



CalAIM Experiences: Northern California Implementers

Goodwin Simon Strategic Research

April 2024

Survey Methodology

On behalf of the California Health Care Foundation (CHCF), Goodwin Simon Strategic Research (GSSR) conducted an online survey among 1,196 CalAIM implementers July 21 to September 12, 2023 to explore their experiences and outlook about CalAIM. CHCF [published the survey](#) in December 2023.

Questionnaire development was guided by six online focus groups conducted between March 29 and April 27, 2023 among implementers from behavioral health, community-based organizations, discharge planning, Enhanced Care Management, managed care plans, and homeless/medical respite.

Respondents who report having fewer than 30% of their patients/clients/members enrolled in Medi-Cal/Medicaid or who were not familiar with CalAIM were not included in the full survey.

This report focuses on the findings for Northern California, which includes the following subregions:

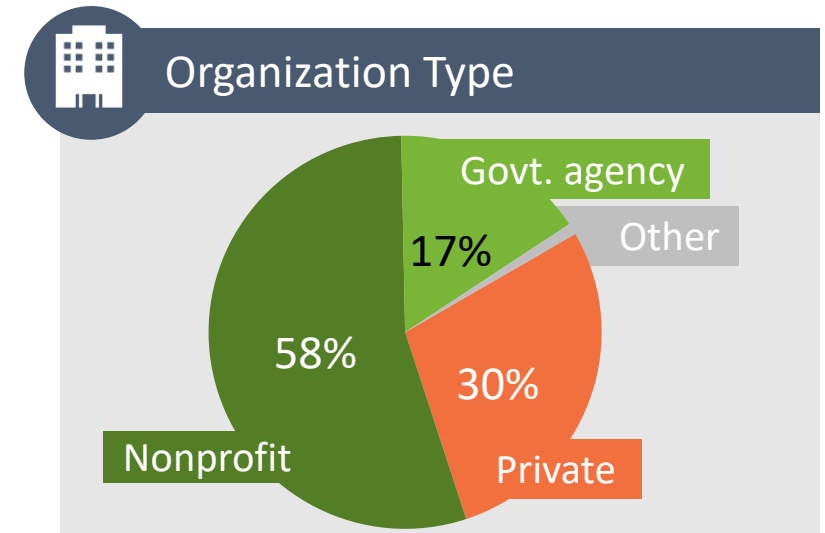
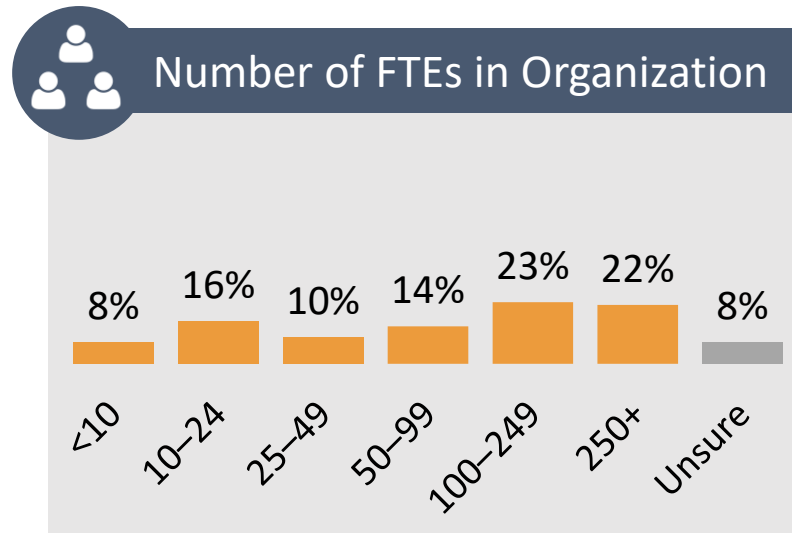
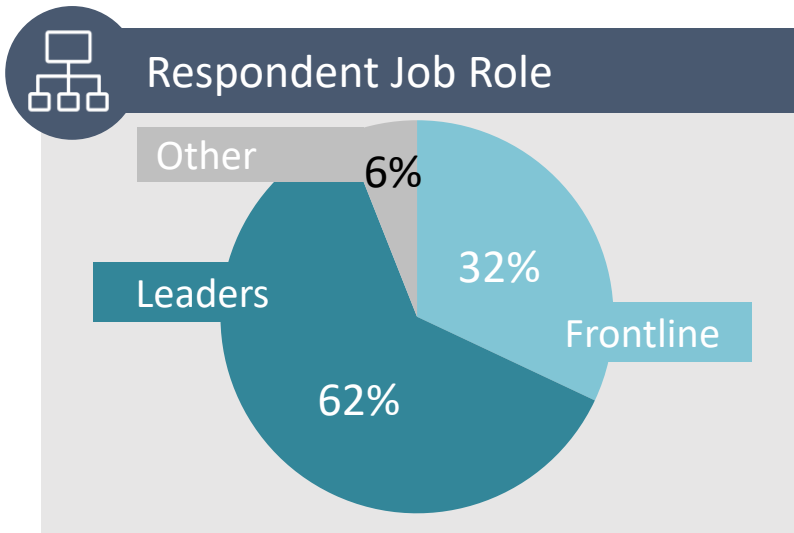
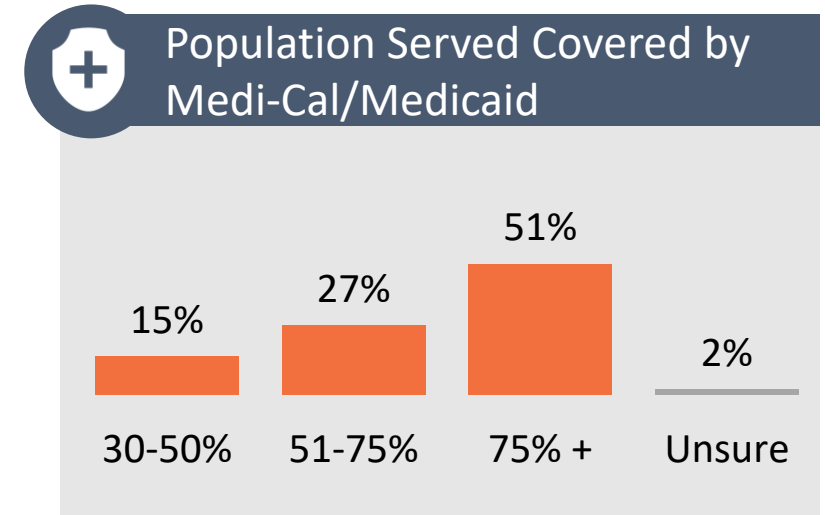
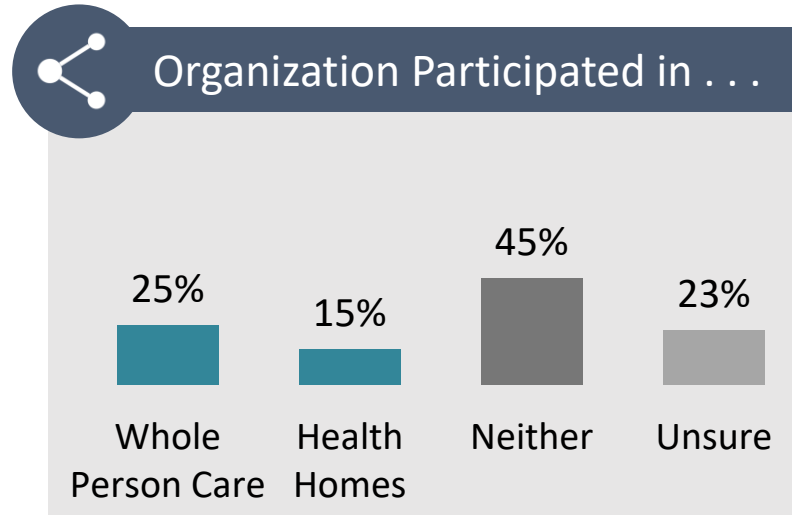
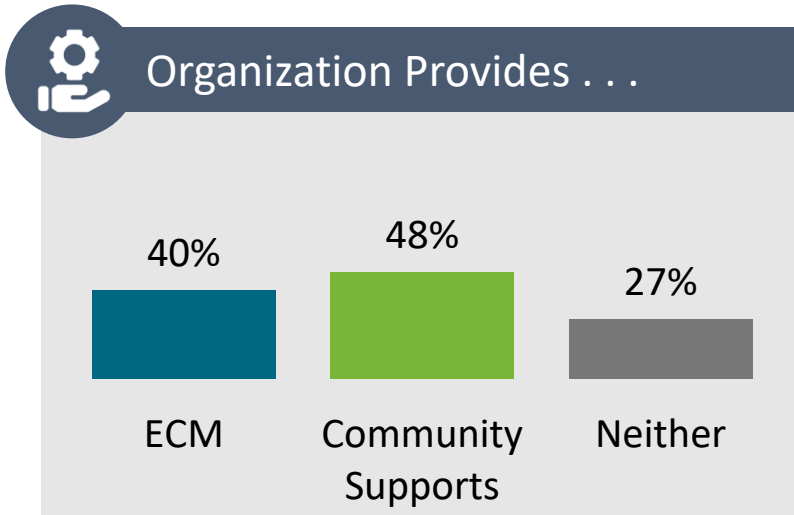
- Central/Gold Country/Nor Cal: Includes the counties of Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba
- Placer County (shown separately from Central/Gold Country/Nor Cal where enough people completed the survey to have statistical significance)
- Northeast/Northwest: Includes the counties of Lassen, Modoc, Shasta, Siskiyou, Trinity, Del Norte, and Humboldt
- Sacramento County

These subregions follow the grouping and naming conventions used for the [PATH Collaborative Planning and Implementation \(CPI\) initiative](#). To minimize confusion, we refer to the region as Northern California throughout, given that there is a PATH CPI subregion called Nor Cal.

Some respondents report working in multiple counties and therefore may appear in more than one subregion. As a result, the sum of all subregions may exceed the total for the region.

Statistical testing was conducted to compare Northern California respondents to those from the rest of California, both across and within the region. Any statistically significant differences ($p < .05$) are noted in figures with an *. If there is no symbol, differences were not significant.

Dashboard: Breakdown of Northern California Respondents



Note: Totals may not sum to 100% due to rounding.

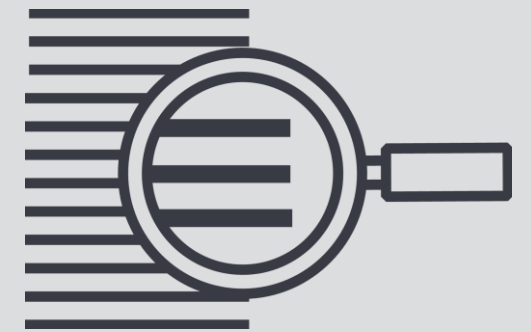
Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Overview of Regional Findings

1. Implementer Views on Current State of Implementation
2. Organizational Partnerships
3. Data Exchange
4. Appendix: In Their Own Words

Implementer Views on Current State of Implementation

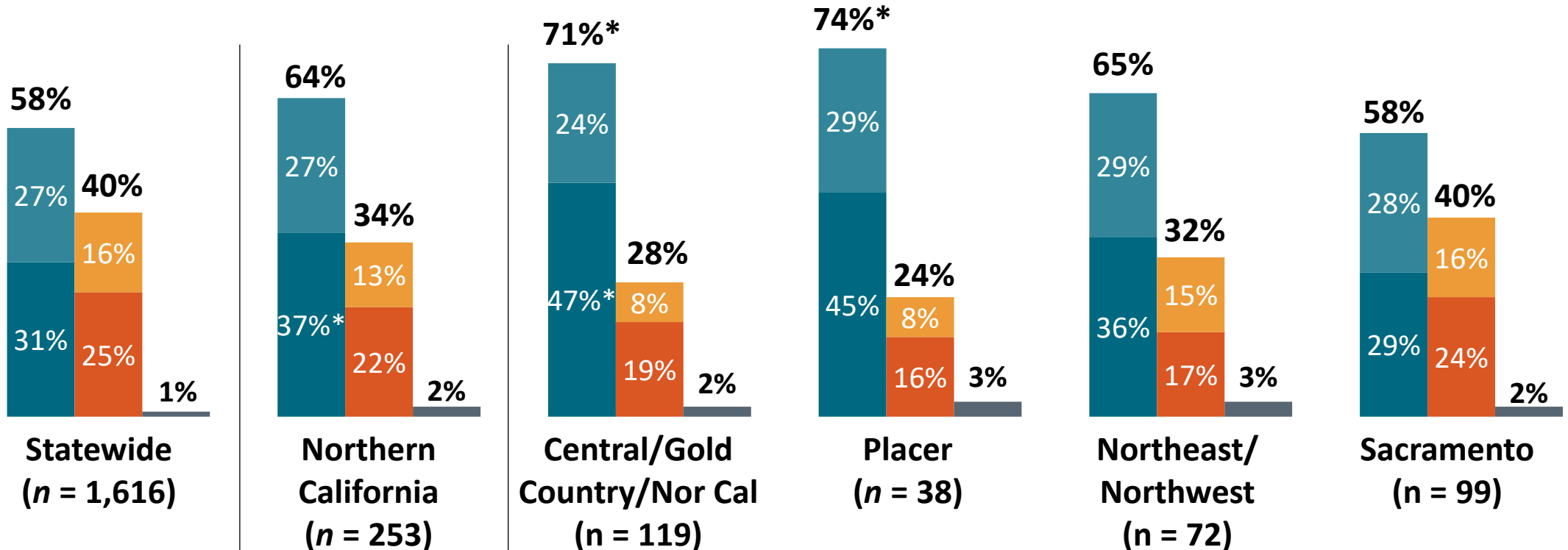


There Is Room to Increase Familiarity with CalAIM Across the Region

How familiar are you with California Advancing and Innovating Medi-Cal, also referred to as CalAIM? CalAIM includes many new programs and changes, such as Enhanced Care Management, Community Supports, carve-in of institutional long-term care, Population Health Management, No Wrong Door, Behavioral Health Payment Reform, etc.

(Note that this only includes responses from those who serve at least 30% Medi-Cal; those who are not familiar at all were not included in the remainder of the survey.)

■ Very familiar
 ■ Somewhat familiar
 ■ Not familiar at all
 ■ A little familiar
 ■ Unsure



*This result is significantly different from results statewide at the 95% confidence level.

Note: Totals may not sum to 100% due to rounding.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Agreement with Goals Consistent Across the Region

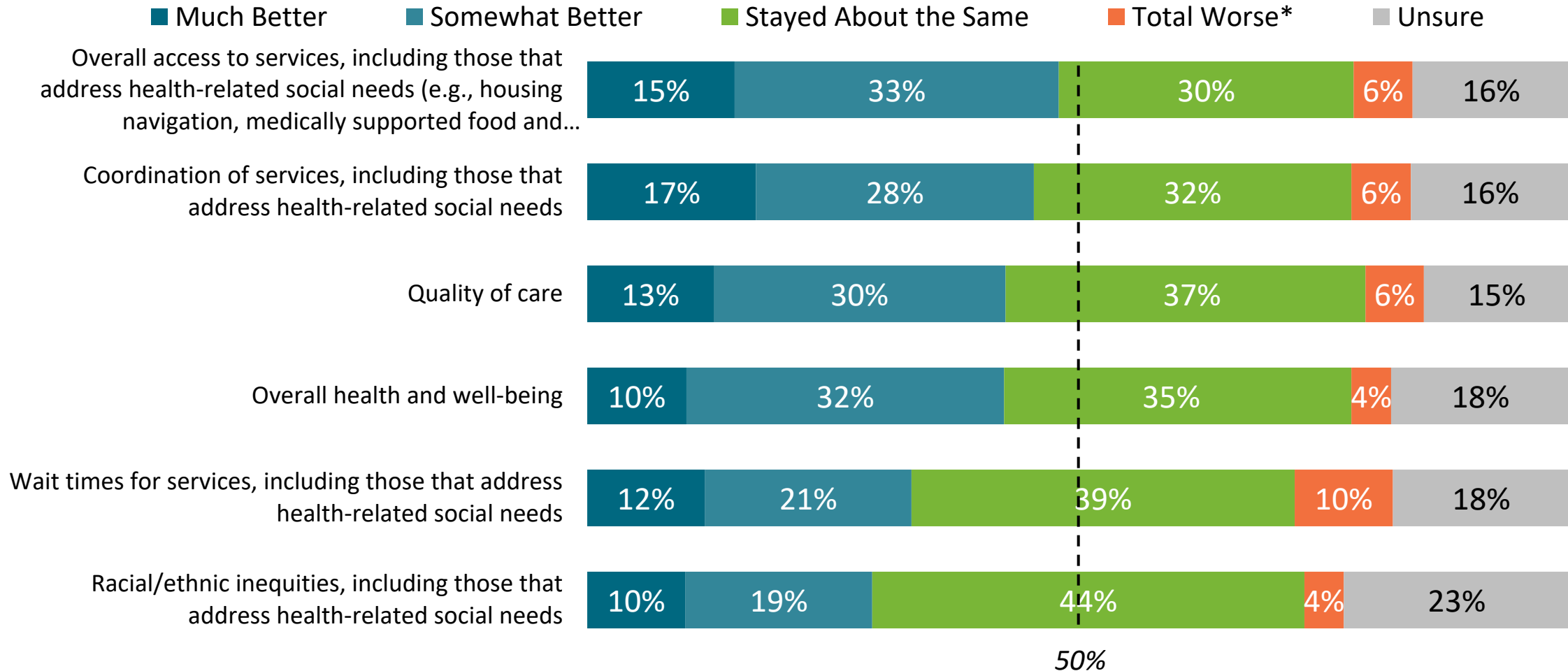
Please indicate how much you agree or disagree with each of the following statements:

I support CalAIM's goal of . . .

Showing the % agree with each statement	Statewide	Northern California (n = 193)	Central/ Gold Country/ Nor Cal (n = 94)	Placer (n = 31)	Northeast/ Northwest (n = 58)	Sacramento (n = 73)
<i>. . . making Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.</i>	96%	97%	96%	97%	98%	95%
<i>. . . comprehensively addressing people's needs through whole person care and interventions that address social drivers of health.</i>	95%	95%	95%	94%	97%	93%
<i>. . . improving quality outcomes and reducing health disparities through value-based initiatives and payment reform.</i>	94%	92%	95%	94%	88%	90%

Northern California Implementers Already Report Improvements

Thinking about the experiences of the people you serve (e.g., patients, members, or clients), please indicate whether you personally think the experiences of the following have gotten better or worse as a result of CalAIM's implementation — or if they have stayed about the same. If you are unsure, just select that . . .



*Total Worse is the sum of "Somewhat" and "Much" Worse responses.

Notes: Excludes those who said "N/A." Totals may not sum to 100% due to rounding.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Improvements Reported Vary by Subregion

Thinking about the experiences of the people you serve (e.g., patients, members, or clients), please indicate whether you personally think the experiences of the following have gotten better or worse as a result of CalAIM’s implementation — or if they have stayed about the same . . . **Percentages indicate total “better” responses.**

Showing the % total “better” responses	Statewide	Northern California (n = 183)	Central/ Gold Country/ Nor Cal (n = 89)	Northeast/ Northwest (n = 54)	Sacramento (n = 68)
<i>Overall access to services, including those that address health-related social needs (e.g., housing navigation, medically supported food and nutrition services)</i>	52%	48%	45%	52%	47%
<i>Coordination of services, including those that address health-related social needs</i>	51%	45%	43%	48%	41%
<i>Overall health and well-being</i>	48%	42%	43%	43%	36%*
<i>Quality of care</i>	45%	42%	42%	41%	41%
<i>Racial/ethnic inequities, including those that address health-related social needs</i>	38%	29%*	33%	24%*	24%*
<i>Wait times for services, including those that address health-related social needs</i>	38%	33%	32%	31%	33%

*This result is significantly different from results statewide at the 95% confidence level

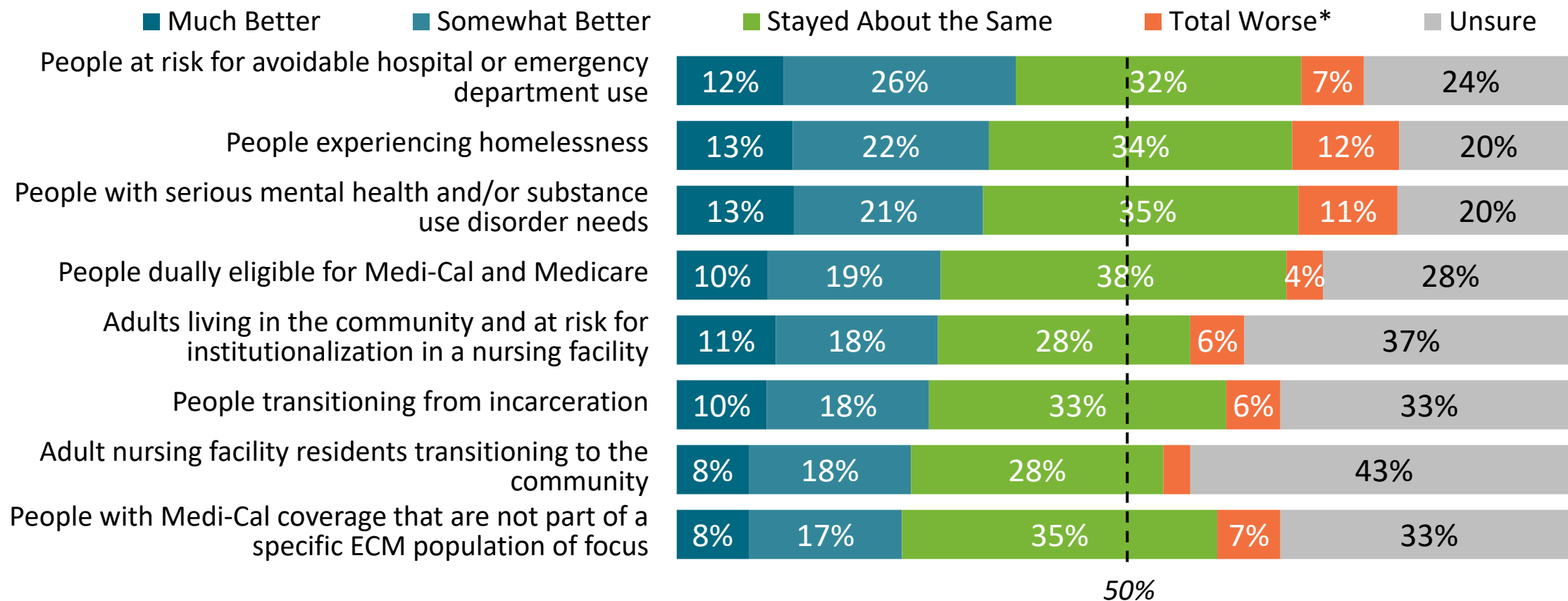
Notes: The n size for each row may vary within each column as respondents who said “not applicable” to each item were excluded from that row..

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Northern California Respondents More Sure About Improvements for 2022 Populations of Focus Compared to Later Populations of Focus

Now thinking about the experiences of the people you serve in each of the following populations, please indicate whether you personally think their overall experience of care has gotten better or worse as a result of CalAIM's implementation — or if it has stayed about the same. If you are unsure, just select that . . .



*Total Worse is the sum of "Somewhat" and "Much" Worse responses.

Notes: Excludes those who said "N/A." Totals may not sum to 100% due to rounding.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Reported Improvements by POF Vary Somewhat by Subregion

Now thinking about the experiences of the people you serve in each of the following populations, please indicate whether you personally think their overall experience of care has gotten better or worse as a result of CalAIM’s implementation — or if it has stayed about the same. . . **Percentages indicate total “better” responses.**

Showing the % “very + somewhat better” responses	Statewide	Northern California (n = 167)	Central/ Gold Country/ Nor Cal (n = 79)	Northeast/ Northwest (n = 53)	Sacramento (n = 59)
<i>People at risk for avoidable hospital or emergency department use</i>	42%	38%	37%	44%	32%
<i>People experiencing homelessness</i>	38%	35%	37%	32%	35%
<i>People with serious mental health and/or substance use disorder needs</i>	37%	34%	34%	30%	32%
<i>People dually eligible for Medi-Cal and Medicare</i>	35%	29%	30%	33%	24%*
<i>Adults living in the community and at risk for institutionalization in a nursing facility</i>	30%	29%	34%	35%	20%*
<i>People transitioning from incarceration</i>	29%	28%	28%	28%	21%
<i>Adult nursing facility residents transitioning to the community</i>	28%	26%	33%	23%	19%
<i>People with Medi-Cal coverage that are not part of a specific ECM population of focus</i>	28%	25%	32%	17%*	15%*

*This result is significantly different from results statewide at the 95% confidence level

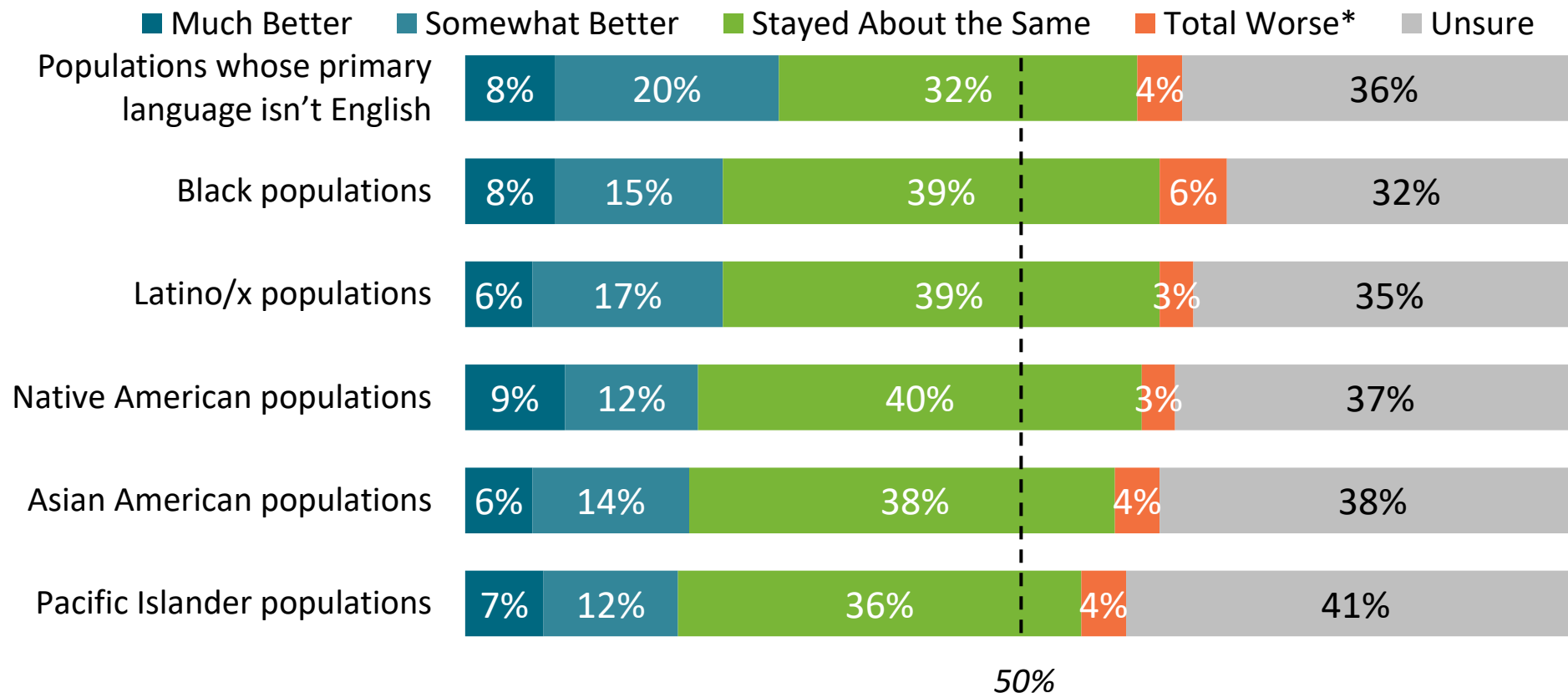
Notes: The n size for each row may vary within each column as respondents who said “not applicable” to each item were excluded from that row. POF is population of focus.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Respondents Less Sure About Improvements for Racial/Ethnic Groups in Northern California

Now thinking about the experiences of the people you serve in each of the following populations related to race/ethnicity or language, please indicate whether you personally think their overall experience of care has gotten better or worse as a result of CalAIM’s implementation as a whole . . .



*Total Worse is the sum of "Somewhat" and "Much" Worse responses.
 Notes: Excludes those who said "N/A." Totals may not sum to 100% due to rounding.
 Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Reported Improvements by Racial/Ethnic Groups Vary by Subregion

Now thinking about the experiences of the people you serve in each of the following populations related to race/ethnicity or language, please indicate whether you personally think their overall experience of care has gotten better or worse as a result of CalAIM’s implementation as a whole . . . **Percentages indicate total “better” responses.**

Showing the % total “better” responses	Statewide	Northern California (n = 178)	Central/ Gold Country/ Nor Cal (n = 86)	Northeast/ Northwest (n=53)	Sacramento (n=66)
<i>Latino/x populations</i>	34%	23%*	26%	25%	18%*
<i>Populations whose primary language isn’t English</i>	33%	28%	29%	26%	25%
<i>Black populations</i>	29%	23%*	25%	18%*	21%
<i>Asian American populations</i>	24%	20%	24%	18%	18%
<i>Pacific Islander populations</i>	23%	19%	22%	19%	15%
<i>Native American populations</i>	22%	21%	24%	26%	12%*

*This result is significantly different from results statewide at the 95% confidence level.

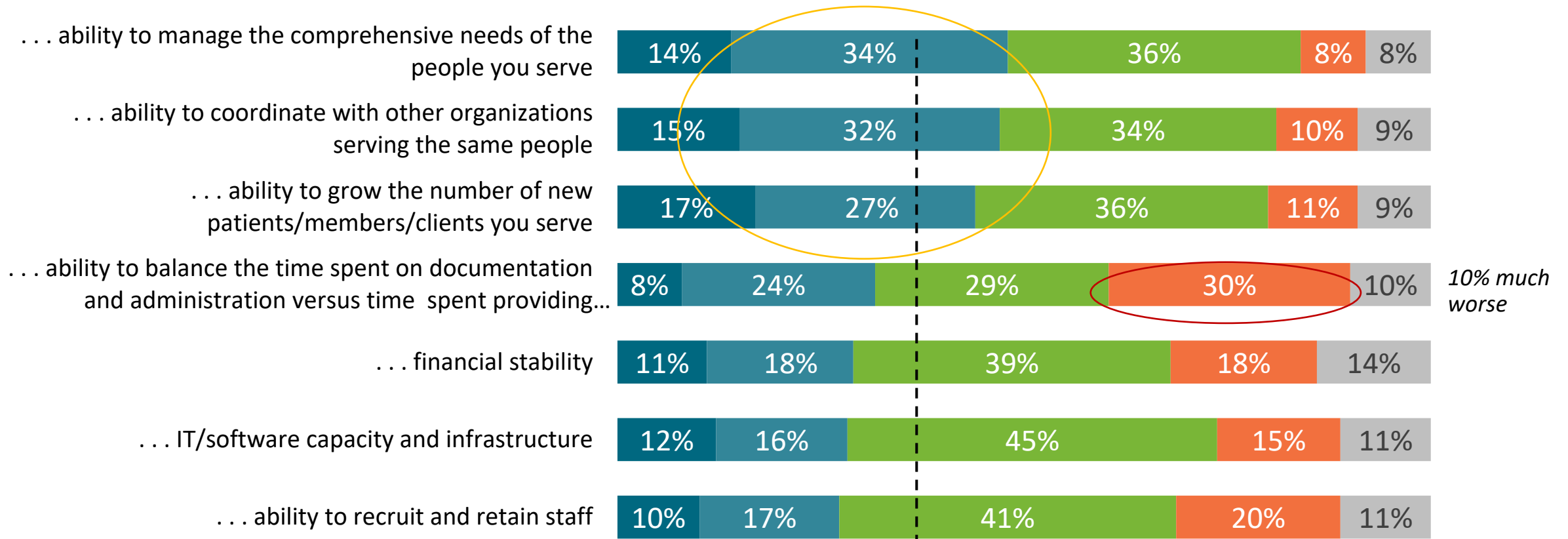
Notes: The *n* size for each row may vary within each column as respondents who said “not applicable” to each item were excluded from that row.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

CalAIM Implementation Already Improving Ability to Serve in Northern California — Though Implementers Divided on Administrative Burden

Now thinking about your own organization, please indicate whether you personally think each of the following has gotten better or worse as a result of CalAIM — or if it has stayed about the same . . . **Your organization's . . .**

■ Somewhat Better ■ Stayed About the Same ■ Total Worse* ■ Unsure



*Total Worse is the sum of "Somewhat" and "Much" Worse responses.

Notes: Excludes those who said "N/A."

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Improvements Reported Vary by Subregion

Now thinking about your own organization, please indicate whether you personally think each of the following has gotten better or worse as a result of CalAIM — or if it has stayed about the same . . .

Percentages indicate total “better” responses.

Your organization’s . . .	Statewide	Northern California (n = 176)	Central/ Gold Country/ Nor Cal (n = 85)	Northeast/ Northwest (n = 55)	Sacramento (n = 63)
. . . ability to manage the comprehensive needs of the people you serve	51%	48%	47%	52%	45%
. . . ability to grow the number of new patients/members/clients you serve	48%	44%	44%	47%	38%
. . . ability to coordinate with other organizations serving the same people	48%	48%	44%	52%	45%
. . . IT/software capacity and infrastructure	35%	28%	31%	24%	22%*
. . . ability to balance the time spent on documentation and administration versus time spent providing services	34%	32%	32%	31%	25%
. . . financial stability	34%	29%	30%	27%	22%*
. . . ability to recruit and retain staff	27%	27%	29%	24%	22%

*This result is significantly different from results statewide at the 95% confidence level.

Note: The n size for each row may vary within each column as respondents who said “not applicable” to each item were excluded from that row.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Implementers in Northern California More Likely to Say Administrative Burden Has Gotten Worse

Now thinking about your own organization, please indicate whether you personally think each of the following has gotten better or worse as a result of CalAIM — or if it has stayed about the same . . .

Percentages indicate total “worse” responses.

Your organization’s . . .	Statewide	Northern California (n = 176)	Central/ Gold Country/ Nor Cal (n = 85)	Northeast/ Northwest (n = 55)	Sacramento (n = 63)
. . . ability to balance the time spent on documentation and administration versus time spent providing services	23%	30%*	30%	35%	34%*
. . . ability to recruit and retain staff	20%	20%	25%	20%	19%
. . . financial stability	15%	18%	20%	18%	19%
. . . IT/software capacity and infrastructure	11%	15%	19%	18%	17%
. . . ability to grow the number of new patients/ members/clients you serve	9%	11%	15%	13%	9%
. . . ability to manage the comprehensive needs of the people you serve	9%	8%	10%	9%	8%
. . . ability to coordinate with other organizations serving the same people	8%	10%	11%	11%	8%

*This result is significantly different from results statewide at the 95% confidence level.

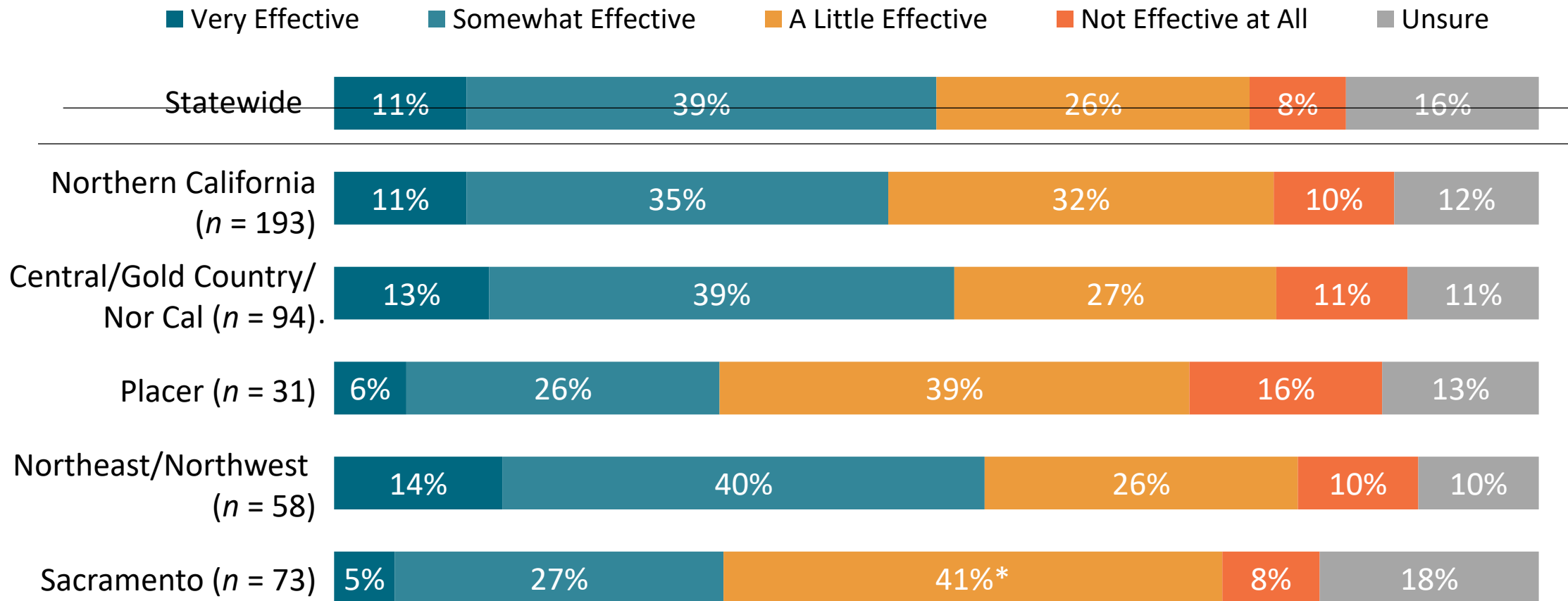
Notes: The n size for each row may vary within each column as respondents who said “not applicable” to each item were excluded from that row.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Implementers Have Mixed Views About Effectiveness of CalAIM Implementation

At this stage of CalAIM's implementation, how would you rate the effectiveness of CalAIM-related processes, protocols, and workflows overall?



*This result is significantly different from results statewide at the 95% confidence level.

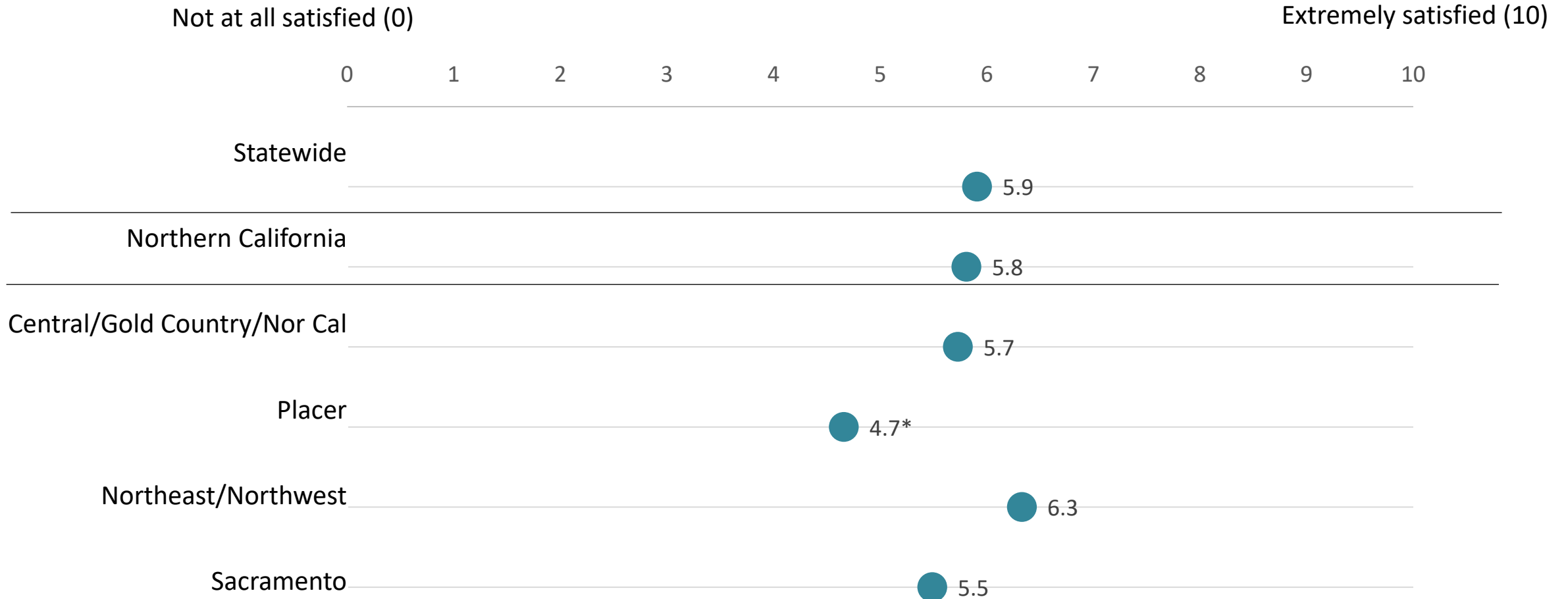
Note: Totals may not sum to 100% due to rounding.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Organization's Satisfaction with CalAIM by Subregion

On a scale of zero to 10, with zero meaning not at all satisfied and 10 meaning extremely satisfied, how satisfied are you with your organization's experience with CalAIM so far?



*This result is significantly different from results statewide at the 95% confidence level

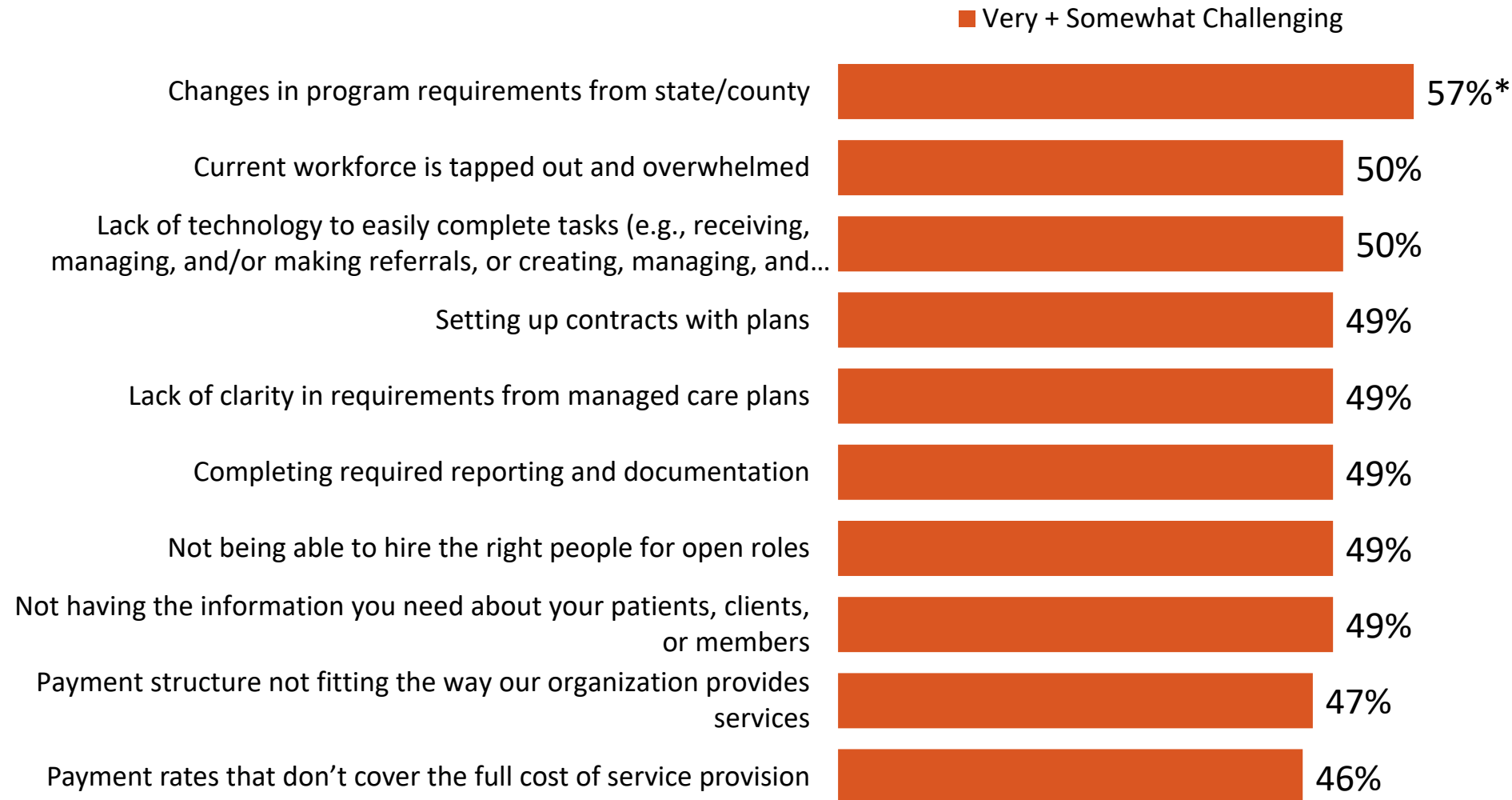
Notes: Data shown are average values for each subgroup.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Implementers in Northern California Face an Array of Challenges

Please indicate how challenging each of the following has been when it comes to implementing ECM and/or Community Supports:

Top Challenges

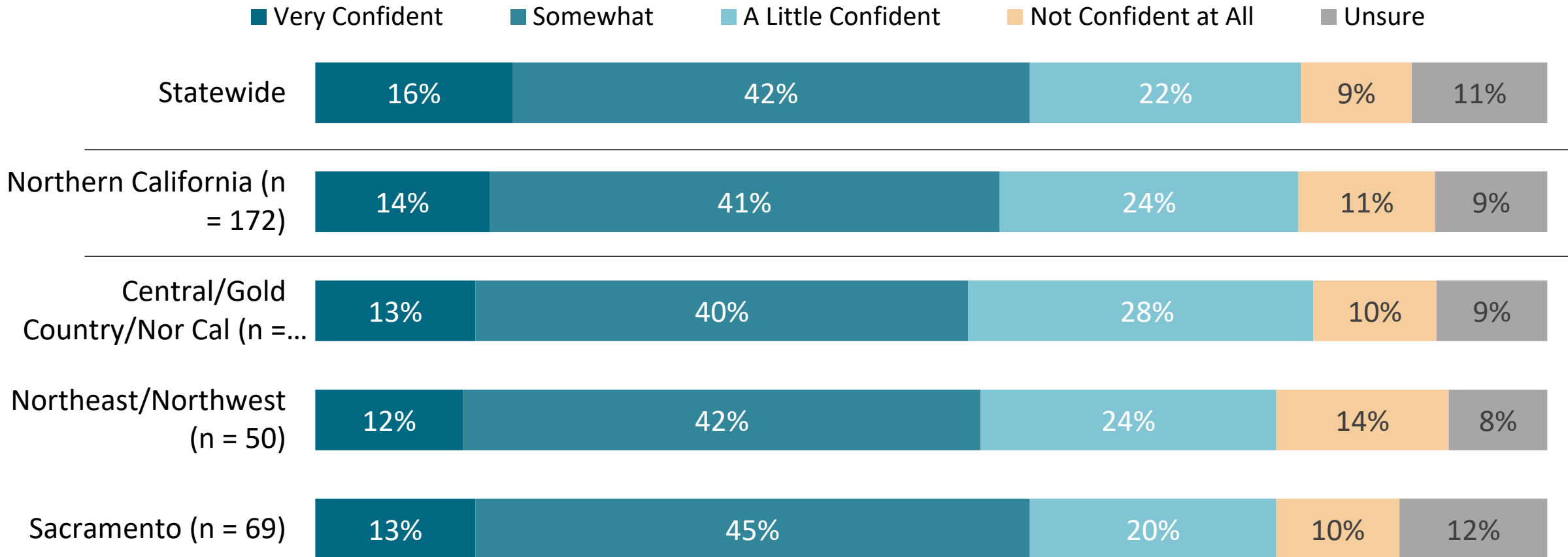


*This result is significantly higher than the statewide result at the 95% confidence level.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

There's Optimism About Improvement . . .

How confident are you that CalAIM-related processes, protocols, and workflows will become more effective over time?
 Asked among everyone except those who say CalAIM is already "very effective" (11%)



Note: Totals may not sum to 100% due to rounding.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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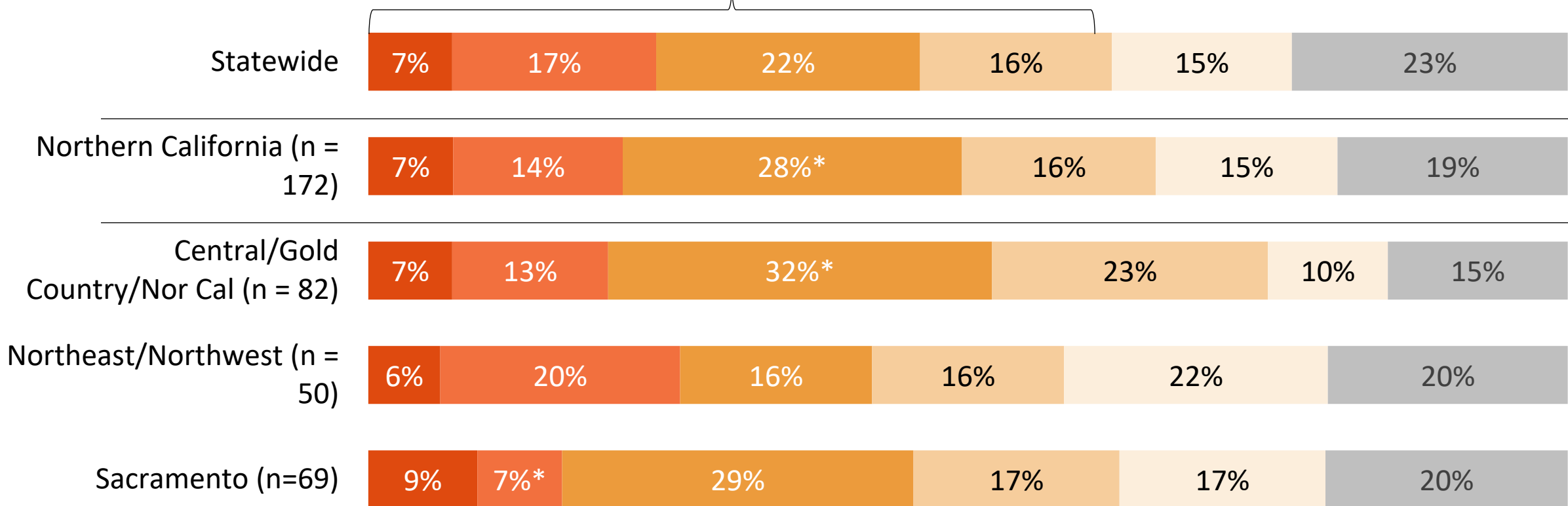


... But the Runway for Most Is Less than a Year

How long are you able to wait for significant improvements in CalAIM-related processes, protocols, and workflows?
 Asked among everyone except those who say CalAIM is already “very effective” (11%)

■ Cannot wait
 ■ 1-3 months
 ■ 4-6 months
 ■ 7-12 months
 ■ 1 year+
 ■ Unsure

62% within one year



*This result is significantly different from results statewide at the 95% confidence level.

Note: Totals may not sum to 100% due to rounding.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Reported Resources Used Varies Somewhat by Subregion

Listed below are some resources available to help implement CalAIM. For each, please indicate if you have already taken advantage of that resource and if so, how helpful it has been to your organization . . .

Showing the % who have used each resource	Statewide	Northern California (n = 193)	Central/ Gold Country/ Nor Cal (n = 94)	Placer (n = 31)	Northeast/ Northwest (n = 58)	Sacramento (n = 73)
<i>DHCS Webinars</i>	67%	72%	77%	75%	73%	63%
<i>Peer-to-peer learning</i>	61%	63%	75%*	65%	55%	53%
<i>Your regional CalAIM (CPI) Group . . .</i>	51%	55%*	67%*	64%	54%	48%
<i>Technical assistance or trainings from MCPs</i>	49%	54%	66%*	55%	54%	41%
<i>Technical assistance through the CalAIM Technical Assistance Marketplace . . .</i>	39%	42%	45%	42%	41%	38%
<i>Grants from MCPs through (IPP)</i>	36%	36%	44%	35%	33%	32%
<i>Grants through PATH (CITED)</i>	36%	38%	40%	29%	47%	28%

*This result is significantly different from results statewide at the 95% confidence level.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Grants Reported as Most Helpful, Followed by Peer-to-Peer Learning

Listed below are some resources available to help implement CalAIM. For each, please indicate if you have already taken advantage of that resource and if so, how helpful it has been to your organization . . .

Showing the % who say each resource is “very helpful” (among those who say they’ve used that resource)	Statewide	Northern California (n = 70)	Central/ Gold Country/ Nor Cal (n = 41)
<i>Grants from MCPs through (IPP)</i>	51%	53%	54%
<i>Grants through PATH (CITED)</i>	45%	47%	50%
<i>Peer-to-peer learning</i>	37%	40%	44%
<i>Technical assistance or trainings from MCPs</i>	31%	26%	21%
<i>Your regional CalAIM (CPI) Group . . .</i>	31%	24%	29%
<i>Technical assistance through the CalAIM Technical Assistance Marketplace . . .</i>	30%	28%	36%
<i>DHCS Webinars</i>	27%	22%	24%

Financial Incentives Top the List of Resources Implementers Would Find Helpful — But Just Barely

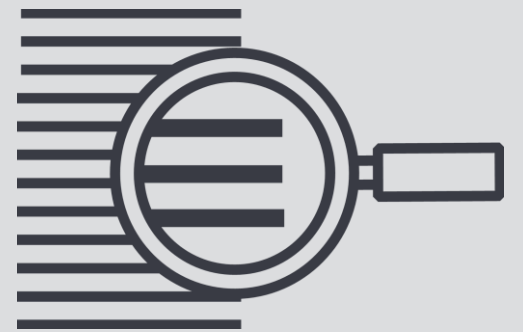
*Which of the following do you think would be the most helpful for your organization in implementing CalAIM?
Please select the top three.*

Showing the % who say this resource is in their top three for what would be most helpful . . .	Statewide	Northern California (n = 193)	Central/ Gold Country/ Nor Cal (n = 94)	Placer (n = 31)	Northeast/ Northwest (n = 58)	Sacramento (n = 73)
<i>Rates that better reflect your costs of operating</i>	36%	38%	37%	42%	41%	38%
<i>More implementation funding . . .</i>	33%	36%	40%	29%	34%	25%
<i>Clearer guidance from DHCS (e.g., How-To Guides)</i>	30%	28%	30%	35%	19%*	36%
<i>Lower administrative requirements</i>	30%	35%	37%	42%	38%	36%
<i>Clearer guidance from MCPs (e.g., How-To Guides)</i>	26%	28%	21%	13%*	26%	33%
<i>More opportunities to learn from others in doing similar work</i>	25%	23%	23%	16%	19%	19%
<i>Payment structure that better fits your operating model</i>	23%	22%	23%	19%	22%	22%
<i>Standardization of MCP requirements</i>	23%	21%	21%	23%	21%	26%
<i>More support for your organization to troubleshoot problems</i>	22%	19%	15%	13%	29%	16%
<i>Faster and more streamlined payment</i>	18%	21%	22%	19%	17%	21%

*This result is significantly different from results statewide at the 95% confidence level.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Organizational Partnerships



More Northern California Implementers Have Partnerships with the Housing Sector than with Other Sectors

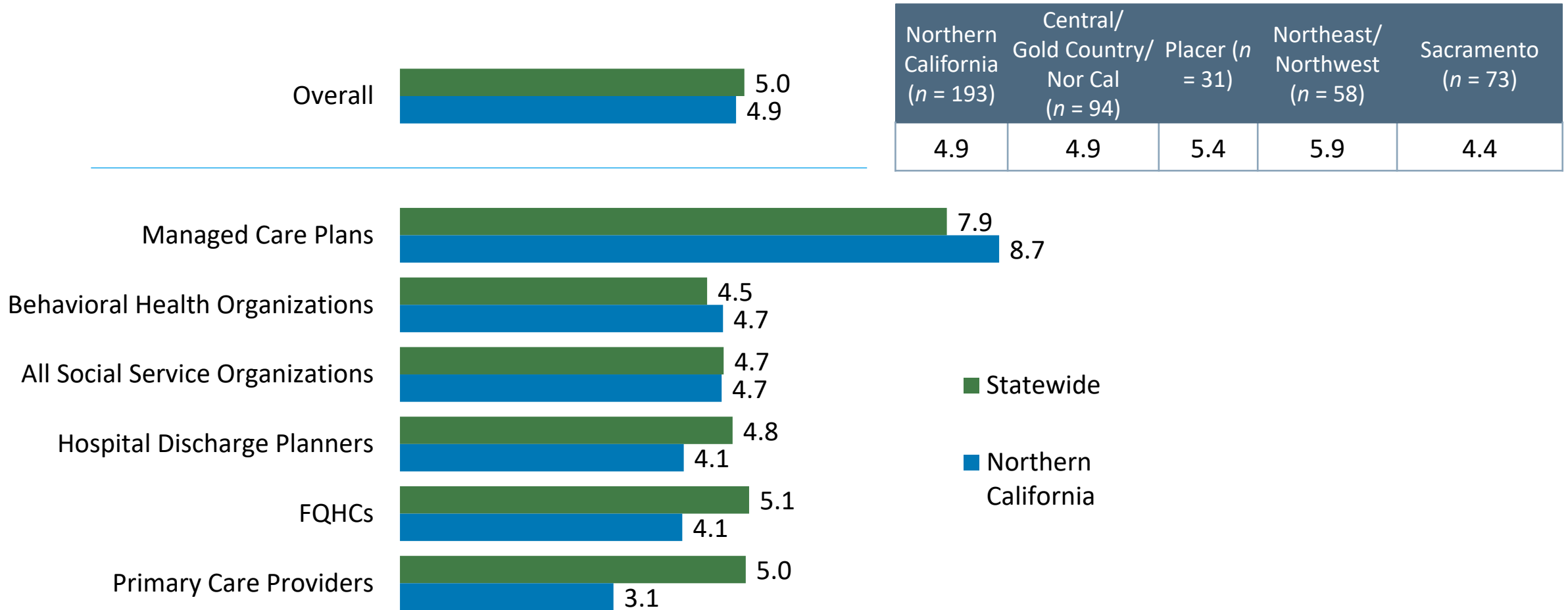
Do you currently have partnerships in any of the following sectors — whether or not you developed them through CalAIM? . . . Please indicate the sectors in which you have at least one partnership.

Showing the % of respondents who have at least one partnership in each sector	Statewide	Northern California (n = 193)	Central/ Gold Country/ Nor Cal (n = 94)	Placer (n = 31)	Northeast/ Northwest (n = 58)	Sacramento (n = 73)
<i>Housing and homeless services providers</i>	49%	51%	50%	42%	47%	53%
<i>Mental health and/or substance use providers (outpatient or inpatient)</i>	42%	41%	43%	42%	41%	40%
<i>County behavioral health plan/agency</i>	40%	46%	45%	55%	48%	41%
<i>Managed care plans</i>	37%	42%	41%	45%	47%	47%
<i>Primary care providers</i>	36%	38%	38%	39%	52%*	34%
<i>Services for older adults or people with disabilities to live in the community</i>	29%	31%	31%	26%	36%	26%
<i>Medically supported food and nutrition services</i>	26%	23%	23%	26%	31%	21%
<i>Medical respite/recuperative services</i>	24%	23%	26%	23%	28%	21%
<i>Personal care or home health services</i>	24%	22%	22%	32%	36%*	12%*
<i>Acute hospitals</i>	23%	28%	23%	32%	47%*	26%
<i>Skilled nursing facilities</i>	22%	21%	19%	23%	38%*	19%
<i>Sobering centers/sobering services</i>	20%	17%	18%	13%	16%	15%
<i>Assisted living facilities</i>	16%	17%	19%	13%	26%	11%
<i>Correctional systems</i>	16%	21%*	19%	29%	24%	16%
<i>Home modification providers</i>	11%	9%	12%	19%	12%	8%
<i>Asthma remediation services</i>	8%	6%	7%	13%	--	11%
<i>None of the above</i>	8%	4%	2%	--	5%	4%

*This result is significantly different from results statewide at the 95% confidence level.

Most Organizations Report Partnerships in Multiple Sectors — Though Still Room to Increase Interconnectivity

Do you currently have partnerships in any of the following sectors — whether or not you developed them through CalAIM? Showing the average number of sectors that each type of respondent reports partnerships in. For example, statewide, MCPs report having partnerships in an average of 7.9 different sectors.



Respondents in Northern California Rate Partnerships Somewhat More Favorably than Statewide

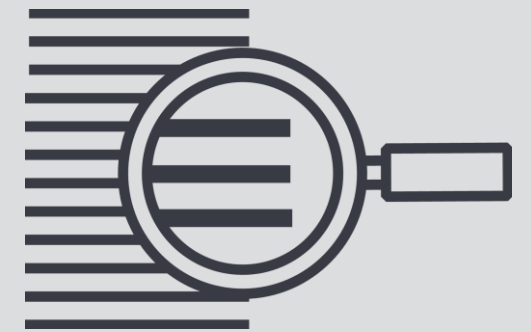
Thinking about your best partnership with [sector], which of the following would you say accurately describes your partnership?

Showing the % who say this applies to their best partnerships in any sector	Statewide	Northern California (n = 193)	Central/ Gold Country/ Nor Cal (n = 94)	Placer (n=31)	Northeast/ Northwest (n = 58)	Sacramento (n = 73)
<i>We communicate about shared clients/patients, when needed</i>	74%	80%*	76%	74%	88%*	85%*
<i>We work together to identify unmet needs and decide how gaps will be filled</i>	69%	69%	65%	55%	76%	71%
<i>We approach our partnership with a spirit of give and take</i>	51%	56%	53%	68%*	53%	60%
<i>We trust one another</i>	51%	52%	52%	55%	55%	51%
<i>We speak the same language (literally and figuratively)</i>	50%	54%	52%	55%	62%*	53%
<i>None of these criteria apply to any partners in this sector</i>	10%	14%	18%*	23%	17%	10%

*This result is significantly different from results statewide at the 95% confidence level.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Data Exchange



State and Region Not Yet at Goal of Holistic, Complete, Realtime Data Exchange

Still thinking about the information about other care that the people you serve are getting . . .

% of respondents who say . . .	Statewide	Northern California (n = 193)	Central/ Gold Country/ Nor Cal (n = 94)	Placer (n = 31)	Northeast/ Northwest (n = 58)	Sacramento (n = 73)
<i>. . . Information is completely or mostly accurate</i>	66%	68%	68%	61%	74%	64%
<i>. . . They get all or most of the information needed</i>	45%	45%	45%	35%	43%	47%
<i>. . . They get information within 48 hours or faster</i>	43%	40%	45%	42%	35%	34%

Information Largely Coming from Personal Contact Over IT Solutions

Switching topics somewhat, how do you currently get information about the other care that the people you serve are getting in the context of CalAIM (e.g., ECM, Community Supports)? Please choose an answer for each row.

Showing the % who ever use this source (always + usually + some of the time)	Statewide	Northern California (n = 193)	Central/ Gold Country/ Nor Cal (n = 94)	Placer (n = 31)	Northeast/ Northwest (n = 58)	Sacramento (n = 73)
<i>From the patient/client/member themselves</i>	85%	83%	83%	90%	88%	79%
<i>In person meetings with other provider/care team member(s)</i>	74%	79%	81%	77%	83%	75%
<i>Through an Electronic Health Records system (EHR)</i>	59%	58%	53%	45%	71%*	58%
<i>Through a health plan/MCP portal</i>	50%	49%	48%	39%	55%	49%
<i>Through a Health or Community Information Exchange (HIE/CIE) or other data portal . . .</i>	45%	41%	41%	32%	47%	38%

*This result is significantly different from results statewide at the 95% confidence level.

Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).



About Goodwin Simon Strategic Research

Goodwin Simon Strategic Research (GSSR) is an independent opinion research firm with decades of experience in polling, policy analysis, and communications strategy for clients in the public and private sectors. GSSR Founding Partner Amy Simon, Partner John Whaley, and Senior Research Analyst Nicole Fossier all contributed their thought leadership on this survey research in collaboration with the California Health Care Foundation.



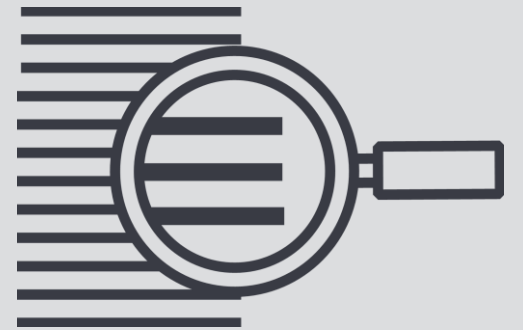
California Health Care Foundation

About the California Health Care Foundation

*The California Health Care Foundation is an independent, nonprofit philanthropy organization that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the health system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. **Health equity is the primary lens through which we focus our work at CHCF.***

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system. For more information, visit www.chcf.org.

Appendix: In Their Own Words



Northern California Implementers Cite Successes So Far

Keeping patients out of the inpatient psych hospital
– Frontline, Hospital/Health System

A couple of successful discharges in difficult circumstances.
– Frontline, Skilled Nursing Facility

We have been able to leverage IPP funding which has allowed us to purchase outreach vehicles to better connect with our populations of focus as well as to assist us with providing much needed transportation options to our patients in more rural locations.
– Leader, Community Clinic

Our agency has been able to provide broad wrap-around services and is contemplating becoming an ECM given our success with community support services and clients.
– Leader, Social Service Provider

We have successfully built a door to the local jail to provide some re-entry services to incarcerated populations by assisting in Medi-Cal applications.
– Frontline, Social Service Provider

Gaining support to integrate health screenings to identify CalAIM eligible populations into coordinated entry system processes.
– Leader, Social Service Provider

Northern California Implementers Cite Successes So Far

We are working much more closely with our managed care plans than ever before. I am encouraged by the drive to share data more seamlessly between systems.
– Leader, County Behavioral Health

We have 160 enrolled participants [in ECM] and many of them have made great strides by obtaining housing, staying out of the ER/hospital, and they are more invested in their overall health. We have 65 enrolled in Community Supports who are actively obtaining housing.
– Leader, Community Clinic

Making it easier to help others get their needs met and housing clients in supportive permanent housing after years of chronic homelessness.
– Leader, County Behavioral Health

Medical respite referrals have been great since we hired a full-time nurse and community care navigator who are based out of the hospital.
– Leader, Social Service Provider

We have improved our relationship with our community and social services department through the interaction and collaboration required by CalAIM.
– Leader, Jail/Prison

Being able to provide case management to people who really need it and may not otherwise be able to receive it. This being accessible through PCP.
– Frontline, Community Clinic

Northern California Implementers Ask for...

Counties need more support/guidance/clarity on implementation. The lack of clarity/support impacts all the contractors. I felt particularly excited about documentation reform (and positive impact this could have on our access and workforce), but have seen very little change coming from our county. Also, the community health worker benefit is wonderful, but FQHCs (uniquely suited for these roles) cannot participate.

– Leader, Community Clinic

I would like one “go-to person” instead of sending requests and questions to a help desk.

– Frontline, Hospital/Health System

There is no consistency or direct information on billing practices for the models the plans have in effect.

Reconciliation is near impossible.

– Leader, Community Clinic

One of the CS [Community Supports] that we are contracted for we have not been able to start due to unclear guidance on how to implement. Home modifications is something our agency is prepared to do, but have not received information from the managed care plan on what is needed.

– Leader, Social Service Provider

Northern California Implementers Ask for...

For a small CBO [community-based organization] that has been doing the work of providing support to people experiencing homelessness, the process to become a recognized provider has been very slow. I'm sure it has a lot to do with my inexperience in working in the insurance and medical interface systems. It's all very frustrating, as we have been providing these services and having to hustle for the funding to do so for two years. One hundred percent of the people we serve are Medi-Cal and/or Medicare members, but we don't receive any support from either program while providing housing, navigation, medical transport, case management, and other related services. At this point, I'm starting to wonder if all the effort I've put into learning about CalAIM, working on applications, attending meetings and webinars, etc. wouldn't have been better spent writing for other grants or doing private fundraising.

– Leader, Social Service Provider

The rates for services are well below the actual cost and has been detrimental to many small agencies taking on contracts as they would have to research, learn, and create internal infrastructure to accommodate this program. Other county MCPs [managed care plans] have an online invoicing portal so that the contractors don't have to create whole new systems.

– Frontline, Social Service Provider

There needs to be significantly more focus on communication between entities providing CS [Community Supports] and ECM [Enhanced Care Management] and those making referrals to those programs. Leaving this for us all to figure out on our own is getting us nowhere. Our organization is still confused about what information we can and cannot share with CS and ECM providers, and the channels for sharing information are not well established.

– Leader, Community Clinic