cited was the level of communication maintained with CAYAC and their providers and clients. Providers stated that CAYAC offers valuable information to their future clients before they even come see them as well as providing them with resources within the community.

"CAYAC offers a first line of information. It is helpful that they could answer questions for a potential client before they even call me. Whereas if someone just calls me from a website usually there's a lot more information that I have to give. Helpful for clients when they feel like they can go to a source that isn't a provider. It feels like there is a certain level of trust in the information. I think it's helpful that they can give honest information to potential clients."

One provider stated they weren't sure what CAYAC's impact on the matching process was and another stated that they weren't sure if there was much of an impact however, both indicated that CAYAC simplifies the insurance piece for their clients.

To your understanding, do clients referred from CAYAC have a lower of higher no show rate than other patients?

Provider responses were varied. Many had stated that they were not sure off the top of their head, three stated that CAYAC referrals have a lower no show rate where one provider stated that "they seem to be more consistent with follow through." Others were unsure and stated that maybe CAYAC referrals were lower. Three providers

stated that CAYAC referrals tended to be the same relative to patients who do not use CAYAC. However one provider indicated that clients from CAYAC appear to be more invested than people referred from other services.

"No difference. Folks who are referred by CAYAC are more committed than people referred from Psychology Today"

How well does CAYAC communicate and work with their referral services?

Most providers reported that communication with CAYAC was good or sufficient. Many providers stated that communication with CAYAC was great and that CAYAC staff are "always trying to gather as much information as possible" and "communicates whatever I need well". Some had stated that the initial referrals were good and that CAYAC was good at communicating information on concerns and medication but had little interaction after this initial process. The same provider had also stated that this was fine, however, and that the first interaction was sufficient. One provider stated that communication could be better and that they still received clients even though they had no available spaces.

"Pretty well about the initial referral. They usually phone call the information on ongoing concerns, they're pretty open to communication and medication. It can be very helpful in communicating that when asked."

"Very well. Very open, multiple times I will I go see my clients over at their office. They are always open, always trying to gather as much information as possible."

Does CAYAC provide enough information for you to work with their clients?

Seven of the providers reported that CAYAC provided enough information for them to work with their clients. Two providers stated that once a client is referred to them, they conduct an intake so relevant information is gathered on their end, regardless of what is provided by CAYAC. One provider indicated that they do not get enough information.

Do you attend TNTs (Therapist Networking and Training) or other trainings that CAYAC puts on? If yes; do you feel these are helpful? Do they help improve community capacity to provide mental health care for children, adolescents and young adults in Larimer County?

More than half of the providers indicated that they currently go or have gone in the past. Of those who stated that they had attended, all providers who have attended CAYAC events believed that these trainings do in fact improve community capacity for mental health care in Larimer County. Some providers discussed how these trainings allowed for exposure to different topics and challenges people to continue to learn while others stated that the training "increased awareness of available resources" in the county.

Anything else you'd like to share about CAYAC?

- Wonderful organization,
- No I love the service.
- I love them. I think the staff is great. It's fantastic it's someone we work with a lot. It's a valuable resource.
- Fabulous program, I'm glad that it's in our community and I appreciate having a place to send my people when my practice is full, being able to direct clients who are seeking services that I am unable to take on to CAYAC with some confidence that they are going to be help to find some other option has been very wonderful. Helps clients feel like they really have a chance at finding anybody.
- They are a resource that other communities haven't had and it's been great to be able to have this
 resource in our community
- Doing great overall I think

- They do a really nice job of coordinating care with multiple services and providers in the community and I really appreciate that.
- CAYAC does a pretty good job, I like that they are an integrated team of psychologists which is very helpful when dealing with kids and adolescents and young adults and parents. I like their model a lot. I think it's very helpful that they are targeted towards...

Anything that could be better?

Providers would like to see an improvement in CAYAC's communication for referrals and in a more general sense. Providers indicated wanting to know more about other services provided at CAYAC or if they would be able to provide more educational trainings for clients that would help them navigate the mental health services. One provider wished to hear back more on referrals that they had made to CAYAC, wanting to know more of the services that their client was receiving as well as why certain decisions were made regarding services. Two providers expressed wanting to see more advertisement of CAYAC so more community members could utilize the service.

"I think they could just do more marketing for themselves. Other points of entry for the medical field or dental or where ever. Parents and children are coming in, I don't think it would be bad for parents to know that this resources is out there. For other health professionals and providers that there is this resource that they can points family towards."

Miscellaneous comments

Comment regarding the current mental health system and how CAYAC is structured

"The only problem is how short it is (CAYAC). We have a huge crisis in the community especially with Medicaid clients. A lot of it is caused by the public mental health center, not allowing their clients just go see their prescribers, they have to see their clinicians as well and to do all of their services. So it's all or none. Its created this huge bottle neck so having that services there and having people able to come in. the issue is that they have access to high quality individuals over there (CAYAC) but they aren't necessarily going to once they leave that system. Legitimately they are doing a great job and dong great service. Just too short, sometimes they have people who don't jump into it because of how short it is. Because it sometimes doesn't match up with the waitlist. Extend it make it longer but I think it would cause more problems because they are designed to be short."

Summary

Providers interviewed appear to be satisfied with the services offered at CAYAC and how the referral process is being approached. CAYAC has allowed for the matching process to be streamlined by referring potential clients to appropriate services in the community, most likely decreasing clients who are lost in the mental health system. Communication appears to be a major theme that providers would like to see done better which is reflected in the responses where some providers indicate that CAYAC does a good job at providing relevant information for potential referrals while others indicate that not enough information is provided. Consistency in communication with all providers may be something that needs improvement in the future. CAYAC, including its training and other outreach activities, is regarded as a valuable resource for providers and would like to see CAYAC grow and improve their services for youth and families in Larimer County.

Commenced to allow the demonstrate through CAVAC	
Compared to clients who do not go through CAYAC,	
how does the involvement of CAYAC impact the	
matching process?	-
 CAYAC improves the matching 	8
process	
 Good communication with providers 	3
and/or clients	
 Referrals more specific 	3
o Insurance	2
 Not much impact 	1
 Receive more clients that are 	1
appropriate to services	
o Don't know	1
To your understanding, do clients referred from	
CAYAC have a lower of higher no show rate than other	
patients?	
o Lower no show	3
o No change	3
o Maybe lower	2
o Don't know	1
How well does CAYAC communicate and work with	
their referral services?	
Good communication with providers	7
and/or clients	,
Poor communication	3
o Don't know	1
	1
O Not much communication - neutral Does CAYAC provide enough information for you to	1
work with their clients?	
	7
o Provides enough info	7
We do our own intake	2
Not much information	1
If yes; do you feel these are helpful? Do they help	
improve community capacity to provide mental health	
care for children, adolescents and young adults in	
Larimer County?	
o Attend	4
o Don't attend	3
o Sometimes	2
Do you attend TNTs or trainings that CAYAC puts on?	
o Helpful	6
 Improve Knowledge 	3
Anything else you'd like to share about CAYAC?	
o CAYAC is great	8
 CAYAC/Staff coordination is helpful 	4
Anything that could be better?	
o Improve communications with	4
providers and clients	
More marketing	2
 Provide longer-term services 	1

Mental Health First Aid

Participant Follow-Up Survey August 1, 2018 - July 31, 2019 Classes

58 surveys completed across **6** trainings representing **54%** of those who took the training in this time frame.



Your knowledge of the **prevalence and risk factors** for mental health problems that people experience...

3.1 → 3.8 change in average

Your knowledge of the potentital signs and symptoms that a person may be developing or having a mental health problem or crisis.

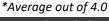
3.0 → 3.8 change in average

Knowing **what to say** to a person who may be developing or experiencing a mental health problem or crisis.

2.9 → 3.7 change in average

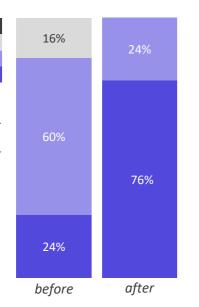
Your knowledge of **community resources** for helping people with mental health problems or crises.

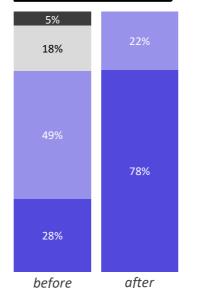
2.6 → 3.7 change in average

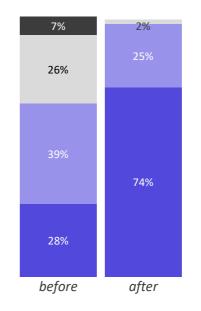


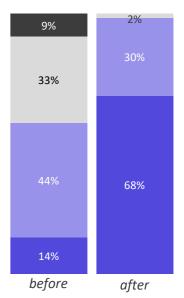
No knowledge
Very little knowledge
Some knowledge
Very knowledgeable

For 58 observations, the Wilcoxon Signed Ranks test found a significant change in all scores pre to post (p < 0.05).









Mental Health First Aid

Participant Follow-Up Survey August 1, 2018 - July 31, 2019 Classes

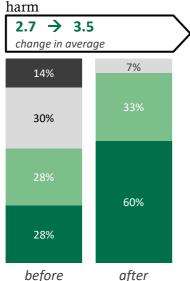
ALGEE

*Average out of 4.0
No confidence

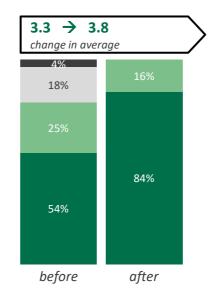
Little bit of confidence Somewhat confident Very confident

For 58 observations, the Wilcoxon Signed Ranks test found a significant change in all scores pre to post (p < 0.05).

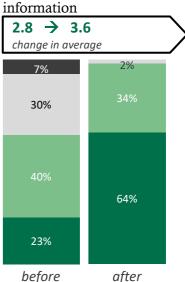
Assess for risk of suicide or



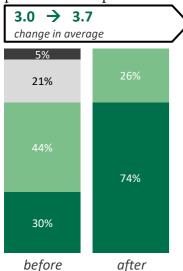
Listen non-judgementally



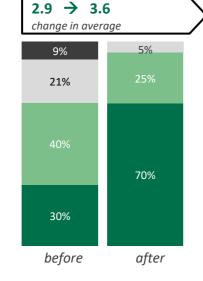
Give reassurance and



Encourage appropriate professional help



Encourage self-help and other support strategies



Summary of respondents' average change in

knowledge and confidence (purple and green bar charts)

Before the class:

The <u>three lowest ranked</u> items across measures were 1) *knowledge of community resources*; 2) *assess for risk fo suicide or harm;* and 3) *give reassurance and information.*

After the class:

The <u>lowest ranked</u> item across measures was *asses for risk fo suicide*. All remaining items averaged between 3.6 and 3.8.

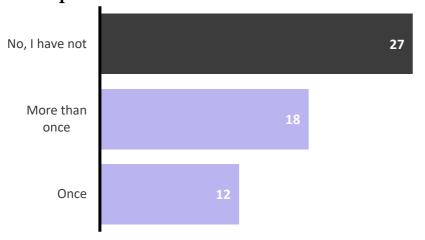
Change from before to after the class:

The measure averages that <u>increased the most</u> from before to after the class was *knowledge of community resources*. The measure that increased the least was *list non-judgementally*.

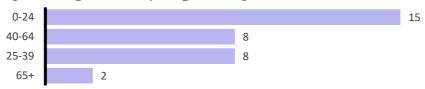
Mental Health First Aid

Participant Follow-Up Survey August 1, 2018 - July 31, 2019 Classes

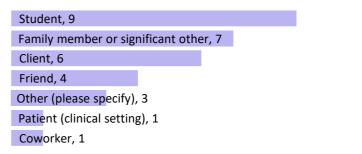
Since taking the training have you usd MHFA with anyone you thought was experiencing a mental health problem or crisis?



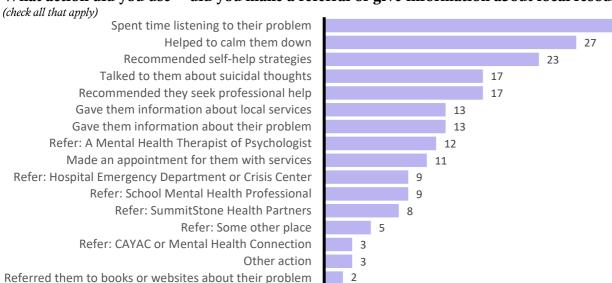
Age of the person they helped using MHFA



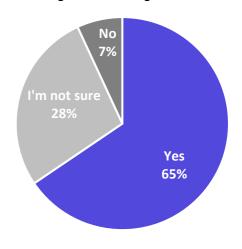
Relationship with person they helped using MHFA



What action did you use + did you make a referral or give information about local resources?



Did the person go sompelace for help with their problem?





Mental Health Connections

Youth Therapist Network & Training (TNT) Participant Evaluation & Survey Results August 30, 2018

Surveys were provided to Youth Therapist Network & Training attendees at the end of the session on August 30, 2018; a total of 16 completed surveys were returned.

Q1. How much did you/do you know about...

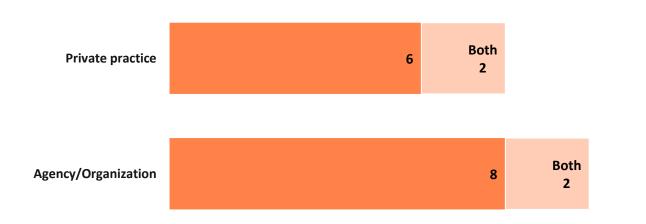
	Before			After			
	Not at all informed	Somewhat informed	Very informed	Not at all informed	Somewhat informed	Very informed	
Childhood insomnia	25% (4)	62.5% (10)	12.5% (2)	-	40% (6)	60% (9)	
73% (n=11) of participants self-reported an increase in knowledge after completing the training. 20% (n=3) of participants self-reported no change in knowledge after completing the training. 7% (n=1) of participants self-reported a decrease in knowledge after completing the training.							
Treatments for childhood insomnia	31% (5)	63% (10)	6% (1)	-	33% (5)	67% (10)	
80% (n=9) of part i 20% (n=3) of par	•	•		~	•	_	
When to refer a client for treatment	50% (8)	38% (6)	12% (2)	-	40% (6)	60% (9)	
73% (n=11) of part 20% (n= 3) of pa	•	•		~	•	~	

73% (n=11) of participants self-reported an increase in knowledge after completing the training.
 20% (n=_3) of participants self-reported no change in knowledge after completing the training.
 7% (n=1) of participants self-reported a decrease in knowledge after completing the training.

Q2. Please mark the box that best describes how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
This training will be useful to me in my job.	6% (1)	-	56% (9)	38% (6)	-
This training was worth my time away from work.	6% (1)	6% (1)	44% (7)	38% (6)	6% (1)
The handouts and materials provided will be useful for future reference.	7% (1)	-	36% (5)	43% (6)	14% (2)

Q3. In which setting(s) do you work?



For data collection purposes, please list all of your Credentials:

- BA (2)
- CACII
- CACIII
- Certified Gestalt Equine Treatment
- ◆ EMDR II
- ◆ LCSW (2)
- Level II Sensorimotor

- Level III PACT
- **LMFT**
- LPC
- LPCC ◆ LSW (2)
- ◆ MA
- Med
- MS (2)

- MSW
- PAT certified
- PhD
- PsyD
- RP
- TFT II

Q4. What training topics would you like to see provided during future TNT meetings?

- Better understanding of child psychiatric medication
- Working with children/teens and anger
- Oppositional Defiant Disorder
- Conduct Disorder
- Intermittent Explosive Disorder

Q6. Do you have other ideas and suggestions for future TNT meetings?

Supporting families who have children with disabilities

Q7. Additional comments and feedback:

- Would be useful to have handouts/presentation prior to talk
- Thank you so much!!
- Thank you for this session!
- ◆ Thank you!



Mental Health Connections

Youth Therapist Network & Training (TNT) Participant Evaluation & Survey Results September 19, 2018

Surveys were provided to Youth Therapist Network & Training attendees at the end of the session on September 19, 2018; a total of 16 completed surveys were returned.

Q1. How much did you/do you know about...

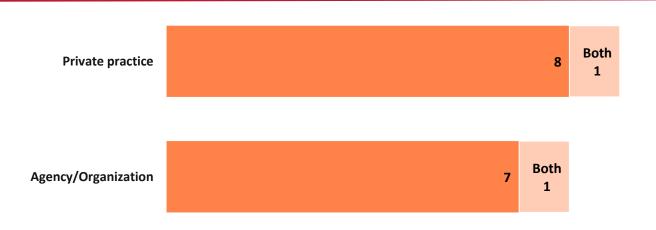
	Before			After			
	Not at all informed	Somewhat informed	Very informed	Not at all informed	Somewhat informed	Very informed	
Neuropsychological assessment	6% (1)	75% (12)	29% (3)	-	19% (3)	81% (13)	
69% (n=11) of par 31% (n=5) of par				_	-	_	
When is neuropsychology needed	19% (3)	75% (12)	6% (1)	-	12.5% (2)	87.5% (14)	
88% (n=14) of par 12% (n=2) of par	•	•		_	•	~	
When to refer a client for assessment	6% (1)	81% (13)	13% (2)	-	12.5% (2)	87.5% (14)	
75% (n=12) of part	ticipants self-r	eported an inc	rease in know	vledge after cor	mpleting the tra	ining.	

75% (n=12) of participants self-reported an increase in knowledge after completing the training. 25% (n=4) of participants self-reported no change in knowledge after completing the training.

Q2. Please mark the box that best describes how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
This training will be useful to me in my job.	-	-	44% (7)	56% (9)	-
This training was worth my time away from work.	-	-	25% (4)	75% (12)	-
The handouts and materials provided will be useful for future reference.	-	6% (1)	25% (4)	69% 11)	-

Q3. In which setting(s) do you work?



For data collection purposes, please list all of your Credentials:

- ACS
- ◆ BC-DMT
- CACII
- ◆ CACIII
- CCM
- EMDR (2)

- ◆ LCSW(2)
- ◆ LMFT
- ◆ LPC (5)
- ◆ LPCC (3)
- ◆ MA (2)
- ◆ MFT

- MS (3)
- MSW
- NCC (3)
- PhD
- ◆ RPT
- ◆ RPT-S

Q4. What training topics would you like to see provided during future TNT meetings?

- Cutting/self-injury
- ODD
- Antisocial behaviors
- Personality disorders
- Expressive treatment

Q6. Do you have other ideas and suggestions for future TNT meetings?

• Vonié Stillson: dance/movement therapy, aquatic and psychotherapy, Geek Therapy

Q7. Additional comments and feedback:

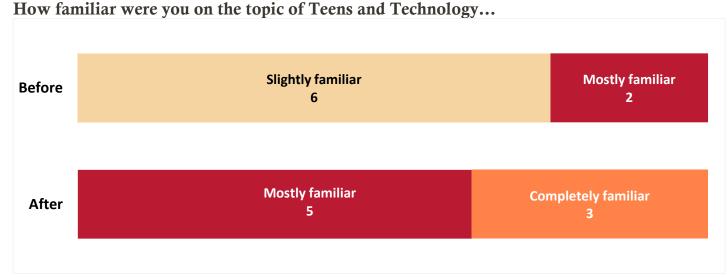
- Excellent!
- Thanks!



Mental Health Connections

Youth Therapist Network & Training (TNT) Participant Evaluation & Survey Results February 21, 2019

Surveys were provided to Youth Therapist Network & Training attendees at the end of the session on February 21, 2019; a total of 8 completed surveys were returned.



8 of 8 respondents noted they were <u>very likely</u> to apply what they learned in this session. 8 of 8 respondents rates the overall session quality as <u>excellent</u>.

Please rate the quality of the instructor or instructing team:

	Excellent	Good	Fair	Poor
Knowledge of the subject matter.	8 (100%)	0%	0%	0%
Ability to encourage participation.	8 (100%)	0%	0%	0%
Efforts to honor participant experience and knowledge.	8 (100%)	0%	0%	0%

What training topics would you like to see provided during future TNT meetings?

- Transgender
- Mood disorders in children

What was most beneficial about today's talk?

- The insight into teen's lives
- ◆ More understanding [©]
- all the information regarding social media and how teens are using it
- Speak with clients
- How to approach clients
- New awareness of apps I did not know about.
- Alyssa did such an amazing job of explaining how technology impacts teens. I love that she shared both the pros and cons.
- Stats, learning the lingo
- Everything

Q7. Additional comments and feedback:

- Loved the venue, food, and coffee
- Loved the location, food, coffee, presenter, and the topic.



CAYAC ADHD Workshop Series Fall 2018 Report

In November 2018, the CAYAC Psychologist and Doctoral Practicum Student hosted an ADHD Parent Workshop Series comprised of three one-hour sessions for parents of children with ADHD. Surveys were distributed to attendees at the end of each session.

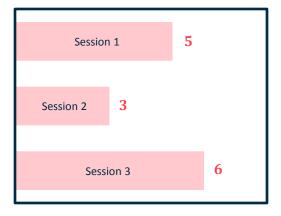
- * Before the training, attendees rated their knowledge the lowest for the following topics:
 - Guiding principles for parenting a child with ADHD
 - Supporting your child's developing social skills
 - Recognizing myths about medication for ADHD
- ❖ After the training, attendees rated their knowledge the highest on the following topics:
 - How to use a mindfulness approach to parent a child with ADHD
 - The importance of developing a routine for a child with ADHD

Attendees reported the greatest increase in knowledge on **the brain science behind ADHD**.

❖ Across all learning objectives, attendees demonstrated a statistically significant increase in knowledge. (Based on the results of a Wilcoxon Signed-Ranks Paired Test for 37 paired observations)

Attendees were **most confident** about applying the strategies they learned from Session 1.

Favorite Session?



*Of the 14 individuals who attended all three sessions.

Attendees were **most likely to apply** the strategies they learned from Session 3.

64% thought the sessions were too short.

93% thought there were too few sessions.

"Would love a deeper dive with longer sessions to learn more" – Session 2 attendee

"Maybe each session should be 1.5 hours. It seems like a number of parents in the room want to share which takes up some time from info." – Session 1 attendee

How did you hear about the event?



6 attendees heard through Facebook



3 heard about it through their child's school



2 from CAYAC staff



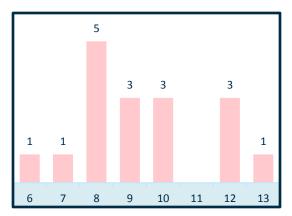
2 through email



2 through a friend, family member, or health care provider



1 from a postcard



Age of Attendee's Child

❖ What was most valuable for the attendees?

Session 1

- Handouts, books, and lecture
- Feeling like I have support.
- Brain based, I was unaware of the science.
- Knowledge on why my child behaves the way she does, strategies to help her.
- Strength based approach.
- Understanding brain chemistry.
- True vs. effective age.
- How to assess for & build my child's strengths.

Session 2

- Handouts
- The interactions between routines, serving as your child's executive function coach, and self-monitoring.
- Importance of routine.
- Strategies for working memory.
- Managing impulsiveness, engaging as many senses as possible.
- Be proactive & responsive instead of reactive.
- Strategies for parenting & modifying my behaviors and expectations to help my child succeed.

Session 3

- Strategies for supporting discipline, & school support.
- Partnering w/ school resources. (x2)
- Concrete ideas of academics.
- I had no idea of the 504 thing.
- I really liked that you gave me examples of things I have when I've struggled with my daughter and how to deal with them.
- Working memory.
- Discussion of appropriate consequences.
- Handouts, slides, etc. (x3)
- All!

***** What suggestions do you have?

- Having participants arrive 15 mins early in order to start on time
- I wish it could be longer. SO much information in such a short time.
- I would've appreciated more concrete info on how to teach mindfulness.
- Less information at one time, with more time for interaction.
- Make the session longer
- Maybe each session should be 1.5
 hours. It seems like a number of parents
 in the room want to share which takes
 up some time from info.
- More time
- More time on medication research on how it is effective and whether there

- are long term consequences for kids in adulthood who took medication
- More time to cover all the topics.
- No guest speaker
- None @ this time
- None so far very informative!
- non-medicine tools
- Not include lunch as this cuts into lecture time.
- Nothing, it was great.
- Practice some strategies
- Talk about medication more and CBD and what you have heard about CBD use
- Would love a deeper dive w/ longer sessions to learn more.

❖ What else?

- Such great information & good reminders. Would like to revisit this info every 6 months to year; easy to get in a rut and forget these tips and tricks. Loved the parent discussion, advice; felt like others had same issues; so many great strategies to learn. Thank you for putting this on!!! Very informative!
- Already have recommended this workshop! I briefed it at our last PTO meeting! Great program. Interaction with the attendees is a tough nut to crack. Everyone has a unique story, but time is a finite resource. I think y'all did a great job. Wondering if there is some way to do a virtual parking lot for one-off topics.
- I am so glad I signed up for this class! You ladies are doing a phenomenal job and I'm learning a lot!
- I plan on making copies of handouts for other youth advocates at Crossroads & hanging the list of 66 positive things to say in a shared youth space, my office, & giving it to parents in shelter.
- I think they're very helpful.
- Increasing the # of sessions would be great. The third session was the best. I feel like parent questions being addressed was super helpful.
- Information seems good, but it is hard to know there is more you want to share but did not have time for.
- It was good, glad I came.
- Maybe longer time frame? i.e. 6 weeks? (no lunch needed)
- More session would be helpful.

- Really informative & helpful. Thank you!
- Thank you for having these workshops they really help.
- Thank you for your time.
- Thanks for lunch
- This is so helpful! Thank you for offering this!
- Very informative. I appreciate that staff listened and answered all questions the best they could. And would research to get more information if they were unsure.
- Very well done!



CAYAC ADHD Workshop Series February 2019 Report

In February 2019, the CAYAC Psychologist and Doctoral Practicum Student hosted an ADHD Parent Workshop Series comprised of <u>four</u> one-hour sessions for parents of children with ADHD. Surveys were distributed to attendees at the end of each session.

- * Before the training, attendees rated their knowledge the lowest for the following topics:
 - The brain structures and neurochemicals involved in ADHD (Session 1)
 - Guiding principles for parenting a child with ADHD (Session 2)
 - Strategies for supporting working memory deficits (Session 4)
- * Following the training, attendees rated their knowledge the highest on the following topics:
 - Recognizing the specific symptoms of ADHD (Session 1)
 - Recognizing myths about taking medication for ADHD (Session 1)
 - Effectiveness of developing a routine (Session 2)
 - Partnering with your child's school (Session 4)

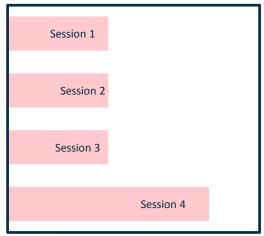
Attendees reported the greatest increase in knowledge on **guiding principles for parenting a child with ADHD.**

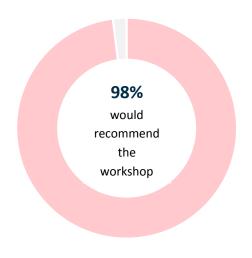
* Across all learning objectives, attendees demonstrated a statistically significant increase in knowledge. (Based on the results of a Wilcoxon Signed-Ranks Paired Test for 55 paired observations)

Attendees were **most confident** about applying the strategies they learned from Session 4.

Attendees were **most likely to apply** the strategies they learned from Session 4.

Favorite Session?





❖ Who attended?

How did you hear about the event?



7 attendees heard through Facebook



7 heard about it through their child's school



6 through email



5 through a friend or family member



5 through the HD website



4 through Compass



4 from a health care provider



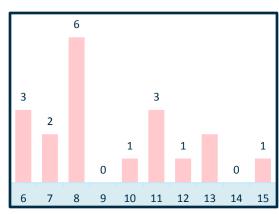
2 from an employer



2 from CAYAC staff



1 from the UCHealth newsletter



Age of Attendee's Child

Comments

- I had heard through the counseling lead that the book was really good and was excited to receive it. THANK YOU.
- I think the food needs to be left until the training is over, some of us are coming from work and if they pick up the food we are left with no lunch at all. Thank you.
- Really enjoying it. Thanks for answering all my questions. :)
- So much content! Nice job! Thanks for such research based training! EXCELLENT
- Thank you
- Thank you for all your research on prior questions.
- Thank you!:)
- Thought it was great. Awesome that there is someone thee to answer questions. Could use more real life examples.
- Topic I'm dealing with = sibling conflict.
- Very crowded, need sandwich condiments (haha!), good information, good to feel others struggle too
- Very informative.

Suggestions for future programs/events?

- Parent/group therapy counseling
- ADHD Review in 3 months
- ADHD Support group
- How to deal with bullies in elementary school



Teens and Technology Parenting Series

April 2019 – End of Series Evaluation Report

In April 2019, the CAYAC staff and a local mental health provider hosted a three session "Teens and Technology" series. This report summarizes the responses of 12 attendees after the final session.

Please reflect on you level of knowledge of each topic before/after the training.

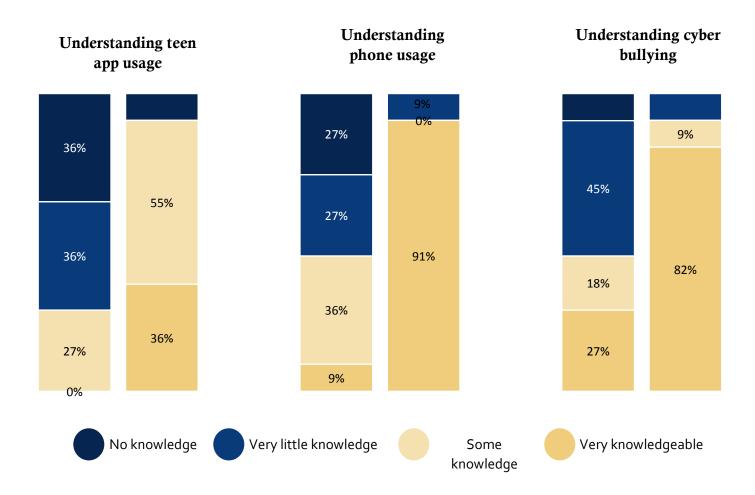
	Before	After	Change	Significant Change?*
Understanding the apps teen are using.	1.9	3.2	+1.3	yes
Understand how many hours a day teens should spend on phone/social media.	2.3	3.8	+1.5	yes
Understand the effect of cyber bullying.	2.6	3.7	+1.1	yes
Average	2.3	3.6	+1.3	

^{*}Significance was determined using a paired t-test. Results indicate a statistically significant difference before and after the training (p < 0.05).

82% of respondents were very likely to apply what they learned in this series.

Participant's knowledge increased over all categories

From before to after the Teens and Tech. training



Topics of Interest

- Parenting teens dealing with the ups and downs/depression when they are shutting you out
- Teens and Anxiety
- ADHD is it over diagnosed
- Kids and Insomnia
- Cutting and Self-harm
- Cyberbullying
- Teens and Vaping
- Teaching teens about self-control
- Video games
- Spanish lessons for the Latin community

Comments

- A class offered for teens would be awesome. They need to hear in a group parents' concerns about using technology.
- I learned a lot from this on how to communicate with my teen.
- Bring this training in Spanish
- Thanks for this awesome resource!
- Thank you!! This was a great series.





· connections ·

mental health & substance abuse resources

Client Intake Survey

Please help us by completing this short survey before you leave today and put it in the box in the lobby marked *Client Survey*. The survey is anonymous and is used to improve our services. Thank you.

Pe	rson completing form is (check or	ne): OPerson receiving services	\bigcirc I	Parent/Guardian Other
Ag	e of the person getting services is	s: O 0-5 years O 6-11 years O	12-1	7 years \bigcirc 18-24 years \bigcirc 25 or older
Na	me of Intake Therapist			Date
1.	The primary reason for my visit t	oday was		
2.	The services provided at this vis ☐ Counseling referrals ☐ Medicaid assistance Other	☐ Emotional support☐ Support Group referrals		Medication referrals Community resources
3.	How much were you helped by th	e services and information prov	/idec	d today?
	A great dealQuite a bitA little bitNot at all	Comments:		
4.	How well did the information prov	vided today meet your needs?		
	Very wellQuite WellFairly wellNot at all	Comments:		
5.	How well did the services meet yo	our expectations?		
	Exceeded expectationsMet expectationsDid not meet expectations	Comments:		
6.	How satisfied were you with the s	services you have received at Co	onne	ections?
	Very satisfiedSomewhat satisfiedSomewhat dissatisfiedVery dissatisfied	Comments:		
7.	What did you find most helpful d	uring your visit today?		
8.	Is there anything you would like	to see us improve? Please tell	us.	

If you have any additional comments or suggestions about Connections or CAYAC please use the back of this form. Place completed survey in the box in the lobby marked Client survey. Thank you!

This survey is available in English or Spanish. Please select your language preference below.

Esta encuesta está disponible en inglés o español. Por favor seleccione su preferencia de idioma a continuación.

1.	Language /	Idioma
----	------------	--------

English / inglés

Spanish / español

CAYAC Follow-Up Survey

Thank you for participating in this survey for the CAYAC (Child, Adolescent and Young Adult Connections) program. As a thank you for your time, we will send you a \$10 King Soopers gift card for completing this survey.

This survey should take just 10-15 minutes of your time. The information you provide is completely confidential as we want your honest feedback and opinions. Survey results will be de-identified, combined and shared with the staff of CAYAC and to the organizations that have funded CAYAC through grants.

CAYAC was created to help people age 24 and younger connect to behavioral health care and resources that best fit their particular needs. As someone who has recently worked with the staff of CAYAC, your feedback on how well the services met your needs is valuable to us. We will use the results of this survey to improve the work we do to address the need for mental health and substance use care for the people of Larimer County.

CAYAC Follow-Up Survey

*	2	lam	ľ

The person who received CAYAC services

The parent/guardian of the person who received CAYAC services

3. Did CAYAC staff conne	ect or refer you to counselors, therapists, or other community resources?
	CAYAC Follow-Up Survey
No	providers and/or community resources turn out to be helpful?
Yes I haven't used the referra	ls or resources provided yet.
	CAYAC Follow-Up Survey
5. Please explain why yo too expensive, trouble so	ou have not used the referrals or resources provided yet (i.e. haven't had the time cheduling, etc.)
	CAYAC Follow-Up Survey
6. Were you/your child po	rescribed any medication(s) by CAYAC staff or a CAYAC-referred provider?
	CAYAC Follow-Up Survey

7. Are you/your child currently taking the medication(s)?	
○ No	
Yes	
CAYAC Follow-Up Survey	
8. Are the medication(s) helpful?	
Not at all helpful	
Somewhat helpful	
Very helpful	
Comments:	_
CAYAC Follow-Up Survey	
9. Did you/your child do psychological testing or assessment?	
Note: This is not referring to the needs assessment. For this service, you would ha	ve met with Marybeth Rigali-Oiler (CAYAC
psychologist), Nicole Olivas (CAYAC psychologist intern), or Kathy Sigda, for one of have included the completion of various tests and/or interviews with you and your of the completion of various tests.	
forward.	chila to determine their diagnoses and needs moving
○ No	
Yes, but have not received results yet	
Not sure	
CAYAC Follow-Up Survey	
CATAC Follow-op Survey	

Not at all helpful Somewhat helpful Very helpful Comments: CAYAC Follow-Up Survey 11. Do you/your child currently attend a Poudre School District school? No Yes CAYAC Follow-Up Survey 12. Did CAYAC work with your/your child's school to make accommodations or arrange other school based services (i.e. helping with a 504, IEP, etc)? No Yes Don't know CAYAC Follow-Up Survey 13. How helpful was this school coordination? Not at all helpful Somewhat helpful Somewhat helpful Very helpful Comments:	10. How helpfu	ul was this in clarifying your/your child's needs and treatment direction?
Very helpful Comments: CAYAC Follow-Up Survey 11. Do you/your child currently attend a Poudre School District school? No Yes CAYAC Follow-Up Survey 12. Did CAYAC work with your/your child's school to make accommodations or arrange other school based services (i.e. helping with a 504, IEP, etc)? No Yes Don't know CAYAC Follow-Up Survey 13. How helpful was this school coordination? Not at all helpful Somewhat helpful Somewhat helpful Very helpful	Not at all hel	pful
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	Comments:	

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	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	N/A
listened to my/my family's needs.					
treated me/my family with respect and compassion.			\bigcirc		\bigcirc
helped me/my family understand treatment options.			0		0
addressed my/my family's questions and concerns.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
15. Overall, how satisf	ied are you with	the services you re	eceived at CAYAC	??	
Very dissatisfied					
Somewhat dissatisfied	i				
Somewhat satisfied					
Very satisfied					
Comments:					

16.	If someone in your family needed help in the future, would you feel comfortable recontacting CAYAC?
	No
	Yes

Less hopeful		
More hopeful		
Did not make a differ	ence	
10 Daniel		Efference and an I of the Company
18. Do you have any : family?	specific examples of how CAYAC made a d	illerence, good or bad, for you/your
,		
	CAYAC Follow-Up Surve	V
	CATACA CHOM OF CAIVE	<i>y</i>
19 Have you attempt	ted accessing youth (0-24) mental health ca	re services before reaching CAYAC?
No		3 500
Yes		
	CAYAC Follow-Up Surve	у
	CAYAC Follow-Up Surve	у
	CAYAC Follow-Up Surve	у
20. Select the options	CAYAC Follow-Up Surve sthat best reflect your experience facing bar	
·		
20. Select the options Finding providers that accept my insurance	s that best reflect your experience facing <u>bar</u>	riers accessing mental health care.
Finding providers that	s that best reflect your experience facing <u>bar</u>	riers accessing mental health care.
Finding providers that accept my insurance Long waiting lists	s that best reflect your experience facing <u>bar</u>	riers accessing mental health care.
Finding providers that accept my insurance	s that best reflect your experience facing <u>bar</u>	riers accessing mental health care.
Finding providers that accept my insurance Long waiting lists	s that best reflect your experience facing <u>bar</u>	riers accessing mental health care.
Finding providers that accept my insurance Long waiting lists Transportation	s that best reflect your experience facing <u>bar</u>	riers accessing mental health care.

T. Control of the Con		
	w	
	CAYAC Follow-Up Survey	
lafault curvav raculte	s are de-identified and combined with other responses to preserve your co ovement.	nfidentiality before being shared
staff for quality impro	ou would like to be contacted by CAYAC staff to follow-up re	garding any of your survey
staff for quality impro 22. <u>However</u> , if yo responses, pleas	e provide your preferred method of contact below. If you do	
staff for quality impro 22. <u>However</u> , if yo responses, pleas		
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7

send you a \$10 King Soopers gift card as	s a thank you for taking the time to complete
ovide your contact information below if y	ou'd like to receive this gift. (This is
nd will not be linked to your survey respo	onses.)
select state	
	ovide your contact information below if y nd will not be linked to your survey respo

Phone Number

Thank you for taking the time to complete this survey. We greatly value your feedback and will use it to improve our services for the community.

If you're interested in learning more about some of the free and low-cost events CAYAC puts on (training by local experts, Mental Health First Aid), please click here to sign up!

If you have any questions regarding this survey please contact the Health District of Northern Larimer County's Research and Evaluation Team at 970-224-5209.

If you have questions for or would like assistance from the CAYAC Program, they can be reached at 970-221-3308.

CAYAC Follow-Up Survey

Gracias por participar en esta cuestionario para el programa de CAYAC (Niño, adolescente y adulto joven Conexiones). Como agradecimiento por su tiempo, le enviaremos un regalo de tarjeta de \$10 para King Soopers por completar esta encuesta.

Esta encuesta debe tomar sólo 10-15 minutos de su tiempo. La información que usted proporciona es completamente confidencial, queremos su opinión honesta y opiniones. Los resultados de la encuesta serán añadidos sin identificación, combinados y compartidos con el personal de CAYAC y con las organizaciones que han financiado CAYAC a través de subvenciones.

CAYAC fue creado para ayudar a las personas de 24 años y más jóvenes a conectarse con la

atención de salud mental y recursos que mejor se adapten a sus necesidades particulares. Como alguien que ha trabajado recientemente con el personal de CAYAC, sus comentarios sobre lo bien que los servicios cumplen con sus necesidades es importante para nosotros. Vamos a utilizar los resultados de esta encuesta para mejorar el trabajo que hacemos para hacer frente a la necesidad de salud mental y cuidado del uso de sustancias para la gente del Condado de Larimer.

CAYAC Follow-Up Survey	
* 24. Yo soy:	
La Persona que recibió servicios en CAYAC	
El padre/guardián de la persona que recibió los servicios de CAYAC	
CAYAC Follow-Up Survey	
25. ¿el personal de CAYAC lo conectó o lo refirió a consejeros, terapeutas u otros recursos comunitario	os?
○ No ○ Sí	
CAYAC Follow-Up Survey	
26. ¿resultaron útiles los terapistas de consejería y/o los recursos comunitarios?	
○ No	
Sí	
No he usado las referencias o los recursos proporcionados todavía.	
CAYAC Follow-Up Survey	
27. Por favor explique por qué no ha utilizado las referencias o recursos proporcionados (por ejemplo,	no
he tenido el tiempo, demasiado caro, problemas con las horas).	
The ternido et tiempo, demasiado caro, problemas com las noras).	

	. ¿se les recetó a usted o a su hijo algún medicamento por el personal de CAYAC o proveedor referido CAYAC?
	No
	Sí
	CAYAC Follow-Up Survey
29.	. ¿está usted o su hijo/a tomando medicamentos actualmente?
	No
	Sí
	CAYAC Follow-Up Survey
30.	. ¿el medicamento (s) fue beneficio?
	No me ayudó
\bigcirc	Me ayudó un poquito
	Me ayudó
Con	mentarios:

31. ¿Hizo usted/su hijo pruebas psicológicas o evaluación?
Nota: para este servicio, usted se habría reunido con Marybeth Rigali-Oiler (Psicóloga para CAYAC) Nicole Olivas (Psicóloga pasante) o Kathy Sigda, para una o más citas. Estas citas habrían incluido la finalización de la prueba varios y o entrevistas con usted y su hijo para determinar el diagnóstico en movimiento hacia adelante.
○ No
○ Sí
Sí, pero no han recibido resultados todavía
O No se
CAYAC Follow-Up Survey
32. ¿Que útil fue en la clarificación de sus necesidades y dirección del tratamiento? No me ayudó Me ayudó un poquito Me ayudó Comentarios:
CAYAC Follow-Up Survey
33. ¿Usted/su niño asiste al distrito escolar de Poudre? No

34. ¿trabajó CAYAC c Como IEP, 504, etc.?	on su escuela/la	escuela de su hijo	para acomodar s	servicios basados	en la escuela?
No					
◯ Sí					
No se					
	C	AYAC Follow-Up	Survey		
35. ¿Fue útil la coordi	nación de la esc	uela?			
No me ayudó					
Me ayudó un poquito					
Me ayudó					
Comentarios:					
	C	AYAC Follow-Up	Survey		
36. Los empleados de	e CAYAC				
	Muy desacuerdo	Poquito desacuerdo	Algo de acuerdo	Fuertemente de acuerdo	no aplicable
escucho a mis necesidades.					
me trataron con respeto y compasión.					
me ayudó a entender mis opciones de tratamiento.	0	0	0	0	0
escucho mis preguntas y preocupaciones.					

37. En general, ¿qué tan satisfecho estaba con los servicios en CAYAC?
Muy insatisfecho
Algo no satisfecho
Algo satisfecho
Muy satisfecho
Comentarios:
CAYAC Follow-Up Survey
38. Si usted o su familia necesitara ayuda en el futuro, ¿se sentiría cómodo en contactar a CAYAC de nuevo?
○ No
○ Sí
39. Basado en su interacción con CAYAC ¿se siente menos optimista que usted/su familia recibirá ayuda? Más optimista? O no hizo ninguna diferencia?
Menos esperanza
Más esperanza
No hizo diferencia
40. ¿Cómo ha hecho CAYAC una diferencia, buena o mala, para usted?
CAVAC Follow Lip Survey
CAYAC Follow-Up Survey
41. Ha intentado acceder a los servicios de salud mental juvenil antes de llegar a CAYAC?
○ No
○ Sí

mental?	, , , , , , , , , , , , , , , , , , ,	ente a los obstáculos de acceso a la salud
Нs	a experimentado previamente obstáculos?	¿CAYAC ha reducido o eliminado los obstáculos?
Encontrar proveedores que acepten mi seguro		
Lista de espera larga		
Transportación		
Obstáculos financiera		
Conflictivo o confuso de información sobre comportamiento o desorden mental		
Horarios de citas que no fueron bueno		
Comentarios:		
	CAYAC Follow-Up Surve	у
43 Por favor utilice este es	spacio para compartir cualquier preoc	unación comentarios sugerencias sobre
		supación , comentarios, sugerencias sobre cualquier otra cosa.
	spacio para compartir cualquier preoc cómo servir mejor a la comunidad, o	

Los resultados de la encuesta se des identifican y se combinan con otras respuestas para preservar su confidencialidad antes de ser compartida con el personal para la mejora de calidad.

44. Sin embargo, si usted desea ser contactado por uno de los trabajadores de CAYAC para dar

	alquiera de sus respuestas de encuesta, Por favor ponga su contacto preferido abajo iremos sus respuestas con el personal de CAYAC para que puedan llegar a usted.
Nombre	
Correo electrónico	
Número de teléfono	
	CAYAC Follow-Up Survey
para terminar nuestra	arle una tarjeta del regalo King Soopers \$10 para agradecerlo por tomar el tiempo encuesta. Por favor proporcione su información de contacto abajo si usted quisiera sto es completamente opcional y no estará vinculado a las respuestas de su
Nombre	
Domicilio	
Domicilio 2	
City/Town	
Ciudad/pueblo	select state
Estado	
Número de teléfono	

CAYAC Follow-Up Survey

15

Gracias por tomar el tiempo para completar esta encuesta. Agradecemos sus comentarios y lo usaremos para mejorar los servicios en la comunidad

Si tiene preguntas sobre esta encuesta, por favor comuníquese con Distrito de salud 970-224-5209.

Si tiene preguntas o le gustaría asistencia del programa CAYAC pueden contactarlos a 970-221-3308.

Thank you for attending the *Mental Health First Aid* training course on May 10, 2019. The presenters and the agencies that sponsor these community trainings in mental health first aid are very interested in learning how well participants recall and apply the information that was shared. Your help, by taking this short and confidential survey, is very much appreciated.

This survey should take about 10 minutes of your time. To thank you for your time, you will be entered into a drawing for a \$20 grocery store gift card.

Your responses will be kept completely confidential and will not be linked to you as an individual. If you have questions about this survey you may contact the Evaluation Team at the Health District at 970-224-5209 or at rgreenlee@healthdistrict.org Thank you!

May 10, 2019 MHFA Participant Follow-Up Survey

Please reflect on your level of knowledge of each topic below **before** the MHFA training and your knowledge now or **after** attending the training.

1. Your <u>knowledge</u> of the **prevalence and risk factors** for mental health problems that people experience, such as depression, anxiety/trauma, psychosis, substance-use-disorders and self-injury.

	No knowledge	Very little knowledge	Some knowledge	Very knowledgeable
Before MHFA				
After MHFA				
2. Your <u>knowledge</u> of the mental health problem	-	and symptoms that a p	erson may be develo	oping or having a
	No knowledge	Very little knowledge	Some knowledge	Very knowledgeable
Before MHFA				
After MHFA				

May 10, 2019 MHFA Participant Follow-Up Survey

Please reflect on your level of knowledge of each topic below **before** the MHFA training and your knowledge now or **after** attending the training.

3. Knowing what to say crisis.	to a person who r	nay be developing or ex	periencing a mental I	nealth problem or
	No knowledge	Very little knowledge	Some knowledge	Very knowledgeable
<u>Before</u> MHFA				
<u>After</u> MHFA				
4. Your knowledge of co	mmunity resourc	es for helping people w	ith mental health prob	olems or crises.
	No knowledge	Very little knowledge	Some knowledge	Very knowledgeable
Before MHFA				
After MHFA	\bigcirc	\bigcirc	\bigcirc	
May 10, 2019 MHFA Pai	ticipant Follow-	Up Survey		
remember the most imphaving a mental health taking these actions be the training. 5. Assess for risk of suice	problem or cris	sis. Please reflect on	your level of conf	fidence of
	No confidence	A little bit of confidence	Somewhat confident	Very confident
Before MHFA				
After MHFA				
6. <u>L</u> isten non-judgement	ally			
	No confidence	A little bit of confidence	Somewhat confident	Very confident
Before MHFA				
After MHFA	\bigcirc			\bigcirc

You may recall back to the training you attended, the acronym**ALGEE**, as a way to remember the most important actions to take to give "first aid" to a person who might be having a mental health problem or crisis. Please reflect on your level of confidence of taking these actions <u>before</u> the MHFA training and your level of confidence <u>after</u> attending the training.

7. G ive reassurance a	and information			
7. <u>G</u> ive reassurance t	No confidence	A little bit of confidence	Somewhat confident	Very confident
Before MHFA				
After MHFA	\bigcirc	\bigcirc		\bigcirc
8. <u>E</u> ncourage approp	riate professional hel	lp		
	No confidence	A little bit of confidence	Somewhat confident	Very confident
<u>Before</u> MHFA				
After MHFA				
9. <u>E</u> ncourage self-hel	p and other support	strategies		
	No confidence	A little bit of confidence	Somewhat confident	Very confident
Before MHFA				
After MHFA				
lay 10, 2019 MHFA F	Participant Follow-	Up Survey		
10. If you are currently working, what is your profession and/or job title?				
May 10, 2019 MHFA F	Participant Follow-	Up Survey		

May 10, 2019 MHFA Participant Follow-Up Survey

12.	What was the approximate age(s) of the person(s)?(check all that apply)
	0-24
	25-39
	40-64
	65+
13.	What was the relationship between the person(s) you helped and yourself?
\bigcirc	Family member or significant other
\bigcirc	Friend
\bigcirc	Coworker
\bigcirc	Client
\bigcirc	Student
\bigcirc	Patient (clinical setting)
\bigcirc	Other (please specify)
14.	What actions did you use? (check all that apply)
14.	What actions did you use? (check all that apply) Spent time listening to their problem
14.	
14.	Spent time listening to their problem
14.	Spent time listening to their problem Helped to calm them down
14.	Spent time listening to their problem Helped to calm them down Talked to them about suicidal thoughts
14.	Spent time listening to their problem Helped to calm them down Talked to them about suicidal thoughts Recommended they seek professional help
14.	Spent time listening to their problem Helped to calm them down Talked to them about suicidal thoughts Recommended they seek professional help Recommended self-help strategies
14.	Spent time listening to their problem Helped to calm them down Talked to them about suicidal thoughts Recommended they seek professional help Recommended self-help strategies Gave them information about their problem
14.	Spent time listening to their problem Helped to calm them down Talked to them about suicidal thoughts Recommended they seek professional help Recommended self-help strategies Gave them information about their problem Referred them to books or websites about their problem
14.	Spent time listening to their problem Helped to calm them down Talked to them about suicidal thoughts Recommended they seek professional help Recommended self-help strategies Gave them information about their problem Referred them to books or websites about their problem Gave them information about local services

May 10, 2019 MHFA Participant Follow-Up Survey

15. Did you give information about local resources or made a referral or an appointment to a local service or provider? If yes, was it to any of the following? (please mark all that apply)
CAYAC or Mental Health Connections
SummitStone Health Partners
Hospital Emergency Department or Crisis Center
A Mental Health Therapist or Psychologist
School Mental Health professional
Some other place (please describe in the comment box)
Please tell us more about the information or referral you provided.
16. Did the person go someplace for help with their problem?
Yes - they went somewhere for help.
No - they did not go anywhere for help.
I'm not sure.
May 10, 2019 MHFA Participant Follow-Up Survey
17. In your mind, what was the most valuable thing or things you learned in MHFA?
18. Do you have any suggestions about how we could make this training better?

have	e suggestions of people, places, groups, or organizations that would be interested in learning more at it, please use this space to tell us who and how we can get in touch with them.
May 10), 2019 MHFA Participant Follow-Up Survey
Wou	On July 19th, we will choose one survey participant at random to receive a \$20 grocery store gift card. Id you like to be included in the drawing? No thank you!
	Yes please! Please provide your first name and a phone number or an email address where we may reach you if you are one of the winners:

Thank you for your feedback.



Therapist Networking & Training (TNT) Participant Evaluation & Survey DATE

Please take the time to complete our survey regarding today's training, and provide your ideas for future trainings. Your feedback will help us select future events, presenters, and formats in order to create trainings that are relevant, engaging, and effective. Thank you!

and then your knowledge at the conclusion of the training in the <i>Before</i> column and the <i>After</i> column.					
		Before the Presentation	After the Presentation		

Befo	re the Presenta	ition	Afte	After the Presentation	
Not at all informed	Somewhat informed	Very informed	Not at all informed	Somewhat informed	Very informed
	Not at all informed	Not at all informed informed	informed informed informed	Not at all informed	Not at all somewhat informed i

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
This training will be useful to me in my job.					
This training was worth my time away from work.					
The handouts and materials provided will be useful for future					

2. Please mark the box that best describes how much you agree or disagree with the following statements.

	reference.	provided will be useful for future					
3.	3. In which setting(s) do you work? ☐ Private practice ☐ Agency/organization			ivate practic	e and agency	r/organization	
	For data collection purposes, please list all of your Credentials:						

4.	What ideas for training topics or other ideas and suggestions do you have for future TNT meetings?
5.	Are there specific topics you are qualified and interested to teach either at future TNT meetings (1 hour trainings) or for future half-day or full-day community provider trainings? If so, please list topics here (and your name):
6.	Please provide any additional comments here.



ADHD Workshop Series: Session 4

February 28, 2019

Please take the time to complete our survey about the ADHD Parent Workshop. Your feedback will help us create events that are relevant, engaging, and effective. Thank you!

1) How much did you/do you kno	ow about t	he followin	g topics?	?			
	Before to Not at all informed	oday's sess Somewhat informed	ion Very informed	After tod Not at all informed	ay's sessio Somewhat informed	n Very informed	
Differentiating between typical adolescent behavior and ADHD							
Strategies for supporting working memory deficits							
Homework and classroom strategies							
Partnering with your child's school							
2) How confident are you in app Not at all confident 3) How likely are you to apply the Not at all likely	ne strategi	Somewhat co	onfident ned in this	☐ Very o	confident		
4) Would you recommend today ADHD?	y's training Yes	to someon	e else wit	h children,	students, o	r clients wit	th

How did you hear about this ADHD Workshop Series? (select all that apply)
☐ A CAYAC staff member told me about it.
☐ A health provider (therapist, psychiatrist, doctor, etc.) told me about it.
\square A friend or family member told me about it.
☐ I found out through my child's school.
☐ I found out through my employer.
☐ I received an e-mail about the workshop series.
☐ Other (please describe):
Please share any other feedback you have about today's workshop session:
Which other workshop sessions did you attend? (select all that apply)
\square Session 1 (brain structure, symptoms, research supported treatment, medication)
☐ Session 2 (building on strengths, mindfulness, parenting, routine, setting limits)
\square Session 3 (recognizing difficulties, impulsiveness, social skills, behavioral modification)
☐ Today's session (Session 4) was my first session I attended.
Which workshop session was your favorite? (select ONE response)
☐ Session 1
☐ Session 2
☐ Session 3
☐ Session 4



Remaining Need for Larimer Advance Care Planning Program

July 2, 2019

The Larimer Advance Care Planning Program has made tremendous progress, meeting and exceeding nearly all of its goals since it was formed in 2016. While the major grants that provided match funding to the program will come to an end in 2019/2020, there are still many opportunities to further support the community and organizations in assuring that more local adults determine and share their end of life instructions, thereby increasing the chance that they will receive their designated level of services when the time comes. Continuing the program would build upon the momentum, credibility and contacts that have been established in the community, and help assure that the progress does not backslide.

The Health District's program has been a unique resource to the community, in that it has worked in partnership with multiple organizations, employers, and systems to provide a multi-faceted approach that furthers the community goal to make advance care planning sustainable and a natural and expected part of life in Larimer County.

The ACP Program offers two important services that are not offered by other organizations:

- Individualized assistance in completing and filing advance care directives. The Health District's ACP Team has become a known and respected resource in the community and works with 9 partners that provide regular referrals for individuals who need to complete their advance directives. Our staff provide one to one assistance, regardless of age, to individuals needing to complete their advance directives, and regularly work across all health systems to ensure that documents are shared. Without our program, fewer people would have access to individualized support in understanding their options, developing the skills to communicate with loved ones, and in preparing and sharing their advance care directives.
- Customized comprehensive clinical training on advance care planning. The Health District can work with any
 health system or organization, helping medical providers to increase their comfort level with discussing advance
 care planning and end of life care with their patients and supporting them in establishing processes for
 sustaining ACP efforts at the practice level. Without our program, providers would have less access to the
 clinical training and ongoing technical assistance and support provided by our staff.

2020 Select areas of need and opportunities

1. Continuation of one-on-one assistance

Individuals over the age of 18 in Larimer County still need one on one assistance with advance care planning. Since the team was formed in 2016, we have helped just over 4,000 individuals to complete their directives. The 2019 Community Health Survey will give us more information on remaining need, but there remain thousands of people who do not yet have directives. As the senior population grows, by 2020 there will be over 136,000 people in Larimer County age 50 or over:

• In the year 2020 there will be nearly 123,000 people age 50 and over, and about 13,000 over age 80. By 2025, those number increase to 136,000 age 50 and over, and 16,000 age 80 and older.

2. Training and Technical Assistance

While the ACP Team has provided training to more than 1,000 medical professionals, and has made great progress with UCHealth Medical Group in training more than 15 care coordinators to facilitate Advance Care Planning at each of their clinic locations, there is an ongoing need to continue to provide training and technical support to help organizations improve their advance care planning practices.

Below are just some examples of the organizations that the ACP Team would like to engage with in 2020:

- Salud Family Health Centers (further work with Fort Collins clinics)
- Banner Health
- Family Medicine Center
- UCHealth (further work within this large system)

3. Long Term Care Providers

The long term care providers in our community are recognizing the need to further their advance care planning culture through education and help with implementing best practices within their organizations to help our most frail in Larimer County.

The ACP Team has provided presentations and basic staff training to several facilities already and have just introduced an intensive clinical training specifically designed for long term care and will begin implementing this training with select facilities this year. One skilled nursing facility has already committed to more intensive staff training, and several more that have expressed an interest. With 9 skilled nursing facilities, 18 assisted living facilities, and 8 independent living communities in Larimer County, there will be many that we will not be able to work with this year that could benefit from this training to change the culture of their communities when talking to their residents about advance care planning.

4. Faith Community Outreach and Engagement

The Advance Care Planning Team continues to see the need to support and encourage faith organizations to enhance the ability of individuals to do their advance directives where they pray.

- To date, the ACP Team has worked with 16 faith communities and educated and engaged 554 individuals.
- Since the beginning of 2019 the team has identified an additional seven churches that are committed to integrating this into their culture and offering it to their members.
- Staff is interested in providing intensive training to the medical providers involved with the faith nursing organization so that advance care planning is imbedded into their own congregations.

The following faith communities have expressed interest in working with the ACP Team in the future: Congregation Har Shalom, the Latter Day Saints of Fort Collins, Unity Church, Front Range Baptist Church, St. Joseph Catholic Church, Life Point Church and Timberline.

Outreach still needs to be implemented with the underserved churches in the northern, more rural part of the district. The intent is to train "Champions" within the congregations to move advance care planning forward. This strategy has been a successful model in the Estes Park community where two churches have added advance care planning through their faith nursing program and have been able to help congregation members complete advance care planning documents that reflect their preferences and their faith.

5. Workplace Campaigns

Staff have worked with 11 employers since 2016 to bring advance care planning into the workplace. To date we have helped 1,808 individuals complete and share their advance directives with the local health systems. Staff work with each workplace to integrate advance care planning into their wellness programs to enhance the quality of life for their employees.

- Over the span of three years we have worked with 6 of those employers two or more times.
- Staff has been a key partner with UCHealth to help organize, recruit volunteers, and staff their Health
 Care Decision Week campaign for the past three years, which has resulted in the completion of over
 1,300 directives.

There are many more large companies and organizations that we have yet to work with to implement employee campaigns. The largest employers in Fort Collins employee over 9,000 individuals. Prospects for employee campaigns in 2020 include Poudre School District, Anheuser Busch, Woodward, Otter box and The Group. In addition, we would like to continue to work with CSU and Larimer County to expand and enhance their worksite campaigns to reach more employees.

68%
OF ADULTS (18+) IN OUR COMMUNITY HAVE NOT MADE THEIR CARE PREFERENCES KNOWN



There are significant differences between the end-of-life care most people say they want and the treatments they actually receive.

THE ISSUE

In Colorado, health care decision-making authority does not automatically default to spouse or next of kin. Therefore, it's important that every adult (18+) has formerly documented their health care preferences and who will make their care decisions if they do not have the capacity to do so.

Individuals often do not feel comfortable or are not empowered to discuss their end-of-life care preferences. Health care providers do not have the time, training or comfort level to guide patients in advance care planning and in documenting their wishes through advance care directives.

OUR MISSION

Weighing the options and making health care wishes known before a crisis arises is important for not only our peace of mind, but also for loved ones and caregivers who will make medical decisions without being able to consult the patient.

Our vision is that advance care planning becomes a natural and expected part of care in our community.

We help adults understand their medical care options, feel comfortable discussing their end-of-life wishes, and values with loved ones and medical providers so preferences are honored when they are needed.

OUR SERVICES

INDIVIDUALS

Understand health care options at the end of life and select the right health care agent

Document future health care decisions through advance care directives

Support in sharing values and medical wishes with loved ones and medical providers

HEALTH CARE ORGANIZATIONS

Customized training and education on advance care planning

Support in developing bestpractice systems and procedures to enhance advance care planning

COMMUNITY

Customized education and advance care planning wellness campaigns for local employers

Support for faith communities and care/living facilities to guide individuals in advance care planning

OUR PROGRESS SINCE JULY 2016

"I loved this program. It sparked conversations with my spouse and I realized how important it is now to get this done!"

"Great program! Not enough people think about this, but should!"

"I was Introduced to the ACP Team at a CSU event. What a relief!

I was muddling through it on my own. You offered a clear path.

Thanks so much for your guidance!"

- ACP Team Clients

14,000 PRESE & WO

COMMUNITY

PARTNERS/

ORGS

EDUCATED &
ENGAGED

400
PRESENTATIONS & WORKSHOPS

4,000

ADVANCE CARE DIRECTIVES COMPLETED AND SHARED

15 1,100 MEDICAL BERSON

MEDICAL PERSONNEL TRAINED IN ACP

99

SELECT IMPACT AREAS

We have improved advance care planning for health care organizations and for patients across our community.

Process Improvement

ACROSS HEALTH SECTORS

- Advance care directives are more accessible in electronic medical health records
- Medical providers/first responders are looking for directives more often and have increased confidence that they are updated/accurate
- 93% of medical providers trained reported a significant knowledge increase and shared that that they were likely/very likely to use the training skills learned with their patients

Less than 2% of Estes Park residents with an established primary care provider had advance directives on file in 2016. In one year, our collaborative efforts with Estes Park Medical Center increased the rate to 34%.

Increased Directives Completed

INDIVIDUALS & COMMUNITY
ORGS

- Increased community awareness of advance care planning and the number of directives completed and shared in our community
- Partnered with 13 local employers, including City of Fort Collins, Tolmar, Larimer County, and Colorado State University with 730 advance directives completed for their employees
- Partnered with 25 faith-based organizations to provide education and support in completing directives

Since 2016, we have partnered with UCHealth for the annual National Health Care Decisions Week campaign, resulting in 1,300 directives completed and shared over the past three years.



A couple came into our office to complete their directives after the husband had received a diagnosis of mild cognitive loss. The husband knew that he would come to a point in his illness where he would be unable to tell his wife his wishes. He was proud that he knew what he wanted and could speak for himself now, declaring how he wanted to be cared for in the future.

He told his wife:

"I don't want you to have to make hard decisions.
I will do that now so you won't have to."

It meant so much to him to care for himself and his wife in ways that he might not be able to in the years to come.

- ACP Team Staff

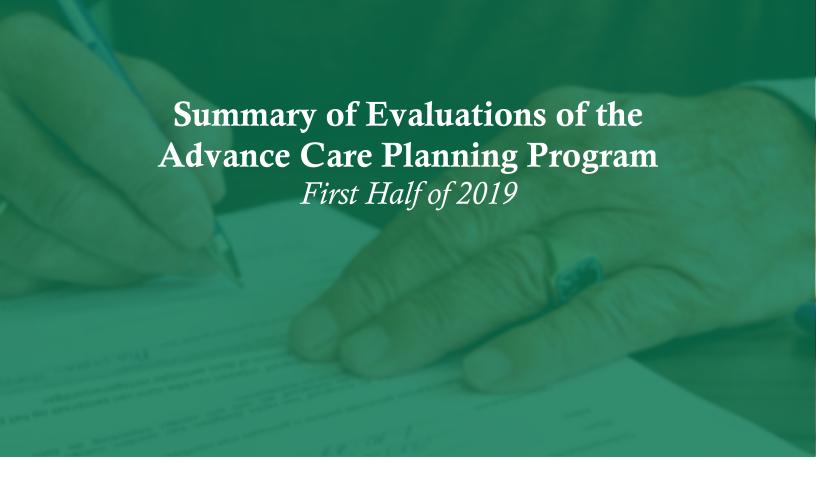


"Through collaborating with the Larimer ACP Team, UCHealth has evolved our culture around Advance Care Planning across our health system. We have helped many staff and patients complete an advance care directive, and have created processes to ensure our patient's wishes are expressed and honored.

We still have much work to do, but we couldn't have done it without the Larimer ACP Team's efforts!"

- UCHealth Program Partner

"



Advance Care Planning Client Survey

Most ACP clients who meet with Advance Care Planning Staff for individualized assistance completing and sharing their directives are given the opportunity to complete a short survey and return it using a postage paid return envelope or visit the web link to complete the same survey online. In the first half of 2019, a total of 53 surveys were collected.

- → 90% strongly agreed that their "ACP guide answered my questions."
- → 90% agreed or strongly agreed the staff "helped me understand my options."
- ♦ 90% strongly agreed they were "treated with respect and compassion."
- → All (100%) were helped "quite a bit" (12%) or "a great deal" (88%).
- ◆ 98% rated their overall experience as "very good" and the remaining 2% said "good."
- → All (100%) said they would "recommend the service to family and friends."

Here is a sample of comments provided by survey takers in 2019 (the full survey report is available in the appendix):

- Wonderful people made finishing up what I had begun easy appreciate the notary service
- The whole experience was extremely helpful and the entire staff was very gracious and helpful!
- [My guide] is a wonderful listener along with having all the information needed. Thank you! And thank you to the Health District for offering this service.
- Very simple, well explained, and will recommend.
- ₩ Wonderful to get this done! I feel good about what I did! Thank you!
- Appreciated palliative care information as well as reading resources regarding values clarification.

- This is an amazing service for the community. It is hard to convince people (my friends and family). Thank you for making this easy!
- **☞** [The Guides] were a great help for completing last minute help with our Living Wills.
- Thank you! It was quick and easy and it saved finding and going to an attorney and saving much time and money.
- Our meeting was extremely helpful to me sorting out thoughts and time to understand all the options.

 Much appreciated!
- A very helpful service. Makes a difficult topic painless to discuss. Thank you!

ACP Clinician Training

Clinical Care Managers Trained in May of 2019

In the first half of 2019, we collected surveys from 3 attendees at a clinical training at Windsong on 5/8/2019 and from 5 attendees of an **ACP Clinical Training for UC-Health** on May 21 & 22-2019. These 8 surveys collected at the completion of the trainings noted the following:

- → Participants showed significant increases in knowledge pre to post training about:
 - "The purpose of ACP": 25% very informed pre to 100% very informed post
 - "Who should have advance directives": 50% very informed pre to 100% very informed post
 - "The information to be communicated while facilitating ACP": 12.5% very informed pre to 100% very informed post
 - ^{II} "The information and conversation that should be given during ACP": 12.5% very informed pre to 100% very informed post
 - ☐ "Differences of the types of advance directives (MOST, CPR, MDPOA, Living will)": 50% very informed pre to 100% very informed post
- → 100% very likely (25%) or extremely likely (75%) "to use the information from the training in next 6 months."
- ♦ 87.5% very likely (25%) or extremely likely (62.5%) "to recommend the training to coworkers/others." One attendee said "somewhat likely."
- → 100% strongly agreed (87.5%) or somewhat agreed (12.5%) that the training "increased my confidence in my ability to implement best practices for ACP with patients."
- → 100% strongly agreed (87.5%) or somewhat agreed (12.5%) that the training "increased my knowledge about the importance of having advance directives."
- → Selection of open ended answers to "What was the most important thing you learned?
 - The importance of an MDPOA and what a Living Will is.
 - B How to start the conversation with our resident's families and my own.
 - The purpose of each advance directive.
 - Active listening."
 - The exact forms I need to help my patients with; the ACP Team as a resource for patients."
 - The differences between the different forms and the implications of the choices individuals have regarding their MOST forms and advance directives."
- ★ Selection of other open ended feedback:
 - This was very beneficial!
 - structure The group discussions really allowed the group to expand on the ideas presented in the modules.
 - Wonderful content and presentation. Thank you!
 - All very informative and helpful.

Spring 2019 Follow-up Survey with UC Health Clinical Care Managers Clinical Training for UC-Health Medical Group on August 28-2019. Surveys were completed by 3 participants who completed the on-line survey. (20% response rate)

• Two of 15 UC Health Practice Care Managers who attended the August 2018 training strongly agreed that the training "Improved our practice's capacity to assist patients with their advance care planning needs", "Increased our staff's comfort level with discussing advance care planning/end of life care with

patients", "More of our patients have completed one or more advance care planning directives", and "More of our patients have their advance care planning directives entered into EPIC."

We had some things in place prior to training, now we do them well. I personally have been able to discuss the specifics of Colorado law with providers and patient/families. I even had my

Key Informant Interviews with Health Care System Spokespeople

In June of 2019, five professionals considered "key informants" as to the potential impact that training and outreach by the LACP had on their health care organizations and if they have made any notable changes in how their organizations now approach advance care planning with patients.

- All five organizations represented through the interviews vocalized that, because of the LACP, their staff
 have had a demonstrable increase in comfort and knowledge when having ACP conversations with
 patients.
- Four of the five organizations noted a desire to have continued outreach by ACP team to continue the work of increasing their capacity to address ACP needs.
- One informant noted, that because of LACP assistance, there has been a "cultural and attitudinal shift" in advance care planning with staff and their patients, but that they still struggle to find the time to bring it up with those they serve. They offer a 2-week long course for new residents that includes education on advance care planning:
 - "One of the biggest benefits of the training is that staff were able to walk through the completion of advance care planning directives for themselves; this translated into greater comfort in discussing advance care planning with clients."
 - *Before training, there was limited knowledge as to where to send clients for more information and where/how to have advance care planning conversations."

Sharing the Care Campaign Member Survey

Members of the Sharing the Care Campaign, many of whom work in medical settings that provide health care to older adults, were surveyed in the spring of 2018 and again in the spring of 2019.

- ★ Among those who worked or volunteered at a medical or health care employer in Larimer County and recalled having training or other assistance by LACP to help their organizations learn how to help people complete and share directives, 74% said the LACP training resulted in more patients or employees completing advance care plans in 2018. That result increased to 84% in 2019.
- In both 2018 and 2019, about 40% of the Sharing the Care Campaign members who completed surveys reported being asked about their own advance care planning status when they went to any of their doctor's offices or visited an urgent care center or emergency room.

Results from the 44 Sharing the Care Campaign members who completed the online survey in the spring of 2019 include:

- ♦ When asked, "How effective has the LACP Team been at helping adults in Larimer County? ...
 - 83% said they were mostly or completely effective a helping adults: "Understand the importance of planning ahead about personal values and wishes for medical care." 17% moderately effective, 46% mostly effective, 37% completely effective.

- 74% said they were mostly or completely effective at: "Getting advance care plans completed and shared with family members and physicians." 20% moderately effective, 31% mostly effective, 43% completely effective.
- o 86% said they were mostly or completely effective at: "Choosing the treatment options they want or don't want if diagnosed with a life-limiting illness." 3% a little effective, 9% moderately effective, 46% mostly effective, 40% completely effective.
- **→** Comments include the following:
 - Thanks for your dedication to the community, the patients we serve and our most cherished our seasoned citizens!

 - Good work. Thanks for being one of the most robust ACP projects in the state.
 - The Advanced Care planning team and the Passport teams are wonderful. Very knowledgeable and compassionate. They have all demonstrated the desire to assist everyone and answer questions with dignity, care, kindness and intelligence. My hats off to all the work they have done this year and last to make these services available to Larimer County residents.
 - Thank you Larimer ACP Team for the great impact you've all had on Larimer County, the tools and assistance you've been able to freely give have helped thousands!
 - Please keep up this critical work and expand to reach more people! Love the idea of increasing presence for employees in workplaces, with employer endorsement!

HEALTH EQUITY AT THE HEALTH DISTRICT THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY BOARD 9/24/19

Health Equity means... Achieving the highest level of health for all people by eliminating the social, environmental or economic obstacles to health, equalizing the conditions for health for all groups (Office of Health Equity, Colorado Department of Public Health and Environment (CDPHE), 2019)

By committing to health equity, the Health District will take a leadership role to provide exceptional health services that address unmet needs and opportunities in our community and help reduce negative and avoidable health outcomes. This commitment directly corresponds to the mission, vision, strategy, and values of the Health District of Northern Larimer County.

A Health Equity Committee has been established at the Health District to work towards accomplishing the following Vision & Mission Statements:

Vision for the Health Equity Committee:

The organization fosters a welcoming, safe & affirming environment that nurtures respect, health, and support for the employees & clients of the Health District.

Health Equity Mission:

Enhance the health of our organization and community by integrating health equity at the Health District of Northern Larimer County.

Group Members

The Health Equity Committee is made up of a steering committee (4 members) and an at large committee (11 members) that are representative of the different departments & concentrations that make up the Health District of Northern Larimer County.

Group Strategies

The Health Equity Committee is working through two phases (internal implementation & client services transformation) to work to improve the organization for both the employees that work here and the clients that receive services here. The committee is in the process of developing a work plan & budget for 2019 & 2020 which will encompass work in training & development, internal culture assessment & recommendations, updating policies, procedures & programs to be more equitable in addition to developing an ongoing commitment to equity at the Health District. Throughout this process, members of the HEC will meet with and coordinate with other local agencies in their work to further health equity in Larimer County.

HEALTH DISTRICT of Northern Larimer County July 2019 Summary Financial Narrative

Revenues

The Health District is 0.3% behind year-to-date tax revenue projections. Interest income is 33.1% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased slightly from 2.34% to 2.20% (based on the weighted average of all investments). Fee for service revenue from clients is 4.5% behind year-to-date projections and revenue from third party reimbursements is 15.7% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 0.8% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 15.5% behind year-to-date projections. Program variances are as follows: Administration 10.3%; Board 16.2%; Connections: Mental Health/Substance Issues Services 21.6%; Dental Services 16.9%; MH/SUD/Primary Care 9.4%; Health Promotion 16.0%; Community Impact 9.3%; Program Assessment and Evaluation 7.8%; Health Care Access 14.8%; HealthInfoSource 33.2%; and Resource Development 10.4%.

Capital Outlay

Capital expenditures are 31.8% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY BALANCE SHEET

As of 7/31/2019

ASSETS

Current Assets:	
Cash & Investments	\$10,858,336.47
Accounts Receivable	118,667.08
Property Taxes Receivable	155,963.41
Specific Ownership Taxes Receivable	113,888.60
Prepaid Expenses and Deposits	58,130.71
Total Current Assets	11,304,986.27
Property and Equipment Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,175,830.39
Accumulated Depreciation	(2,769,631.55)
Total Property and Equipment	7,419,909.59
Total Assets	\$18,724,895.86

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY BALANCE SHEET

As of 7/31/2019

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$700,532.99
Deposits	1,000.00
Deferred Revenue	1,140,659.69
Total Current Liabilities	1,842,192.68
Long-term Liabilities:	
Compensated Absences Payable	12,215.00
Total Long-term Liabilities	12,215.00
Deferred Inflows of Resources	
Deferred Property Tax Revenue	133,320.96
Total Deferred Inflows of Resources	133,320.96
Total Liabilities & Deferred Inflows of Resource	1,987,728.64
EQUITY	
Retained Earnings	13,693,892.72
Net Income	3,043,274.50
Total Equity	16,737,167.22
Total Liabilities & Equity	\$18,724,895.86

STATEMENT OF REVENUES AND EXPENSES

For 1/1/2019 To 7/31/2019

Year to Date
07.104.167.04
\$7,104,165.04
372,246.51
646,227.07
108,697.09
271.47
120,544.54
404,076.89
501,221.80
62,880.00
15,991.47
34.50
138.74
9,336,495.12
\$517,351.50
17,322.62
804,560.37
1,876,303.40
591,940.43
406,990.16
340,934.23
115,592.15
539,551.78
44,582.00
91,242.14
466,919.96
377,274.57
6,190,565.31
102,655.31
102,655.31
6,293,220.62
\$3,043,274.50

Unaudited - For Management Use Only

STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

			For 1/1/2019 To 7/31/2019	7/31/2019				
	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Annual Funds Remaining
Revenue:						•		
Property Taxes	\$69,470	\$78,672	\$9,202	\$7,124,033	\$7,104,165	(\$19,868)	\$7,237,486	\$133,321
Specific Ownership Taxes	63,124	57,858	(5,266)	371,547	372,247	200	650,000	277,753
Lease Revenue	93,880	93,880	, 0	646,225	646,225	0	1,115,627	469,402
Interest Income	11,667	19,401	7,734	81,667	108,697	27,030	140,000	31,303
Sales Revenue	90	81	(32)	350	271	(62)	009	329
Fee For Services Income	18,039	17,759	(280)	126,271	120,545	(5,726)	216,467	95,922
Third Party Reimbursements	68,459	54,509	(13,950)	479,215	404,077	(75,138)	821,528	417,451
Grant Revenue	35,016	130,558	95,542	524,282	501,222	(23,060)	1,303,259	802,037
Special Projects/Partnership Revenue	2,079	30,213	28,134	13,484	58,880	45,396	63,878	4,998
Miscellaneous Income	1,705	2,124	419	11,955	15,992	4,037	20,500	4,508
Gain/(Loss) on Disposal of Assets	0	0	0	0	35	35	0	(35)
Gain/(Loss) on Investments	0	0	0	0	139	139	0	(139)
Total Revenue	\$363,489	\$484,992	\$121,503	\$9,379,029	\$9,332,495	(\$46,534)	\$11,569,345	\$2,236,850
Expenditures:								

Operating Expenditures								
Administration	57,526	54,503	3,023	576,726	517,351	59,375	858,400	341,049
Board Expenses	2,453	2,162	291	20,675	17,323	3,352	43,920	26,597
Connections: Mental Health/Substance Issues Svo	127,982	120,549	7,433	1,026,607	804,560	222,047	1,650,745	846,185
Dental Services	312,851	244,359	68,492	2,258,741	1,876,304	382,437	3,809,046	1,932,742
MH/SUD/Primary Care	94,006	87,180	6,826	653,617	591,941	61,676	1,107,315	515,374
Health Promotion	68,346	57,371	10,975	484,542	406,990	77,552	820,874	413,884
Community Impact	52,286	49,452	2,834	375,954	340,934	35,020	991,769	296,832
Program Assessment & Evaluation	17,344	16,902	442	125,399	115,592	6,807	213,652	090'86
Health Care Access	88,687	65,768	22,919	633,132	539,551	93,581	1,074,616	535,065
HealthInfoSource	11,047	8,709	2,338	66,753	44,582	22,171	109,263	64,681
Resource Development	14,186	13,291	895	101,865	91,242	10,623	174,236	82,994
Contingency (Operations)	0	0	0	0	0	0	000'09	000,00
Special Projects	144,488	79,572	64,916	1,078,872	466,920	611,952	2,139,363	1,672,443
Grant Projects	33,140	46,932	(13,792)	462,783	377,275	85,508	1,303,259	925,984
Total Operating Expenditures	1,024,342	846,750	177,592	7,865,666	6,190,565	1,675,101	14,002,455	7,811,890

Unaudited - For Management Use Only

(\$5,575,040)

(\$2,433,110)

\$1,628,567

\$3,141,930

\$1,513,363

\$299,095

(\$361,758)

(\$660,853)

Net Income

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

Annual Funds Remaining		24,000	20,000	20,000	8,008	7,300	E	79,398
Annual Budget		24,000	20,000	20,000	28,425	7,300		\$ 99,725 \$
Year to Date		3	10,000	ť	(512)	ĭ	ť	\$ 9,488
Year to Date Actual		9	•		20,327	1		5 20,327
Year to Date Budget		34	10,000		19,815	,	t	29,815
Current Month Variance		ű	5,000		,	ï		\$ 0000'\$
Current Month Actual		a	ï	ı	•			\$
Current Month Budget		9	2,000	1	,	r	1	\$ 5,000 \$
	Non-Operating Expenditures	Building	Capital Equipment	General Office Equipment	Medical & Dental Equipment	Computer Software	Equipment for Building	Total Non-Operating Expenditures

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Administration Revenue: Miscellaneous Income	\$875	\$1,866	.1998	\$6,125	\$12,745	\$6,620	\$10,500	(\$2,245)
Total Revenue	\$875	\$1,866	166\$	\$6,125	\$12,745	\$6,620	\$10,500	(\$2,245)
Expenditures: Salaries and Benefits Supplies and Purchased Services	44,699	42,908	1,791	312,895 263,830	284,133 233,219	28.762 30,611	536,392	252,259
Total Expenditures	\$57,526	\$54,504	\$3,022	\$576,725	\$517,352	\$59,373	\$858,400	\$341,048
Board of Directors Expenditures: Salaries and Benefits Supplies and Purchased Services	\$0 2,453	\$0 2,162	\$0	\$8,635	\$7,466 9,857	\$1,169	\$8,635 35,285	\$1,169
Total Expenditures	\$2,453	\$2,162	\$291	\$20,675	\$17,323	\$3,352	\$43,920	\$26,597
Community Impact Revenue:								
Total Revenue	80	\$0	\$0	80	80	80	\$0	\$0
Expenditures: Salaries and Benefits Supplies and Purchased Services	\$46,272	3,784	\$604	\$326,901	\$311,433	\$15,468	\$558,259	\$246,826
Total Expenditures	\$52,287	\$49,452	\$2,835	\$375,954	\$340,934	\$35,020	\$637,766	\$296,832

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

	Current Month Budget	Current Month Actual	Current Month	Year to Date Budget	Year to Date Actual	Year to Date Variance	<u>Amual</u> <u>Budget</u>	Remaining Funds
Program Assessment & Evaluation Revenue:			%*		s.			
Total Revenue	\$0	0\$	0\$	\$0	80	\$0	\$0	80
Expenditures: Salaries and Benefits Supplies and Purchased Services	\$15,493	\$15,735	(\$242)	\$108,952 16,447	\$105,311	\$3,641 6,166	\$186,418	\$81,107
Total Expenditures	\$17,344	\$16,902	\$442	\$125,399	\$115,592	\$9,807	\$213,652	\$98,060
Connections: Mental Health/Substance Issue Revenue: Fees, Reimbursements & Other Income	\$1,720	\$2,277	\$557	\$12,040	\$18,909	86,869	\$20,640	\$1,731
Total Revenue	\$1,720	\$2,277	\$557	\$12,040	\$18,909	\$6,869	\$20,640	\$1,731
Expenditures: Salaries and Beneflis Supplies and Purchased Services	\$77,612	\$80.967	(\$3,355)	\$716,736	\$561,233	\$155,503	\$1,092,288	\$531,055
Total Expenditures	\$127,982	\$120,550	\$7,432	\$1,026,607	\$804,560	\$222,047	\$1,650,745	\$846,185
Dental Services Revenue: Fees, Reimbursements & Other Income	\$81,597	\$68.335	(\$13,262)	\$571,199	\$493,074	(\$78,125)	\$979,216	\$486,142
Total Revenue	\$81,597	\$68,335	(\$13,262)	\$571,199	\$493,074	(\$78,125)	\$979,216	\$486,142
Expenditures: Salaries and Benefits Supplies and Purchased Services	\$247,738	\$205,849	\$41,889	\$1,738,169 520,573	\$1,519,272	\$218,897	\$2,978,861 830,185	\$1,459,589
Total Expenditures	\$312,850	\$244,360	\$68,490	\$2,258,742	\$1,876,304	\$382,438	\$3,809,046	\$1,932,742

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
MH/SUD/Primary Care Revenue: Fees, Reimbursements & Other Income	\$2,916	\$1,480	(\$1,436)	\$20,412	\$11,317	(\$60,6\$)	\$35,000	\$23,683
Total Revenue	\$2,916	\$1,480	(\$1,436)	\$20,412	\$11,317	(\$6,095)	\$35,000	\$23,683
Expenditures: Salaries and Benefits Supplies and Purchased Services	\$84,792	\$79,760	\$5,032	\$578,546	\$534,398 57,219	\$44,148 17,407	\$987,507	\$453,109 61,826
Total Expenditures	\$93,942	\$87,180	\$6,762	\$653,172	\$591,617	\$61,555	\$1,106,552	\$514,935
Health Promotion Revenue: Fees, Reimbursements & Other Income	\$1,145	\$423	(\$722)	\$8,014	\$4,640	(\$3,374)	\$13,739	660*6\$
Total Revenue	\$1,145	\$423	(\$722)	\$8,014	\$4,640	(\$3,374)	\$13,739	660'6\$
Expenditures: Salaries and Benefits Supplies and Purchased Services	\$53,455	\$49,577 7,794	\$3,878	\$375,682	\$341,192 65,798	\$34,490	\$642,956	\$301,764 112,120
Total Expenditures	\$68,347	\$57.371	\$10,976	\$484,542	\$406,990	\$77,552	\$820,874	\$413,884

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

	Current Month Budget	Current Month	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual	Remaining Funds
Health Care Access Revenue: Fees, Reimbursements & Other Income	80	\$29	\$29	\$	8199	661\$	0\$	(818)
Total Revenue	80	\$29	\$29	80	8199	8199	80	(\$199)
Expenditures: Salaries and Benefits Supplies and Purchased Services	\$74,879	\$58,369	\$16,510	\$525,655 107,478	\$474,749 64,802	\$50,906 42,676	\$901,550	\$426,801 108,264
Total Expenditures	\$88,687	\$65,768	\$22,919	\$633,133	\$539,551	\$93,582	\$1,074,616	\$535,065
Health Info Source Revenue:								
Total Revenue	\$0	80	80	80	80	80	\$0	\$0
Expenditures: Salaries and Benefits Supplies and Purchased Services	\$5,443	\$4,751 3,958	\$692	\$39,600	\$32,982	\$6,618 15,554	\$66,814 42,449	\$33,832 30,850
Total Expenditures	\$11,048	\$8,709	\$2,339	\$66,753	\$44,581	\$22,172	\$109,263	\$64,682
Resource Development Revenue:								
Total Revenue	\$0	80	80	0\$	0\$	80	80	\$0
Expenditures: Salaries and Benefits Supplies and Purchased Services	\$12,431	\$11,903 1,388	\$528	\$87,016	\$83,632	\$3,384	\$150,720	\$67,088
Total Expenditures	\$14,186	\$13,291	\$895	\$101,865	\$91,242	\$10,623	\$174,236	\$82,994

Health District of Northern Larimer County

Investment Schedule July 2019

ouly 2013		_	Current		Current	
Investment	Institution) -	Value	%	Yield	Maturity
Local Government Investment Pool	COLOTRUST	s	1,367	0.014%	2.24%	A/A
Local Government Investment Pool	COLOTRUST	s	8,866,995	83.520%	2.35%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	↔	10,135	0.106%	2.35%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	↔	26,307	0.276%	2.35%	N/A
Flex Savings Account	First National Bank	υ	172,525	1.813%	%06.0	N/A
Certificate of Deposit	Advantage Bank	υ	136,932	1.436%	1.40%	12/27/2019
Certificate of Deposit	Advantage Bank	↔	109,675	1.154%	1.40%	9/2/2019
Certificate of Deposit	First National Bank	s	112,723	1.182%	1.35%	9/6/2019
Certificate of Deposit	Points West	s	113,160	1.187%	1.35%	6/4/2020
Certificate of Deposit	Points West	↔	153,526	1.610%	1.25%	4/2/2020
Certificate of Deposit	Adams State Bank	s	232,853	2.442%	1.29%	10/7/2019
Certificate of Deposit	Cache Bank & Trust	s	250,000	2.630%	1.40%	1/9/2020
Certificate of Deposit	Farmers Bank	↔	250,000	2.630%	2.00%	6/27/2020
Total/Weighted Average		8	10,436,199	100.000%	2.20%	

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.