

YIT PROGRAM PROGRESS REPORT

1. Grant Number: 03150-5225
2. Grantee Name and Address:
Howard Center, 208 Flynn Avenue, Suite 3J, Burlington, VT 05401
3. Telephone Number: (802) 488-6600
4. Project Title:
Culturally-Competent Planning and Leadership for Vermont's Youth in Transition Grant
5. Period of Performance from July 1, 2014 through September 30, 2014
6. Approved Project Period from July 1, 2014 through September 30, 2014
7. Author's Name and Telephone number: Mercedes Avila, (802) 999-4985
8. Date of report: October 31st, 2014
9. Comments (if any): None

The federal Government Performance and Results Act (GPRA) primarily focuses on demonstrating accountability and achieving meaningful outcomes for all federally funded programs. Please make sure to include information on the outcomes of your project activities and the impact of your project on improving the lives of Youth in Transition and their families in the Program Progress Reports submitted.

Two Program Progress Reports must be submitted for this sub-grant:

1. one for the time period from July 1 – December 31, 2013 (due by January 31, 2014), and
2. one for the period from January 1 – June 30, 2014 (due by July 30, 2014).

Report Contents

1. Major Activities and Accomplishments During this Period

Report both quantifiable and non-quantifiable accomplishments for the General Expectations and Regional Goals listed in Attachment A (see page 3 of the grant award):

- Quantifiable accomplishments include numbers of youth/families served, people trained, support groups established, etc.
- Non-quantifiable accomplishments should be listed in chronological order. Describe any draft/final products in this section.

Please report major activities and accomplishments for the following goal and indicators as relevant for the sub-grant. [This section of the report may be entered directly into the table below.]

<p>Goal for strengthening the systems of care</p>	<p>4: System of Care partners gain cultural & linguistic competence (CLC)....</p>
<p>System of Care Infrastructure Indicators (for federal TRAC):</p>	<p><u>Workforce Development</u>: Organizations or communities implementing mental health-related training programs as a result of the grant. Please enter the number of organizations or communities and briefly describe the training programs....</p> <ul style="list-style-type: none"> ○ Organizations continue hosting Cultural and Linguistic Competence (CLC) Trainings for staff and community members. This grant period's trainings took place at the following locations: <ul style="list-style-type: none"> ● Vermont Pediatric Palliative Care Conference → Montpelier, Vermont, 50 participants ● The Vermont Association for Mental Health and Addiction Recovery Morning & Afternoon sessions → Montpelier, Vermont, 100 participants ● Recovery Network Grant → Burlington, Vermont, 22 participants ● Vermont Bar Association State Conference→ Montpelier, Vermont, 40 participants ● Pediatric Grand Rounds → Burlington, Vermont, approx. 50 participants <p>From January 1st to October 31st 2014, a total of 262 participants at 6 trainings/presentations were trained in CLC in this time period; for a cumulative total of 1118 participants in the grant time period. Pre and post surveys continue to be administered immediately before; and after each of the trainings above.</p> <p>Data analyses continue to show improvement in participants' attitude and knowledge change as they relate to cultural competency and health and racial disparities.</p> <p>Through a partnership with the Northeastern Area Health Education Center (AHEC), the CLC training is now approved for Nursing CEUs by the Northeast MultiState Division of the American Nurses Credentialing Center's Commission on Accreditation for 3.25 Contact Hours. This is in addition to continuous approval by the following entities:</p> <ul style="list-style-type: none"> ✓ CME: <ul style="list-style-type: none"> Northeastern Vermont Area Health Education Center (AHEC) is

approved as a provider of Continuing Medical Education (CME) by the New Hampshire Medical Society, accredited by the ACCME. Northeastern Vt. AHEC designates this educational activity for a maximum of 3.25 *Category 1 Credits™* towards the AMA Physicians Recognition Award. Each physician should claim only those credits that he or she actually spent in the educational activity.

✓ CEU/ Contact Hours

Social Work Credits

3.25 Credits have been approval by NASW-VT Chapter.

Psychology, Licensed Mental Health Counselor and Licensed Alcohol and Drug Counselors:

3.25 Continuing Education Credits CEU approved through the Office of Professional Regulation Board of Allied Mental Health Practitioners, and the Alcohol and Drug Abuse Certification Board in the category of counseling.

- The CLC coordinator continues using the 6' video entitled "*Institutional Oppression: A History of US*", which describes the historical trauma suffered by many groups in this country, the current consequences of these trauma, and what needs to be done to change these issues moving forward.
- The CLC coordinator is a consultant with the National TA Network and has developed a CLC Training Rubric that will be released in the spring. The goal of this rubric is to provide CMHIs around the country with a tool that will allow them to choose CLC Trainings. The Rubric describes content areas, rationale for content areas and topics that must be addressed at CLC trainings. The National TA Network is looking at developing a manual to accompany this rubric and a Spanish version of these tools; in addition to a webinar to present the tools next spring 2015.

Organizational Change: Organizational changes made to support improvement of mental health-related practices/activities that are consistent with the goals of the grant. Please enter the number of changes and briefly describe them....

- The CLC training developed under the Vermont YIT grant continues to be offered as "**D1: Racism and Health Disparities in the US**"; a 3-credit course at UVM in the College of Nursing and Health Sciences (CNHS). With this course the Cultural and Linguistic Competency training continues to be institutionalized and offered to future health professionals beyond the YIT grant and to the larger community. This course is now a permanent course with two offerings every semester. This fall 2014 70 students are taking the course. In spring 2015, the course will be offered 100% online. The course and content is now reaching more than 200 students every year.

- The CLC trainings will continue to be offered by three other SAMHSA grants/Initiatives:
 - SAMHSA's Screening Brief Intervention and Referral to Treatment (SBIRT) grant
 - SAMHSA's Targeted Capacity Expansion Peer-to-Peer grant. This grant was recently awarded to the Vermont Recovery Network for the Pathways to Recovery program.
 - SAMHSA's Mental Health Transformation grant.

Partnership/Collaboration: Organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices/activities that are consistent with the goals of the grant. Please enter the number of organizations and briefly describe the agreements....

- The CLC coordinator is the co-chair of the Health Disparities and Cultural Competence Committee; part of the Screening Brief Intervention and Referral to Treatment (SBIRT) new SAMHSA grant. She leads this work with Ms. Pat Nelson from the Vermont Office of Minority Health.
- The CLC coordinator continues collaborating with the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) on CLC related topics.
- The CLC coordinator continues partnering with Theresa Lay-Sleeper (Juvenile Justice) and Pat Nelson (Office of Minority Health) to discuss strategies for addressing Disproportionate Minority Contact (DMC) in Juvenile Justice.
- The CLC coordinator continues to be part of the Vermont Governor's Family and Children Council on Prevention Programs. **As a result of this work, CLC is now a required component of the Children's Trust Fund RFPs and all funded sites have to attend these trainings. This is another way to institutionalize CLC statewide.**
- The CLC Coordinator continues partnering with the Area Health Education Centers (AHEC) around the state supporting the work on CLC and helping recruit young adults from underrepresented backgrounds interested in health and mental health careers.

Types/Targets of Practice: Programs/organizations/communities that implemented evidence-based mental health-related practices/activities as a result of the grant. Please enter the number of programs/ organizations/ communities and briefly describe the evidence-based practices....

	<ul style="list-style-type: none"> ○ The CLC section of the YIT website continues to be the most visited section of the site and a place where providers can access EBP resources. ○ The CLC coordinator continues to provide training participants and agencies with evidence-based CLC resources via CDs and list of resources available electronically on the YIT website. To this date more than 1000 CDs have been distributed in Vermont to health and mental health agencies' service providers and young adults. <u>Additionally, these resources will now be part of the National TA Network resource bank reaching all CMHIs around the country.</u>
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2. Problems

Describe any deviations or departures from the original project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Use this section to describe barriers to accomplishment, actions taken to overcome difficulties, and to advise DMH of any needs for assistance.

None for this reporting period.

3. Significant Findings and Events

For special notice to Principal Investigator, State Outreach Team for Youth in Transition, Federal Project Officer, etc. This should include any changes in staffing, including of persons, time spent, and/or responsibilities. Attach resumes and qualifications of new staff.

- In March 2014, the CLC Coordinator was elected co-chair of the National Association of University Centers on Disability (AUCD) Multicultural Council. Through this role she also joined the National AUCD Board of Directors. She continues advocating at the national level for workforce diversity and ensuring health disparities are addressed at every center and program around the country.
- The CLC Coordinator was nominated for the 2014 Association of University Centers on Disability (AUCD) National Multicultural Council Award for Leadership in Diversity.
- The National Center for Cultural Competence at Georgetown University has selected the CLC Coordinator to be a faculty mentor for the 2015 *Leadership Institute for Cultural Diversity and Cultural and Linguistic Competence – A Catalyst for Change*, initiative funded under the Administration on Intellectual and Developmental Disabilities (AIDD).
- The CLC Coordinator was nominated to serve as a member of the University of Vermont's President's Commission for Inclusive Excellence (PCIE). The PCIE is an institutional advisory board, whose primary mission is to advance the strategic

diversity and inclusion goals of the University of Vermont. Selection of members/chairs will take place fall 2014.

4. Dissemination activities

Briefly describe project related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, and magazine articles or other published materials considered relevant to project activities, or used for project information or public relations purposes.

- The CLC Coordinator was interviewed for the University of Vermont's Center for Distance Education's blog on health inequities/disparities. The blog is available in the following link: <http://learn.uvm.edu/health-blog/health-disparities-and-lifestyle-factors>
- **Attachment A** includes the evaluation results from the Georgetown University National Training Institutes CLC Pre-Institute that took place last July 2014. The CLC Coordinator was co-faculty in this Pre-Institute.
- **Attachment B** includes the evaluation results from the Vermont State Pediatric Palliative Care Conference.

5. Other Activities

Briefly describe other activities undertaken during the reporting period.

- The CLC Coordinator and Dr. Jody Kamon held 10 focus groups with male and female young people (approximately 40 participants) and with parents from the Bhutanese, Somali Bantu & Congolese communities (approximately 60 participants). This community needs assessment's goal is to learn about what young people/parents think about mental health and substance use among youth and how people in refugee or minority communities cope with mental health and substance use problems. The focus groups also sought to hear what young people/parents think about the services available in the community that can help these types of problems get better. We are now in the process of analyzing data. The results/findings will be disseminated back to communities and to the Department of Mental Health to inform current and future direction in serving and working with diverse and/or underrepresented communities.
- The CLC Coordinator continues advocating for former refugee community members and students to enter health and mental health careers and graduate programs at the University of Vermont. As a consequence of this advocacy work, next academic year 2015-2016:
 - 6-7 former refugees will be policy fellows in the VT-LEND program at UVM's College of Medicine next year; reaching a 60% racially/ethnically diverse target.
 - One Somali Bantu and one Chinese mother will be family fellows in the VT-LEND program at UVM's College of Medicine.
- The CLC Coordinator is a member of the steering committee for the upcoming UVM "Mental Health Matters" Conference that will take place in the spring 2015. The CLC

coordinator will offer her CLC training to faculty, staff and students on March 12th, 2015.

6. Activities Planned for Next Reporting Period

Briefly describe the project activities planned for the next reporting period.

- Continue working with Dr. Jody Kamon on the Hear our Voices community focus groups data analysis and report.
- Continue partnering with Area Health Education Centers (AHEC) around the state to disseminate CLC trainings and to support high school students enter health/mental health careers.
- Continue working with other local and state partners on issues related to CLC.
- Continue supporting organizations and regions in Cultural and Linguistic Competency related topics.
- Continue supporting young adults, parents and community members from diverse backgrounds to enter health and mental health careers and/or graduate/training programs. This will help diversify the workforce and increase CLC as well as improve service providing and accessibility of services for children, youth and families from diverse backgrounds.

DMH only:

Date received: _____

Approved by: _____

Date approved: _____

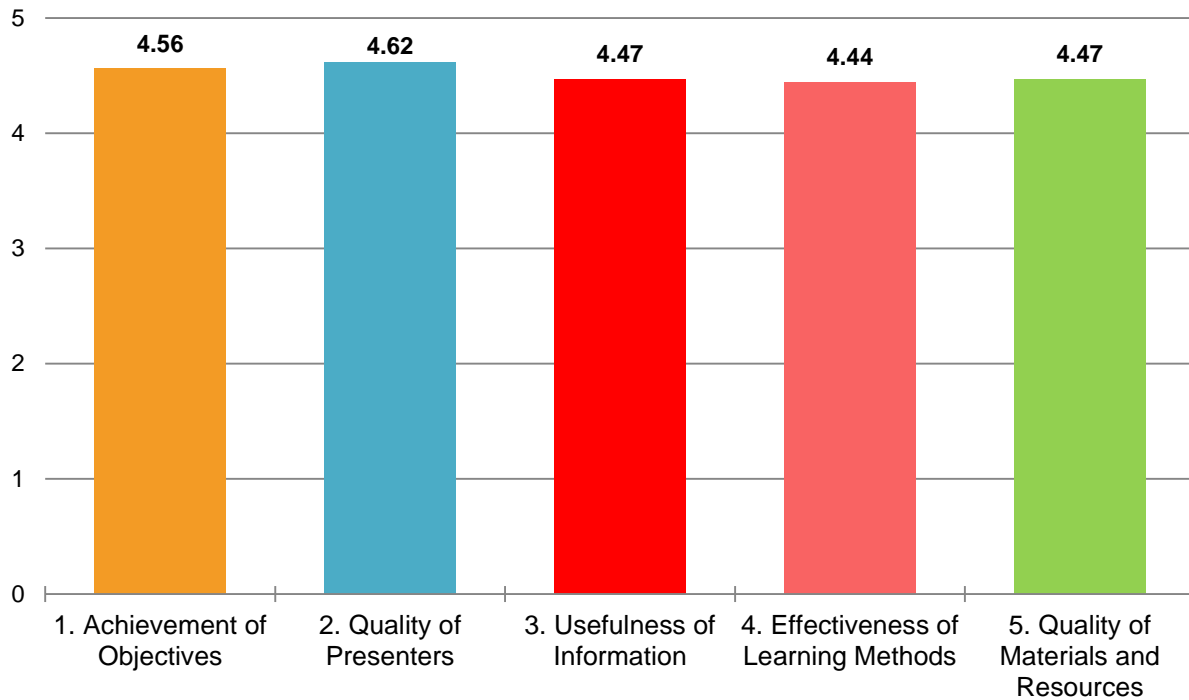
Approved by: _____

Date approved: _____

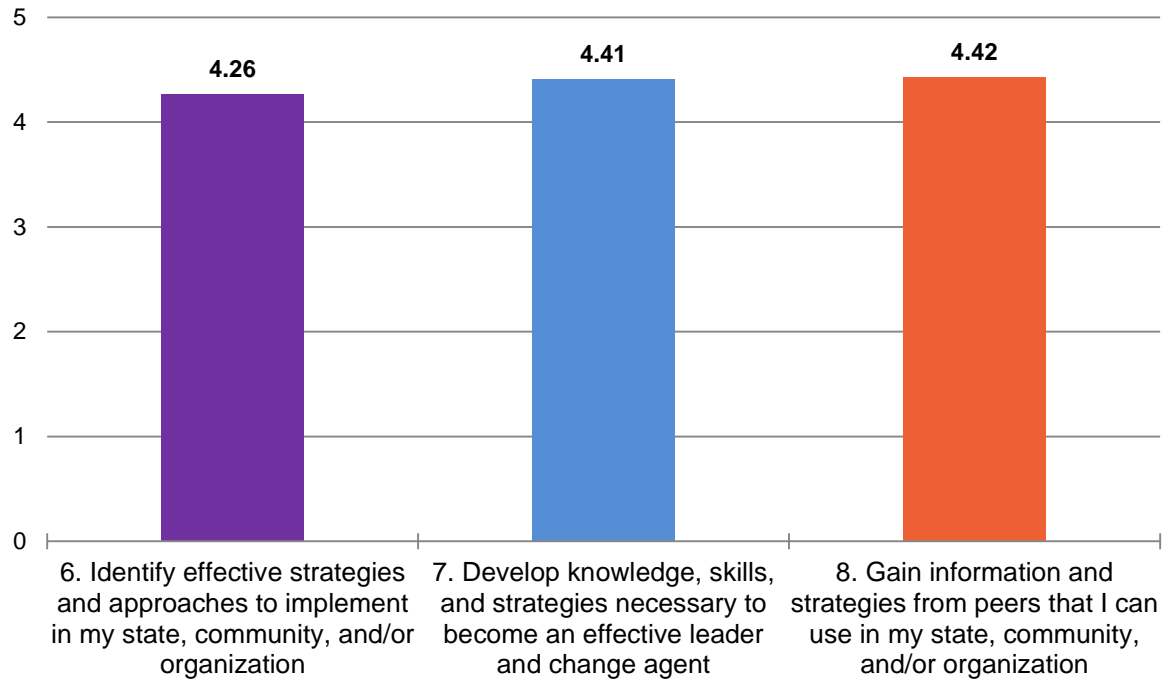
Pre-Institute #1
Addressing Disparities: Achieving Equity in Children's Mental Health Care

Of the 45 participants that attended the Addressing Disparities Pre-Institute, 34 respondents completed an evaluation form (76% response rate).

Overall Session Ratings



This Pre-Institutes Program helped me to...



	N	Percentage of responses					Mean	SD
		1	2	3	4	5		
Pre-Institutes Training #1: Addressing Disparities: Achieving Equity in Children's Mental Health Care								
Achievement of Objectives	34	0%	0%	3%	38%	59%	4.56	0.56
Quality of Presenters	34	0%	0%	3%	32%	65%	4.62	0.55
Usefulness of Information	34	0%	0%	12%	29%	59%	4.47	0.71
Effectiveness of Learning Methods	34	0%	0%	9%	38%	53%	4.44	0.66
Quality of Materials and Resources	34	0%	0%	12%	29%	59%	4.47	0.71
This Pre-Institutes Training Program helped me to Identify effective strategies and approaches to implement in my state, community, and/or organization	34	3%	0%	15%	32%	50%	4.26	0.93
This Pre-Institutes Training Program helped me to Develop knowledge, skills, and strategies necessary to become an effective leader and change agent	34	0%	0%	9%	41%	50%	4.41	0.66
This Pre-Institutes Training Program helped me to Gain information and strategies from peers that I can use in my state, community, and/or organization	33	0%	0%	12%	33%	55%	4.42	0.71

Specific examples of improvements in practice approaches and/or service systems that respondents intend to implement as a result of the knowledge and skills gained in this Pre-Institute Training Program:

- A good tool for analysis of potential partners
- Addressing biases and unconscious biases
- Advocate for training, policy implementation
- Agency CLC self-assessment
- Be more of a change agent by helping to create positive atmosphere, increase in knowledge and awareness of others at all times.
- Better assess existing bias' in my own program
- Bias' does not excuse behavior
- Champion cultural and linguistic competence
- CLC training with youth/family.
- Collaboration with community stakeholders and cultural brokers.
- Continue to involve youth/family in their care delivery (meet them where they are).
- Continue to self-assess
- Cultural self-assessment
- Data will no longer be viewed as numbers but as services; how best to serve families
- Deliberately work towards reducing barriers
- Dispersment/presentation of data
- Drivers to use when presenting to policy/decision-makers
- Effective strategies for reviewing data
- Ensure that cultural competence within our organization directly impacts mental health outcomes
- Ensure that mental health professionals serve on tasks force, etc.
- Fish-bone model to look at a situation at from all angles
- I am encouraged hire and use family and youth peer support in helping sustain system of care. A strong family and youth organization will help bring families together to advocate for improved services as well as to be provider of services.
- I plan to share the information with the multicultural task force and the dept. Of mental health's CLC plan workgroup and discuss how we can improve our practice.
- I will also ask the members to attend the follow up calls from the pre-institute.
- I'll use the fishbone tool with more groups
- Implement CLAS standards
- In the area of cultural and linguistic. I have a better understanding of disparities and how to address it in my community.
- Increase attentiveness to possibilities of unconscious bias
- Information to give back to state leaders.
- Intend to develop behavioral disparity statement for children and youth
- More cognizant of my own personal bias'
- More effective use of data
- Partnership with primary care and system of care to reduce the stigma and to get people to access services. We will be working on this partnership in our community,

Georgetown University National Technical Assistance Center for Children's Mental Health
2014 Training Institutes Evaluation Report

- Re. Transition age youth, we are bringing our community together for collaborative work in this addressing the needs of this population. We have a training/workshop on this to start looking at policy development and best practices models to use across agencies.
- Reaching out to contacts made during the workshop for continued assistance in working with our clients on CLAS standards and cultural and linguistic competency
- Staff training regarding personal biases. Self-assessment.
- The assessment tools of cans and casii. To provide refresher training to my staff and to make better use of the assessment tools in service planning and delivery and to use and update on a regular basis especially in preparing for closure or discharge.
- To make my organization more CLAS oriented
- Utilize materials from the workshop and share with our clients in hopes of assisting them with CLAS standards and implementing cultural and linguistic competency
- Will include information about bias in CLC training
- Will use frameworks discussed to support CLC agenda
- Working with organizations in the assessment and implementation of strategies to promote cultural and linguistic competency
- Approaches to deal with biases, as well as better understanding that cultural competency is not a checklist, but a journey.
- Challenge others
- Champion for LGBT
- Fish Bone Exercise and understanding the Diversity Impact Statement
- I was able to gain some knowledge about SAMHA and being culturally competent. The importance of following through with change and being mindful of you conscious and unconscious biases.
- Organizational CLC assessment
- Personal growth
- The use of adaptive and technical leadership to progress forward.
- "Using the change models to develop plans for raising competency
- Sharing info on neuroscience of bias"
- Using the various techniques to analyze data, understand bias, and creating community engagement.
- Would have been nice to have been asked to do the self-reflection survey prior to attending

Aspects of the Pre-Institute Training program that respondents thought were most successful:

- Hearing examples from different states on how cultural competency has been successfully addressed; learning about the Cultural Competence Framework; interactive sessions and application of information; materials provided.
- I liked it very well.
- I enjoyed the Native American aspect and how it related back to my organization
- All. It was great to spend the two days focused on one themed topic in detailed.
- The exercises - fishbone, strategic mapping, leadership for change and application of cultural competence framework

Georgetown University National Technical Assistance Center for Children's Mental Health
2014 Training Institutes Evaluation Report

- Group activities as we were able to share and process our experiences with disparity
- The use of cultural and linguistic competency standards (CLAS Standards) in disparity reduction work.
- Trainers
- All of it was successful.
- Trainers
- A clear demonstration of how cultural competence should impact mental health disparities
- Schedule
- The conversation piece whether it was formal or informal.
- The information needed was compiled in a book. Did not have to continually collect or lose papers.
- The whole experience was successful. Content on target areas as well as presenters were excellent.

Aspects of the Pre-Institute Training program that respondents would do differently:

- None.
- Nothing at this time.
- Not sure
- None.
- Room location was a problem - dark hall in the back
- I wouldn't alter the presentation
- This workshop was effective as presented.
- More time
- Nothing
- Whenever there is a conversation about cultures/race, minority voices - regardless how few - are more apt to share their experiences, etc. but we also need to hear from the majority. What are their thoughts? How are the topics reflected in their practice? The majority population shies away from the discussion. It would be great to find a way to engage the majority voice.
- More Substance Use Integration in Agenda and other activities
- Conference bags should be given to everyone that registers. It makes sense if pre and regular conference attendees' bags are made up differently but the bags are very helpful when trying to keep up with conference information. If not, let the attendees know in advance so that we can better prepare.

Additional Comments:

- Very helpful workshop....thank you!
- The cultural tables were a good addition to the program
- Excellent workshop!
- Great Job, wonderful combination of lecture and activity!!
- Training was very informative and increased my knowledge and understanding of CLC and how to effectively implement and assess.
- This was an excellent workshop! Dr. Vivian and the entire team did great!

Pediatric Palliative Care 2.0 Improving Care & Advancing Delivery

Dept. of Vermont Health Access Medicaid Pediatric Palliative Care Program
 September 16, 2014
 Capitol Plaza Hotel, Montpelier, Vermont

EVALUATION

Please indicate your opinion on the following topics on the basis of Excellent (5) to Poor (1).

Symptom Identification & Treatment in Nonverbal Children with Neurological Impairment

Julie Hauer, MD

Educational Objectives; Participants will be able to:

- Identify presence of pain behaviors in nonverbal children with neurological impairment
- Indicate sources of pain behaviors in this population
- Utilize symptom management strategies

	Excellent		Poor		
A. The speaker's preparation & presentation	44	6	0	0	4.88
B. Overall impression of the presentation	41	9	0	0	4.82
C. Use of teaching aids	36	10	4	0	4.64
D. This program met my educational needs	Yes	_43_	No	_1_	Partially _4_
E. This program will change/improve the way I practice	Yes	_43_	No	_1_	Partially _4_
F. Were the stated educational objectives met?	Yes	_49_	No	_0_	
G. Was this talk free of commercial bias?	Yes	_49_	No	_0_	

Comments:

- **Be aware that all audience members may not know the acronyms such as FLAC; appreciated tone of open attitude about lack of access to knowledge in this area & suggested strategies to open dialogue with team members.**
- **Excellent choice.**
- **Will use much of the information about indicators in all of my work!**
- **Really really need to have more of this! Great info on med management & will be very useful.**

The New Patient Assessment

Robert Macauley and Monica Ogelby

Educational Objectives: Participants will be able to:

- Reflect on their existing beliefs about a pediatric care needs assessment
- Identify the gaps in knowledge related to pediatric palliative care principals
- Demonstrate ability to utilize needs assessment tool through patient simulation/role play experience
- Describe pediatric palliative care principals necessary for a needs assessment

	Excellent		Poor		
A. The speakers' preparation & presentation	44	7	0	0	4.86
B. Overall impression of the presentation	44	7	0	0	4.86
C. Use of teaching aids	42	8	1	0	4.80
D. The simulated assessment experience	41	9	1	0	4.78
E. This program met my educational needs	Yes	_50_	No	_0_	Partially _1_
F. This program will change/improve the way I practice	Yes	_44_	No	_0_	Partially _7_
G. Were the stated educational objectives met?	Yes	_50_	No	_0_	
H. Was this talk free of commercial bias?	Yes	_50_	No	_0_	

Comments

- **Difficulty in understanding initial instruction for the exercise. Not clear that parent simulator was an actor. Not sure if we were to continue where prior person left off or to start new intake.**
- **Would have been helpful to have a "best practice" model.**
- **Super summary, brief and informative.**
- **Thank you! Extraordinarily good & helpful. Appreciate.**

- Identifying who the parents in the group at the start of the exercise would have been nice.
- I think more would have been learned from watching presenters role play to model different types of appropriate interactions in different situations.
- The role playing made most of nervous but was very interesting and informative, thank you.
- Great preceptor to the workshop.
- I thought having the parents here for feedback was very helpful & greatly appreciated.
- Wish it could have been for a longer time.

Cultural and Linguistic Competency

Maria Mercedes Avila, PhD

Educational Objectives; Participants will be able to:

- Demonstrate increased self-awareness of racial, ethnic and class biases
- Identify links between racial and health inequities and health disparities
- Integrate National CLAS Standard into practice and service providing
- Discuss how to incorporate Cultural and Linguistic Competence into service providing

	Excellent		Poor		
A. The speaker's preparation & presentation	46	4	1	0	4.88
B. Overall impression of the presentation	46	3	2	0	4.86
C. Use of teaching aids	47	2	2	0	4.88
D. This program met my educational needs	Yes	_47_	No	_1_	Partially _2_
E. This program will change/improve the way I practice	Yes	_46_	No	_3_	Partially _2_
F. Were the stated educational objectives met?	Yes	_51_	No	_0_	
G. Was this talk free of commercial bias?	Yes	_50_	No	_1_	

Comments:

- **Good presenter, topic not what I came for and I would balance her comments with some of an alternate perspective.**
- **Great techniques & presentation.**
- **Excellent**
- **We need her to come to Dartmouth!**
- **Great speaker.**
- **Fantastic!**
- **Best cultural training I have received.**
- **Maria was a fabulous presenter and the topic and information were very important, but I feel that in a short one day palliative care conference that topics other than this would have been more useful.**
- **Very interesting and thought provoking, thank you.**
- **Very interesting/learned a lot.**
- **Excellent "animations"**

Exploring the Monkey Trap: Discussing Issues of Life & Death with Children & Teens

Virginia Fry, MA

Educational Objectives: Participants will be able to:

- Describe children's use of animals, symbols & drawings regarding death
- Describe how to use several creative tools for this exploration, which they can use with children & families
- Describe how to use simple hand games to demonstrate what happens at death, and aids to cope with dying

	Excellent		Poor		
A. The speaker's preparation & presentation	46	1	1	1	4.88
B. Overall impression of the presentation	44	3	1	1	4.84
C. Use of teaching aids	46	1	1	0	4.86
D. This program met my educational needs	Yes	_46_	No	_2_	Partially _1_
E. This program will change/improve the way I practice	Yes	_43_	No	_3_	Partially _3_
F. Were the stated educational objectives met?	Yes	_48_	No	_0_	
G. Was this talk free of commercial bias?	Yes	_49_	No	_0_	

Comments:

- **So many great tools!**
- **Expert and thoughtful finish to long day.**

- Great simple techniques that I hope to continue to use.
- As always – a great resource!
- Always good to hear Ginny speak.
- [Re. F] Well, Sculpey....
- I feel that Ginny was disrespectful during her presentation to blame/judge FAHC staff for bringing a child a gift and not bringing one for a sibling. She simply could have said “a visitor.” I have heard her speak years ago & it’s the same presentation using the same examples. If you are not hearing her for the 1st time, you are not learning something new. Needs to update or rotate case studies & activity examples.
- As a music therapist, this resonated deeply for me. Excellent presenter!! Thank you.
- I will admit to being disappointed that a negative example was referenced specifically about hospital staff members from our institution.
- Tough to be last presenter of day when all are tired/burnt but this better off as a smaller workshop very sweet but not that informative.
- Love Ginny!

VI. Additional Questions

	Excellent				Poor		
Overall conference rating?	45	5	1	0	0	0	4.86
Organization?	48	3	0	0	0	0	4.94
Content?	45	4	1	0	0	0	4.88
Networking opportunities?	37	11	3	0	0	0	4.67
Food?	30	15	3	2	1	1	4.39
Location?	39	10	2	0	0	0	4.73

Additional comments:

- Room temp back & forth. Too close to kitchen.
- Great location. Room climate not comfortable.

If you have found this conference helpful, please identify one or more areas in which your newfound knowledge will enhance your approach to patient care and/or improve your clinical skills.

- The skills sheet for new visit interview/intake topics. Even though I work inpatient hospital, these are appropriate with some of our end of life families not connected with palliative care yet.
- Improved communication with families dealing with death & illness.
- Who my team members in community care are & what gets reimbursed.
- Sensitivity to patients.
- Cultural piece invaluable, thank you.
- Particularly around ways to talk with families & youth about death.
- More hands on tools to use in practice.
- Thought it was fantastic!
- Palliative perspective for peds on starting the conversation.
- So, so happy with cultural competence – Maria was excellent.
- It was fantastic to other professionals working with this population and the content was very good.
- Hearing parents’ opinions.
- Medical management & alternatives. Awareness/educating myself & preparing for cultural difference.
- I will be able to share the “pearls” with my own staff at VNA

Please identify topics you would like to see presented at future courses:

- Very helpful doing role plays.
- Bringing in hope - or chronic care (as opposed to hospice)
- Parents who were present may want to be more involved in a panel or presentation.
- More info on meds/Rxs. More info on nonpharm.