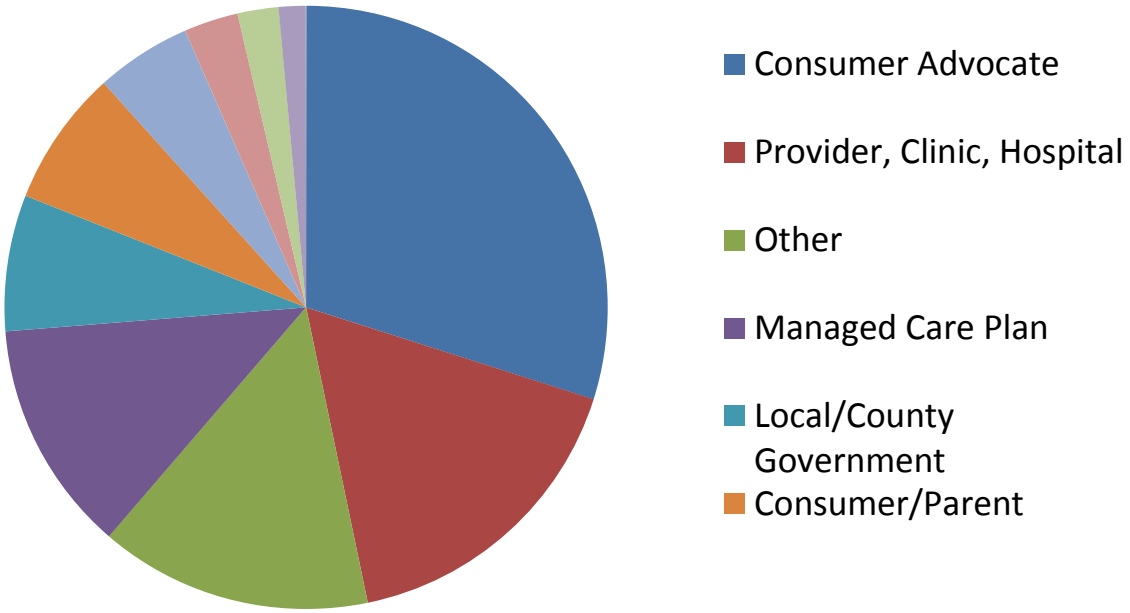
Department of Health Care Services
Stakeholder Engagement Survey
Questions and Responses – December 8, 2014

*Note: 13 respondents provided identical comments. To reduce the length of this document, duplicate responses appear only once and are marked with an asterisk.

Q1: Which of the following best describes you or your organization/ affiliation? Anonymous feedback is also welcome, simply select 'Other':

Answered: 137 Skipped: 2



Answer Choices	Responses
Consumer Advocate	29.93%
Provider, Clinic, Hospital	16.79%
Other	14.60%
Managed Care Plan	12.41%
Local/County Government	7.30%
Consumer/Parent	7.30%
State Employee Other than DHCS	5.11%
Foundation/Research Organization	2.92%
Legislature	2.19%
DHCS	1.46%
Total Responses	137

Other (please specify)
California Collaborative for LTSS
provider association
Member Association
Professional association
Labor Union
CDPH
trade (provider) association
Behavioral Health Advisory Board
Social Services for persons with disabilities
Office of Patient Advocate
State association
County employee; my opinion, not representing entire county
Home Health Care Agency
Professional
NAMI
County Behavioral Health Crisis Supervisor
Hospital Association
Provider Trade Association for Marriage and Family Therapists
Small business healthcare software provider
Emergency Management
LEA- school district
School District
School District
CDSS
MHP
Service Provider

Q2 Which stakeholder meetings do you regularly attend/participate?

Survey responses included participation in stakeholder workgroups from various areas throughout the department such as Health Care Policy, Health Care Delivery Systems, Health Care Benefits and Eligibility, Drug Medi-Cal, and Mental Health and Substance Use Disorder Services.

Weekly California Collaborative meetings (not part of the DHCS stakeholder system but with frequent DHCS participation) Plus, the quarterly CCI general stakeholder calls NOTE: my comments are entirely around the CCI and other senior and disability efforts, such as 1115 and 1915 waivers and Medi-Cal expansion
Cal MediConnect
CCI/CMC, CA Collaborative
all SUD and when possible MH
SAC, CCI, MMCD
MMCD Stakeholder Advisory committee Stakeholder Advisory Committee (SAC) California Child Health & Disability Prevention (CHDP) Program Statewide Oral Health Subcommittee Office of Family Planning Stakeholder Meeting AB1296 and Eligibility Expansion Stakeholder Meetings Medi-Cal Consumer-Focused Stakeholder Working-Group Full-Scope Medi-Cal Coverage and Affordability and Benefit Program for Low- Income Pregnant Women and Newly Qualified Immigrants Stakeholder Meeting CPCA/DHCS Quarterly Meetings Drug Medi-Cal Waiver Stakeholder Meetings Behavioral Health Forum CPCA/Audits and Investigations (A&I) Monthly Meeting Medi-Cal ICD 10 Stakeholder Meetings Mental Health Stakeholder Advisory Meeting
I have attended the dental stakeholder meetings. I have not been able to attend many due to the schedule.
I regularly participate in the following stakeholder meetings: Medi-Cal Consumer-Focused stakeholder working- group; AB 1296 workgroup; DHCS quarterly advocates meeting. I will be regularly attending/participating in the newly created foster youth/former foster youth workgroup. Additionally, others from my organization participate in the following workgroups: Advisory Panel for Medi-Cal Families; Healthy Families Program Transition; MMCD Advisory Group; Performance Outcomes System (POS) Stakeholder Advisory Committee; Medi-Cal Dental Services Division Stakeholders' Group
1115 waiver stakeholder meetings. Attend in person. At the beginning of the 1115 waiver process also participated in the short term CCS and dual stakeholder meetings.
*Advisory Panel for Medi-Cal Families; Healthy Families Program Transition; MMCD Advisory Group; Performance Outcomes System (POS) Stakeholder Advisory Committee; Medi-Cal Dental Services Division Stakeholders' Group; AB 1296 Workgroup
Medi-Cal Managed Care Covered CA Budget CalSIM Medi-Cal Stakeholders Advisory Group
Medi-Cal consumer stakeholder meetings - DHCS stakeholder meeting

DHCS Stakeholder Advisory Committee AB 1296 Stakeholder Workgroup Medi-Cal Consumer Focused Stakeholder Working Group Medi-Cal Managed Care Advisory Committee Pregnancy/LPR wrap meeting
MMCD Advisory Group, Pregnant women and newly qualified immigrant wrap assistance program,
Healthy Families Transition Medi Cal Dental Advisory Committee DHCS Stakeholder Advisory Committee meeting
CCI MMCD
MHSA for Butte Co.
BHAB General, Executive, Adult Committee Client Network CLC QIC Wellness Collaborative
MMCD, Medi-Cal Children, CCI, Behavioral Health Forum, Drug Treatment Waiver, Waiver Advisory Quarterly
Children Now: Advisory Panel for Medi-Cal Families; Healthy Families Program Transition; MMCD Advisory Group; Performance Outcomes System (POS) Stakeholder Advisory Committee; Medi-Cal Dental Services Division Stakeholders' Group; AB 1296 Workgroup
Most of the stakeholder meetings directed at mental health clients and families residing within the third supervisory district in San Bernardino County.
1115 Waiver Stakeholder Advisory Committee Medi-Cal Managed Care Advisory Group Medi-Cal Children and Families Group (formerly the HFP Parents/Children Group)
DHCS Stakeholder Advisory Committee Managed Care Advisory Group Coordinated Care Initiative stakeholder group
1296, consumer focused workgroup, SAC
1115 waiver CCI stakeholder meetings
HECLWG
Advisory Panel for Medi-Cal Families, Healthy Families Program Transition
DHCS 1115 Waiver and ACA Stakeholder Advisory; DHCS Medi-Cal Managed Care Division; AB 1296 Workgroup; Consumer Focused Workgroup
Those regarding CCI/Cal Medi-Connect and expansion of Medi-Cal managed care in rural areas.
1115
Children Now: Advisory Panel for Medi-Cal Families; Healthy Families Program Transition; MMCD Advisory Group; Performance Outcomes System (POS) Stakeholder Advisory Committee; Medi-Cal Dental Services Division Stakeholders' Group; AB 1296 Workgroup
AB 1296 & Eligibility Expansion,
Children Now: Advisory Panel for Medi-Cal Families; Healthy Families Program Transition; MMCD Advisory Group; Performance Outcomes System (POS) Stakeholder Advisory Committee; Medi-Cal Dental Services Division Stakeholders' Group; AB 1296 Workgroup
AB 1296 Workgroup Healthy Families Program Transition
CHA serves on the following stakeholder groups: Stakeholder Advisory Committee, Medi-Cal Managed Care Advisory Group, AB 1296 and Eligibility Expansion. CHA also participates in each of the following stakeholder meetings: Advisory Panel for Medi-Cal Families, CCI Stakeholder process,

Affordability and Benefit Program for Low-Income Pregnant Women and Newly Qualified Immigrants, MHSUDS Stakeholder Engagement/Behavioral Health Forums, Medi-Cal Consumer-Focused Stakeholder Workgroup, and BHT Services Stakeholder Process.
L.A. County Coordinated Care Initiative Stakeholder Workgroup, HNCS Statewide Public Policy Committee Meeting, PASC Tele Town Hall, DHCS SAC AB 1296
Medi-Cal Dental Services Division; Healthy Families Transition
Medi-Cal for children advisory & ABA/BHT mental health
Staff participate in the follow: DHCS Stakeholder Advisory Committee (SAC) SUD Waiver Advisory Group Behavioral Health Forum Committee Medi-Cal Managed Care Task Forces and Workgroup Narcotic Treatment Programs Advisory Committee Narcotic Treatment Programs Advisory Committee
Cal Duals
Butte County Behavioral Health
Web meetings
Coordinated Care Initiative, Healthy Families, 1115 Waiver, Managed Care
CCI
NAMI and County Dept. of Mental Health stakeholder meetings
Those put out by the state and in my local area
Advisory Panel for Medi-Cal Families.
Future of DC Taskforce
Quarterly Provider meetings, Monthly Mental Health Advisory Board Meetings, individual program meetings at the staff level and QA/QI committees
I have been unable to attend any of the stakeholder meetings. However, I feel that the California Association of Neonatologists best represents my interests.
DHCS Stakeholder Advisory Committee MMCD Stakeholder Advisory Group Rural Expansion Stakeholder Group LIHP Transition Stakeholder Group (no longer exists)
Did Parent to Parent and regular meetings when we are in town.
CCI 1115 Waiver Olmstead Advisory Committee
CCW in Placer County, Adults Services Committee
local MHSA and PEI planning
Family support groups
As many as I can. I do not remember the dates.
Currently only county stakeholder meetings but I would definitely attend DHCS meetings that were relevant if I were notified re: time, date, etc.
County MHSA Steering Committee Meetings - monthly Some MHSA Oversight Committee Hearings.
BH 1115 Wavier CCI CMC Encounter Data HEDIS MMCD Plan Management Comm. Ad. Other
Behavioral Health Forums Compliance Advisory Committee Drug Medi-Cal SUD 1115 Advisory Group
CalSIM, CCI, CCS, MMCD, PED (PAVE), SPD and 1115 Waiver

Many of them, by phone and webinar
CCI related meetings 1115 waiver meetings Ad hoc meetings with DHCS and contractors re: problems
Most often read the notices and minutes -- once in a while I'm able to join in via telephone. Waiver discussions, integrated care planning have been of special interest.
DHCS public stakeholder meetings. This year I have attended those for PEC, SMAA, and the latest on sponsored by BHT.
The Drug Medical 1115
DHCS SAC, MMCD Advisory Committee, AB 1296, Medi-Cal Consumer-Focused Stakeholder Working-Group, Behavioral Health Forums/Behavioral Health Treatment Stakeholder Meetings, Advisory Panel for Medi-Cal Families, CCI/Cal MediConnect Stakeholder Calls, Affordability and Benefit Program Stakeholder Calls, Behavioral Health Treatment for Individuals with Autism Spectrum Disorder Meetings
Coordinated Care initiative Meetings DMHC Medi-Cal 1115 Waiver Home and Community Based Services
DHCS Behavioral Health Stakeholder Forums; EPSDT Performance and Outcome System Stakeholder Advisory Committee; Mental Health Services Oversight and Accountability Commission; CDSS Advocates Quarterly Meeting; DMHC Mental Health Parity Stakeholder Monthly Meetings
The Quarterly Behavioral Health Emergency Stakeholders Meeting, However, I have not been able to attend due to scheduling conflicts.
LEA AD Hoc
Safety-Net Financing branch - School Medi-Cal Program meetings: LEA Ad Hoc Workgroup SMAA Stakeholder Meeting
Stakeholder meetings and ad-hoc workgroups for the SMAA Program.
Some IHSS Stakeholder mtgs.
1115 SAC, health plan calls,
SMAA stakeholder meetings
Rural Managed Care Medi-Cal
DHCS forums MHSA OAC MMCD advisory group Katie A meetings Psychotropic Medication for Foster Children misc. others
CCHI Children's health insurance LA School Coalition OHAC LA School Health Policy Roundtable MCAH collaborative
Substance Use Disorders, DMC waiver
Monthly conference Call
CCI Monthly Updates CCI Stakeholder Workgroups CBAS Workgroup
County Ops Statewide Batch CalHEERS Status (concluded) Negative Action Medi-Cal Consumer Stakeholder Workgroup Express Lane Project
CCI

Medi-Cal Families Advisory Panel
CMHPC; CBHDA; MHSA Stakeholder Committee for Berkeley and Albany
1115 Waiver Stakeholders Meeting Title V CCS Stakeholders
Stakeholder Advisory Committee, Medi-Cal Managed Care Advisory Group, Medi-Cal Consumer-Focused Stakeholder Working-Group, Healthy Families Program Transition to Medi-Cal Stakeholder, Full Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women and Newly Qualified Immigrants Stakeholder, Drug Medi-Cal - Designing an Organized Delivery System Waiver, DHCS Behavioral Health Forum, Behavioral Health Treatment Stakeholder Meeting, Medi-Cal 1115 Waiver Renewal
behavioral health coordinated care initiative
DHCS Stakeholder, AB 1296 (by phone)
CCI
SAC for 1115 Medi-Cal waiver CCI Oversight Rural Health Managed Care Expansion
1115 Waiver; Medi-Cal Managed Care; Healthy Families;
Most when schedule allow, have staff assigned to all of them.
SAC
DMHC DHCS Quarterly
AB 1296 and DHCS consumers stakeholder process (Medi-Cal), DHCS quarterly stakeholder meetings. Other ad hoc ones, as well.
CCI Operations Behavioral Health Treatment
Medi-Cal Managed Care Advisory Committee CCI 1115 Waiver Covered CA Budget Updates
The Monthly Southern California Quality Improvement Committee and the weekly Katie A. phone conference.
Behavioral health forum stakeholder advisory committee
Medi-Cal expansion, Managed Care Advisory Group, Mental Health workgroups.
All that have an impact to the managed care organization
weekly DHCS Tues. calls
Mental Health / SUD MediCal policy SAPTconf call QI Coordinators regional meetings
Webinar Updates
CCI-CalMediConnect
Advisory Group Mental health Managed care (formerly Medi-Cal Expansion) CBAS
Most phone or webinar a. Occasional in person.
duals-related
MMCD Medical Directors Meetings
AB 1296 or Stakeholder Advisory Group
Medi-Cal for Families Advisory Board
Medi-Cal Consumer-Focused Stakeholder Workgroup; CBAS Stakeholder Workgroup meeting; Advisory Panel for Medi-Cal Families; Coordinated Care Initiative meetings/calls; Stakeholder Advisory

Committee Meeting
Anyone that we are invited to.
WAG, BHT

Q3 What components of Stakeholder Engagement are most valuable to you? Mark all that apply.

Answered: 139 Skipped: 0

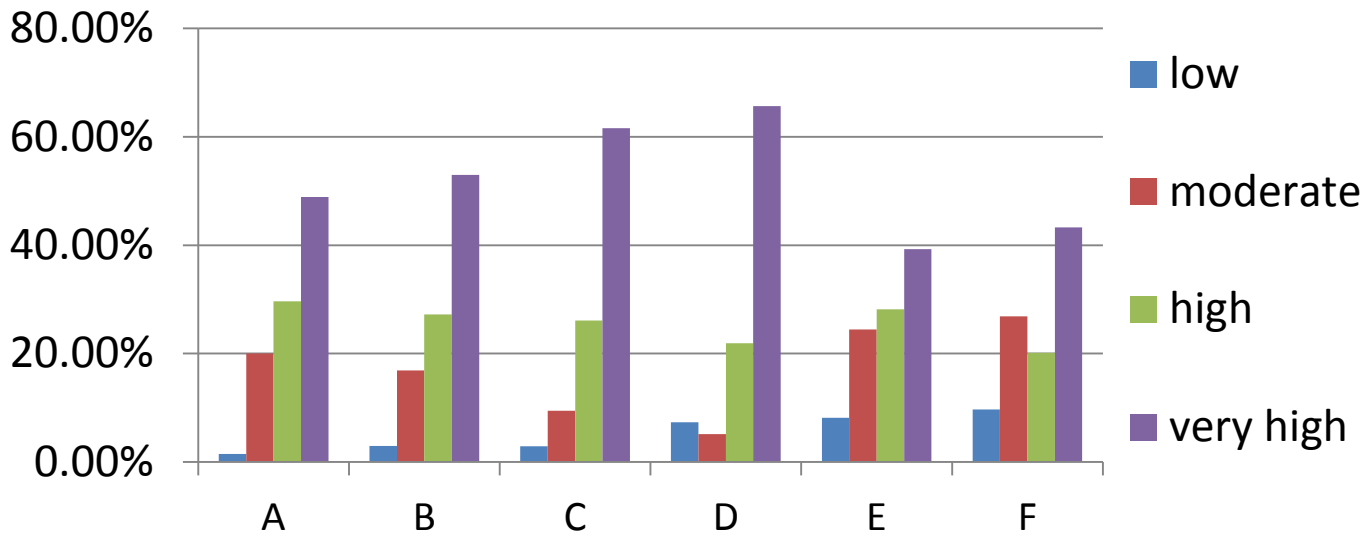


Chart		Very high	High	Moderate	Low
A	Information presented by DHCS (via meeting/conference call)	48.89%	29.63%	20.00%	1.48%
B	Convening to explore and provide input on cross-cutting issues	52.94%	27.21%	16.91%	2.94%
C	Discussions to develop new policy/forms/procedures	61.59%	26.09%	9.42%	2.90%
D	Resolve problems	65.69%	21.90%	5.11%	7.30%
E	Materials posted to DHCS website	39.26%	28.15%	24.44%	8.15%
F	Calendar of stakeholder meetings on DHCS website	43.28%	20.15%	26.87%	9.70%

Figuring out how to engage consumers
*Written DHCS responses to stakeholder concerns; involvement of actual consumer/parents in the stakeholder input.
need more direct communication with providers on issues that direly impact them
Ongoing communication, written updates and responses, and follow-up on discussion topics, concerns, and action items. Adding sections to the agenda for "action items" and "completed action items" is very helpful (as was done on this week's Medi-Cal Consumer-Focused workgroup agenda). Providing an opportunity/forum for consumers and parents to provide stakeholder input.
Hearing from the diversity of stakeholder participants; materials distributed before the meeting so they can be reviewed and participation made more meaningful
Proactively provide input into critical transitions impacting health care, language access, and ways to improve the quality of services provided.
Recommendation: 1) More meaningful follow-up discussions with stakeholders to report out on how DHCS has addressed their concerns. Without this follow-up to demonstrate how DHCS has incorporated stakeholder feedback, the process oftentimes feels like DHCS is just "checking the box" that they conducted a stakeholder meeting, but haven't actually addressed all stakeholder concerns. 2) Ensure all meetings are posted on the newly created online Stakeholder Engagement Calendar with advance notice and advance access to meeting materials to ensure meaningful discussions. 3) Providing meeting minutes, access to recorded meetings and webinars is An incredibly valuable way for all stakeholders to remain kept apprised of up-to-date, accurate information regarding DHCS' programs, policies, and procedures.
I would say the usefulness of all of the above.
I, like many others of my generation, do not participate in website/seminar activities...Prefer in-person meetings.
Involvement of actual consumers/parents in stakeholder input
I think these venues have a high value for a small select number of people. There should be postings at local areas
Bring real world, front lines experience to DHCS staff.
Components would be more highly ranked if I felt that we were heard. There appears to be hidden agendas or plans that are already made, which limits being heard.
Networking with DHCS staff
More stakeholder input and engagement during policy and procedure reform.
Marty Omoto's CDCAN reports
All of these points are valuable ... but they are NOT being provided.
Exchanges of issues, best practices and suggested improvements from advocates, providers, counties, plans and others who are dealing with delivery issues daily.
lack of timely decisions

Represent Patients, Physicians, Healthcare Professionals, IPAs, etc. in overall delivery of cost efficient care; Knowing all parties have equal voting power in implementing/recommending public input
Having contact information listed on webpages for specific meetings

Q4 DHCS is seeking to improve its stakeholder meetings. Which of the following areas should the Department focus on improving to ensure its stakeholder meetings are of value to all? Please rank your choices below.

Answered: 139 Skipped: 0

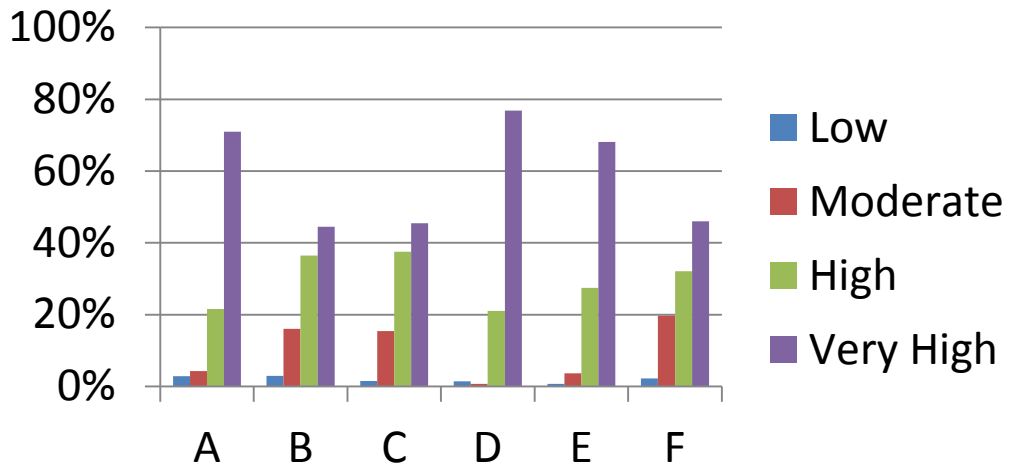


Chart		Very high	High	Moderate	Low
A	Engaging Stakeholders to jointly develop policy/process/forms	71.22%	21.58%	4.32%	2.88%
B	Seek input into meeting agenda	44.53%	36.50%	16.06%	2.92%
C	Clarifying the purpose for the meeting	45.59%	37.50%	15.44%	1.47%
D	Ensuring follow-up items from prior meetings are addresses	76.81%	21.01%	0.72%	1.45%
E	Information sharing and advance review of written materials prior to the meeting	68.12%	27.54%	3.62%	0.72%
F	Providing meeting minutes after each meeting	45.99%	32.12%	19.71%	2.19%

Q5 Considering the DHCS stakeholder meetings you attend, what is one change that could increase the value and effectiveness of the process? Please provide comments on any other areas the Department should focus on that are not mentioned in Question 4.

Answered: 108 Skipped: 31

Responses and Comments
I'm an advocate of California adopting a version of Massachusetts' duals demonstration implementation council.
frequency - increase
Demonstrating listening with open ears and responsiveness to feedback rather than defensiveness and closed minds.
Action, many calls and meetings spend a lot of time on process and never really get down to tackling the issues and developing action plans to resolve.
Written materials in advance, along with links to specific webpages where materials will be posted. Difficult to find things on the website...
One way to improve the effectiveness of meetings would be to guarantee that the right people - DHCS staff and leadership as well as advocates, providers, and other state departments and organizations- are at the table. For example, it has been critically important to the success of the Medi-Cal Consumer focused stakeholder group to have Covered CA staff present and participating.
Have focused discussions that go deeper on specific issues, facilitate threaded [topic] discussions on line.
Follow-up and updates between meetings so stakeholders know what the status is of an action item. It's helpful to have action items and completed action items added to the meeting agenda. It would be helpful to have this provided in advance of the day of the meeting.
A mechanism for submitting written questions before the meeting and after the materials have been distributed
*The most important change would be for DHCS to make clear how topics will be covered by the stakeholder groups, i.e., which topics will generally be covered by each group, how will areas of overlap in specific meeting agendas be identified and considered, and/or how will particular topics or issues be discussed by multiple stakeholder groups.
Follow-up although that has been improving lately - having enough time to review material ahead of time that we can actually have digested it to have a more productive discussion

Each of the various meetings I attend has a different purpose so hard to say one change. I appreciate the weekly Medi-Cal Consumer Focused Stakeholder meetings for the very reason that they are weekly so problems/questions can be quickly identified and addressed. With regards to the AB 1296 meetings - they used to be quarterly and the agenda developed in concert with consumer stakeholder groups. I think for that particular meeting it would be helpful to return to that more iterative agenda setting process. I would also appreciate more advance meeting notice (i.e. a calendar of meeting dates for the year or at least with a month or so lee time) so I can plan on being there - it's been a disappointment that I never seem to be able to make these meetings now that they are scheduled ad hoc.
Providing materials to advocates and participants in advance to ensure meaningful discussion.
DHCS needs to make changes to policy based on the stakeholder concerns and recommendations. Stakeholders should see concrete, timely, progress and changes made based on their input.
It would be helpful for DHCS to conduct constituency-specific calls. The CCI calls, for example, were a mix of patients, consumers groups, etc. They were not targeted in a way to maximize input from various groups. Also, for CCI, every time a stakeholder asked a question on the call, DHCS asked that the question be submitted to info@calduals.org, but stakeholders often/never received responses to their submitted e-mails.
A post-meeting summary on those actions or information promised to members of the committee, along with follow up to the entire group with that information. Some standing items with written updates in advance would be good, and then we could plan the agenda around what we want to discuss, but continue to get regular status updates. Overall, the meetings feel a bit disjointed and as though the department wants to narrowly target the follow up information. I think the public call in option is very important for these meetings, and if web stream was ever an option that would probably be good, too. I understand if opening the phone lines to the public may be unwieldy but if it was web streamed, maybe the department could have written questions submitted and filter/manage them a bit that way.
Would like DHCS to make clear how topics will be covered by the stakeholder groups. For instance which topics will generally be covered by each group, how will areas of overlap in specific meeting agendas be identified and consider. How will particular topics or issues be discussed by multiple stakeholder groups.
More timely responses to issues raised and meeting. Also responses should be in writing and posted.
I do not attend DHCS stakeholder meetings unless they are local and in-person.
Empower the DHCS staff in attendance to commit to make changes and improvements discussed by the workgroup.

Often the dialogue in the room is very positive but then nothing is happens or the opposite happens and then there is a mistrust cycle that is difficult to break. What is the point of being active in the hundreds of stakeholder meetings that I've attended over the last 4 years if there is no real impact to be had.
To actively pursue consumers and family members to become involved in the stakeholder process It appears that only those who are thoroughly satisfied with mental health services and the well-connected are encouraged to participate in the process.
While some of these stakeholders' meetings have a set membership, there are limited (or virtually no opportunities for audience members to participate--sometimes not until the end of the meeting. There should be an opportunity for the audience to comments after each agenda item.
Post responses to stakeholder comments and suggestions within 30 days along with reasons for adopting or not adopting them.
provide child specific data (enrollment, renewal, quality and access measures)
Stakeholder meeting agendas should allow for ample time for discussion of the topics. This requires providing materials in advance for stakeholders to review and maybe even a list of discussion items that DHCS can ask stakeholders be prepared to engage in. A meaningful stakeholder process takes preparation by both DHCS and the stakeholders engaged. DHCS should outline the roles and expectations of both groups participating in the stakeholder process (DHCS/Stakeholders).
Submit questions beforehand AND be prepared to answer on the call rather than follow-up
Incorporating health plan feedback related to new policy development.
From my experience, the most important change would be for DHCS to make clear how topics will be covered by the stakeholder groups, i.e., which topics will generally be covered by each group, how will areas of overlap in specific meeting agendas be identified and considered, and/or how will particular topics or issues be discussed by multiple stakeholder groups.
Action item list with follow up. Without it, issues roll forward for multiple meetings without resolution.
Need to prompt speakers to answer more effectively. E.g. repeat words in the question and not just answer yes or no. Sometimes may need to rephrase the question. The person fielding the questions should screen them first. Oftentimes, the same question is raised, just asked with different words.
More information on topics that will be covered and what groups will cover them, need more clarity
Complete, accurate and up-to-date communication within the organization as well as all departments and other entities DHCS interfaces with.
The tone of DHCS staff has been condescending and dismissive consistently over the years. Even some staff with good intentions need some guidance on how to relay information without appearing condescending. Additionally; it doesn't appear that county welfare departments, and/or CWDA, are actually seen as stakeholders. Draft ACWDLs may be given out very late, meaning any feedback isn't incorporated because it's too far into the process.

I think there are opportunities for stakeholders to provide input, but that input is often ignored. DHCS needs to find a way to incorporate the feedback it receives.
Setting dates in advance to maximize participation. Making materials available in accessible formats.
Having the meetings held in areas that are accessible (bus lines etc.) Having transportation be provided
More focus on current stakeholder experience with respect to desired outcomes... "More content, less process".
It doesn't always seem that stakeholder input is driving policy decisions.
Use of an interactive webinar format.
Ensuring that all relevant state stakeholders (e.g., DDS, DMHC, Covered California) participate. Also, any technological improvements the department can make to facilitate remote participation would be appreciated. I would really appreciate having more meetings available by webinar, rather than only by phone.
Better advertising. Listing in any calendar in an y local paper
The CCI stakeholder meetings are conducted every few months by webinar. While these webinars have provided information on where the state is in implementation, they have done little to identify and address emerging issues. The focus of stakeholder meetings should be on identifying emerging issues, promising approaches, gathering feedback and using the feedback to inform the policy/decision making process. The CCI stakeholder meetings are structured to give updates with very little opportunity for questions, feedback and little interaction between state and stakeholders. Webinars are not an effective forum for interaction and engagement. Instead, it’s more effective to structure in-person meetings, with time for discussion with stakeholders rather than report-out from state officials. It would be helpful to have meetings structured on particular issues - for example, stakeholder meetings on the CCI could have been focused on emerging issues rather than an implementation update- for example continuity of care; beneficiary engagement, etc.- as a way to focus the discussion, identify issues and receive input from stakeholders. Finally, it would be helpful to have a defined group of stakeholders named as the official CCI advisory committee (similar to how it is done with the 1115 waiver and the Olmstead Advisory Committee) as a way to encourage various voices are heard from with accountability and dialogue between the state and stakeholders.
More professional guidance rather than just a chat fest
More involvement and discussion with those who make decisions before we are heard
Executive Summaries, Charts and other ways to make complex information a bit more user friendly is helpful. Also, speakers tend to use a lot of jargon which may be unfamiliar to stakeholders.
Ensure appropriate stakeholders are present or invited Meeting agendas posted in draft for stakeholder input, final agendas, PowerPoint and supporting material posted one week prior to mtg
Allow more time for stakeholder feedback, questions & concerns. Would also like DHCS to take stakeholder feedback into consideration before taking action.
More discussion and dialogue during the meetings
Meeting goals designated clearly and discussion focused to address them.

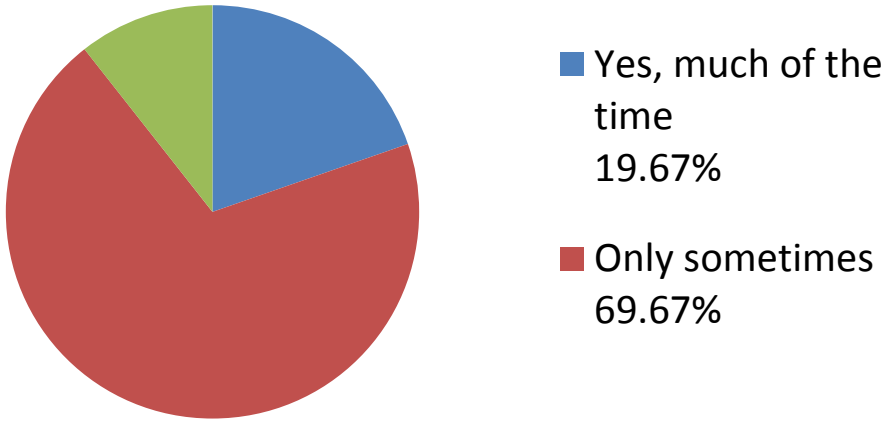
The SMAA meetings were purely window dressing so that the SMAA dept. could say that they provided stakeholder meetings. All policy was predetermined, tiny little changes were added to policy. They were a waste of time.
seeing materials in advance - but otherwise very good meetings
Ensuring that all meetings are announced/listed in the online calendar and providing webinar recordings of meetings.
When stakeholders ask questions that the Department does not have answers too. They should email or post the answers when they are available. Many times the answer is I don't know we will get back to you and no one ever gets back to it.
DHCS should improve its efforts to involve a broader spectrum of stakeholders. In my experience, major policy decisions tend to made in consultation with county association groups in private telephone calls and those decisions are reported back to other stakeholder groups without meaningful opportunity to contribute to those processes. As part of making stakeholder input more inclusive, DHCS should make efforts to provide information about proposed policies in advance of meetings so that stakeholders have a chance to prepare more substantive contributions to the discussion. Without having this information in advance, it is difficult for most to offer much on the fly.
Outreach to emergency management as it pertains to your departments capabilities
Need to actively involve stakeholders in decision making processes - not just give "lip service" to having a stakeholder meeting.
Not enough engagement from stakeholders in the SMAA program across the large state of California. School districts in geographically remote locations or those in Southern California who do not have a travel budget to attend stakeholder meetings in Northern California are not prioritized and considered. More local and regionally appropriate meetings need to be held to receive feedback and work out policy in the SMAA program. Also, when stakeholder comments are solicited regarding issues they have not historically been given consideration when making policy and procedures. Also, no feedback on items addressed in previous meetings.
During any stakeholder meeting or call, it is important to have subject matter experts in the room to answer questions. It is frustrating to get on a call where the DHCS on the line cannot answer any questions.
They do not follow up on their items. They act as if they are listening but recommendations or comments are not implemented... reasons are not given. No minutes are taken, and when information is posted on website, it is not user friendly (school language) for the stakeholders.
Provide more time for Q&As as needed. Also, since I'm a HICAP manager, we often have very detailed questions about Medi-Cal and Medicare Savings Program, as they impact Medicare. We need to have an expert point of contact.
Should be less of a show and tell. Even though there is time for comment, the agenda and presentation style does not allow for true engagement with stakeholders. Let "underground meetings" and more transparency.

Input by recipients.
I can't always make meetings, so on line info is very helpful
Covering the comments that DHCS receives during public comment periods for draft policies and materials, at least on a conceptual level, so that stakeholders can hear that DHCS has heard them, and so DHCS can comment on its reasoning behind decisions.
Clear goal of the meeting with appropriate participants identified; ensure that action steps are clear to required participants;
Cease to justify the need to discontinue the Medi-Cal families oversight panel. It has proven value and should be sustained for the good of the program and the families it serves.
Provide specific follow up of issues raised at prior meetings until issues resolved or process completed.
The subject areas are too separate from each other and too much time is spent with DHCS reporting out. There should be a steering committee composed of DHCS and one or two delegates from the larger stakeholder groups so there is more coordination among the individual subject areas. Stakeholder meetings should be co-convened with stakeholders so there is more ownership.
Smaller meetings with more focused agendas and evidence that action items were completed
It would be helpful to get the agendas sooner. We are focused on a limited set of issues and don't need to attend every meeting. It is financially burdensome to travel from LA when we can't purchase plane tickets at least 2 weeks in advance.
From a provider's perspective, the department seeks input but doesn't do anything with the input.
More time for Q and A
DHCS should be more invested in listening to stakeholder problems and creating solutions jointly than simply regurgitating information to stakeholders.
Better organization of website so that meeting materials are organized well and calendar of events is accurate. Need information on how to join meetings, call in, etc.
Very little two way communication
Reaching out to stakeholders in advance of policy development to hear thoughts before starting the process, so can find the areas of agreement and then focus on the issues that remain.
Questions asked via email to be addressed in the group
Actually making the changes that stakeholders suggest. Providing meeting materials and issuing comment periods AT LEAST TWO WEEKS in advance. Completely reform the culture so that the process is bottom-up with stakeholder input, instead of the current top-down administrative approach.
Obtain answers to questions brought up during these meetings.
The behavioral health forum could provide an overall update then have workgroup specific information rather than repeating the update for each workgroup, since many of us attend all the workgroups. It also seems to be primarily focused on updates from DHCS rather than stakeholder input. Need to clarify if these are for updates and describe their purpose as such.
Further organization on items that have previously been addressed. Getting a timely response back on

questions submitted.
Having full representation by DHCS so questions can be answered
Timely decisions on key items such as aid codes, APLs, reporting requirements
The counties have regional meetings for the QI coordinators (i.e. "stakeholders" who are often the lead for their county on many issues related to quality of care, compliance, implementing new requirements, overseeing documentation. For the DHCS technical assistance staff or other staff they find to be needed to address a particular question, to be too busy to attend these meetings (by phone) for one hour a month is inexcusable. The department clearly communicates that it is not interested in the "value of the process" when this key set of stakeholders across multiple counties is routinely ignored.
documentation of DHCS decisions
Balanced input from stakeholders
Improve system for input of phone attendees to meetings. Train facilitators on optimal involvement of phone participants.
Goal of obtaining meeting material 5 days prior to meeting via UPS or one zip file.
I don't want DHCS meetings to get out in front of the Administration's deliberative process.
It is important to seek agenda items before the meeting - like 5 days before. The agenda should be emailed out at least 5 working days before the meeting.
Set rooms up to always have table space for members of the public. This assists in being able to write and being able to be more engaged.
More research

Q6 Considering the meetings you attend, would you say DHCS stakeholder groups have overlapping discussions?

Answered: 122 Skipped: 17



Please explain:
there are a lot of issues that cross different domains, as such there has to be some amount of overlapping discussion
While DHCS stakeholder groups may at times have overlapping discussions, this should not necessarily be seen as a negative or a problem. In fact, it is likely important for some policy and programmatic success that issues are discussed in multiple forums with diverse stakeholder audiences.
There is definitely overlap in discussions but some groups allow for a deeper and focused dive into specific discussions whereas other groups cover more topics without time for the deeper dive. It would be helpful to have greater clarity on which groups will address which topics.
While there was some overlap at the beginning of the 1115 stakeholder process, the different backgrounds and expertise of the participants was important.
The DHCS stakeholder meeting includes topics covered at other DHCS meetings but that makes sense since it's the umbrella group as I understand it.
I think the meetings serve different purposes so for the most part have different audiences and agendas. It might be helpful however to have one meeting (perhaps the DHCS stakeholder advisory committee?) where advocates can hear a report-back on all of the various issues DHCS is working on at one time. I think it would be helpful if attendees (other than just committee members) could speak and ask questions when topics are raised rather than making people wait till the end of the meeting.
No, but there is definitely an opportunity for DHCS to create more overlap (e.g. with behavioral health, the 1115 Waiver Renewal, etc.).

I'm sure it feels that way from DHCS' perspective! I will say that the work they do is so expansive and important that despite what feels like overlap on their end, it should be that way. It takes a lot of different channels to get the word out and to hear (really hear) what's happening outside of DHCS - how policies are actually be implemented, and what sorts of things can and should be addressed.
*The discussions do seem to overlap, but it is hard to know how much since I do not attend all of the meetings and the information presented is sometimes a mix of old and new information. Regardless, it does seem that there needs to be a clear differentiation between the stakeholder groups, and fewer of them overall.
I've seen the MC dashboard presented at two different meetings.
Quite a bit of repeat material
The consumer focused and AB 1296 have had overlapping content.
There needs to be a clear differentiation between the stakeholder groups, and fewer of them overall.
I think there is some overlap, but do not go to all the different meetings
Sometimes we get too far in the "nuts and bolts" category
Overlap isn't effectively addressed. For example, counties deal with combination Medi-Cal/CalFresh cases all the time, but discussion occurs as if MC is the only program that exists, and denies that the county has customer service and consortia issues when running dual cases.
Have not attended enough to really know. But the sheer number of stakeholder groups suggests so. Why are there TWO stakeholder groups on DUI, for example?
The same topics seem to be on the table at several levels and across many disciplines. AB 109, SB 163, Katie A
Obviously, some of the issues in the larger SAC are also addressed in more discrete settings. There is also overlap between the larger MMCD and the narrow Rural Expansion stakeholder meetings. But I don't think that this overlap is a problem per se.
The CCI stakeholder webinars have served to update the public, but have not overlapped in items discussed.
This is tough to answer because I do not go to many of the stakeholder meetings, but based on those that I do attend there is some overlap from time to time.
The format of the [redacted] calls were redundant - each sub-committee (3 in all) had the same overview slides. Most stakeholders in the field typically care about all issues the sub-committees (now 4 of them) are working on
Many of the initiatives overlap or touch the same groups of beneficiaries.
That's o.k. This allows for more input as the process moves forward.
I work primarily with school based health care programs (SMAA & LEA Billing Option program). The SMAA dept. has a problem with high staff turnover so the staff doesn’t know how to effectively manage the program. There is a current JLAC audit to expose the extreme inefficiencies.

The meetings listed above need to have overlapping discussion because of the federal changes occurring right now. Safety Net Financing does not recognize the complementary aspects of each program and deals with issues in isolation. This is not an efficient way to operate.
Because things are not getting taken care of!
Coding and processing of claims is sometimes not pertinent to advocates.
Many stakeholders are interested in multiple topics. Attending various meetings often include significant time devoted to background information that was already covered in multiple other meetings and limited opportunity for new information/discussion
DHS and DPH don't always connect
Overlapping discussions are to be expected, and are not a bad thing.
To the best of my knowledge only the Medi-Cal families Panel discusses dental services.
DHCS frequently presents the same new program updates at multiple meetings. However, I am always afraid that if I don't go I will miss an important announcement.
Managed care expansion has been in several venues
Much of the same or similar information is presented at the MCMC meetings and the 1115 Waiver Meetings.
There are similar/exact issues being addressed in the different meetings and sometimes not all the same individuals are present. In some cases decision makers are present and in others they are not. This can lead to misunderstandings and misinformation.
But that is ok. Often different aspects of the same situation are discussed, or a different set of people is attending.
Dashboard. However, I intently attended the public announcement meeting to ensure I was keen on the data we would have access to in ensuring quality of deliverable.

Q7 In your opinion, stakeholder meetings should be organized by:

Answered: 124 Skipped: 15

Answer Choices	Responses
Benefit (i.e., dental, medical, substance use disorder)	**37.90%**
Population (i.e., children, adults)	**41.13%**
Topic area (i.e., 1115 Waiver, eligibility and enrollment, managed care)	**65.32%**

Other (please provide additional recommendations)
All of the above: within the CCI, there needs to be a stakeholder process; same as within the 1115 waiver renewal; same as within the 1915 waiver renewal. However, an additional important challenge is to find a way to integrate a discussion of how the CCI (both Cal MediConnect and MLTSS) can be aided by changes in the 1115 Waiver and changes in the 1915 waivers. A difficult task, but it is happening somewhere, and a good piece of that "somewhere" should be in public.
Unsure. Least overlap possible. Example: I don't want to listen to exhaustive detail about dental care when all I need is a fact sheet to point people to accessing the benefit.
Depending on the topic, all or some of these organizational frameworks might be necessary. In addition to Benefit, Population, and Topic areas, there may be times where it is appropriate to break down stakeholder meetings based on stakeholder type. For example, a meeting for all Medi-Cal providers.
I think there are benefits to both having population and topic area discussions, and would recommend a combination of both.
I think the structure of the meetings will depend upon the issue at the time. For example, right now we are working on the wrap assistance program for immigrants and pregnant women and it is very helpful to have a stakeholder group working specifically on that issue. On the other hand, we attend the Medi-Cal Managed Care Division advisory group because that is where there is a discussion on disparities and quality initiatives. I would be more interested in attending a stakeholder group specifically designed to look at disparities in care and what opportunities there are to improve care for target populations.
The meetings should be organized by topic area, similar to a whole-person approach to care; there are oftentimes cross-cutting issues that can only be addressed within the context of a much broader discussion.
All of the above. I favor topic area, but understand that there are many different instances where it's helpful to put a different lens on an issue.
DHCS would be visible and alive if representatives visited each county/region for workshops/community feedback.
It really depends on the goal of the group.

I think you need them all, but they don't all need to meet as often and the importance of some may go up and down. I think the large number of groups is due to the great amount of activity that's been happening in Medi-Cal (move to man care, expansion), the poor quality of some parts of the program (dental), and lesser understood programs that need improvement (substance abuse).
Stakeholder meetings should be organized by Level of Information Needed. There is a tendency to reiterate the basics but not drill down to specifics which means once we finally get the door open we still don't know which way to go. Everyone needs to know about benefits. Population isn't a good category because how will we know what each populations gets let’s say a child grows into an adult or an infant becomes a child etc. or how groups compare if other populations aren't presented. Topic is the same way you won't know how things relate, overlap or the overall configuration if you have tiny bits and pieces.
*Children definitely need a dedicated stakeholder meeting since more than half of all Californian children are in Medi-Cal and they have specific issues that are different from adult issues.
Should be organized by the most pressing of mental health issues. Address deficits in the system.

I would say probably the topic would be the best organizing principle. Benefit might be too fragmented or cover too small a focus. Population is probably too broad. DHCS cannot maintain 60-65 advisory meetings because that would be all you're able to do. Every stakeholder meeting should be set based on the appropriate composition of members and be organized around a due date for submission (e.g. 1115 waiver) or duration of the project (e.g. HFP transition). But you cannot afford to keep adding to your list because they are too great a burden to staff and can become meaningless or so abbreviated as to make the people who participate feel like you're just going through the motions.
Each major policy change or initiative should have its own meetings
I think all of these are valuable and would provide pertinent information on one issue - rather than trying to cover everything at all meetings
60 stakeholder groups are too many, and consume precious DHCS staff time when they all continue to meet regularly. Stakeholder groups should be convened to address the most pressing problems, and once that input has been provided (e.g. Over a series of one or more meetings) that group should disband. Since it is hard to work effectively on more than a few problems, there should only be a few stakeholder groups active at any one time. DHCS should consider a plenary session of sorts to identify new as problems of pressing import, and reduce the number of active input groups to Hal a dozen or so.
This should vary as cross fertilization and looking at the issues from several perspectives is important.
This is a perfect example of the overlap described above. We serve youth with mental health disorders and social service needs and are chronically looking at the funding streams.

The department should be flexible in how it approaches these meetings. For example, DHCS could convene quarterly meetings on topic areas (e.g. CCI, 1115 waiver), but with opportunity for ad-hoc stakeholder meetings on emerging cross-cutting issues (e.g. continuity of care provisions in the CCI, access to DME, beneficiary engagement, etc.). Finally, CCI stakeholder meetings could be held in the 8 CCI counties on a rotating schedule in order to allow for more local stakeholder engagement.
Where is mental health???? In your list of benefits???
For example, EPSDT, or adult mental health, Katie A.
With agendas broken out by benefit and population. Often times in the BH field adults are focused on and the needs of children and adolescents are an afterthought. there should also be consideration given to discussing issues from a rural and urban perspective
There is no one size fits all approach here. Sometimes you may want a meeting about a benefit, but breaking up meetings by benefit generally really cuts against the Department's integration policies. Similarly, some issues need population specific attention, but going exclusively to such an approach would miss the opportunity to talk about issues that are impacting more than one population equally. Finally, having meetings only by topic area is likely to be too broad at times (managed care or the 1115 waiver are much too broad to get into any level of important detail), but absolutely necessary at others (like the CCI meetings or meetings about the eligibility and enrollment backlogs).
Children and adults have very different health needs. Particularly in mental/behavioral health systems, it is assumed that what works for adults will work for children. However, research clearly shows that this assumption results in poor outcomes for children. At very least, stakeholder groups need to include dedicated workgroups or subcommittees that can focus on the discrete needs of children, youth, and young adults.
Both of the meetings listed above need to be addressing the federally required state-wide transition to Random Moment Time Survey (RMTS).
All the above but population, then topic, then type of benefit
I am an advocate for children and families. Their issues and programs and policy affecting them are generally subsumed within discussions of topics of most importance to adult populations and their providers. Therefore, I would strongly encourage separate advisory committees and stakeholder meetings specifically addressing child health care issues.
Pediatric issues are usually a relatively small part of the agenda, unless the focus of the agenda item is on the CCS Program. It would be a more efficient use of the stakeholders Committee Pediatric representatives to have a focused period of time dedicated to pediatric issues. This could be done with the use of a "breakout group" strategy.
Hard to generalize. Some issues are ongoing by topic and program area and some are unique to a population. I believe the ones organized by benefit are the least useful because they don't have input from a broad enough cross-section of stakeholders.
All of the above. It depends on the topic and what is happening with a particular program at the time. I wouldn't limit it to simply one category.

Each topic varies on what the organization of the meeting would fit best
This is a difficult question because the organization could vary. I think it should be primarily organized by topic-- taking the broad view since whole health is the goal. However, often there are needs to have benefit specific information--e.g. MH and SUDS.
Board to sub-committee with each sub-committee (specialized stakeholder group) being attended by the Chair or designee and reporting to the board. Further recommendations from the sub-committee (stakeholder groups) be submitted to the Medi-Cal for Families Board for review and approval. This would help ensure no duplication and no two stakeholder groups were suggesting actions that work against each other. Just a thought as AB357 moves to the Governor.
The meetings should be holistic and not fragmented about the beneficiary.

Q8 What methods or best practices do you find most helpful and effective, and would like to see incorporated in future meetings? Please explain why those are particularly important to you.

Answered: 94 Skipped: 45

Recommendations that there be online "threaded" discussions of topics, over time. I believe in an implementation council that sets its own agenda and has at least one part-time staff person who answers to the council rather than DHCS or the HHS Agency. I recommend that we figure out what structures are already out there and use them to gather regular and periodic feedback from consumers: e.g., the IHSS advisory committees from the CCI counties, the health plan advisory committees from the plans operating in CCI counties. DHCS can pose questions to them and get responses back -- perhaps even monthly. (This will give some focus to these committees as well as some real connection to policy discussions and decision making.)
Teleconferences and webinars are most beneficial because of my inability to travel
Building in input and feedback loops. It takes great patience and attention to detail, but someone has to track all the items and what is being done (and not done) with the input and why. Otherwise, we are left with the current state which no one, in good conscience, should intentionally continue. The state has highly interested and engaged stakeholders who are frustrated and continually fight a feeling of "why do I bother, they are going to do whatever they want anyway" OR "they already have their minds made up, I am being used so they can just say there was stakeholder engagement."
Consensus building as a means of making stakeholder recommendations to DHCS, agreed action items , with target dates and report backs in timely fashion project management approach to help stay on track and communicate , progress , barriers , target dates etc.
At the end of the meeting, or sections within the meeting, a recap of the main points discussed, and deliverables that will be forthcoming. Issues that are not resolved or questions that are unanswered in a meeting should be carried over to the next meeting with a report back from department on what was done in the meantime to achieve resolution, the answer to the initial question.
Many best practices can already be found in the meetings DHCS is currently conducting. Among these best practices, are advanced meeting notification, regular meeting times and locations, pre-meeting planning including agenda development, providing meeting materials in advance of the meeting, and identifying clear processes for providing comments. What is needed is consistent application of these techniques across all meeting types. Additionally, work should be done to increase co-facilitation of meetings between department staff and stakeholders. We would like to see the following incorporated into future meetings: better follow-up / follow-through on questions from Stakeholders that DHCS is unable to answer during the meeting and "To Do's" created during the meetings. Follow-up is the critical element of stakeholder engagement!

It would be helpful to have materials that we will be discussing at the meeting (including draft guidance) provided further in advance of the meeting so there is time to review the materials prior to the meeting to help move the discussion forward. Identify next steps and issues for follow-up after the meeting, designate point people for follow-up on a specific issue, and provide a timeframe for when DHCS will provide an update or address comments, recommendations, and/or concerns raised during meetings.
Outcomes linked to issues addressed and worked on. For instance, in the CCS workgroup DHCS after discussions ended up with some specific proposed pilot types and some approved pilots that did not go anywhere. There should have been some analysis of why virtually all the approved pilots did not get off the ground and what did we learn from that.
Open discussion with opportunity for stakeholder input.
Materials posted ahead of time with sufficient time to review - following up on action items between meetings - being clear during a meeting whether you are taking questions during presentations or at the end and giving everyone a chance to participate
I would like to see stakeholder materials posted on the DHCS website in a timely fashion. I would also appreciate being able to access to the notes of each meeting (particularly important when you have to miss a meeting). The exception is with regards to the Medi-Cal Consumer Focused Stakeholder workgroup meetings which run at a fast pace. I would rather DHCS use their time to get work done between weekly meetings and I don't mind getting documents a night or two before. I'm glad DHCS has experimented with this back and forth style and feel we and they have all benefited from the ability to be nimble and flexible. One suggestion might be to better name the groups so people know what the groups are doing. For example: the Medi-Cal Consumer Focused Stakeholder workgroup is a mouthful and perhaps could be more easily referred to as the Medi-Cal expansion implementation work group or the notices and appeals group or something like that. The DHCS stakeholder advisory committee could be called the 1115 Waiver Advisory committee if that's the group’s primary purpose.
Please see note above. Having meetings organized similar to the MRMIB board meetings might be more helpful.

Regarding the stakeholder process: It would be helpful if the Department proactively reached out to stakeholders and constituency groups that are going to be affected by DHCS' policies and actions. It oftentimes feel like if stakeholders do not actively reach out to the Department on issues of interest, then the Department would not reach out to the stakeholders who will be impacted by DHCS' actions. Along these lines, it should be standard practice for DHCS to reach out to constituency groups to inform the development of all stakeholder materials. Oftentimes these groups are best positioned to ensure the accuracy of the guidance as it relates to their constituents. Engaging constituency groups at the beginning of the process would help prevent a lot of the implementation issues that seem to always arise because DHCS did not make good use of the valuable expertise and time that these groups are offering to the Department. This lack of coordination then trickles down to Medi- Cal members in the form of their overall experience of care. It would be helpful if DHCS timely provided to stakeholders clear and concise agendas and discussion questions in advance of all stakeholder meeting to engender more meaning discussion and a more stakeholder engagement, as well as report out to stakeholder (at future meetings), how stakeholder recommendations/concerns were addressed. Ensuring an access to all historical documents, webinar recordings, etc. on the DHCS website is also vital.
Access to assisted services during the meeting and documentation provided to those unable to attend in person.
Phone call-in, web stream options, pre-meeting agendas and materials, email lists, email updates, directories/calendars on web sites.
Conducting a plus/delta session during the last five minutes of each meeting for ongoing quality improvement not only in the meeting logistics but also in the stakeholder process.
I have always enjoyed the speaker meeting with time for Q & A.....a topic of interest and/or a panel.
Follow the treatment, benefit, issue, idea or recommendation all the way through. The meeting should always answer who will address the issue next? What are all the steps in the process? What could or should happen if a step is missing, skipped or never taken? Unintended consequences should be addressed not avoided? Who is tracking? Who is accountable? Where do you go to ask infrequent questions? "Best Practices" are dynamic and need to be thoughtfully and constantly explored, revised and communicated. All parties have to stay open to problem solving rather than defending. Systems need to be put in place to address and readdress issues. Real deadlines must be set and enforced, i.e., All doctor’s offices will be accessible by December 31, 2014 or they will be closed down. If saving money is goal redefine "Medical Necessity" this is a meaningless standard.
Employment-Employment Meaningful employment aids for those who wish to work in professions (other than mental health care services) The current mental system seems unwilling to approach the subject of the statewide failure of providing quality, employment preparation, services. Is the unwillingness to address this serious deficit of services because the Department of Rehabilitation's involvement in providing the afore mentioned services?

1. Meeting materials posted clearly and access to allow for advance preparation for the meeting. This would enable people to attend fully informed, enlist additional expertise to attend from their staff or other groups, prevent people from reading materials while the meeting has just started so they end up being distracted. 2. Comments from all who wish to say something sought after each agenda item, not at the end of the meeting. It is too large an investment of time for the audience participants to wait through a 5 or 6 hour meeting before getting to say anything at all. It might result in more people attending for one or two agenda items (but come late and leave early) without having to commit to a big block of time. Everybody is busy. 3. Begin the meeting with written minutes/notes and action items completed or held over. If action cannot be completed before the next meeting, give reasons and deadline extensions. More transparency would be welcome. 4. Seek input from stakeholders regarding agenda items in advance with enough time for DHCS to prepare. It would make outsiders believe you are doing this "for real."
Providing responses to comments and suggestions made. Stakeholders generally try to make reasonable recommendations and are baffled and less trustful of the department if no rationale is provided for not adopting them.
Setting agenda together in advance so responses and materials can be available at the meeting
Provide agenda and presentation before call to better prepare attendees with questions -ability to ask questions live on the call/interaction vs WebEx submission
Best practices and resource sharing
Action items with follow up. Email responses in between meetings with documents, answers, and proposals sent to the whole group, not just a select few.
Allowing comments to drafts but stakeholders should be given more time to submit comments. We have other responsibilities which we cannot simply drop to meet a tight deadline. Stakeholder input not always incorporated into final documents. Only recently, for Cal MediConnect, DHCS paid more attention to stakeholder comments but not previous years or even earlier this year.
Better division in what different groups do.
Advance Notice of scheduled meetings Pre-published Agenda for meeting List of Mandatory Attendees (all Mandatory Attendees need to identify a "back-up" in the event they cannot attend and Optional Attendees need to be identified) List of Deliverables/Action Items by Responsible Party identified in Previous Meeting that are due for current meeting Formal documentation of Advocate's Concerns or Issues and who within DHCS is responsible for addressing these concerns or issues.
Handouts

Saying sorry when appropriate goes a LONG way. I sometimes apologize to a customer for the experience they've had. When I do that I'm not necessarily saying that I did anything wrong, or that any other staffer did anything wrong. I'm acknowledging that the customer has had a frustrating or difficult experience. I do this with co-workers as well, because my co-workers are customers too. CalHEERS and Medicaid expansion has been extraordinarily difficult for counties; we have a deeply flawed tool and policies coming out very late or not at all. No one seems to be willing to say "Sorry." One honest "sorry" would go a long way. I know it's not any individual's fault-but the extreme defensiveness of DHCS has made a difficult situation even more unbearable. If we mention a difficulty or concern, we are treated as complainers, instead of customers who have needs. Therefore, I'd recommend that DHCS get some soft skills training. With limited resources and time often soft skills take a back seat, but this case; I think customer service training and active listening training would be appropriate.
DHCS does a good job of summarizing developments and changes -- and there have been many -- over the past four years. We are not based in Sacramento and find it helpful that meetings are almost always open to stakeholders like us via webinar or conference call.
Having folks go out to the area ahead of time and hold "pre" meetings so those attending know what to expect and are equipped to ask pertinent questions
Agenda should be driven by panel members, rather than by DHCS staff - an exception would be if DHCS is having a problem in a particular area and convenes a stakeholder group to address it - DHCS should limit presentations to topics specifically requested (or agreed to) by panel - presentations for outside the Department ought to be a more regular occurrence - each stakeholder panel ought to have a point person (or chair) responsible for making sure that the interests of the panel are clearly communicated to DHCS staff
Lots of interaction between participants. As with most meetings, the real work is in the networking and side conversations. More time in meetings for networking to happen.
Being evidence based outcomes and data driven. Know what you want to achieve, what to measure how to measure it and report it. Then discuss how to adjust for better efficacy.
I think it is helpful when DHCS can provide materials for review in advance, gather written comments, and then respond to them in a meeting with an opportunity for dialogue. I would like to see more of the information that is merely reporting provided via email or other means so that face-to-face or webinar time can be devoted to actual discussion of policy questions or issues.
When people share their own issues

First, it would be helpful for DHCS to explore the Institute of Cultural Affairs "Technology of Participation" method of facilitation that encourages engagement from all participants. This method is an effective way to organize discussions and develop consensus while engaging a wide range of perspectives. For more information, see: http://www.ica-usa.org/?page=whatistop Second, DHCS should name a stakeholder advisory committee for the CCI that includes individuals representing a range of stakeholders involved in CCI implementation. This would allow for more focused discussion, with opportunity for input from the public.
Cost saving is important. However, Managed Care Plans seem to be more focused on their own bottom line than they are on providing improved quality of care for their enrollees.
Should be run by a behavioral health personnel knowledgeable enough to give accurate information rather than volunteer personal speculation
Best Practice is true collaboration
Fifth level agreements which identify action items to be taken between meetings and reported out at the next meeting, even if that just entails clarifying information and reporting back.
Staying with the agenda is always a challenge, but it is appreciated. And a chair who knows how to encourage input from the public but not let the session deteriorate into a "bitch session."
Having a clear agenda; meeting minutes are provided
Opportunities to influence the agenda and recommend additional stakeholders that should be present. Power point handouts always available at in person meetings and posted on the web site in advance. Any new material handed out at in person meetings being posted on the web site.
Here are some suggestions: 1. Allot more time for stakeholder Q&A and feedback. It's disappointing when the call or meeting ends and there are still 8-10 people holding in a queue waiting to speak. 2. Target meetings for specific stakeholder groups so you get the feedback you really want (e.g. beneficiaries for their perspective, providers for theirs, caregivers for theirs, health plans for theirs, etc.). 3. Include stakeholders more in the actual decision making process. Stakeholders want to know that their feedback is not only being heard but actually helping to shape policy decisions.
Having materials in advance of the meeting is key. Without this it’s very difficult to prepare for an engage in an informed way during the meeting. Having items for discussion, not just reporting. Reports can be shared in writing. Meetings are best used as a time to discuss a new idea or specific policy proposal. Being able to have a dialogue about a discussion item. The best meetings are those where DHCS does more than report and stakeholders do more than ask questions. The most progress is made when ideas and issues are really discussed. Selecting in advance some stakeholders who can lead responses to particularly items on an agenda. Organized leads to more productive meetings. Otherwise it’s a bit of a free for all that leaves no one very satisfied. It leaves the meeting feeling more like a check the box activity than a real attempt to inform policy.

I attended the stakeholder PEC meetings in 2012. They were extremely helpful and effective in ensuring that the unique issues concerning schools were addressed. They convened the meetings before final policy was decided and all stakeholders were welcome. In stark contrast the SMAA dept. convened stakeholder meetings only after a flood of complaints from schools seeking transparency and only after they had already submitted an entirely new plan to CMS. The new plan has effectively put all small SMAA providers out of business in CA in favor of a large DC based provider who has many other contracts with DHCS. The LEA Billing Option Program has no stakeholder meetings but attends closed bi monthly "work group" meetings, these meeting are closed to all vendors except for the two County Offices of Education who are vendors and openly advertise that they have an "in" with DHCS.
Webinar recordings are very helpful because of how fast-paced policy developments are. In terms of scheduling dates/times, please no overlap of meetings with other DHCS stakeholder meetings or Covered California board meetings/stakeholder meetings as the same stakeholders attend each meeting.
*Clear delineation between stakeholder groups so that DHCS staff receive more streamlined input and can thoughtfully respond to questions and concerns. In addition, DHCS must acknowledge that there are a number of cross-cutting issues by better identifying topics that overlap or are related across the stakeholder groups, which should help improve stakeholder awareness, input and efficiency.
It would be great if stakeholder meetings were recorded and available on the website along with the minutes.
Active engagement of stakeholders. Respect for stakeholder opinions. Do away with the "distain" factor from DHCS staff. DHCS should be taking notes at meetings and providing copies to participants following the meetings. DHCS needs to follow-through on items discussed and agreed to by stakeholders.
Continuous feedback on prior issues discussed. Consistent and CONSTANT interaction during this volatile time of SMAA. Knowledgeable answers by DHCS staff instead of constant canned response of "need to research that question." DHCS Sensitivity to the large geographic size of our state in relation to speaking with all stakeholders in the SMAA program. Jointly working on policy and procedures. Minutes disseminated after DHCS meetings and stakeholder meetings so that misinformation is not allowed to perpetuate. There is hope on the horizon. As a stakeholder group, we have begun to see some movement towards these positive changes with John Mendoza In the Safety Net Finance Division for SMAA. Our hope is that relationship continues to develop and move forward in a positive way.
Minute taking, follow through, and sincere engagement - request items ahead of time.

I would like to see the introduction of topic specific roundtables, where advocates can discuss their specific problems. E.G. for duals or others on Medicare who have either Medi-Cal and/or Share of Cost, or Medicare Savings Program. As an example: with the Rural Expansion of Managed care for SPDs without Medicare, I think there's an opportunity for the State to save money if we were to analyze the impacted population for potential Medicare eligibility and the Medicare Savings Program, aka, Medicare Premium Payment Program. As Medicare advocates in the Health Insurance Counseling & Advocacy Program (HICAP), we would highly support this effort, in collaboration with Social Security Administration.
Always have in person option. (phone call only makes it difficult to stay attentive) co-chaired by community member
I like stakeholder surveys, like this to inform the process and always circling back to insure resolution of prior issues or challenges.
A skilled moderator with deep and broad knowledge of the topic makes a huge difference. Having all relevant staff present to answer questions and hear stakeholders' feedback first hand is beneficial to all participants.
Alignment of program policy and most recent best practices demonstrated to achieve the triple aims. Preventive services, improvements in access, quality assurance should lead the list along with discussions of innovative strategies and the DHCS means to enable these.
An agenda that contains for each area the following items: Follow up of previously identified issues; current issues; future issues.
If my steering committee idea was adopted, representatives of the steering committee could attend the multiple stakeholder meetings and provide an over view of what the other stakeholder committees were doing. Comments or ideas could then be collected and reported back. This is a way to make it more inclusive and more interesting. Also many participants feel they have to go to all the meetings to be sure they haven't missed something. I think the new stakeholder newsletter is very good and very informative, but come to think of it, I haven't seen it in a while. A vehicle that summarizes all the current activities and especially any new CMS information, new program information or approvals and DHCS request for CMS approval is an excellent idea.
Having documents/policies/drafts to review in advance of the meeting and then using them as a guide for the discussion can help things stay focused and make progress.
The ongoing list of issues has been helpful in promoting accountability and consistency
Get materials out in advance and expect participants to have reviewed them prior to taking up meeting time
Some meetings need to have more time for public comment. There needs to be written or verbal follow up by the department to iron out the problems listed in meetings.
Transparency - you can farm out data analysis to advocates if you make data publicly available

Time for discussion, not just requests to report back in a month. Working toward solutions at the meeting with full transparency. We should always have the right people in the room to make decisions.
Like having a consistent leader facilitating the meetings from DHCS who is fairly high up in the agency to know the ins and outs, who can accurately report back, who has some authority to negotiate, who can draw lines and express what is possible and what is not, etc.
I think the procedure that is being currently done is helpful; however, there are times questions go unanswered - and minutes are not produced.
Providing meeting material at least two weeks in advance gives stakeholders the opportunity for thoughtful comments and will improve DHCS programs. It will help move away from the "shoot first, ask questions later" approach that has led to poor program implementation and beneficiaries falling through the cracks. DHCS is right to not fully shift gears because stakeholder groups complain, but turning a complete blind eye to those comments and adopting a "we know better than you" attitude is not only bad for DHCS's relationship with stakeholders, it also greatly hurts the implementation and ongoing administration of public health programs. If the problem is that DHCS is understaffed and overworked, say that. Stakeholder groups would bend over backwards to have a more efficient, more responsive and better prepared DHCS. Please do not continue to put only 75 percent into every program.

During Katie A. mtgs when a question is brought up and finally an answer is given, then these FAQs are posted in the Website for stakeholders to have as resources. Unfortunately, questions take several months at time to get answered and then another few months for these to be posted in the DHCS website. In the mean time we have this program in which questions come up and we do not have a quick way of getting assistance from DHCS.
Information provided in advance. Clear agendas with the purpose for the discussions. Power points available to participants and presenters elaborating on the information in the power points rather than just reading them.
Standardized agendas that are updated each week to reflect the most current information. FAQ pages. Meeting minutes to formalize DHCS' responses. Ensuring the right DHCS staff are attending the meetings to answer questions.
Material available on the web, FAQ, Follow up to questions raised
Response to specific questions.
Follow a project management approach when appropriate because this will help DHCS and stakeholders be aware of timelines, deliverables and action items.
Limit stakeholder speaking time. Often loud voices drown out others.
I really enjoy staff input during the meeting. Continue having key staff available for Board Members. Offer a designated time at the start of meeting for Pledge, Public Comments for items not on Agenda. This helps reassure our Board is here to serve the People just as much as we serve the Department.

Sign language

Q9 Do the stakeholder meetings that you participate in consistently place the most important issues on the agendas for discussion/action?

Answered: 122 Skipped: 17

Answer Choices	Responses
Yes	**53.28%**
No	**46.72%**

Any suggestions for how to improve, if needed
I'd say "n/a" rather than yes or no. The issues are important, but the structure has not always been one of discussion -- rather, it's been one of imparting information from the state to those calling in.
Solicit agenda input in advance and carrier over action items from past meetings
To improve agendas, greater emphasis should be placed on developing agendas with Stakeholders in advance of the meeting.
It depends on the meeting. Some meetings do place high importance on the issues affecting the largest populations but don't always allow for discussion of issues of high importance that affect smaller populations. Stakeholders should provide input into the agenda items. If a suggested agenda item is not going to be covered during the meeting, it would be helpful to know that in advance of the meeting and to receive a written information/update related to that agenda items.
Usually. But overlook policies and programs in flux where DHCS has yet to come down.
Very helpful to solicit requested agenda items.
But, when meetings occur less frequently, I think standard protocol should be for DHCS to work with advocates to develop an agenda for the meeting. Ideally documents for review could be sent out ahead of time so participants have time to review and provide feedback. I know that can't always be the case but for slower moving issues I would hope that could happen more often in partnership with consumer advocacy groups.
Sometimes - there are times when issues we care most about are on the agenda and other times when they are not.
DHCS needs to be more forthcoming about the work and analysis it says it is doing related to dental access to care and the fiscal intermediary contract. The Department should share the data it has collected regarding dental access to care and its dental network of providers, and work with stakeholders to refine that data to provide good information in
No. As an example, the CCI calls did not have agendas and documents were sent minutes prior to the call, which did not engender meaningful discussion of the documents.

This is an "I think so?" There's some information that the department has that the stakeholders don't about what's timely and relevant. Again, if we got some consistent written reports, then we could target our discussions more.
Most of the time the information provided is available on the webpages, so the calls aren't effective.
Need more participation from clients.
Yes and no. The MMCD has done that, but again the behavioral health groups don't, or at least Karen Baylor doesn't focus the meetings on problems to be addressed.
Ask stakeholders to give an overall evaluation of the services they received. The discussions are too one-sided favoring the successes rather than the deficits in the system.
Outsiders often only know the big headline items that should be on the agenda, but not other topics and special aspects of an ongoing responsibility. Probably DHCS is in the best position to know what the topics should be (or they are really obvious like the 1115 waiver), but seeking stakeholder input re the agenda would be advisable and make it more inclusionary.
Not enough from a Provider perspective. Usually more from payer and then beneficiary perspective.
The discussions would be more productive with a trained facilitator guiding the conversations.
Sometimes. 1115 Stakeholder Advisory is the best at this because of the planning call. The others often place emphasis where DHCS is focusing, but run out of time and cannot spend adequate time on the most urgent issues.
Again, identifying publicly and publishing names of the parties/units/branches within DHCS that have "ownership" of the issue so everyone is clear who is leading the efforts to correct, update or change the issue.
No, I think DHCS avoids the controversial topics (i.e., network adequacy, access to care) that are a primary concern to stakeholders. We often are told by DHCS that it does not see the problem when we, boots on the ground folks regularly see the problems.
The "deep dive" concept seems artificial and has not been particularly helpful. Getting to the bottom of the most difficult problems we face does not fit neatly onto circumscribed packets of time, and may take several meetings, analysis of sequential packets of data, and time in between meetings to reflect and digest what has been discussed. I suggest that a more useful approach is to identify the most pressing problems, use the expertise in the room to figure out a path to the critical nature of the problem and its likely root causes, and then create formal written recommendations to the Department.
Usually there is plenty of opportunity provided to add or subtract agenda items prior to the meetings.
I regularly coordinate with consumer advocates to submit agenda items for meetings, but those items rarely appear on the actual agendas. I know the Department is balancing multiple requests, but it would be great to see consumer advocate requested agenda items more often.
CCI meetings are often focused on implementation updates/county status, rather than emerging and unresolved issues. We suggest working with stakeholders (a small group) to identify issues and develop the agenda.

Mandating Managed Care with limited providers in rural areas does not benefit consumers
Sometimes the meeting announcement and the actual topics do not match
Issue importance varies dependent upon which stakeholder cares about which issues
Stick to the agenda and have knowledgeable staff.
Agenda development should involve stakeholders.
Stakeholder meetings in SMAA historically have been organized for DHCS to report out to stakeholders. No action is taken on issues presented. Moreover, those issues have typically fallen aside and not been given feedback or addressed at future meetings.
My specific response would be “sometimes." The pre-meeting agenda review is helpful in this regard.
Get suggestions from participants about what they want to discuss and what they want to provide comments to DHCS on.
The department needs to manage its time more effectively in these meetings. Providing written updates on some topics are more appropriate than presenting on everything with little time to discuss the more pressing issues of the day.
Really need better data for thorough discussion
This is a yes/no answer - this year has gotten much better - especially the ability for consumer stakeholders to weigh in before a meeting and to raise issues that we want on the agenda. Have appreciated DHCS taking things that get specific offline with individual organizations/advocates with expertise in a particular area - that made a big different
More advance notice of meetings and agendas.
It’s my impression in the behavioral health forums that there are no issues for action. They are primarily updates. In the stakeholder advisory committee, the topics of most important are put on the agenda and often discussed
They avoid discussing real issues. They don't want to hear the truth
With exception of the QI Coordinators meeting discussed above.
Add Old Business to the Agenda to close out requests made by staff or Board Members for follow up.
Often stakeholders have no idea what is the most important issues because advocates are excluded from the OPS calls. This puts us at a disadvantage not knowing what's happening and what's coming up until the manure hits the fan and then folks are hurt and remedial steps are taken. Having folks endure pain and indignity can be avoided by having an inclusive process rather than a fragmented process.
Shorter Breaks
*For example, the Advisory Panel for Medi-Cal Families did no really discuss the lack of behavioral therapy coverage for children with autism in Medi-Cal. At times, stakeholders are told that the key issues cannot be discussed because DHCS is “working on it” or the issue is being litigated, but are not provided any follow-up information regarding the timeframe or what forums are available and appropriate for registering stakeholder feedback.

Q10 Is there enough time allotted during meetings for stakeholder input?

Answered: 126 Skipped: 13

Answer Choices	Responses	
Yes	**50.79%**	64
No	**49.21%**	62

If no, please provide recommendations for improvement:
See previous comments. These are challenging for a couple reasons: 1) comments probably should be around specific topics set in advance, rather than open ended (see above 4c and 4 e, which get at this challenge to focus). 2) Also, it's not just time during a specific meeting/call, but opportunities for continued dialogue outside a conference call (e.g., June Kailes' recommendation of setting up discussion threads -- not always easy to do, and perhaps needing to be moderated... June knows more about this and can direct DHCS and others to examples that seem to work).
not always, some stakeholder sessions seem designed to limit input, yet others do seem to give enough time
This is an area where greater consistency is needed; some meetings have allocated time sufficiently while others do not. Two options are allocating more time to meetings and/or dedicating time on the agenda for stakeholder input.
Sometimes the meetings cover so many topics that it doesn't leave enough time to get through everything and allow for sufficient stakeholder input. For the workgroups which regularly run out of time to cover topics, it may be helpful to add some additional meeting times or allot more time for the meeting. Some meetings do allow sufficient time for stakeholder input.
Sometimes. While I am familiar with the issues raised by other consumer advocates, I welcome hearing more from other stakeholders bringing different experiences and particularly their expertise to bear on an issue.
Usually enough time. Would be good to get through a presentation and then ask for questions.

Stakeholders providing input is only part of the process. What is missing from DHCS' stakeholder engagement process is letting stakeholders know how their input has been incorporated into DHCS' policies, programs, and procedures. Additionally, proactive engagement of the constituency groups affected by an issue needs to be incorporated into DHCS' stakeholder engagement process.
Generally yes, although better agenda/meeting management could improve our efficiency.
Usually runs over and stakeholders are asked to submit in writing, Then response are not published for CCI.
It is invariably too rushed, to the point that it seems that DHCS is just going through the motions.
Take comments offline and post response to all comments and suggestions within 30 days.

In some of the meetings there is -- the HFP Transition and MDAC meetings allow stakeholders to be very engaged in the discussions. However, the DHCS Stakeholder meeting does not allow for public input regarding each agenda item -- only at the very end of the meeting. This does not allow for a full, rich discussion.
Most stakeholder meetings are set up for DHCS to report out - by the time this is accomplished, there is little time for feedback. See below recommendations for increasing stakeholder engagement.
In general there remain questions in queue
There are often so many items to discuss and the agendas are often packed. it would more productive if we had focused mtgs.
From the few meetings I have attended, it seems like the Advocates are cut off. However in DHCS' defense, many of the Advocates bring up other issues unrelated to the current meeting. The Advocates appear to be frustrated with the lack of voice or formal process they have within DHCS to communicate their concerns or issues.
If it is a hot item, there is time shortage.
Definitely not enough time for stakeholder input.
Depends on the subject. Those concerning benefits, services, etc., need to have more time than the more mundane subjects.
Depends on the meeting.
Actually, it depends. I appreciate that in many settings there is an opportunity for robust discussion, but other times it is cut short.
There is too much time on reporting out, and too little time for stakeholder feedback. In addition, we need to hear directly from stakeholders rather than reading comments/questions from a moderator. This leaves the conversation feeling stifled.
unsure
Often times there is not and sometime there are no questions. This typically occurs when the stakeholders are not provided with enough time to conduct research or review of material in advance of the mtg. Meeting leaders sometime allow out spoken stakeholders to dominate the Q&A time.

There needs to be more time allotted for stakeholder input. Comments and questions are generally held until the end of presentations when time is at a premium. Oftentimes there are more comments and questions in the queue than time will allow for and that takes away from the process.
Too much 'input' is actually just people asking a question and then moving to the next person in the q. I suggest a more concerted effort to develop a stakeholder body or bodies that can organize itself prior to meetings. This happens now in other states and in some of the meetings DHCS has with advocates. Also meetings need to allow for real discussion, not a town hall where people lob a question and DHCS is providing a political answer.
Too many topics for one meeting and not enough meetings to cover the complexity of the issues.
With such volatility in the SMAA program right now, there are so many tangents for concern and not nearly enough time to address.
But LEAs feel at this point it doesn't matter, since they do not do anything with the items.
sometimes
Yes and no. Too much time for background and issues not related to the agenda. Not enough for true discussions.
not always
Too frequently the meetings have been presentations by staff, rather than interactive discussions. Moreover, when a "deep dive" is planned, follow-up discussions are likely. Having meetings every other month hardly allows for meaningful interaction. These should be monthly.
Mostly no, too much time is usually spent with DHCS reading presentations or providing information and we usually run out of time for discussion and questions.
The 1115 Waiver meetings need more time for public comment.
The meetings are better for input - very frustrating, however, for the short turnaround time that we often get for providing written feedback and materials shared with us - know that is partially an issue with technology and other requirements, but still makes it hard to work effectively.
Rarely. Usually other portions of the meeting run long and then the time allotted for stakeholder input is cut short.
Excellent for the SAC. Again, the behavioral health forum seems like DHCS updates rather than stakeholder input.
Suggest smaller, regional meetings, well facilitated, with input rolled up to state level. Other option is to use on- line input process. Final option is to have types of stakeholders meet on their own to summarize the key issues they want to bring up and recommend one or more representatives to represent them at the meeting.
However, I would like to suggest routing location between Northern and Southern California as staff and resources become available.
Allow for people to give written questions to a moderator during the meeting to be read later

*Often times there is enough “time” allotted in the agenda but not enough context has been provided by DHCS for stakeholders to give meaningful input, for example materials or policy ideas are not shared well enough in advance to allow for sufficient review and feedback. Sometimes there just isn’t time allotted and sometimes there is both a lack of time and sufficient context.

Q11 Is there enough time allotted during the meetings for members of the public to provide input?

Answered: 128 Skipped: 11

Answer Choices	Responses	
Yes	**52.34%**	67
No	**47.66%**	61

If no, please provide recommendations for improvement:
There's not much difference between stakeholders and members of the public.
This is an area where greater consistency is needed; some meetings have allocated time sufficiently while others do not. Two options are allocating more time to meetings and/or dedicating time on the agenda for public input.
This not really applicable to the meetings I participate in as members of the public generally do not participate in these particular workgroups. But overall, more opportunities for “public” input (i.e., from actual consumers/enrollees) is recommended. Some workgroups may be more conducive to public input than others which focus on very technical policy issues.
It might be helpful if there was some structure to public input by some prior vetting system. I would like to hear more from the legislative staffers
Not no - just have no opinion.
I'm on the stakeholder advisory committee but feel badly that people in the audience have to wait till the entire meeting is over to comment on the proceedings. I think it might be helpful to break up the public comment a bit and let people comment as the item is raised.
Often there is not enough time for the public to weigh in. More significant, is that stakeholder meetings are not accessible to the public because they are not noticed like public meetings.
Input is given, but not followed-up.....no advisement.....no offer of where to take the issue.
Often that is awkward because the audience tries to interject themselves because there is no real portion of the meeting devoted to that. Or that it is relegated to 15 minutes at the very end of the meeting where it is an afterthought (and everyone is really tired after 5 or so hours at this.)
Take comments offline and post response to all comments and suggestions within 30 days.
This is a difficult thing to accomplish and may require something like assigning certain stakeholders to arrange separate meetings to collect the input of the public to share in a more efficient manner. There should still be the opportunity for the public to engage directly in the process, but could be at fewer of the meetings.
Most members of the public who engage in the conversation are going to be consumers, providers, or advocates.
Mostly, but in some cases we run out of time and cut them short

Did not know public was on the calls
Not always. I think a team should go out ahead of time and hold "pre" meetings to prepare folks that want to attend to have an idea of the agenda.
It is difficult to engage in the CCI stakeholder forums. Instead, we recommend that DHCS convene in-person meetings through a formal CCI Stakeholder Advisory Committee. Non-committee members of the public could speak at various times throughout the agenda, similar to how it is structured in the 1115 waiver meetings and the Olmstead Advisory Committee.
The public is typically not well versed in policy issue development and may require more education on the issue to actively engage and make the process more meaningful
There needs to be more time allotted for the public to provide input. Public commenters have to compete with stakeholders for limited time at the end to talk or ask questions. Many of these folks have mental & physical impairments that make it difficult for them to communicate in this type of forum.
Sometimes there is, sometimes there isn't. What's more important is that structure of the time.
Often times, we have been limited or asked to stop speaking in case others may want to speak on something, also. (To which we comply, but don't feel as if we have been heard at all.)
Don't know how the public is invited.
The format of the q and a is not set up well. It limits the ability to ask true questions.
Sometimes the agendas are so packed, there is no time
For the same reasons stated.
Yes, in some meetings - I think in the quarterly meetings it can be difficult.
Rarely. Usually other portions of the meeting run long and then the time allotted for public input is cut short.
See note above on adding comment period for items not on the Agenda.
*The only stakeholder meeting that includes consumers on it (Medi-Cal enrollees or parents of enrollees) is the Advisory Panel for Medi-Cal Families. Other stakeholder venues do allow for “questions from the public” at times but the public does not usually receive information about the meetings happening so the only people who comment are other advocates. More opportunities for public input is strongly recommended.

Q12 What other means would you suggest to improve communication with stakeholder groups?

Answered: 79 Skipped: 60

Responses
As discussed today in the California Collaborative meeting, people have noted over the past two years that it's tough to know if recommendations from stakeholders have been considered and why they might not have been adopted. Feedback of some kind is important, even though it adds to workload. See 4d above, adding the notion of "feedback" as well as looking at follow up items from previous meetings.
Reach out to them with information more often
Openness and transparency. Not just saying those words, but demonstrating it. Probably it would not hurt to engage a very wise consultant who knows what this is all about and can coach and train the department how to make this major culture shift from locked down and closed off to open and honest.
Survey stakeholders for what groups they wish to get communication to update list serves and continue to use list serves for communication with stakeholders. solicit when it is important to meet face to face and when conference calls will do create work groups with state associations and key stakeholders to help work through issues that can then be communicated to a larger group
While we are hopeful that the new stakeholder webpage will improve communication, one of the biggest areas of improvement is the way in which stakeholders are notified of meetings, workgroups, and opportunities to participate. In addition to the webpage, regular email notifications and outlook invites would help. For example, a weekly all stakeholder email, with all upcoming stakeholder meetings should be sent to persons on any of the DHCS stakeholder email lists. Additionally, for every meeting, a key contact (name, email, phone) should be provided.
In the beginning of the 1115 waiver process, there was really helpful collection of reports and material from other sources for background. I would like to see more of that
First, it would be helpful to have longer notice of stakeholder meetings, earlier receipt of materials to which we are being asked to respond and sufficient time to respond to notices seeking comment. One week's notice in our very busy schedules is insufficient; additionally, for us to get input from our physician members, it's really insufficient for rescheduling patients/cancelling hours.

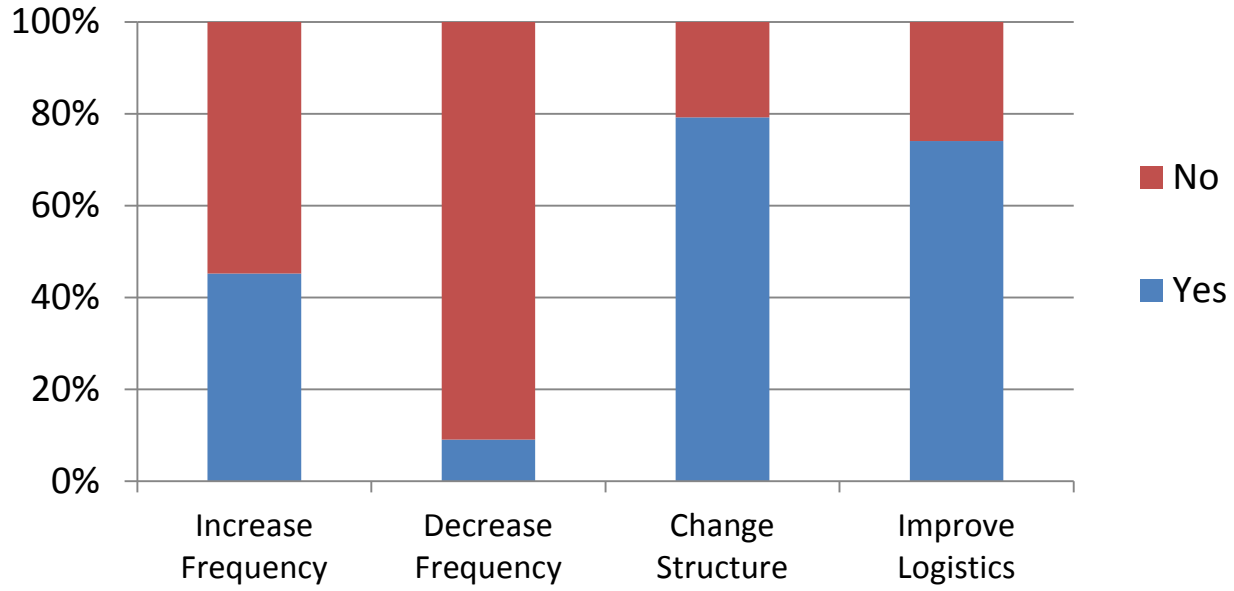
Besides posting materials on the DHCS website, it is always helpful to get them via email ahead of time - that way I know to look out for them. We asked for that to happen with pregnancy/LPR wrap but it hasn't yet
Putting out public meeting notices would be more helpful.
If DHCS is working on an issue in which they know a certain constituency group will be affected, DHCS should proactively reach out to that group at the beginning of the development of a policy or
I think DHCS' efforts to create a central location where people can view what the various stakeholder groups are, and how to engage is a great first step, but needs improvement. When I changed jobs and sought to sign up on the appropriate email lists and groups, I found it difficult to access all the stakeholder groups I needed or wanted to and despite asking the right people to join the Medi-Cal Managed Care group, for example, was never added to the email list or provided any information until very recently. I think it's still too difficult to figure out what the meetings are and how to plug in. There are subgroups of work groups that I'd like to join, that are listed on your site and I have no way how to
Keep informing communities that stakeholders are welcome and highly valued.
We need to meet with CMS and DHCS we can talk all we want with insurance companies but without CMS and DHCS at the table it goes nowhere.
Have better communication at the clinic level.
Send out a short report to all interested parties giving summaries of what was covered at the meeting, or on the webinar, and action items that flowed from it. Also list info regarding a tentative agenda and
Methods are fine, substance could be better/more detailed
Better trained call moderators who know how to use the time wisely.
Minutes after the meeting and clear objectives in advance.
New stakeholder Engagement webpage on the DHCS site as a one-stop-shop for all info
*Using the new Stakeholder Engagement webpage on the DHCS site as a one-stop-shop for all info, including stakeholder group purposes, compositions, agendas, materials, notes, deadlines, etc., would be very helpful so that everyone knows where to go.
More information online, shared page for engagement
Establish a documented process for the Advocates to communicate with DHCS for any and all issues or concerns they may have regarding our programs.
Again, it is not that we do not have an opportunity to provide input, but that the input we provide is largely ignored.
Make calls and meetings longer so there is more time for stakeholder and public input.
More development of one to one relationships. Have a "task force" that is familiar with the topics, the area and the persons that will be attending - have them go out ahead of the meeting to help those who will be attending to understand how important their input is.

The current process of input to DHCS is a lot like drinking from 60 fire hoses at once. This is a waste of staff time, and detracts from the Department's ability to get its work done. There are more effective ways to get critical information to the Department, and the meetings sometimes seem more like an opportunity to vent than anything. Stakeholder groups should be problem-focused on the most pressing current problems, and should have a fixed life span. To be most effective, there probably should not be more than a few of them at time.
Remote ways to participate. Video meetings.
I appreciate that the department is moving toward making more information available on the web and I encourage it to continue these efforts.
Calduals.org is a very effective form of communication but needs to ensure that information that is out-of-date is removed from the state (e.g. old FAQs, etc.).
More broad distribution of agenda and meeting dates and more divers meeting locations
A monthly newsletter might be helpful, especially if it summarized significant policy issues and actions in a concise format.
Soliciting from existing stakeholders others who should be invited. Provide a list of stakeholders who were invited (organizations not individuals) at each meeting DHCS staff and speakers should have name tags and/or table tents A quick review of the DHCS organizational structure should be provided at each mtg.
I would suggest collecting and publically posting all comments, questions and feedback received by stakeholders during these calls and meetings. That way everybody can see the types of issues and concerns that are being brought up.
More modern communications tools. Emails that are easier to read and click through to more details.
Maybe by benefit -- engage those stakeholders in discussions relevant to them. This is only valuable if there is follow up from DHCS regarding action taken in response to recommendations provided.
Email blasts, short surveys, Video/web based meetings.
The Bridge to Reform meetings fail to respond to questions posed by stakeholders via internet.
Consistency in terms of announcing/calendaring the meetings in advance.
Try to make more of the meetings between 12-1 so that more people can attend during their lunch.
The website needs to be improved: New postings need to be dated. Changes to previously posted information need to include a revision date. Postings could benefit from stakeholder review for readability and comprehensibility to avoid confusion in the field.
Input from stakeholders on agenda items prior to meeting, so that stakeholders are given preparation and time to address topics being presented.
Video conference
Clear and timely messages to all stakeholders.
Include State department heads in the announcements encouraging them to forward the invitation

Transparency Making it clear what was done with the suggestions: accepted, declined, and moved to another group. We make lots of suggestions and never find out the rational for ours not being included in the final products.
More advertising.
Local regional meetings- perhaps 3/4 neighboring counties at a time
Notice the meetings as far in advance as possible.
Increase the frequency of meetings. Assume an attitude of partnership and collaboration.
Follow up discussions between staff and specific stakeholders around specific issues raised. Monthly "newsletter" to committee members related to progress on issues raised important new information.
See my comments on the stakeholder newsletter above.
Have someone respond to messages sent to the 'stakeholder' email address
webinar presentations are an efficient alternative to in-person meetings
Have set time for advocate and community issues.
Mostly sufficient time to respond to issues in between meetings. Moving more quickly to offline conversations with advocates that have expertise on a specific issue/issue area (often there is lots of back and forth on public meetings before they pull the conversation offline - why not start with an offline conversation?).
I heard in the last stakeholders meeting they were planning on posting questions and responses on the website - however, I have not seen the page address for that. If someone could send that out that would be very resourceful.
Via e-mails.
Periodic webinar updates are quite helpful.
See note above on moving locations throughout State as Staff and resources become available.
I was at a stakeholder meeting recently in which it took an entire hour to establish the next meeting time. It may be helpful to utilize forums like doodle to find a time that works for most rather than spending time in the meeting.

Q13 What other means or practical changes should DHCS consider to improve stakeholder engagement. Please comment on all that apply.

Answered: 123 Skipped: 16



Items	Yes	No
Increase frequency of stakeholder meetings	45.22%	54.78%
Decrease frequency of stakeholder meetings	9.09%	90.91%
Change structure of meetings	79.21%	20.79%
Improve logistics	74.04%	25.96%

Comments for "a) Increase frequency of stakeholder meetings"
MAYBE/PERHAPS: Jane Ogle once suggested that a monthly CCI discussion for 60 to 90 minutes might be better than a longer quarterly session - with one topic per month; one panel; one discussion. I leave that to you.
Identify important meetings that need more frequent meeting schedule to move issues to resolution faster. Perhaps a steering committee with state associations could meet no less than quarterly to help advise on many issues. a directors advisory group would be very welcomed and beneficial
This may be needed depending on the topic.
This is particularly the case for quarterly meetings. Additional meetings, potentially of subcommittees, are necessary to maximize meaningful work.
Use more methods to get drill down input! and respond to the input
I think the schedule of the 1115 waiver stakeholder group makes sense
We're kind of overwhelmed now.
We all need to get work done; not just go to meetings. Frequency is about right.
Depends on the purpose of the meeting. But as a practice more frequency at first is usually helpful so advocates feel they have been listened to. Frequency can decrease once the group has started to gel and has its own rhythm.
It depends on the meetings. Some of the meetings are held quarterly for only a few hours. Others are held once a month. I think meetings require at a minimum 3 hours but often we needed even longer.
There is a monthly stakeholder meeting available to all those who wish to attend in Los Angeles.
For the DHCS SAC it makes sense to up the frequency around things like the 1115 waiver since that's one of its key purposes.
Recruit stakeholders from every county by having quarterly speaker meetings on topics chosen by stakeholders from that county.
For some issues, there needs to be meetings more than quarterly.
This depends on the topic, the currency and deadline of the issues at hand, the level of engagement. Quantity is not the essential factor; it should be a well-run meeting with appropriate preparation, and meaningful follow- through. It can't be evaluated based on "we had 6 meetings on this topic during 2014."
Better to improve the quality of meetings than frequency.
I say yes - but it really depends on the nature of the topic. DHCS should be flexible in the stakeholder process and hold more meetings when necessary and fewer when topics are not as pressing.
It depends on the issue. 1115 Waiver SAC should be more frequent given the intensity of the issues and how much happens in 3 months.
Increase frequency only if there is important and timely information to share.

There are enough already
Not sure since I do not know what the current frequency is.
Because things are changing so swiftly, folks that are affected need to be kept informed. Would suggest regularly scheduled meetings for perhaps a year. Obama care and Parity are issues that take more than one meeting for folks to understand.
You have too many groups meeting too frequently already. Meeting frequency should not be arbitrary, but should be determined by the particular problem being addressed.
More web based opportunities. I like video conferences.
DHCS could convene more stakeholder meetings that are only 1-2 hours in length, and only to the extent that they are focused on particular issues, with discussion primarily focusing on ways to receive input from stakeholders.
Frequency of meetings away from Sacramento, LA and SF
Once a month is not enough to address concerns of consumers, it seems that those half of the attendees are in crisis
There are already quite a few meetings. I think the issue is getting folks to attend the meetings that take place.
just ensure that meetings are what was advertised
In some instances there have not been any stakeholders meetings - for example voluntary detox benefits and LPS 5150 form revision.
There needs to be more frequent meetings or more time allotted for existing meetings to get through all the comments and questions.
Have clear agendas explicitly stating whether input will impact policy and if not give feedback describing why it cannot be incorporated. Input from stakeholder is valuable in helping decide effective policy.
Meetings should occur at least on a monthly basis.
As needs arise, consider increased meetings or adding a phone meeting to go over updated between meetings.
DHCS is faced with a massive overhaul of the school Medi-Cal programs. The meetings with stakeholders have been unpredictable and sporadic.
Also, keep in consideration hosting more localized meetings in Southern California and not forgetting about the southern half of the state.
We go months without feedback...
During critical system or policy changes, there should be at least monthly meetings
Only have meetings when there is something to present. There are a lot of changes happening but often agendas are week and not related to core issues. Filling an agenda with unimportant information just so you can say you had a stakeholder's meeting wastes everyone's time.
There's so much new information to learn, there's not enough time per meeting.
Unless a necessary issue arises

Meetings goals should be more clear to obtain needed feedback from required participants
With multiple conflicting responsibilities faced by many members, this would be real difficult to arrange successfully.
It depends. There shouldn't be meetings just for the sake of meetings if there is nothing to discuss. On the other hand, DHCS shouldn't wait until it is too late to have input into pending decisions or waiver requests.
Not just to have them. only if they are focused on a topic with a specific agenda
Monthly - in style of Covered CA board meetings, for general Medi-Cal update meeting
Yes, particularly in difficult times or challenging times - i.e., backlog, etc.
I think that the frequency is appropriate depending on the importance of the topic
Yes. I understand it is difficult to secure time and resources. However, it is critical that we remain as open as possible to the public and review key areas monthly to ensure we remain on target with delivering care to over 8 million clients.
SAC should be used for large groups and other meetings should be smaller and more narrow in scope.
*Frequency is not the problem; its clarity about the different types of meetings and meaningful opportunities for feedback.
don't yet see this as necessary since they meet so infrequently now
Again, I think they're about right.
I don't agree - just think you should increase the stakeholders that come. Our sessions should go to the stakeholder, not have them come to us. For instance use churches, social halls, places other than expensive hotels, mental health facilities etc.
It would be very hard to provide any geographical equity if there were fewer meetings.
I would recommend stake holder meetings not occur on Friday afternoons as this significantly impacts attendance for individuals who have to travel.
DHCS should be seeking more stakeholder engagement (not less).
Shorten the meetings. It is difficult to carve three hours out of the day for a stakeholder meeting.
The opposite of A - when there are fewer or no changes
Perhaps current meetings should not be reduced, but participants role should be more clear; meetings should be solution focused with goals and objectives addressed
current frequency seems adequate
The amount of stakeholder meetings are sufficient, it's the effectiveness that needs to change.

Comments for "c) Change Structure of the Meetings (e.g., Format: DHCS Presenting, Panel
In addition to the general suggestion above to establish an implementation council (#5 and #8 above) in place of the current quarterly general stakeholder sessions in the CCI, I do think that structured dialogues hold promise if they have lots of invitations to consumers to speak -- or call for consumer responses, then providers, then advocates, then on to follow up or another question. You can also cue several people in advance, asking consumers #1, #2, and #3 to prepare answers to a question then open it up for three more consumers, then do the same with providers, then advocates. (Maybe two of each who are cued up.)
spend more time addressing complaints that consumers have and what is being done to resolve those issues; explain what consumers can do to avoid those problems
depending on issues and subject matter mixing it up might be beneficial
This is particularly the case for quarterly meetings. Additional meetings, potentially of subcommittees, are necessary to maximize meaningful work.
I would like the program to include short presentations from a couple of stakeholders on specific issues or from those outside the stakeholder group. I would like to see more in identifying issues and problems that DHCS and delivery system wrestling with. Laying out alternatives being looked at, etc.
Need opportunity to have interchange.
Some more panel discussions and structured dialog would be good.
During the AB 1296 stakeholder process DHCS reached out to advocates to present on data collection and other topics which could be useful in certain situations.
Again, I think they would be better served as more like board meetings. AND it would be nice to have panel discussions at times with other presenters.
We should make more efficient use of all our time. Sometimes the information presented is really basic, and other times (as in the network adequacy/coordination of care conversation) it's good, but there's a lot of basic information missing that would be helpful. Hence the recommendation to provide more background/in writing prior to meetings.
I like the current DHCS structure, but you should also open it up to groups that may want to present an issue for the group to discuss.
More of a free-flowing exchange of ideas. Have stakeholders moderate the meeting.
*Having a neutral facilitator would improve discussions.
This should all be tailored to the topic and the group. It is essential to have informed people participating. There have been a number of DHCS people making presentations who appeared to have very little background.
Provide more detailed overviews with the department's rationale and reasons for proposing to do things a certain way before opening up to questions/comments.

Again, DHCS should be flexible. I think the stakeholder process would benefit from all structure formats depending on the nature of the individual meeting. DHCS should not be married to one particular format. For example, important discussions of policy may require a panel discussion with ample time for stakeholder feedback. On the other hand, when DHCS is announcing a policy change, this would be DHCS presenting and then responding to Q&A and accepting feedback.
Opportunity to have more provider specific calls and interact with the DHCS representatives in detail
Less DHCS presentation. This is complex, because sometimes the presentation is incredibly informative and helpful. Perhaps some pre-work to identify the issues where the background info can be circulated in advance to leave time for important grappling with the issues -- which often gets shortchanged or taken offline simply because of time constraints.
Organize stakeholders to respond to DHCS presentation during the call.
Not sure since I have not been in the department long enough to see the examples of the meeting structures identified in this question.
Often there will be an agenda with questions/needed clarifications, and DHCS comes and says they need to research. Why ask ahead of time if we won't get an answer?
Include stakeholders as part of the formal presentation and DHCS's response to the concerns/criticisms. The format currently used: presentation followed by stakeholder Q&A often leaves us feeling like the Department is ignoring that input.
I think there should be consumers and family member assisting with the presentation and panels should consist of success stories and problems encountered
The nature of the particular problem should determine the approach. It seems to me that the reverse is happening now - you are trying to design an approach to problems you have not clearly identified.
Balance between these is important, but DHCS presenting is least important because this should be done mostly in advance and in follow up in different formats. The value of face meetings is discussion and networking.
The current format works well sometimes (although in general, the amount of time on DHCS presentations could be reduced if more information was available in writing). When meetings are more focused on a particular issue or population, it sometimes makes more sense to lead with discussion and dialog. I'm not sure that there is a one- size-fits-all approach to these meetings.
Panel formats are not always effective at engaging with stakeholders as panelists often end up taking most of time. Instead, there should be an issue identified with opportunity for open discussion through structured dialogue. Webinars should only be used to share information, not for engaging stakeholders. In addition, phone quality is always an issue and it is helpful when lines are muted. We recommend that every speaker state their name before speaking, so people on the phone know who is speaking. Additionally, it is important to ensure that all materials are publicly available on line prior to the meeting, with DHCS indicating where these files are located at the beginning of the meeting.

Structured dialog seems to limit real exchange of ideas and limit information to what DHCS deems it "OK" for public discussion
[REDACTED] structure needs revised taking into consideration most stakeholders care about issues each subcommittee works on. The BH Forum does not include adequate stakeholder representation and is limited to stakeholders who represent counties but no others.
The current meeting structure needs to change. There is very little dialogue or engagement. DHCS takes up most of the allotted time with speakers and presentations. Stakeholder Q&A and feedback gets jammed up at the end and people don't get an opportunity to speak or share.
More dialogue. More structured response from various stakeholders.
Agenda items should be sent out at least 10 days in advance to allow the public sufficient time to review materials and be prepared to contribute in substantive way.
As needed, add in informational calls.
Agenda development should involve stakeholder input.
More allotment of time for stakeholder comment and discussion. DHCS must also bring more knowledge of program to the meetings. (Bring info if needed to address hot topics!)
Make sure the meetings are substantive with DHCS providing information in advance so people have time to review and can provide thoughtful feedback.
I think it's the staff who pretend to listen... but with recent new management changes, hopefully this will improve.
Topic specific panel discussions
Structured dialog community member as co-chair (with true responsibilities - not just a figure head)
gear toward audience; if meeting is technical in nature but if program is expected to attend and participate provide high level information on the problem and possible solutions during the meeting
They are fine but with more interactive time.
Set specific time limits for each agenda item.
More discussion on individual items. More use of a facilitator (a real facilitator, nor just a meeting coordinator), Better follow-up and response from DHCS on suggestions and comments. For the new waiver, small working groups with reporting out would be helpful. It would be nice if you included leg staff in the SAC.
Have shorter meetings that are more focused on particular issues
DHCS should present less, listen to and create solutions with stakeholders more.
DHCS should present primarily
DHCS can give updates, but there should be an opportunity early on for advocates to raise issues and have meaningful discussion
Prefer when there is a mix of a small group of DHCS and stakeholders planning the meetings and agenda - can be more effective.

For the Behavioral Health Forums, if these are to be stakeholder engagement, it might be helpful to have stakeholders participate in working on the issues with DHCS staff. Currently it's my impression that it's being done internally.
More organization during some meetings. Improve the structure and flow of meetings. Provide the proper DHCS staff for the meetings to answer questions.
Minor changes as suggested in notes above. Pledge, Public Comment not on Agenda, Old Business
Webinar/conference call option is nice, but I like having an in person option.
always a good idea, in the past has been hit and miss, is often the case with technology
We would support efforts to try new meeting structures including those listed here. Additionally, the development of subcommittees and use of small table discussions could be beneficial.
People on phone are relegated to listening only! needs to be others ways to join in, contribute, very frustrating
Greater information sharing before the meeting would significantly improve stakeholder engagement and help to cut down on discussion of items that could be answered through written updates or materials.
Information sharing
More microphones are always good.
Groups responsible for securing services don't always use what's worked best in the past, or see it as a priority. It only becomes a priority once it becomes an issue, and by then it's too late.
Yes, per all of the above. In this vein let me say, too, that the space does influence the conversation. The convention center seems to work for the SAC, but anything that could make the conversation more of a dialogue would make me happy. I realize it may not be possible to do this and involve the public through conference calls or web participation, but it's the ideal.
Added locations for stakeholder mtg's. Those in rural areas often have transportation issues and/or have difficulty making out of town meetings without missing work.
It's important to have meetings in person for those that can attend. The meetings that are run as webinars are not as good because people cannot react and you can't have a discussion with a webinar or conference call.
The AV features are generally crummy and it is a struggle to hear (and I am there). I can't imagine how people on the phone hear what's going on.
As stated previously, I think sharing materials beforehand and drafting a really robust agenda (with discussion questions/topics) will be really useful.
Information sharing before the meeting

Yes, improve sound clarity and share appropriate info before meeting. For example, stakeholder update for Cal MediConnect, DHCS discusses policies that are not yet in writing or finalized. Would be helpful to send a draft in advance.
Big area for needed improvement.
Share the materials ahead of time, and make them better quality
The few meetings that I have attended were held on Friday afternoons from 3:30pm - 5:00pm which means they ran over until about 5:30pm. It feels like it was intentionally set at an inconvenient time as if someone at DHCS was hoping that certain advocates would not show up.
I always believe in pre meetings and informing otherwise uninformed folks of the agenda and what it actually means.
This could always be improved, but is not where the biggest changes are needed.
Access to internet and electricity
I appreciate that DHCS has made improvements in this area, but there are still frequent technological issues, especially for those participating in meetings remotely. DHCS should also endeavor to do a better job at reminding speakers to introduce themselves before speaking for the benefit of phone participants.
Phone calls should not have option for noise in background from stakeholders. There are services that enable all muting of attendees unless they are presenting.
There always seem to be sound issues with folks on the phone. It can be very distracting.
provide beforehand any materials to be discussed during the meetings
Material should be available in advance and should contain the date and contact person for follow up
There have been multiple instances where stakeholder calls either started late or had to be rescheduled altogether because of technical difficulties. DHCS needs to find a reliable service provider for conference calls and/or webinars.
The big phone meetings are simply not very effective. They are ok for providing updates, but not for discussion or dialogue.
In every single stakeholder meeting I have attended, the technology is extremely poor, phone or video inevitably fail or are so poor as to discourage discussion.
Information sharing before the meeting with enough time for meaningful review (i.e., not the day of or the day before).
Oftentimes, calls are dropped or technologically breakdown not allowing those unable to attend in person (or those living in the southern part of state) to participate in the meeting.
More reliable and early access to documents on-line.
Please share information in advance of call
Phone call in, with ability to ask questions, meeting recorded, and then posted.
Lately the system that DHCS has used has not been reliable, with frequent cancellations. Perhaps the presenters were not ready?

Get materials out in enough time before the meeting that they can be reviewed. Always have in person option.
Always.
Ask for program's input when sufficient information is provided prior to required participants.
Meeting announcements and materials are coming out with too little notice. At least a week for materials and agendas.
Definitely need to test (and likely improve) telephone-based meetings.
Provide presentations before meeting and solicit questions then so they can be addressed at the time of the DHCS presentations.
Having in-person and telephonic meetings at the same time is difficult. I'd do one or the other.
Sound clarity on the phone is pretty good, but it's difficult for people on the phone to interject questions or comments
Need email blasts of meeting info, agenda and materials available before mtg
I think that the lines should be automatically muted, and have an operator assist -- too many times we have been placed on hold.
Sharing power points before the meetings would be helpful.
Definitely sound quality on the phone. Perhaps a bit more lead time on posting the materials that will be reviewed/discussed at the meeting.
Most conference calls using just one phone have poor audio quality
Often technical is an issue
DHCS staff needs training on properly using the WebEx and phone equipment
As referenced above. Alternate locations throughout State as Staff and Resources become available to secure greater public awareness and input.
The security procedures at DHCS are the worst I have encountered in state

Q14 Please provide any other comments or considerations for DHCS.

Answered: 55 Skipped: 84

Responses
When there are "stakeholder meetings," I've long been an advocate for letting others besides official stakeholder group members speak during discussions. Perhaps only official stakeholders vote or indicate consensus, but opening the floor to all during discussions can be useful. It takes a skilled facilitator/moderator who can steer the discussion by using reflective listening, continuous summarizing, and asking new questions as the discussion proceeds, but this approach provides for more points of view and opportunity for participation.
We appreciate DHCS soliciting this input and look forward to working with you
We look forward to continued dialog with the department to improve stakeholder engagement.
Sometimes the turnaround time for providing feedback on draft guidance and forms is so tight that it affects the ability of stakeholders to thoughtfully review the materials and provide input. It would be helpful to have additional time to provide feedback on these important documents. After stakeholders have provided guidance, it would be helpful to receive updates on where things are at with the guidance and an opportunity for further discussion about concerns raised.
I would like to hear more on what DHCS is thinking about doing, alternative being considered, etc., not just what DHCS has decided to do. Consider targeted presentations by outside experts when warranted.
I so appreciate all the Dept. is doing to structure its stakeholder engagement. Thank you!
The Department should hold a separate meeting on dental access to care, presenting data, engaging stakeholders, and developing an action plan to ensure timely access is available for all beneficiaries for all necessary services at all levels of care throughout the state.
We appreciate the opportunity to provide feedback on DHCS' stakeholder engagement process.
Thank you for taking this on seriously. It's important given the magnitude of change currently underway at the department.
*Given the significant changes happening at DHCS, it is important that DHCS's stakeholder engagement must be a continuous and meaningful activity, not an afterthought or simply adhering to the letter of the law.

I've been involved in "stakeholder" process for about a year, but attempting to get attention of DHCS as a parent for ages. Most parents of kids on Medi-Cal would have no clue that there is this other avenue for communication with DHCS. Most parents do not understand that they are "stakeholders." Parents are told repeatedly to use the State Fair Hearing to voice a complaint or concern (far too intimidating for most humans) or speak with an ombudsman. But the fair hearing or other "complaint" feedback from parents then gets filtered by DHCS and doesn't seem to reach ears that could benefit from and use the info, including formal stakeholder groups. I hope any stakeholder changes include organizational changes on how to better use and respond to the feedback from consumers. Regarding stakeholder meetings run by DHCS, they seem to often have a feel of "we are here to tell you something because we are obligated to, we are curious about your thoughts but we likely won't be using your input when making decisions and we certainly won't be following up with you on issues you bring up". It seems from my limited observation of the meetings that some have allowed time for public input, though I understand that is variable. And while it is nice to hear the input of others, again there doesn't seem to be a mechanism for follow up on relevant ideas, or continued work on the topic at a later meeting. I think it is wonderful that you all are reviewing how some of the meetings are conducted and how the broader community can help DHCS work towards goals.
There is no substitute for in-person meetings --- it is important to meet representatives from our state department and work together on existing stakeholder concerns, e.g.: parity for not only mental health services/primary care, substance use/mental health, but mental health/alternative healing modalities; housing options coupled with property for gardening, livestock, and carpentry (skills training); volunteer corps to be "buddies" for our mental health and substance abuse-challenged individuals; supportive employment; trauma training; recruitment of psychiatric nurses, psychologists and social workers in the mental health/substance abuse field; CA peer certification standards; establish mandate for the CALMHB/C (CA Association of Local Mental Health Boards/Commissions) to train and foster local behavioral health advisory boards.
I wrote a memo at DHCS' request in October 2013 with several suggestions regarding restructuring the consultation process. My comments are detailed in that document. If you don't still have it, I am happy to provide it again.
More opportunity for a rigorous back and forth to resolve issues
Why are key people leaving with no replacement staff or at least no announcements of who will continue those responsibilities?
Engagement must be meaningful and everyone's voice be heard.
Kelly, Ben, Mike O., Jessica H., and Eileen should identify themselves, with other CNers remaining anonymous. Coalition folks can decide for themselves obviously.
Your survey did not address how we can improve the "patient experience" and I have several ideas based on my customer service experience and my relationship sales management experience. Also your survey did not address how we can improve and lower our costs and I have several ideas based on my contract negotiation and management experience and finance and billing experience.

I would like to think DHCS is sincere in this effort. I know, personally and professionally, that acknowledging faults and working on them can be very challenging. It can be very rewarding as well. If the level of condescension and defensiveness drops at DHCS significant positive changes will result.
Participate in County DMH stakeholder and not DHCS. Don't have good connection with DHCS stakeholder meetings.
More input from consumers and family members in all aspects of service that is being provided by DHCS.
The Department needs to decide whether it is trying to create "venting venues" or trying to use stakeholders to solve critical problems. The former seems closer to the truth at this point. If the latter is the goal, then the Department is stretched way too thin, is trying to absorb too much input at once, and not being very effective at it. DHCS needs to simplify, consolidate and focus its communication with stakeholder groups as much as allowed by applicable statute and /or regulation.
Nothing about us without us. Make sure people with disabilities can take the lead and have critical mass on the agenda when they are being discussed.
We appreciate the tremendous time and effort the Department places into stakeholder efforts, and we understand the challenging nature of stakeholder work. Thank you for the opportunity to provide input. We are happy to be partners now and moving forward, so please let us know if we can be of further assistance.
We are a large provider of mental health services for children in California, including the highest percentage of level 14 group home beds in the state. I do not get notices re: stakeholder meetings or opportunity for input and would like to participate in stakeholder processes where appropriate.
DHCS should develop an email alert system to notify stakeholders when DHCS sends an "all" communication letter to at least the following: MHSUDS Information Notices (APL) Health Plans County Welfare Directors County Mental Health Directors Duals Plans All Medi-Cal Managed Care Plans Develop a monthly BH Stakeholder Communication Newsletter
These calls and meetings are important to stakeholders. The public needs to know what's going on and have a forum to provide feedback. Unfortunately the current process does not promote meaningful stakeholder engagement. DHCS uses the bulk of the allotted time to talk at stakeholders (not with them). It's basically a rundown of what's happening or what's about to happen. There's no real dialogue taking place with the public or stakeholders. Even when comments and suggestions are given it doesn't seem to factor into the State's decision making. It seems like they do this because they have to (not because they want to). Stakeholders just want to have a voice and be able to affect the decisions that impact them some way.

I think you are doing a great job in providing ongoing information and initiating inclusive contact with stakeholders. The only communication I would want provided more clearly is follow up from DHCS regarding action taken in response to recommendations provided. Example: The June Integrated Care Summit follow-up report was very good. One of the Summit recommendations was: "Increase MediCal reimbursement rates to attract quality providers". What about a follow up to the follow up? What is being done (or what is not being done and why) in response to that recommendation? Of course, I am particularly interested in progress regarding the recommendation that a federal waiver be submitted to allow MFTs to be eligible providers in FQHCs.
I believe that the Drug Medical 1115 meetings are well managed and provide a good format for input and participation.
The improvements to your stakeholder engagement processes are noticeable and commendable. Keep up the great work!
The DHCS website does not have sufficient information and does not share subject specific contacts with the public to obtain more specific information.
It is very frustrating when DHCS schedules a call and cancels at the last minute, please consider people time and schedules. Also, if DHCS commits to a stakeholder process, they need to share how this will be done and provide ample notice for calls and meetings.
Post a calendar of events on DHCS website, frequently updated, and subscribers notified.
Official responses to recommendations from stakeholder processes should be made available in a timely fashion. There should be stakeholder participation in strategic planning done by DHCS. A greater share of the DHCS budget should be devoted to expanding staff and infrastructure in order to enable more stakeholder participation and planning activities.
It is hard to make general comments. Each area lends itself to a different process and structure. There should be clear goals for each stakeholder group and the agenda should be developed with input from the stakeholders. The biggest gap I see is there is no follow-up and continuity from one meeting to the next. There should be better response from DHCS on issues raised in the stakeholder process.
Should have a general Medi-Cal update meeting on a monthly basis, should offer data on provider networks, member demographics, managed care enrollment, application backlog, etc. Advocates can analyze this data for DHCS! Need meetings with the counties that are open to the public to discuss ongoing enrollment issues
Actually implementing some of the stakeholder driven changes BEFORE implementation will go a long way toward building trust with DHCS which has been damaged after years of getting the impression that all input is just thrown into an abyss once it is received or only implemented once the major mistakes that could have been avoided actually occur.
Respond to questions in a much faster way.
Lack of timely decisions, APLs, rules and other guidance is extremely problematic