



CalAIM Experiences: Central Valley Implementers

Goodwin Simon Strategic Research
April 2024

Survey Methodology

On behalf of the California Health Care Foundation (CHCF), Goodwin Simon Strategic Research (GSRR) 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 the Central Valley region, which includes the following subregions:

- Fresno, Kings, and Madera Counties
- Fresno County (shown separately from Fresno/Kings/Madera where enough people completed the survey to have statistical significance)
- San Joaquin and Stanislaus Counties
- Kern County
- Merced County
- Tulare County

These subregions follow the grouping conventions used for the [PATH Collaborative Planning and Implementation \(CPI\) initiative](#).

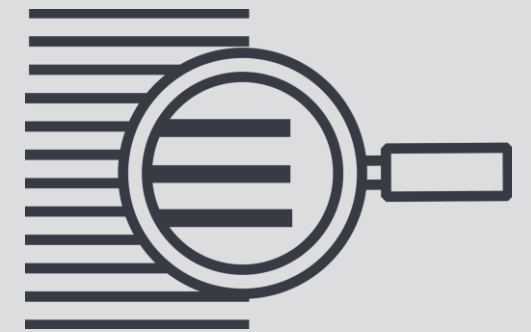
Some respondents report working in multiple counties and therefore may appear in more than one subregion. As a result, the sum of all subregions may exceed the total for the region.

Statistical testing was conducted to compare Central Valley region 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 a *. If there is no symbol, differences were not significant.

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

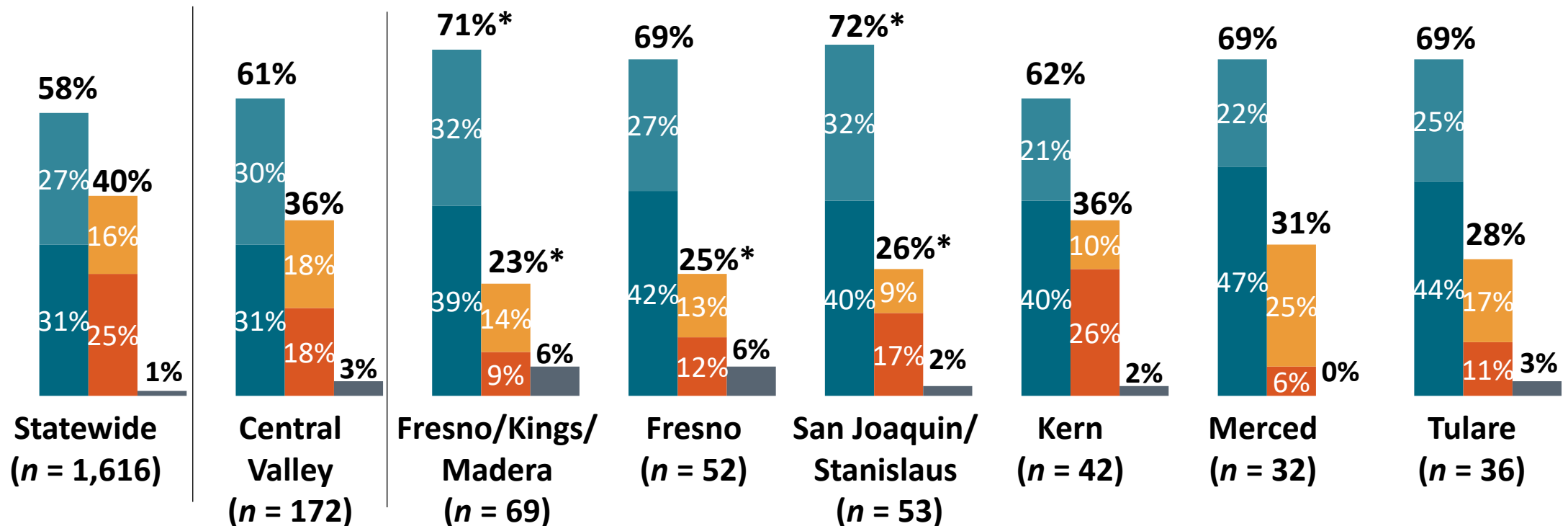


There Is Room to Increase Familiarity with CalAIM Across the Region

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: Fresno shown separately as enough surveys were completed to be statistically significant.

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	Central Valley (n = 136)	Fresno/Kings/Madera (n = 59)	Fresno (n = 43)	San Joaquin/Stanislaus (n = 43)	Kern (n = 30)	Merced (n = 30)	Tulare (n = 31)
<i>. . . making Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.</i>	96%	95%	92%	95%	98%	100%*	97%	100%*
<i>. . . comprehensively addressing people’s needs through whole person care and interventions that address social drivers of health.</i>	95%	93%	92%	95%	93%	100%*	97%	97%
<i>. . . improving quality outcomes and reducing health disparities through value-based initiatives and payment reform.</i>	94%	93%	92%	93%	95%	100%*	93%	97%

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

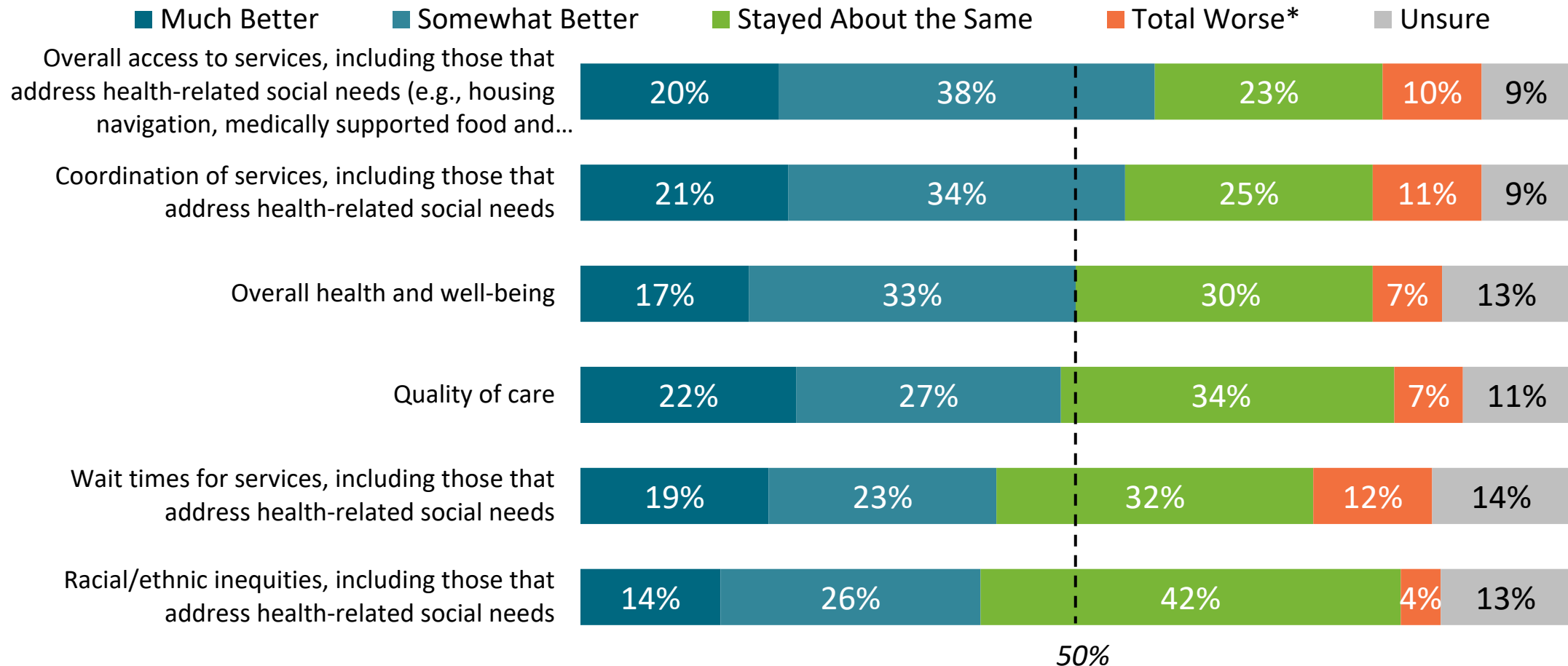
Note: Fresno shown separately as enough surveys were completed to be statistically significant.

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

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Central Valley 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.

Note: 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 Somewhat 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	Central Valley (n = 126)	Fresno/Kings /Madera (n = 53)	Fresno (n = 40)	San Joaquin/ Stanislaus (n = 39)	Tulare (n = 30)
<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%	58%	54%	58%	58%	63%
<i>Coordination of services, including those that address health-related social needs</i>	51%	55%	53%	54%	56%	58%
<i>Overall health and well-being</i>	48%	50%	49%	49%	44%	55%
<i>Quality of care</i>	45%	48%	45%	46%	41%	52%
<i>Wait times for services, including those that address health-related social needs</i>	38%	42%	45%	44%	34%	48%
<i>Racial/ethnic inequities, including those that address health-related social needs</i>	38%	40%	42%	42%	28%	53%

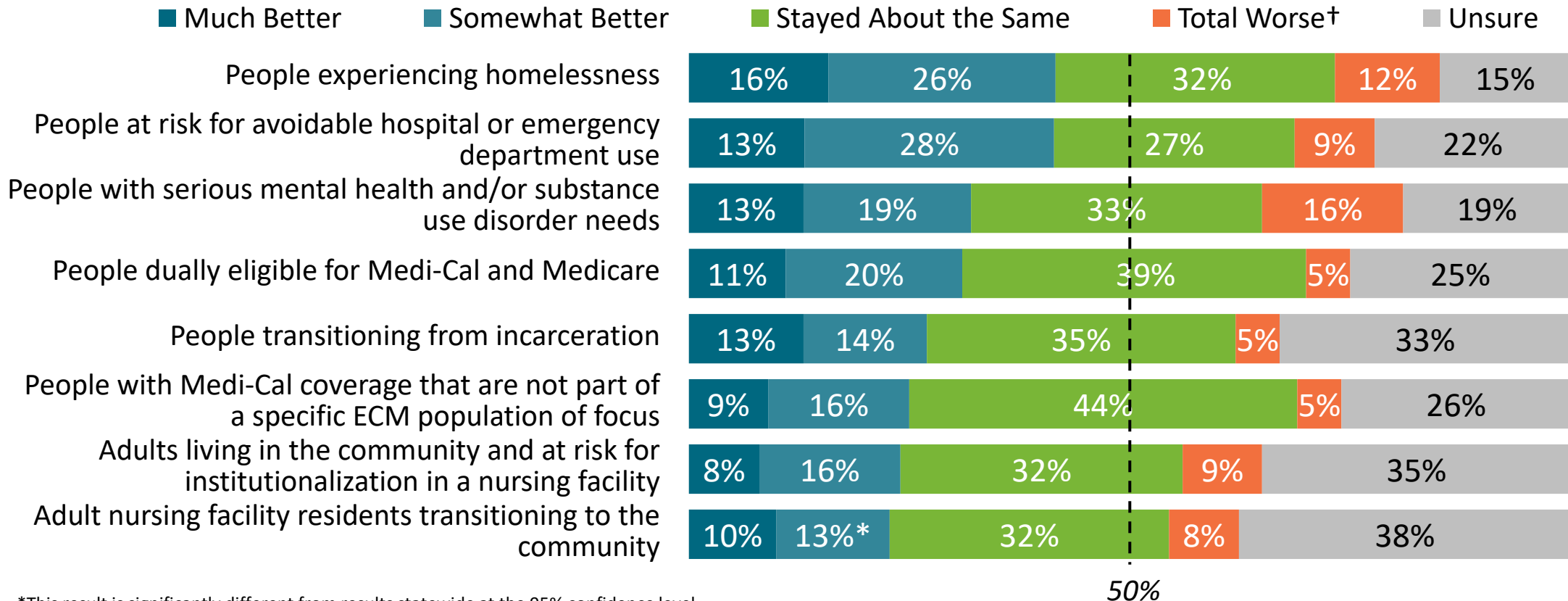
Notes: The n size for each row may vary within each column as respondents who said “not applicable” to each item were excluded from that row. Fresno shown separately as enough surveys were completed to be statistically significant.

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

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Central Valley Respondents More Sure About Improvements for 2022 Populations of Focus Compared to Some 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 . . .



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

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

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

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	Central Valley (n = 116)	Fresno/Kings /Madera (n = 45)	Fresno (n = 31)	San Joaquin/ Stanislaus (n = 36)
<i>People at risk for avoidable hospital or emergency department use</i>	42%	41%	45%	49%	45%
<i>People experiencing homelessness</i>	38%	42%	40%	41%	44%
<i>People with serious mental health and/or substance use disorder needs</i>	37%	32%	36%	34%	40%
<i>People dually eligible for Medi-Cal and Medicare</i>	35%	31%	27%	26%	27%
<i>Adults living in the community and at risk for institutionalization in a nursing facility</i>	30%	24%	31%	35%	22%
<i>People transitioning from incarceration</i>	29%	27%	29%	29%	25%
<i>People with Medi-Cal coverage that are not part of a specific ECM population of focus</i>	28%	25%	26%	23%	22%
<i>Adult nursing facility residents transitioning to the community</i>	28%	23%	26%	26%	18%

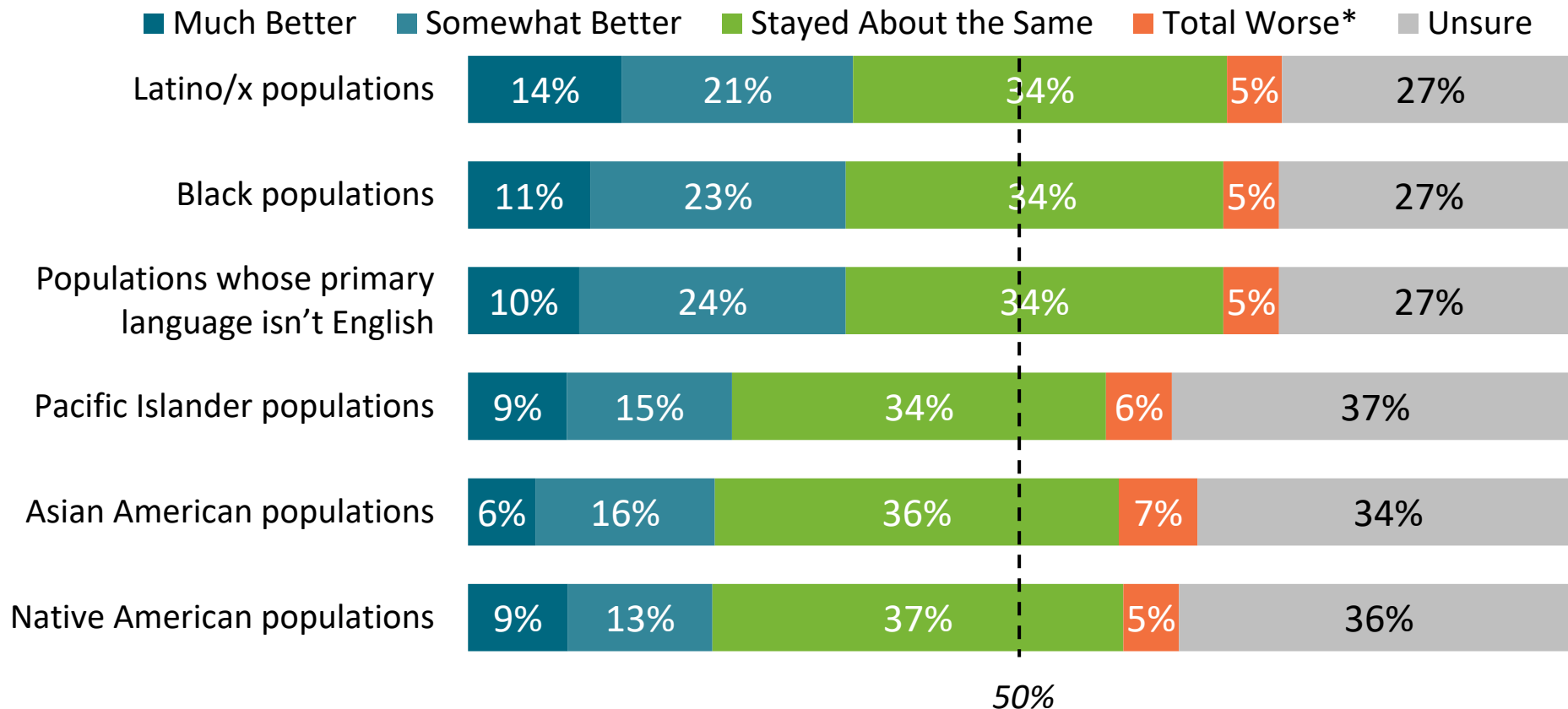
Notes: The *n* size for each row may vary within each column as respondents who said “not applicable” to each item were excluded from that row. Fresno shown separately as enough surveys were completed to be statistically significant. POF is population of focus.

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

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Central Valley Respondents Less Sure About Improvements for Racial/Ethnic Groups

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.

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

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

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Reported Improvements by Racial/Ethnic Groups Vary Somewhat 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	Central Valley (n = 127)	Fresno/Kings/ Madera (n = 54)	San Joaquin/ Stanislaus (n = 39)	Fresno (n = 38)
<i>Latino/x populations</i>	34%	35%	43%	32%	42%
<i>Populations whose primary language isn't English</i>	33%	34%	38%	32%	38%
<i>Black populations</i>	29%	34%	41%	37%	40%
<i>Asian American populations</i>	24%	23%	27%	24%	28%
<i>Pacific Islander populations</i>	23%	24%	28%	23%	29%
<i>Native American populations</i>	22%	22%	25%	22%	23%

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. Fresno shown separately as enough surveys were completed to be statistically significant.

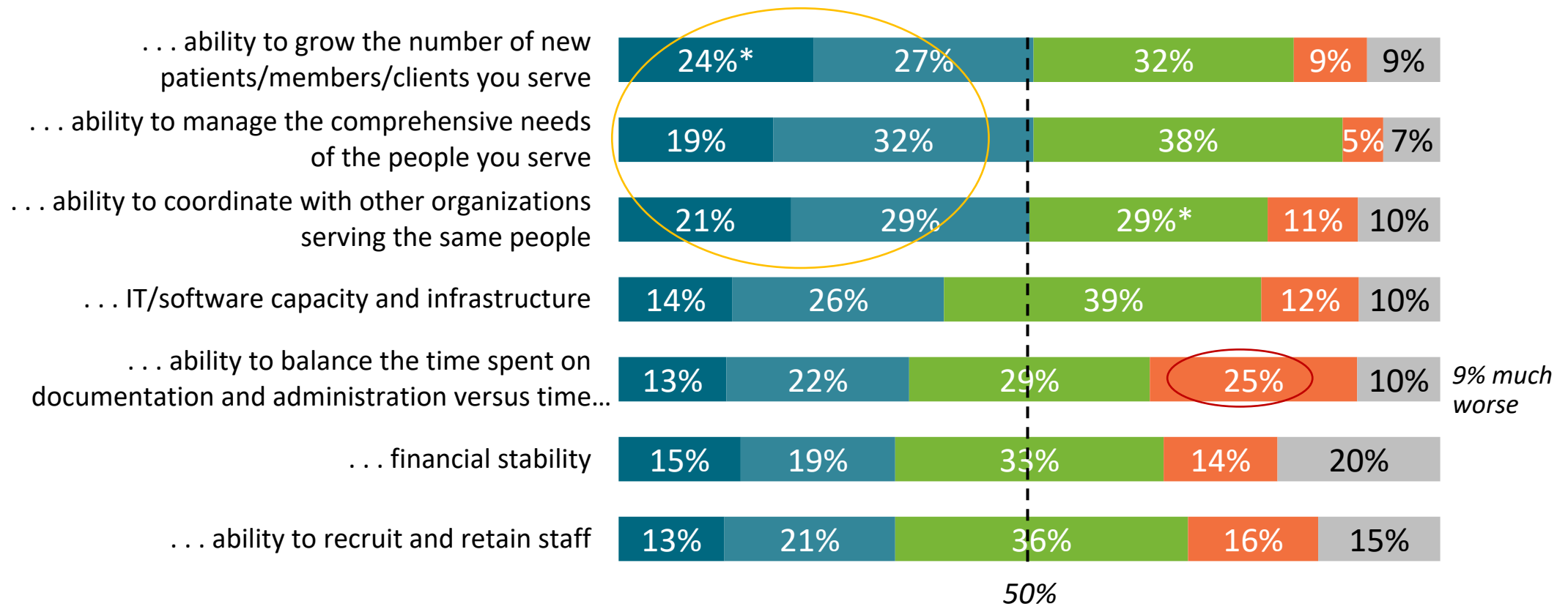
Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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CalAIM Implementation Already Improving Ability to Serve in the Central Valley

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 . . .

■ Much Better ■ Somewhat Better ■ Stayed About the Same ■ Total Worse* ■ Not applicable ■ Unsure



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

Note: Excludes those who said N/A.

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

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	Central Valley (n = 126)	Fresno/Kings/ Madera (n = 52)	San Joaquin/ Stanislaus (n = 41)	Tulare (n = 30)	Fresno (n = 39)
. . . ability to manage the comprehensive needs of the people you serve	51%	51%	56%	50%	74%*	54%
. . . ability to grow the number of new patients/members/clients you serve	48%	51%	57%	39%	53%	52%
. . . ability to coordinate with other organizations serving the same people	48%	50%	54%	45%	48%	46%
. . . IT/software capacity and infrastructure	35%	39%	46%	27%	43%	41%
. . . ability to balance the time spent on documentation and administration versus time spent providing services	34%	35%	42%	17%*	43%	38%
. . . financial stability	34%	34%	38%	29%	39%	32%
. . . ability to recruit and retain staff	27%	33%	42%*	22%	33%	36%

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

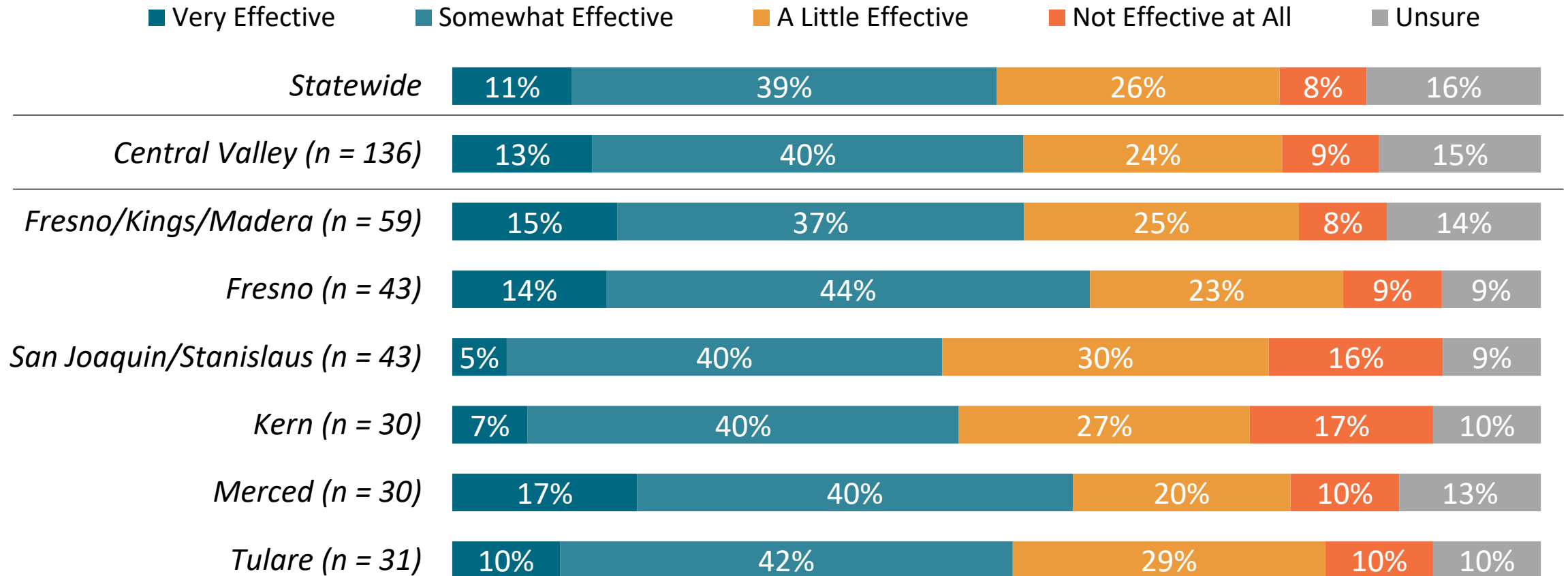
Notes: The n size for each row may vary within each column as respondents who said “not applicable” to each item were excluded from that row. Fresno shown separately as enough surveys were completed to be statistically significant.

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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?



Note: Fresno shown separately as enough surveys were completed to be statistically significant.

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?

Not at all satisfied (0)

Extremely satisfied (10)

0 1 2 3 4 5 6 7 8 9 10

Statewide

5.9

Central Valley

6.3

Fresno/Kings/Madera

6.4

Fresno

6.6

Joaquin/Stanislaus

5.6

Kern

6.8*

Merced

6.9*

Tulare

6.2

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

Notes: Data shown are average values for each subgroup. Fresno shown separately as enough surveys were completed to be statistically significant.

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

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Central Valley Implementers 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:

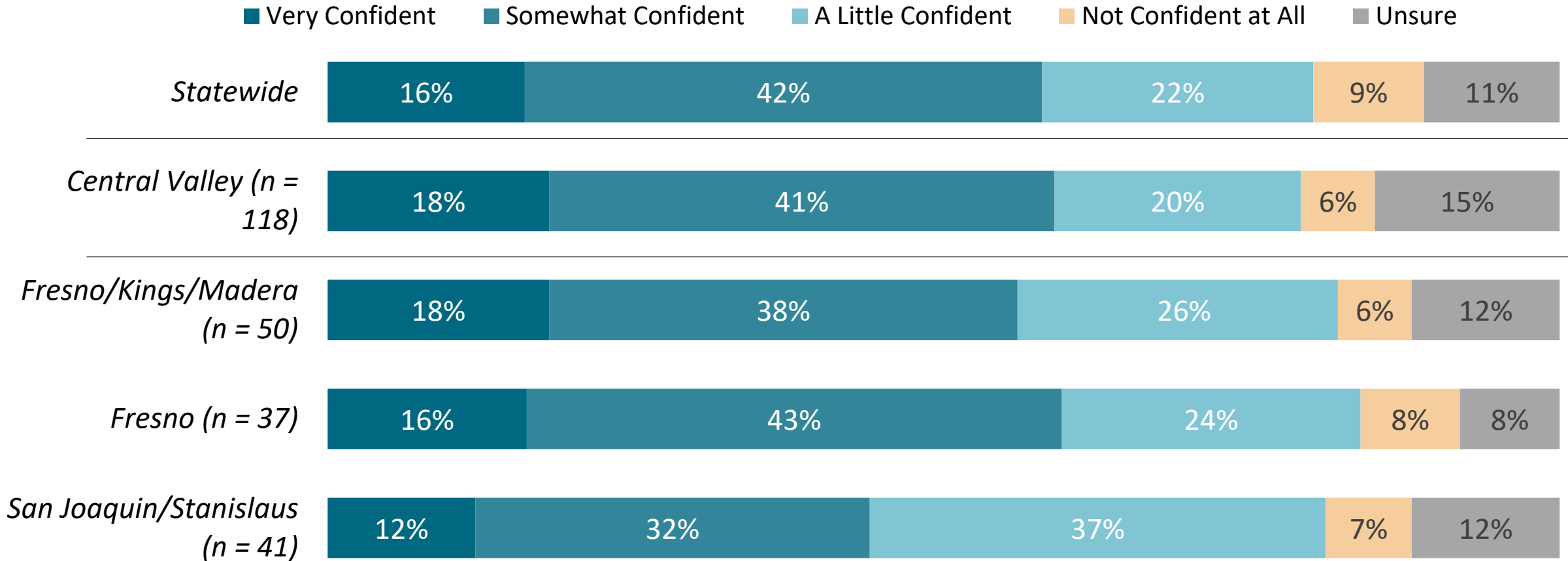
Top Challenges

■ Very + Somewhat Challenging



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%)



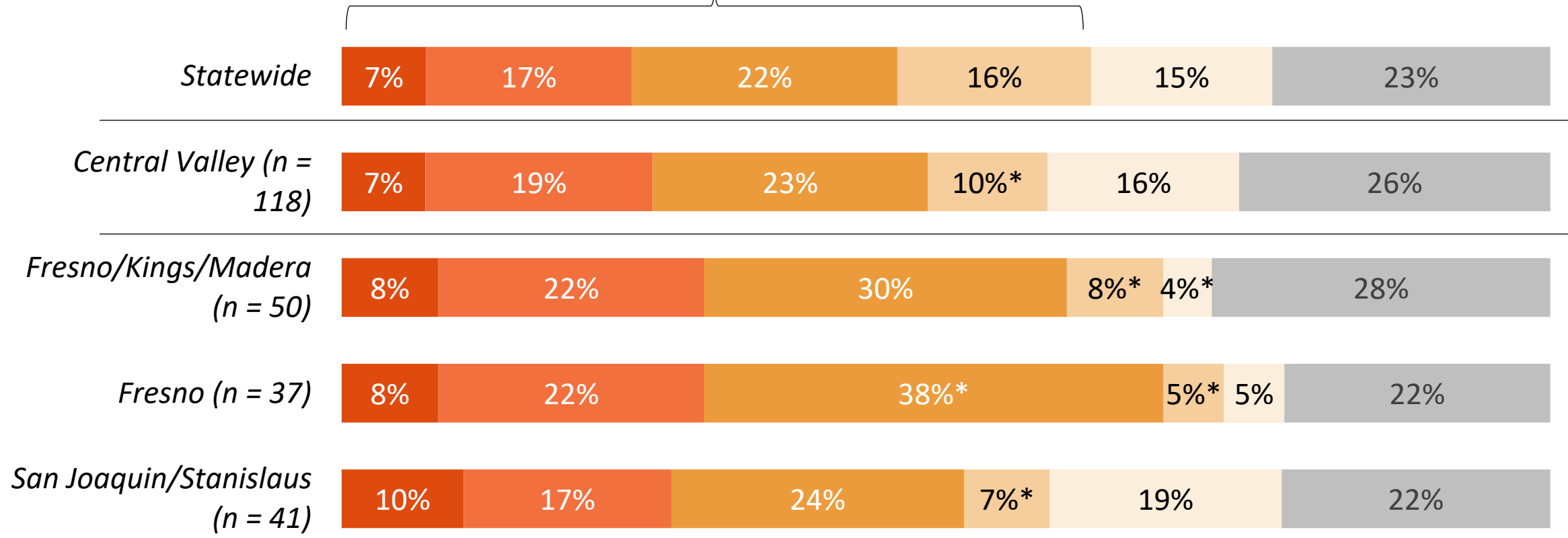
Note: Fresno shown separately as enough surveys were completed to be statistically significant.
 Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

... 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: Fresno shown separately as enough surveys were completed to be statistically significant.
 Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Reported Resources Used Vary 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	Central Valley (n = 136)	Fresno/Kings/ Madera (n = 59)	Fresno (n = 43)	San Joaquin/ Stanislaus (n = 43)	Kern (n = 30)	Merced (n = 30)	Tulare (n = 31)
<i>DHCS Webinars</i>	67%	72%*	78%*	84%*	77%	70%	74%	84%*
<i>Peer-to-peer learning</i>	61%	63%	69%	75%*	63%	74%	63%	68%
<i>Your regional CalAIM (CPI) Group . . .</i>	51%	57%	59%	65%*	56%	73%*	60%	67%
<i>Technical assistance or trainings from MCPs</i>	48%	53%	59%*	61%*	51%	54%	56%	58%
<i>Technical assistance through the CalAIM Technical Assistance Marketplace . . .</i>	39%	40%	44%	47%	45%	36%	40%	38%
<i>Grants from MCPs through (IPP)</i>	36%	42%	51%*	51%*	42%	46%	44%	58%
<i>Grants through PATH (CITED)</i>	35%	40%	45%	47%	40%	43%	33%	45%

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

Note: Fresno shown separately as enough surveys were completed to be statistically significant.

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

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Helpfulness of Resources Varies Somewhat Between Statewide and Central Valley Region

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	Central Valley (n = 55)
<i>Grants from MCPs through (IPP)</i>	51%	58%
<i>Grants through PATH (CITED)</i>	45%	49%
<i>Peer-to-peer learning</i>	37%	35%
<i>Technical assistance or trainings from MCPs</i>	31%	38%
<i>Your regional CalAIM (CPI) Group . . .</i>	31%	32%
<i>Technical assistance through the CalAIM Technical Assistance Marketplace . . .</i>	30%	24%
<i>DHCS Webinars</i>	27%	33%

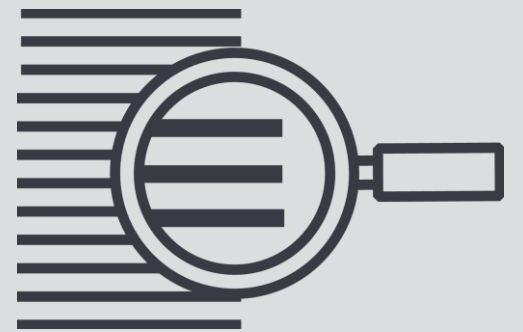
Financial Incentives Top the List of Resources Implementers Would Find Helpful — But Just Barely

*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	Central Valley (n = 136)	Fresno/Kings /Madera (n = 59)	Fresno (n = 43)	San Joaquin/ Stanislaus (n = 43)	Kern (n = 30)	Merced (n = 30)	Tulare (n = 31)
<i>Rates that better reflect your costs of operating</i>	36%	37%	42%	44%	44%	53%	30%	35%
<i>More implementation funding . . .</i>	33%	29%	36%	35%	33%	13%*	37%	29%
<i>Clearer guidance from DHCS (e.g., How-To Guides)</i>	30%	32%	34%	33%	30%	20%	23%	39%
<i>Lower administrative requirements</i>	30%	25%	25%	30%	33%	33%	23%	26%
<i>Clearer guidance from MCPs (e.g., How-To Guides)</i>	26%	22%	15%*	14%*	16%	20%	20%	19%
<i>More opportunities to learn from others in doing similar work</i>	25%	23%	14%*	16%	19%	27%	30%	10%*
<i>Standardization of MCP requirements</i>	23%	31%*	32%	37%	35%	27%	47%*	39%
<i>Payment structure that better fits your operating model</i>	23%	23%	22%	19%	21%	27%	27%	26%
<i>More support for your organization to troubleshoot problems</i>	22%	24%	20%	21%	30%	23%	33%	32%
<i>Faster and more streamlined payment</i>	18%	21%	25%	21%	16%	13%	17%	19%

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Note: Fresno shown separately as enough surveys were completed to be statistically significant.
Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

Organizational Partnerships



More Central Valley 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 that have at least one partnership in each sector	Statewide	Central Valley (n = 136)	Fresno/Kings/Madera (n = 59)	Fresno (n = 43)	San Joaquin/Stanislaus (n = 43)	Kern (n = 30)	Merced (n = 30)	Tulare (n = 31)
<i>Housing and homeless services providers</i>	49%	51%	56%	56%	42%	53%	43%	65%*
<i>Mental health and/or substance use providers (outpatient or inpatient)</i>	42%	45%	44%	47%	47%	40%	47%	71%*
<i>County behavioral health plan/agency</i>	40%	45%	44%	42%	53%	40%	53%	65%
<i>Managed care plans</i>	37%	40%	44%	42%	63%*	43%	53%	58%*
<i>Primary care providers</i>	36%	33%	31%	33%	42%	33%	40%	52%
<i>Services for older adults or people with disabilities to live in the community</i>	29%	27%	24%	21%	33%	37%	43%	45%
<i>Medically supported food and nutrition services</i>	26%	21%	19%	19%	30%	13%*	23%	35%
<i>Medical respite/recuperative services</i>	24%	27%	17%	21%	37%	33%	30%	32%
<i>Personal care or home health services</i>	24%	19%	17%	19%	37%	17%	17%	26%
<i>Acute hospitals</i>	23%	18%	14%*	14%	28%	17%	27%	23%
<i>Skilled nursing facilities</i>	22%	23%	22%	26%	28%	30%	27%	26%
<i>Sobering centers/sobering services</i>	20%	26%	29%	33%	23%	23%	23%	42%*
<i>Assisted living facilities</i>	16%	18%	22%	23%	21%	20%	20%	23%
<i>Correctional systems</i>	16%	21%	20%	21%	16%	23%	17%	35%*
<i>Home modification providers</i>	11%	13%	14%	16%	21%	13%	20%	16%
<i>Asthma remediation services</i>	8%	10%	15%	12%	16%	10%	10%	13%
<i>None of the above</i>	8%	10%	5%	5%	5%	13%	10%	3%

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

Note: Fresno shown separately as enough surveys were completed to be statistically significant.

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

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, respondents report having partnerships in an average of 5 different sectors; however, Central Valley respondents report having partnerships in an average of 5.2 different sectors.

Statewide	Central Valley (n = 136)	Fresno/Kings/ Madera (n = 59)	Fresno (n = 43)	San Joaquin/ Stanislaus (n = 43)	Kern (n = 30)	Merced (n = 30)	Tulare (n = 31)
5.0	5.2	4.9	5.0	5.9	5.6	6.2	6.7*

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

Note: Fresno shown separately as enough surveys were completed to be statistically significant.

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

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Respondents in the Central Valley Rate Partnerships Slightly 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	Central Valley (n = 136)	Fresno/Kings/ Madera (n = 59)	Fresno (n = 43)	San Joaquin/ Stanislaus (n = 43)	Kern (n = 30)	Merced (n = 30)	Tulare (n = 31)
<i>We communicate about shared clients/patients, when needed</i>	74%	74%	81%	84%	81%	70%	70%	90%*
<i>We work together to identify unmet needs and decide how gaps will be filled</i>	69%	71%	73%	74%	79%	67%	70%	90%*
<i>We approach our partnership with a spirit of give and take</i>	51%	55%	54%	56%	72%*	47%	67%	61%
<i>We trust one another</i>	51%	58%	61%	58%	60%	53%	63%	71%*
<i>We speak the same language (literally and figuratively)</i>	50%	54%	59%	63%	67%*	47%	60%	74%*
<i>None of these criteria apply to any partners in this sector</i>	10%	11%	20%*	21%	14%	17%	13%	23%

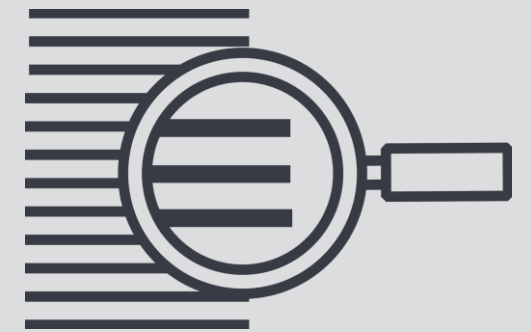
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Data Exchange



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	Central Valley (n = 136)	Fresno/Kings/ Madera (n = 59)	Fresno (n = 43)	San Joaquin/ Stanislaus (n = 43)	Kern (n = 30)	Merced (n = 30)	Tulare (n = 31)
<i>. . . Information is completely or mostly accurate</i>	66%	64%	61%	60%	63%	60%	57%	61%
<i>. . . They get all or most of the information needed</i>	45%	46%	46%	49%	49%	37%	47%	55%
<i>. . . They get information within 48 hours or faster</i>	43%	42%	40%	40%	37%	43%	43%	32%

Note: Fresno shown separately as enough surveys were completed to be statistically significant.

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

www.chcf.org

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	Central Valley (n = 136)	Fresno/Kings/ Madera (n = 59)	Fresno (n = 43)	San Joaquin/ Stanislaus (n = 43)	Kern (n = 30)	Merced (n = 30)	Tulare (n = 31)
<i>From the patient/client/member themselves</i>	85%	82%	86%	91%	84%	80%	87%	87%
<i>In person meetings with other provider/care team member(s)</i>	74%	71%	76%	79%	79%	70%	70%	84%
<i>Through an Electronic Health Records system (EHR)</i>	59%	51%*	47%	47%	56%	43%	53%	48%
<i>Through a health plan/MCP portal</i>	50%	56%	59%	63%	65%*	67%*	67%*	65%
<i>Through a Health or Community Information Exchange (HIE/CIE) or other data portal . . .</i>	45%	39%	39%	42%	40%	40%	40%	32%

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

Note: Fresno shown separately as enough surveys were completed to be statistically significant.

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 contributed their thought leadership on this survey research in collaboration with the California Health Care Foundation.



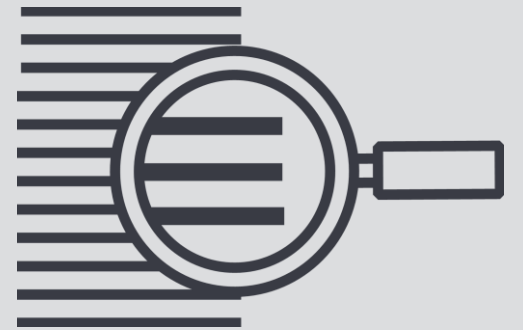
California Health Care Foundation

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



Central Valley Implementers Cite Successes So Far

ECM and food bank collaboration.

— Frontline, Community Clinic

Developing a better continuum of aftercare for housing-insecure and substance-dependent patients leaving the hospital to continue their recovery.

— Leader, Hospital/Health System

Having a number of patients whose health has improved to the point that they longer require ECM.

— Leader, Community Clinic

Having more staff to be able to provide services to people experiencing homelessness.

— Leader, Advocacy Organization

Long-term carve-in: Electronic claim submission and portal access for claims follow up. Seeking Medi-Cal participation with our RCFE to provide services to our Medi-Cal members.

— Leader, Skilled Nursing Facility

Our biggest success so far with CalAIM is that we have been able to help over 150 households with rent and/or utility assistance, keeping them housed and also connected them with other home stability resources.

— Leader, Social Service Provider

We are working towards a contract with our two Medi-Cal managed care plans, and we have developed an ECM Program for our CCS children.

— Leader, County Behavioral Health

Central Valley Implementers Cite Successes So Far

Our Sobering Center is making traction with law enforcement. Respite Care has been a tremendous success in our county. We are thrilled with the ECM program. Cal AIM is providing funding to reach people with care that otherwise might be overlooked.

— Leader, Social Service Provider

[Healthcare company] has provided us with a lot of help establishing ECM and housing navigation services. We have housed almost 20 clients since July 2022 without any ongoing rental assistance.

— Leader, Residential Behavioral Health Facility

Standing up a recuperation center for those experiencing homelessness.

— Leader, Social Service Provider

We were able to merge HMIS data with a medical providers database. We created a data migration system that takes an HMIS report and converts it to the managed care plans format for upload to their system.

— Leader, Social Service Provider

Expansion of services, increased knowledge on the delivery of housing services and available resources, working relationships with local providers to better assist consumers.

— Frontline, Social Service Provider

CAL-AIM is a superior effort to the prior reliance on FQHC's and county MHP's to meet the needs of underserved populations. There is considerable redundancy as it stands today, with ironically, some significant gaps (mostly involving payment. e.g. Effectively collecting for Day Habilitative services provided is still a mystery to us), but the state decision to open up case management and other in lieu of services to a broader provider community is a winner that already has made care and treatment more accessible to patients we see.

— Leader, Hospital/Health System

Central Valley Implementers Ask for . . .

One of the areas that needs to be addressed if we want to see a change is transportation. Patients are not getting picked up; third-party contractors lack professionalism even when it's a community agency reaching out to them for clarification. They either lack training or accountability causing . . . case workers to lose the rapport we have worked hard to build with patients.

— Frontline, Hospital/Health System

DHCS needs to provide new guidance that removes the physician order and MCP prior authorization for Community Support Services. The order and prior auth requirements are significant barriers to member receiving these critical services.

— Leader, Social Service Provider

Should auto contract between MCP and Medi-Cal participating SNFs. No one from the MCP has ever reached out to us to provide guidance or any training. MCP should have a checkwrite schedule like FFS Medi-Cal had. We can't wait forever to be paid. Being given an answer to wait 30-45 days for claim follow is ridiculous.

— Leader, Skilled Nursing Facility

Use population size-adjusted rates to guarantee an equity lens, meaning those with the most need receive the most resources; more strategies and resources to address the CalAIM implementation challenges caused by provider shortages of all types; medical, dental, mental health, SUD, social services, care coordination, etc.

— Frontline, Community Clinic

Central Valley Implementers Ask for . . .

Instead of MCP's just referring members to "assigned" contracted ECM and CS providers, work with hospitals, primary care, and CBOs to support a warm handoff for all services to place people with organizations they trust.

— Leader, Hospital/Health System

Clearer communication between CalAIM case management and outreach case managers (who work with individuals experiencing chronic homelessness).

— Frontline, Social Service Provider

ECM fee-for-service funding either needs to be removed/changed to per member per month, or rates should increase to incentivize providers to focus more on ECM rather than CS housing navigation services. MCPs need to all have similar audit and entry requirements, monthly data requirements, and all similar processes. When one MCP has an easier system than the other, it creates a strain on staff and confusion around due dates.

— Leader, Outpatient Behavioral Health Provider

Standardize processes, forms, rates, etc. for all MCPs. Develop an EHR that processes billing for all programs to use and reduce barriers to entry.

— Leader, Residential Behavioral Health Provider

The challenge for the direct provider (. . . social workers, nurses, RN/CM - discharge planners) is getting the current information regarding the plan's network (ECM, CS, other services) and how to access.

— Frontline, Hospital/Health System