

**STRATEGIC PLANNING WORK GROUP EVALUATION:  
Move To Managed Care 4/22/2013**

**81 PARTICIPANTS ATTENDED OUT OF 115 REGISTERED**

**47 EVALUATIONS WERE TURNED IN**

**Please rate your level of agreement on whether the outcomes for this day of working groups were attained.**

5 – strongly agree  
4 – agree  
3 – neither agree nor disagree  
2 – disagree  
1 – disagree strongly

**5      4      3      2      1**

	5	4	3	2	1
1. The purpose of the day was clearly presented	21	20	3	1	
2. I understood what the goals of the day were.	18	23	4		
3. Those goals were accomplished.	16	22	7	1	
4. Directions for activities were clear.	26	16	1	1	
5. I was comfortable contributing.	24	18	4		
6. I thought I was part of a process that would bring about change.	12	20	13		
7. Flow of the day was smooth.	18	22	4		
8. Format was effective for the task (small group, lecture, large group, etc.)	23	19	4	1	
9. Facilitation was effective.	27	15	1	2	
10. The room and amenities were conducive to learning (if applicable.)	17	19	5	2	
11. The delivery method was appropriate.	20	23	1		

**12. What was the most valuable thing about today, and why?**

The ability to be able to share.  
 Raised some questions.  
 Opportunity to examine all aspects of coming change, think about it & listen to others.  
 ASO/MBHO, it is going to be a major complex undertaking to develop and operate effectively.  
 Interaction & idea sharing with people in various roles.  
 Very collaborative group representing many different entities.  
 Hearing the perspectives of others.  
 The fact that you are bringing in everyone to include in the process.  
 Sharing concerns, anxieties.  
 Hearing providers speak about their particular specific issues (in the small group setting.)  
 Work groups.  
 Cleared up for me much confusion about direction we are going. The executive summary sheet was very helpful.  
 The clear presentation of the goals for the day.  
 Communication with peers from different programs.  
 Conversations.  
 Sharing among the tables.  
 Discussion.  
 Pulling together all of our strengths & understanding how they work together.  
 Voices were heard, hopefully, information collected here will not stop here. Hoping state will educate providers – what will be FFS what still contracts?  
 Different opinions.

Networking and meeting new people.  
Learning about areas of funding I am not familiar with.  
Connecting with other providers & learning from their experiences.  
Brainstorming session.  
That the state had been working behind the scenes as up to today that had not been communicated.  
Sharing ideas from multiple sources.  
Communication with DMHAS.  
Increased input from substance abuse treatment providers.  
Coordination and information sharing with other providers.  
The diverse input available from state workers, community & mental & addiction.  
Engaging the community of MH providers is a priority for this successful change.

### 13. What was of least value to you and why?

Still not enough answers.  
Opening remarks – although provided some information not really useful in any meaningful way.  
Medicaid reimbursements, not familiar with these issues.  
Several small groups had repetitive points even though their tasks were set differently – e.g.: milestones – many were the same as what's lacking & needed. So it makes me wonder how these will be distinct and incorporated into the plan. Same question re: the "wish list" and current challenges identified. So I look forward to seeing the plan and how these are addressed.  
Presentations.  
Small group sharing.  
D.K.  
Outcomes... Confusion about data collection costs. I do not believe there will be a cost of program (web based) but shows confusion in provider world.  
A bit too global in terms of issues covered.  
Not having actual dates and tentative structure of changes.  
Well organized use of time.  
Individuals who used the time to complain about the ASO & other issues.

### 14. Please add suggestions for improvement:

Better facility to conduct workgroups, such as a college or convention hall setting.  
Better way to display info, such as video instead of flip charts.  
Maybe make the small groups more distinct in their tasks.  
Insure that while people are brought together, they are still unique, have different problems & needs. One size does not fit all.  
Keep these coming!  
Adding a facilitator to each table would be helpful.  
There were too many small groups which required lengthy repeating of suggestions.  
There was limited ability to give useful comments when so much is unknown – these sessions would have been more beneficial if we knew what the ASO would look like.  
More processing (synthesizing) table lists into key ideas.  
More specific information once known.  
Room was a little cold in the afternoon.  
People presenting did not introduce themselves & I think it would have been helpful to know who was at the table. (i.e.: 1 sub abuse provider, 1 county employee, 1 state, 2 MH providers, hospital consumers, etc.)  
More information about what the state is doing.  
For future meetings like this please inform participants in advance that box lunch will be provided at cost.  
Follow-up sessions after go live to work through issues.  
Follow-up on all the work today & answers to all issues brought up – if change couldn't happen & why.  
Spell out acronyms somewhere.  
"2s" above represent: 1. Did not think the challenge for small group was clearly written or presented to small group and 2. Each small group should have had a trained facilitator to ensure group understands challenge & stays on task. One member

of the group monopolized/used up time complaining about problems and issues that were not relevant to our topic.  
Effective communication. Transparency. Realistic time frames.

**15. Please add additional comments:**

Looking forward to seeing the outcomes and where we will go from here.

I appreciate the opportunity to contribute and hear providers and consumers thoughts.

Congratulate yourselves on all of the hard work.

Keep these coming as info becomes available.

As the merging process continues, important to include all types of treatment services, not just those who receive funding, but private org's too, particularly related to regulatory requirements.

Would it be possible for the state to purchase an H.E.R. and share it with providers? Maybe we could share the cost. All records would then be consistent.

Need to have notes from the day returned to participants quickly. (within 2 – 3 weeks, not months.)

If these were agreements with the community providers for hospital staff to intervene before pts. Go to screening & back to the hospital. Allow pts. to access the hospital. Allow pts. to access the state hospital for [illegible] to allow discharges.

Interesting to hear concerns, ideas, etc.

Thought it was great she gave everyone an opportunity to write on the boards if we didn't want to talk during the brainstorming session.

It would be great to capture each groups dynamic discussion through audio recording and transcription.

Need more frequent communication of actual information about changes & where we are in process.

Will there be a follow-up summary on website? Would also like to see a summary of suggested measurable outcomes, EBPs, etc. Somewhere that peer providers could access.

Perhaps due to subject material, this group seemed to be more direct in its suggestions for change and preparation for that change.