## Attachment F: Feedback Form for Stakeholder Advisory Committee

Per Welfare and Institutions Code § 14707.5, DHCS shall work with the Stakeholder Advisory Committee to develop recommendations. As DHCS begins planning – we are asking for your priorities. The purpose of this document is to obtain suggestions and feedback from members of the Stakeholder Advisory Committee that DHCS can use in developing recommendations.

Provide your name, organization, and email: --------------------------------------------------------------------

Please email your feedback no later than June 2, 2014 to both mailboxes:

[MMCDHealthEducationMailbox@dhcs.ca.gov](mailto:MMCDHealthEducationMailbox@dhcs.ca.gov) and [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov)

In reference to the SHA Questionnaires, located here, please provide your questions and comments:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx>

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| **SHA Questionnaires by Age Group** | **Provide questions, comments, and suggestions on the SHA, by questionnaire** |
| 0-6 Months |  |
| 7-12 Months |  |
| 1-2 Years |  |
| 3-4 Years |  |
| 5-8 Years |  |
| 9-11 Years |  |
| 12-17 Years |  |
| Adult |  |
| Senior |  |

DHCS shall work with the Stakeholder Advisory Committee to develop recommendations in the following areas:

| **Text from the Statute, Section E** | **Recommend priority outcomes or issues that should be considered by Medi-Cal Managed Care and Mental Health** |
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| The committee shall develop methods to routinely measure, assess, and communicate program information regarding   * informing, * identifying, * screening, * assessing, * referring, and * linking   Medi-Cal eligible beneficiaries to mental health services and supports. |  |
| The committee shall also review   * health plan screenings for mental health illness, * health plan referrals to Medi-Cal fee-for-service providers, and * health plan referrals to county mental health plans, among others. |  |
| The committee shall make recommendations to the department regarding performance and outcome measures that will contribute to improving timely access to appropriate care for Medi-Cal eligible beneficiaries. |  |