CHCF

CalAIM Experiences: Central Valley Implementers in Year Three of Reforms

Goodwin Simon Strategic Research

January 2025

Survey Methodology

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 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.

On behalf of the California Health Care Foundation (CHCF), Goodwin Simon Strategic Research (GSSR) conducted an online survey of 948 CalAIM implementers from August 9 to September 16, 2024, to explore their experiences of and outlooks on CalAIM (California Advancing and Innovating Medi-Cal). CHCF published the survey in December 2024.

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 findings for the Central Valley, which includes the following subregions:

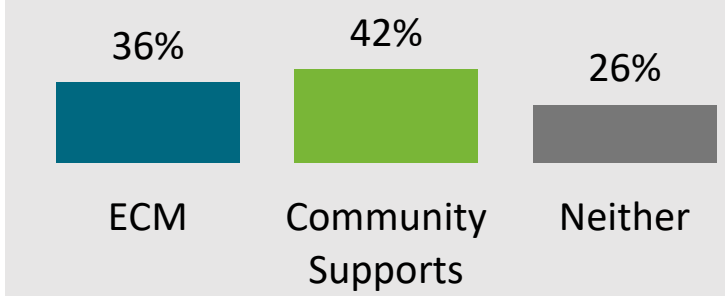
- Fresno County/Kings County/Madera County
- San Joaquin County/Stanislaus County
- Kern County
- Merced County
- Tulare County

These subregions follow the grouping and naming conventions used for the PATH Collaborative Planning and Implementation initiative.

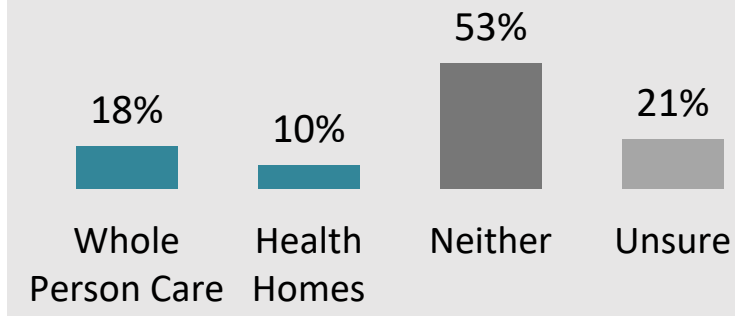
An initial online survey of CalAIM implementers was conducted in the summer of 2023. However, caution should be used when comparing the data from the 2024 survey with the data from the 2023 survey as the margin of error is higher for the 2024 survey. In addition, there may be differences in respondents by region between this year and last year.

Dashboard: Breakdown of Central Valley Respondents

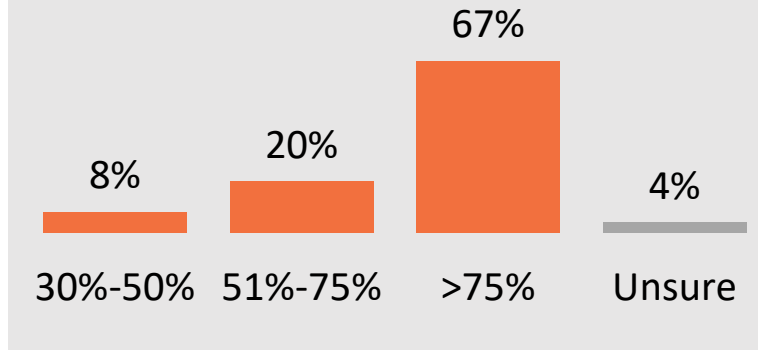
Organization Provides . . .



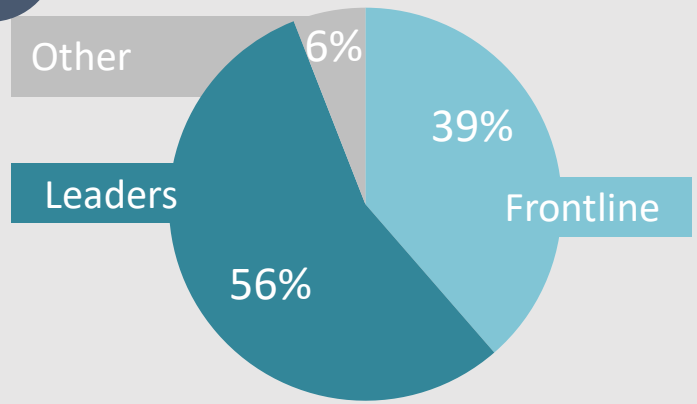
Organization Participated in . . .



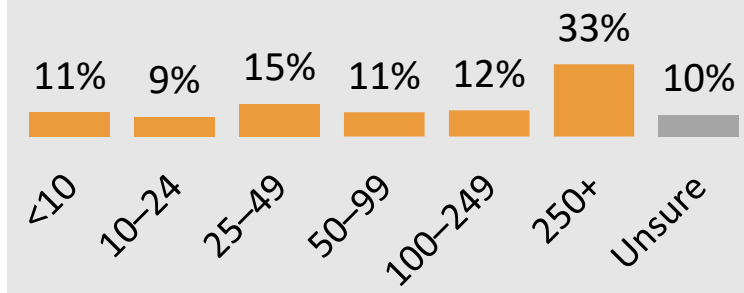
Population Served Covered by Medi-Cal/Medicaid



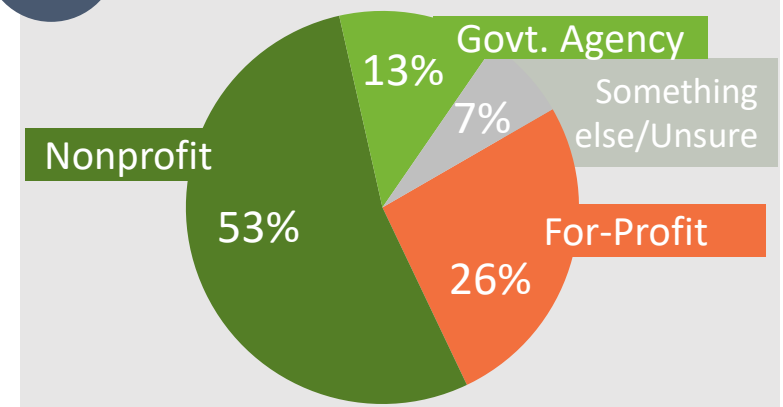
Respondent Job Role



Number of FTEs in Organization



Organization Type

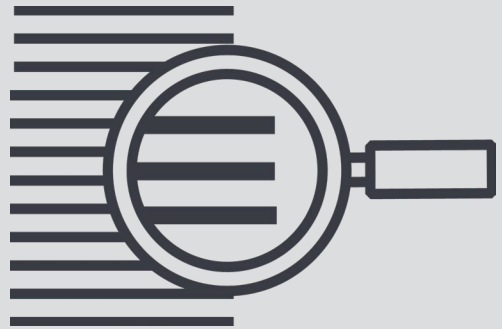


Notes: *ECM* is Enhanced Care Management. *FTE* is full-time equivalent. Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Overview of Regional Findings

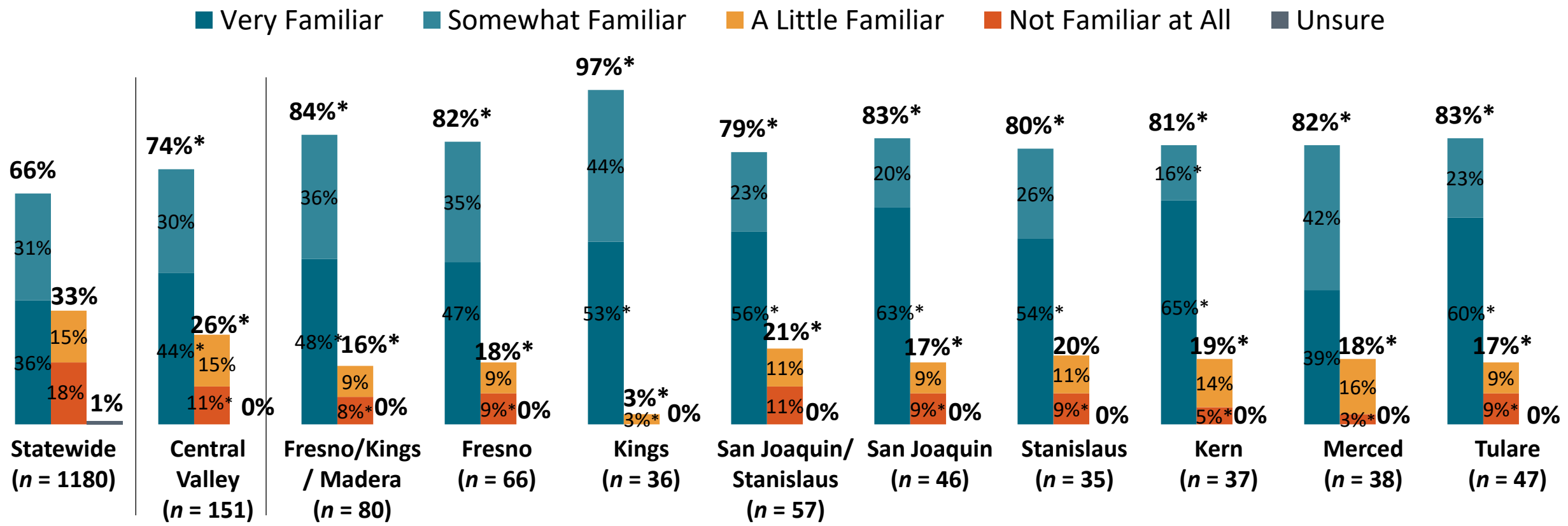
1. Implementer Views on Current State of Implementation
2. Data Exchange
3. ECM and Community Supports
4. Community Health Workforce and Behavioral Health Payment Reform
5. Appendix: In Their Own Words

Implementer Views on Current State of Implementation



While There Is Room to Continue to Increase Familiarity With CalAIM, Familiarity Rates in the Central Valley Exceed the Statewide Average

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.



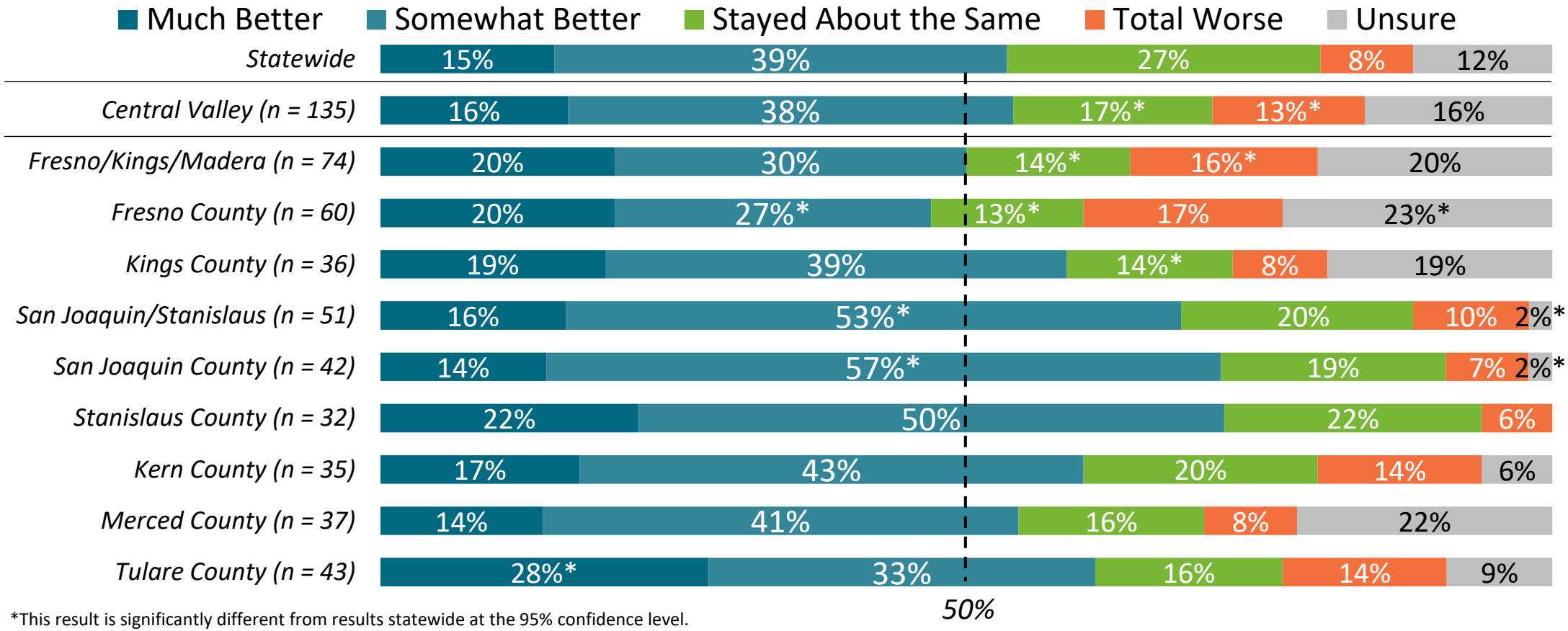
*This result is significantly different from results statewide at the 95% confidence level.

Notes: Figure only includes responses from providers serving at least 30% Medi-Cal. Those not familiar with CalAIM were not included in the remainder of the survey. Totals may not sum to 100% due to rounding.

Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Majority of Central Valley Implementers Report Improvements for Those Served

Thinking about the experiences of the people you serve (e.g., patients, members, or clients), 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 (e.g., ECM, Community Supports, Behavioral Health Payment Reform, Justice-Involved Initiative, institutional long-term care carve-in) — 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.
Notes: "Total Worse" is the sum of "Somewhat Worse" and "Much Worse." Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Reported Improvements Vary by Subregion

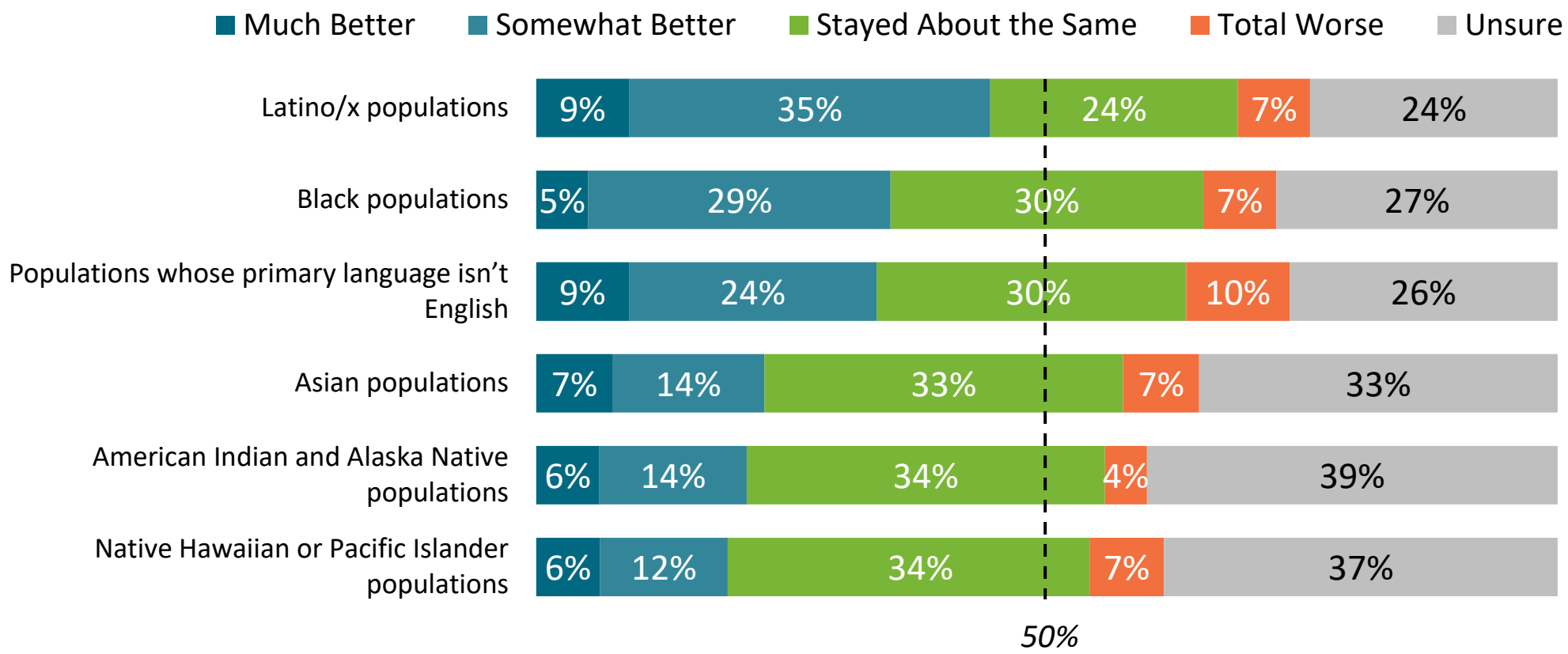
Now thinking about the experiences of the people you serve in each of the following populations, please indicate whether you personally think their overall experience of care has gotten better or worse as a result of CalAIM's implementation — or if it has stayed about the same.
Percentages indicate "Total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

Subpopulation	Statewide	Central Valley (*n* = 135)	Fresno/Kings/ Madera (*n* = 74)	Fresno (*n* = 60)	Kings (*n* = 36)	San Joaquin/ Stanislaus (*n* = 51)	San Joaquin (*n* = 42)	Stanislaus (*n* = 32)	Kern (*n* = 35)	Merced (*n* = 37)	Tulare (*n* = 43)
Individuals Experiencing Homelessness	44%	50%	43%	41%	53%	61%*	65%*	50%	45%	50%	44%
Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	41%	39%	40%	38%	43%	52%	58%*	57%	41%	41%	45%
Individuals with Serious Mental Health and/or SUD Needs	39%	39%	34%	29%	39%	47%	53%	47%	45%	34%	49%
People Dually Eligible for Medi-Cal and Medicare	38%	33%	33%	36%	39%	30%	34%	32%	31%	44%	32%
Pregnant and Postpartum Individuals; Birth Equity Population of Focus	32%	30%	35%	35%	41%	32%	30%	35%	23%	35%	26%
Children and Youth Involved in Child Welfare	31%	30%	35%	37%	39%	21%	24%	25%	28%	40%	24%
Adults Living in the Community and At Risk for LTC Institutionalization	30%	25%	30%	25%	42%	25%	31%	30%	21%	25%	41%
Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	29%	25%	25%	28%	31%	22%	27%	19%	17%	27%	23%
Individuals Transitioning from Incarceration	29%	29%	27%	25%	31%	38%	42%	36%	31%	21%	29%
People with Medi-Cal Coverage That Are Not Part of a Specific ECM Population of Focus	27%	22%	20%	18%	29%	21%	22%	24%	24%	26%	27%
Adult Nursing Facility Residents Transitioning to the Community	27%	27%	34%	31%	38%	21%	21%	22%	17%	20%	26%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *ED* is emergency department. *SUD* is substance use disorder. *LTC* is long-term care. *ECM* is Enhanced Care Management. The *n* size may vary within columns as respondents who said "Not Applicable" were excluded. Total Better is "Much Better" + "Somewhat Better." Results are ranked by "Statewide Total Better."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Central Valley Implementers Are Less Sure About Improvements for Some 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 — or if it has stayed about the same. If you are unsure, just select that.



Notes: "Total Worse" is the sum of "Somewhat Worse" and "Much Worse." Results exclude those who said "Not Applicable" and are ranked by "Total Better." Totals may not sum to 100% due to rounding. .
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Reported Improvements by Racial/Ethnic Groups Vary by County

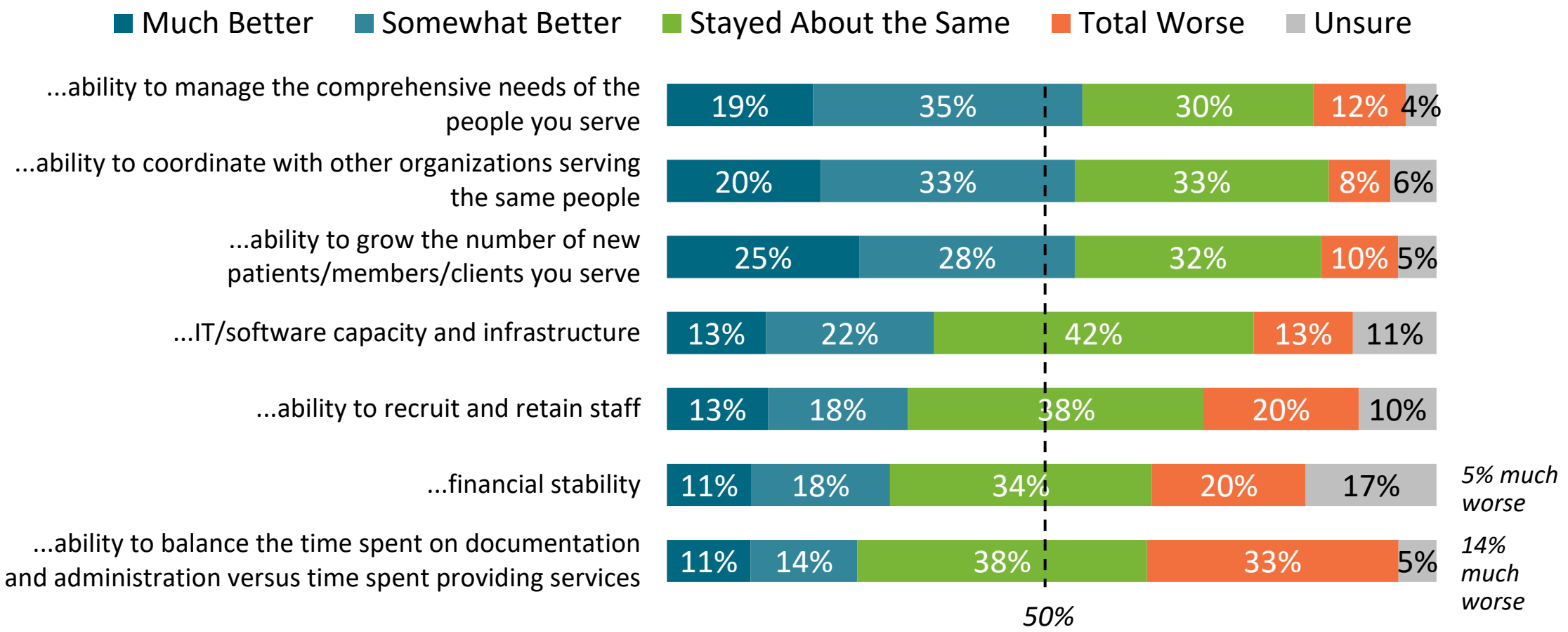
Now thinking about the experiences of the people you serve in each of the following populations related to race/ethnicity or language, please indicate whether you personally think their overall experience of care has gotten better or worse as a result of CalAIM's implementation as a whole. ***Percentages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

Subpopulation	Statewide	Central Valley (*n* = 135)	Fresno/Kings/ Madera (*n* = 74)	Fresno (*n* = 60)	Kings (*n* = 36)	San Joaquin/ Stanislaus (*n* = 51)	San Joaquin (*n* = 42)	Stanislaus (*n* = 32)	Kern (*n* = 35)	Merced (*n* = 37)	Tulare (*n* = 43)
Latino/x Populations	41%	44%	49%	47%	53%	44%	49%	44%	46%	51%	42%
Populations Whose Primary Language Is Not English	35%	33%	33%	28%	42%	29%	35%	29%	26%	46%	31%
Black Populations	30%	35%	41%*	38%	47%*	41%	48%*	39%	32%	41%	31%
Asian Populations	24%	23%	25%	20%	32%	27%	30%	23%	24%	19%	21%
American Indian and Alaska Native Populations	19%	21%	21%	14%	22%	18%	20%	19%	15%	14%	17%
Native Hawaiian or Pacific Islander Populations	19%	19%	20%	14%	23%	17%	18%	16%	12%	17%	20%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: Results are ranked by "Statewide Total Better." The *n* size may vary within columns as respondents who said "Not Applicable" were excluded.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

CalAIM Improving Ability to Serve in 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 . . .



Notes: "Total Worse" is the sum of "Somewhat Worse" and "Much Worse." Results are ranked by "Total Better" and exclude those who said "Not Applicable." Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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* = 135)	Fresno/Kings/ Madera (*n* = 74)	Fresno (*n* = 60)	Kings (*n* = 36)	San Joaquin/ Stanislaus (*n* = 51)	San Joaquin (*n* = 42)	Stanislaus (*n* = 32)	Kern (*n* = 35)	Merced (*n* = 37)	Tulare (*n* = 43)
. . . ability to manage the comprehensive needs of the people you serve	52%	54%	55%	51%	77%*	62%	62%	74%*	52%	68%*	70%*
. . . ability to grow the number of new patients/members/clients you serve	49%	53%	53%	50%	69%*	58%	62%	58%	44%	61%	62%
. . . ability to coordinate with other organizations serving the same people	49%	53%	57%	52%	61%	51%	57%	50%	43%	62%	53%
. . . IT/software capacity and infrastructure	32%	34%	34%	29%	37%	42%	45%	45%	41%	32%	37%
. . . financial stability	29%	29%	28%	22%	35%	28%	26%	35%	38%	25%	38%
. . . ability to balance the time spent on documentation and administration versus time spent providing services	28%	24%	24%	19%	26%	24%	26%	27%	21%	25%	29%
. . . ability to recruit and retain staff	24%	31%*	38%*	34%	51%*	26%	26%	32%	32%	30%	42%*

*This result is significantly different from results statewide at the 95% confidence level.
Notes: Total Better is "Much Better" + "Somewhat Better." Responses are ranked by "Statewide Total Better." The *n* size may vary within columns as respondents who said "Not Applicable" were excluded.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Some Report Organizational Aspects Having Gotten Worse

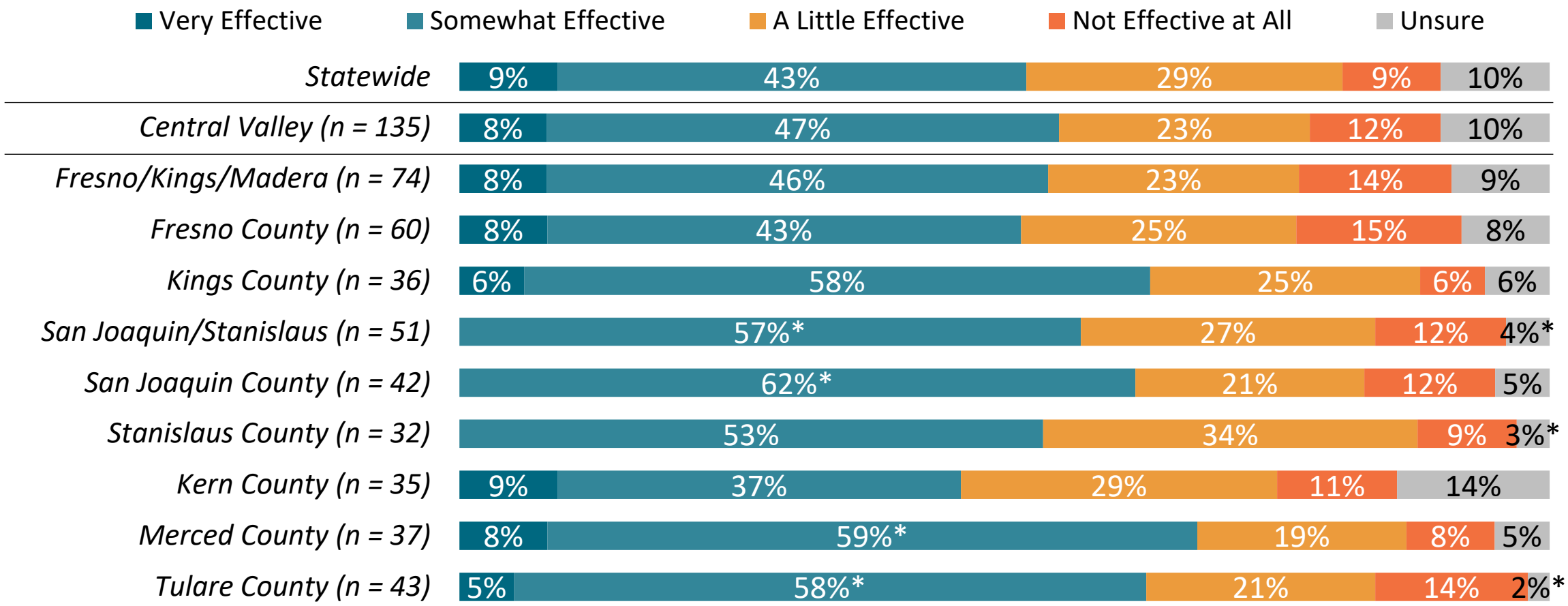
Now thinking about your own organization, please indicate whether you personally think each of the following has gotten <u>better</u> or <u>worse</u> as a result of CalAIM — or if it has <u>stayed about the same</u>.
Percentages indicate "Total Worse" responses.

Your organization's . . .	Statewide	Central Valley (*n* = 135)	Fresno/Kings/ Madera (*n* = 74)	Fresno (*n* = 60)	Kings (*n* = 36)	San Joaquin/ Stanislaus (*n* = 51)	San Joaquin (*n* = 42)	Stanislaus (*n* = 32)	Kern (*n* = 35)	Merced (*n* = 37)	Tulare (*n* = 43)
. . . ability to manage the comprehensive needs of the people you serve	11%	12%	15%	17%	6%	8%	7%	3%*	12%	5%	9%
. . . ability to grow the number of new patients/members/clients you serve	11%	10%	13%	16%	9%	8%	10%	3%*	12%	3%*	10%
. . . ability to coordinate with other organizations serving the same people	10%	8%	5%	7%	3%*	6%	7%	0%	11%	5%	7%
. . . IT/software capacity and infrastructure	14%	13%	14%	17%	9%	14%	14%	6%	18%	5%*	9%
. . . financial stability	18%	20%	21%	24%	6%*	24%	26%	23%	21%	19%	12%
. . . ability to balance the time spent on documentation and administration versus time spent providing services	29%	33%	32%	35%	26%	47%*	48%*	43%	30%	22%	33%
. . . ability to recruit and retain staff	20%	20%	19%	22%	11%	22%	24%	19%	29%	11%	19%

*This result is significantly different from results statewide at the 95% confidence level.
Note: Total Worse is "Much Worse" + "Somewhat Worse." Results are ranked by "Statewide Total Worse." The *n* size may vary within columns as respondents who said "Not Applicable" were excluded.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Implementers Have Mixed Views About the Effectiveness of CalAIM Implementation

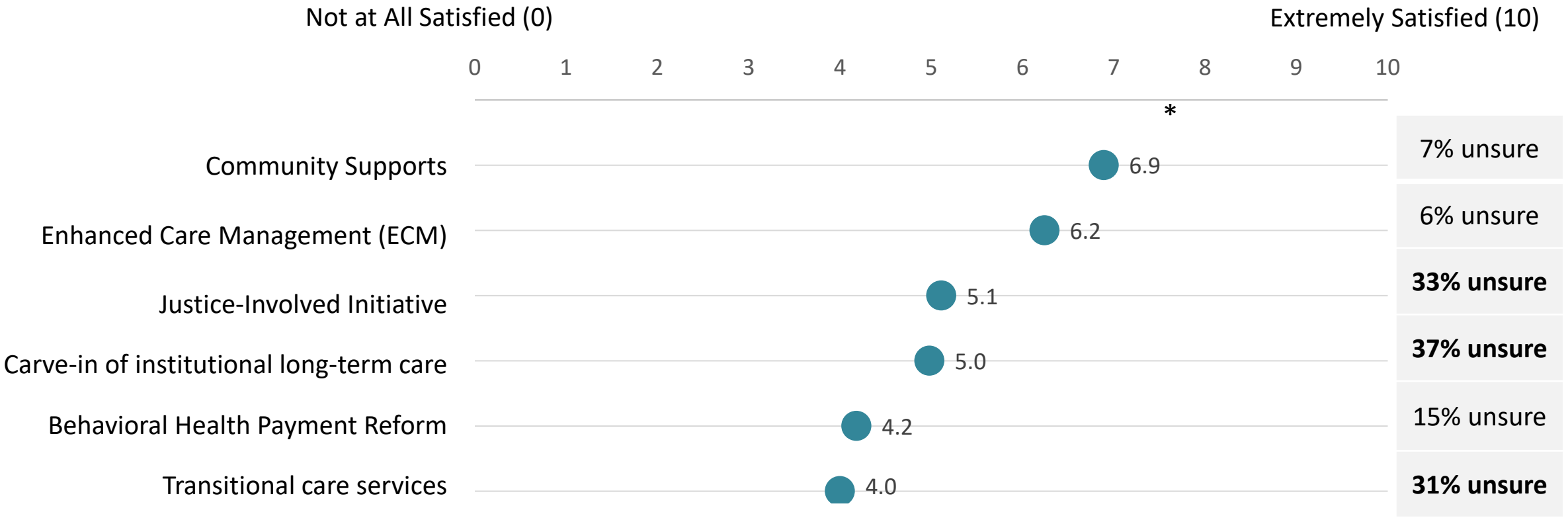
At this stage of CalAIM's implementation, how would you rate the effectiveness of CalAIM-related processes, protocols, and workflows overall?



*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 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Satisfaction is Highest with Core CalAIM Services — ECM and Community Supports

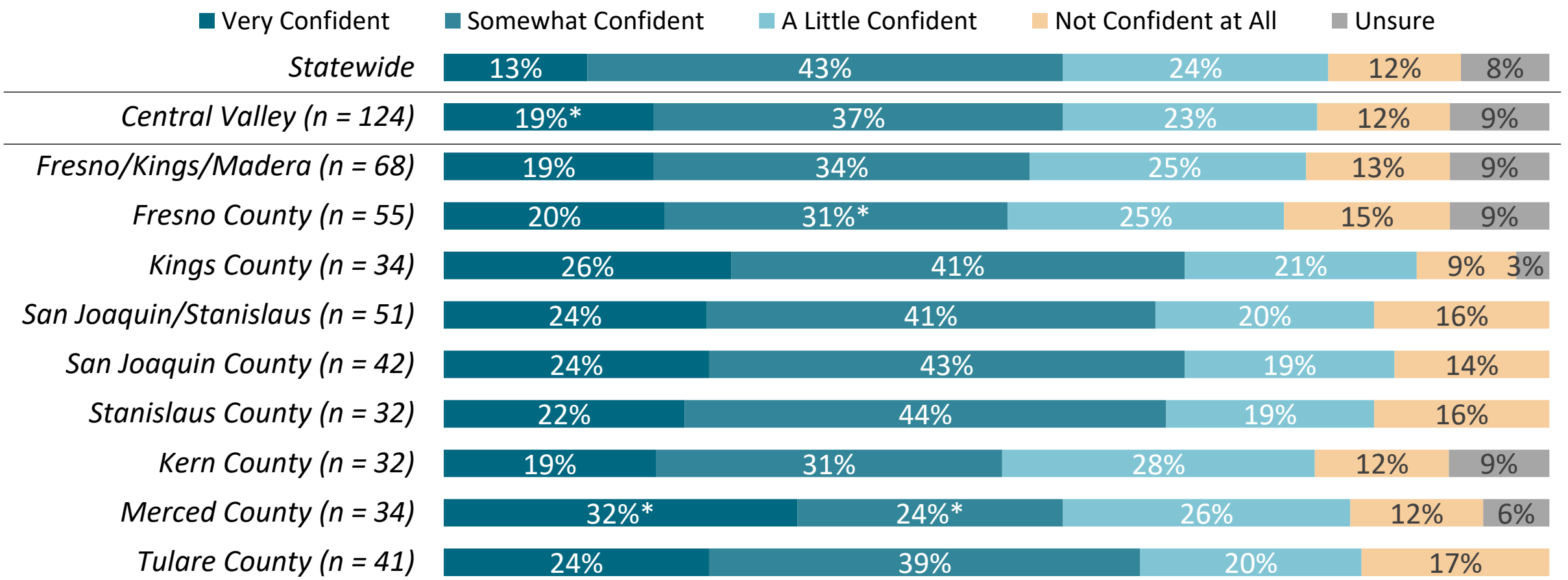
On a scale of 0 to 10, with 0 meaning not at all satisfied and 10 meaning extremely satisfied, please indicate how satisfied you are with your organization's experience with each of the following so far.



*This result is significantly higher than results statewide at the 95% confidence level.
Notes: Data shown are average values for each item in the series. Regional subgroup slides were omitted because of insufficient responses.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

There Is Some Optimism About Improvement Across the Region

And how confident are you that CalAIM-related processes, protocols, and workflows will become more effective over time?



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

Notes: Question was asked to everyone except those who said CalAIM is already "Very Effective" (9% statewide). Totals may not sum to 100% due to rounding.

Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

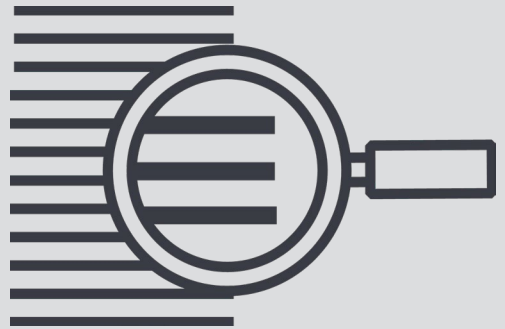
Resources Used Vary by Subregion and County

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.
Percentages indicate use of each resource.

Resource	Statewide	Central Valley (*n* = 135)	Fresno/Kings/ Madera (*n* = 74)	Fresno (*n* = 60)	Kings (*n* = 36)	San Joaquin/ Stanislaus (*n* = 51)	San Joaquin (*n* = 42)	Stanislaus (*n* = 32)	Kern (*n* = 35)	Merced (*n* = 37)	Tulare (*n* = 43)
DHCS Webinars	75%	76%	73%	72%	75%	94%*	93%*	97%*	83%	76%	81%
Peer-to-Peer Learning	68%	69%	70%	70%	78%	69%	69%	66%	71%	76%	70%
Regional CPI Groups	56%	67%*	68%*	67%	78%*	76%*	74%*	78%*	60%	76%*	72%*
Technical Assistance or Trainings from MCPs	52%	56%	64%*	63%	56%	67%*	64%	78%*	57%	51%	58%
Technical Assistance Through the CalAIM Technical Assistance Marketplace	45%	46%	50%	47%	42%	47%	45%	50%	34%	43%	47%
Grants Through PATH CITED	40%	49%*	54%*	57%*	53%	59%*	64%*	66%*	49%	59%*	49%
Grants from MCPs Through IPP	40%	44%	47%	45%	44%	53%	60%*	56%	40%	41%	51%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *DHCS* is California Department of Health Care Services. *CPI* is Collaborative Planning and Implementation. *MCP* is managed care plan. *IPP* is Incentive Payment Program. Results are ranked by "Statewide." Helpfulness of resources slide was omitted because of insufficient number of respondent responses for those items.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Data Exchange



State and Region Not Yet at Goal of Accurate, Comprehensive, Real-Time Data Exchange

Thinking about the information about other care that the people you serve are getting.
Percentages indicate respondents who say…

Aspects of Information Exchange	Statewide	Central Valley (*n* = 135)	Fresno/Kings/ Madera (*n* = 74)	Fresno (*n* = 60)	Kings (*n* = 36)	San Joaquin/ Stanislaus (*n* = 51)	San Joaquin (*n* = 42)	Stanislaus (*n* = 32)	Kern (*n* = 35)	Merced (*n* = 37)	Tulare (*n* = 43)
. . . In general, information is completely or mostly accurate	60%	56%	62%	62%	67%	51%	48%	56%	46%	62%	51%
. . . They generally get all or most of the information needed	40%	39%	43%	43%	42%	27%*	26%*	31%	23%*	46%	33%
. . . In general, they get information within 48 hours or faster	37%	33%	34%	37%	19%	33%	33%	34%	34%	32%	19%

*This result is significantly different from results statewide at the 95% confidence level.
Note: Results are ranked by "Statewide."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Use of IT Solutions for Data Exchange Varies by Subregion

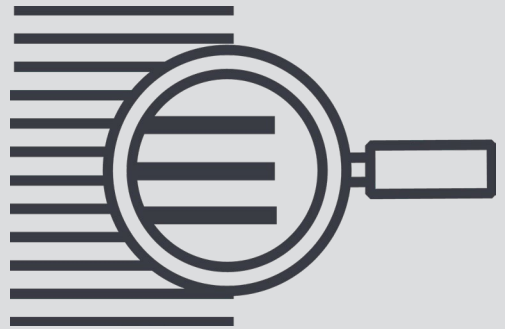
How do you currently get information about the other care that the people you serve are getting in the context of CalAIM (e.g., ECM, Community Supports)?

Percentages show respondents who "Always" or "Usually" use this data source.

Data Source	Statewide	Central Valley (*n* = 135)	Fresno/Kings/ Madera (*n* = 74)	Fresno (*n* = 60)	Kings (*n* = 36)	San Joaquin/ Stanislaus (*n* = 51)	San Joaquin (*n* = 42)	Stanislaus (*n* = 32)	Kern (*n* = 35)	Merced (*n* = 37)	Tulare (*n* = 43)
Patient/Client/Member	55%	56%	61%	57%	61%	63%	64%	69%	71%*	51%	60%
Electronic Health Records (EHR) System	37%	31%	34%	37%	31%	24%*	19%*	19%*	26%	35%	26%
In-Person Meeting with Other Provider/Care Team Member(s)	34%	24%	30%	27%	33%	27%	31%	31%	34%	14%*	26%
Health Plan	32%	36%	46%*	48%*	53%*	39%	31%	56%*	43%	46%	35%
Health or Community Information Exchange (HIE/CIE) or Other Data Portal	20%	23%	24%	23%	31%	18%	19%	9%*	20%	32%	19%

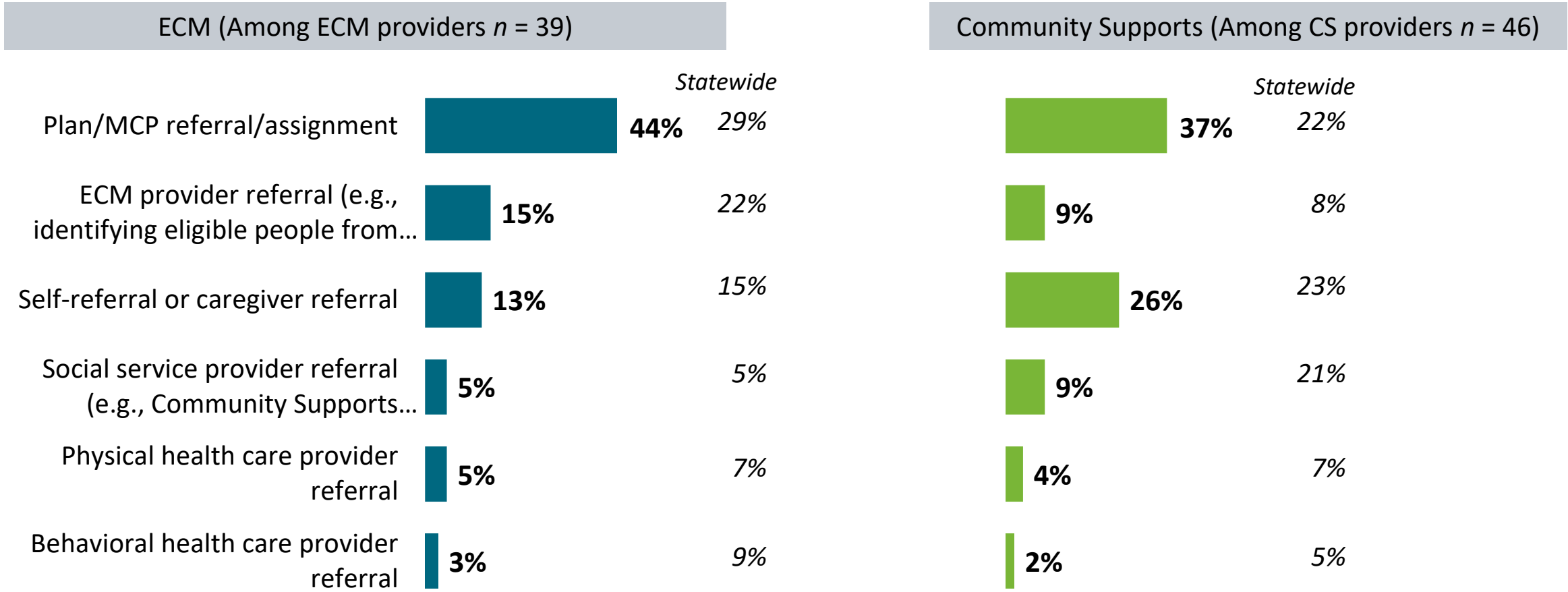
*This result is significantly different from results statewide at the 95% confidence level.
Notes: *ECM* is Enhanced Care Management. Results are ranked by "Statewide."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

ECM and Community Supports



Referrals Come From Range of Sources, But MCPs Refer a Plurality for ECM

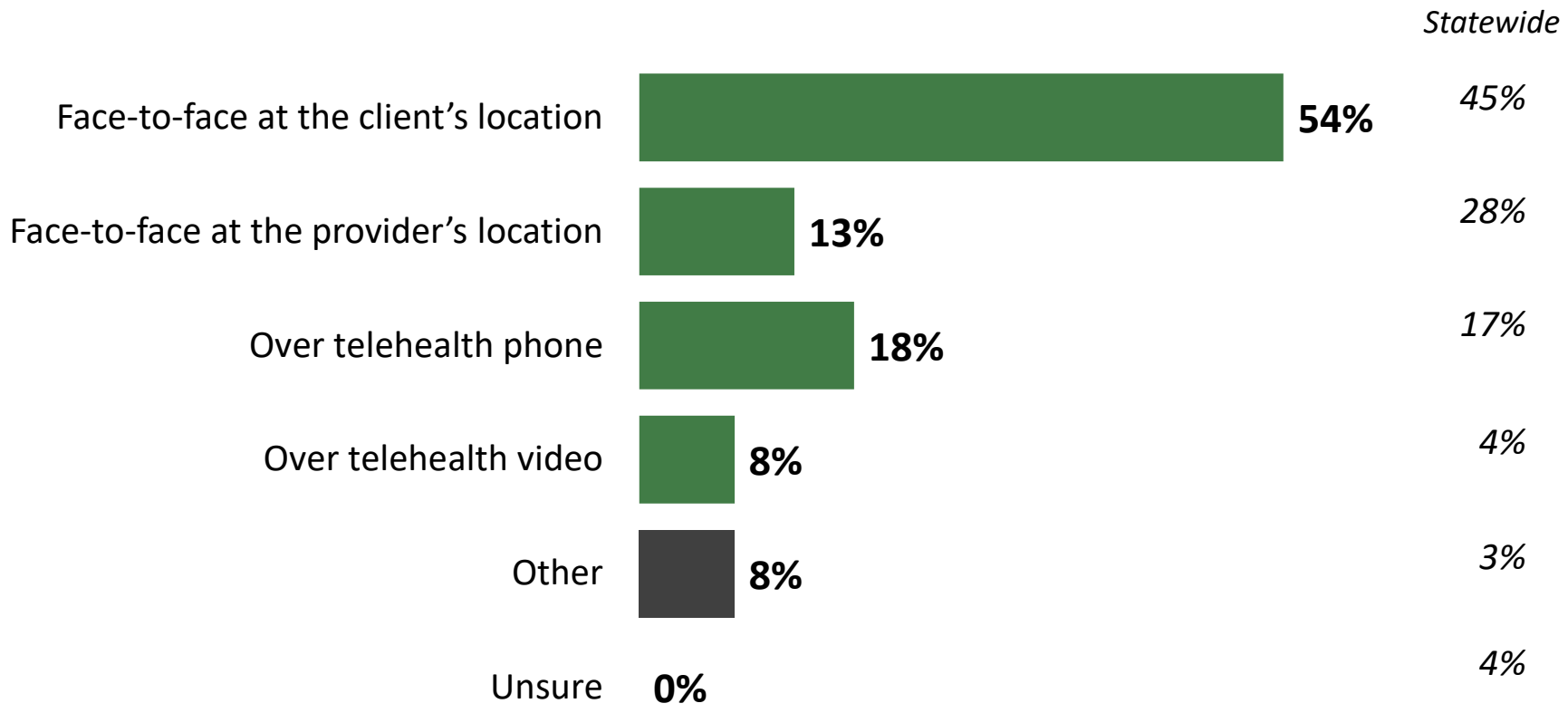
Which of the following is the most common way those you serve are getting referred to your organization for ECM services/Community Supports?



Note: *ECM* is Enhanced Care Management. *MCP* is managed care plan. *CS* is Community Supports. Results are ranked by ECM referral rates.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Most ECM Providers Come to Patients/Clients Either Physically or Through Telehealth

Which of the following is the primary way you provide services? Please select the answer where you spend most of your time, even if multiple answers apply.

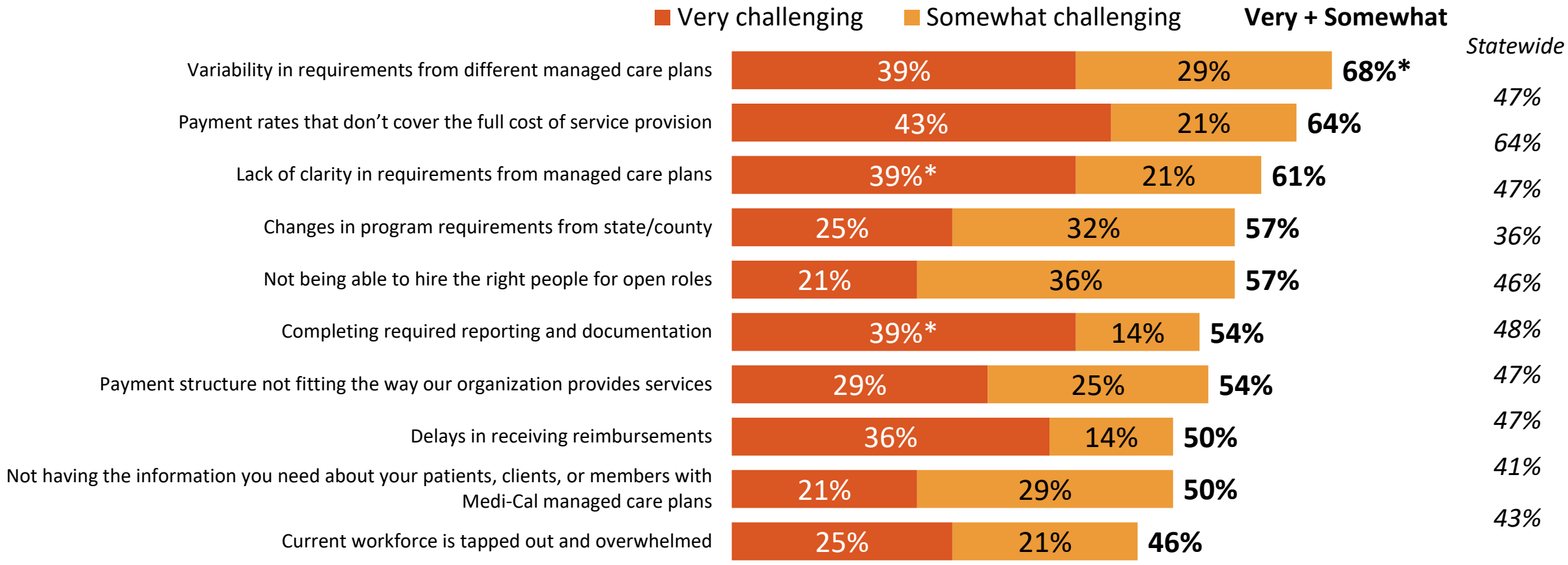


Note: *ECM* is Enhanced Care Management. Asked of ECM providers (*n* = 91). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Central Valley ECM Providers Report Variability in MCP Requirements as Top ECM Challenge

*Please indicate how challenging each of the following has been when it comes to implementing **ECM**.*

Most Common ECM Challenges



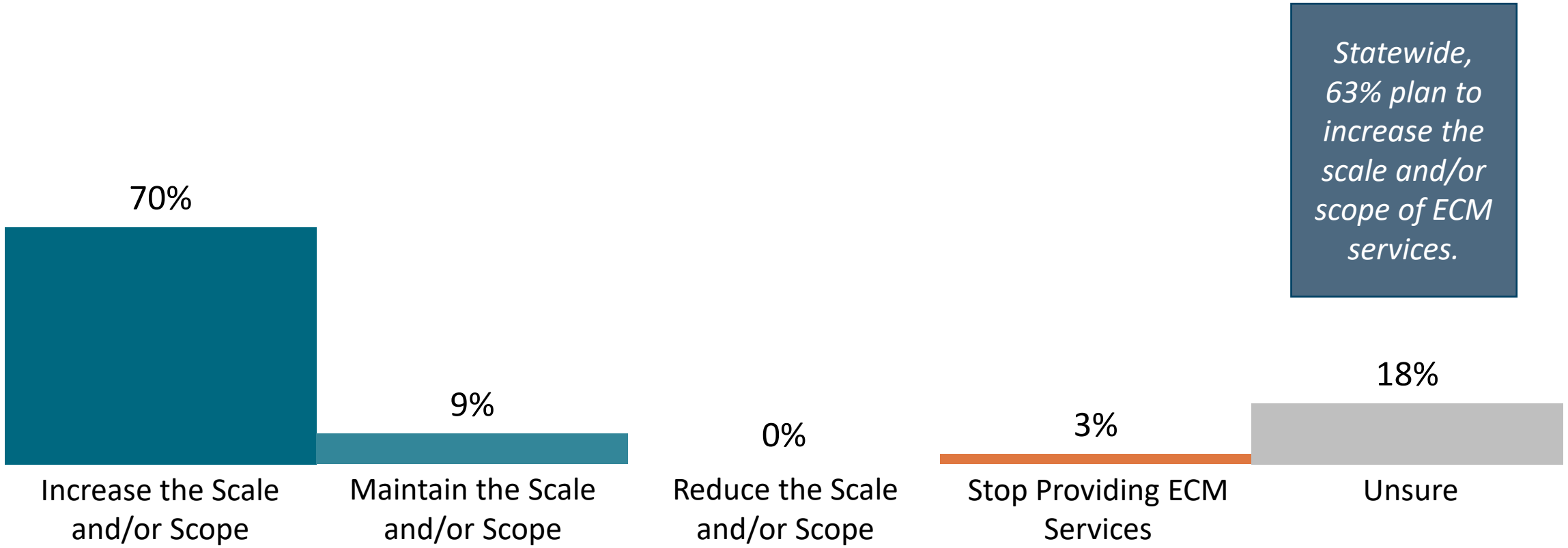
*This result is significantly different from results statewide at the 95% confidence level.

Notes: *ECM* is Enhanced Care Management. Results reflect responses from ECM providers in the Central Valley (*n* = 28) and are ranked by "Very and Somewhat Challenging."

Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Vast Majority in Central Valley Intend to Increase the Scale and/or Scope of ECM Services

As you think ahead to the next year, what are your intentions with your organization's ECM services?

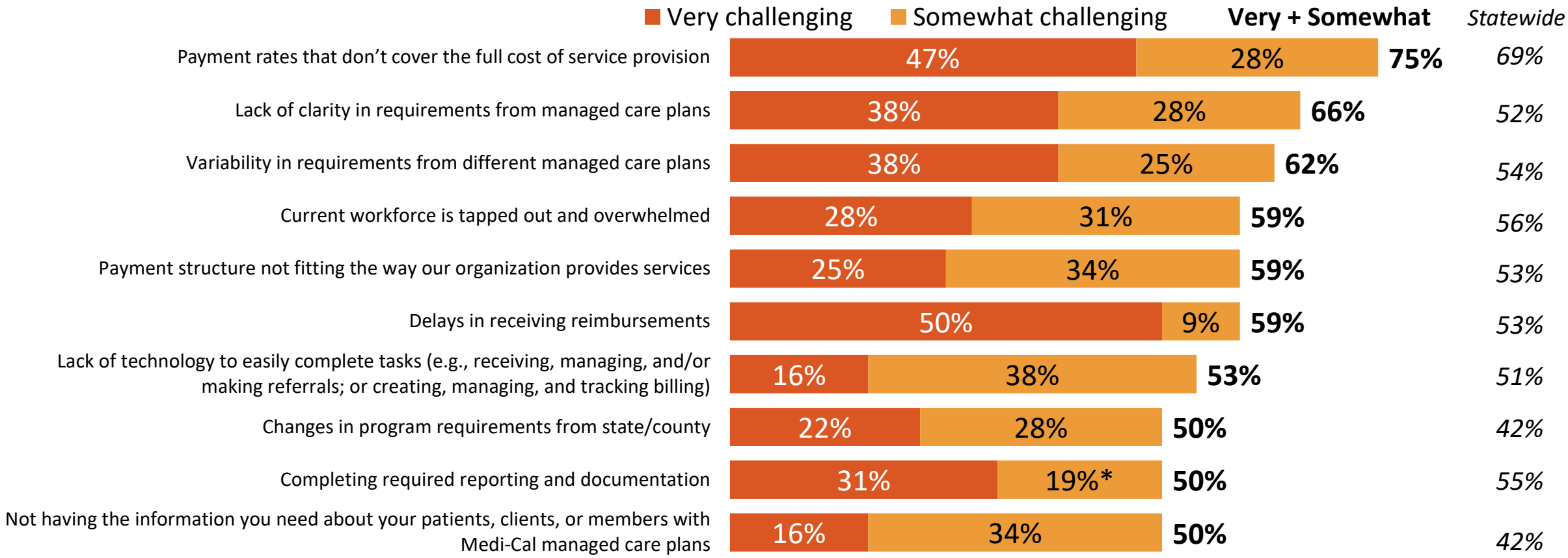


Notes: *ECM* is Enhanced Care Management. Asked of leaders who provide ECM in the Central Valley (*n* = 33). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Central Valley Providers Face an Array of Community Supports Challenges

Please indicate how challenging each of the following has been when it comes to implementing ***Community Supports****.*

Most Common CS Challenges



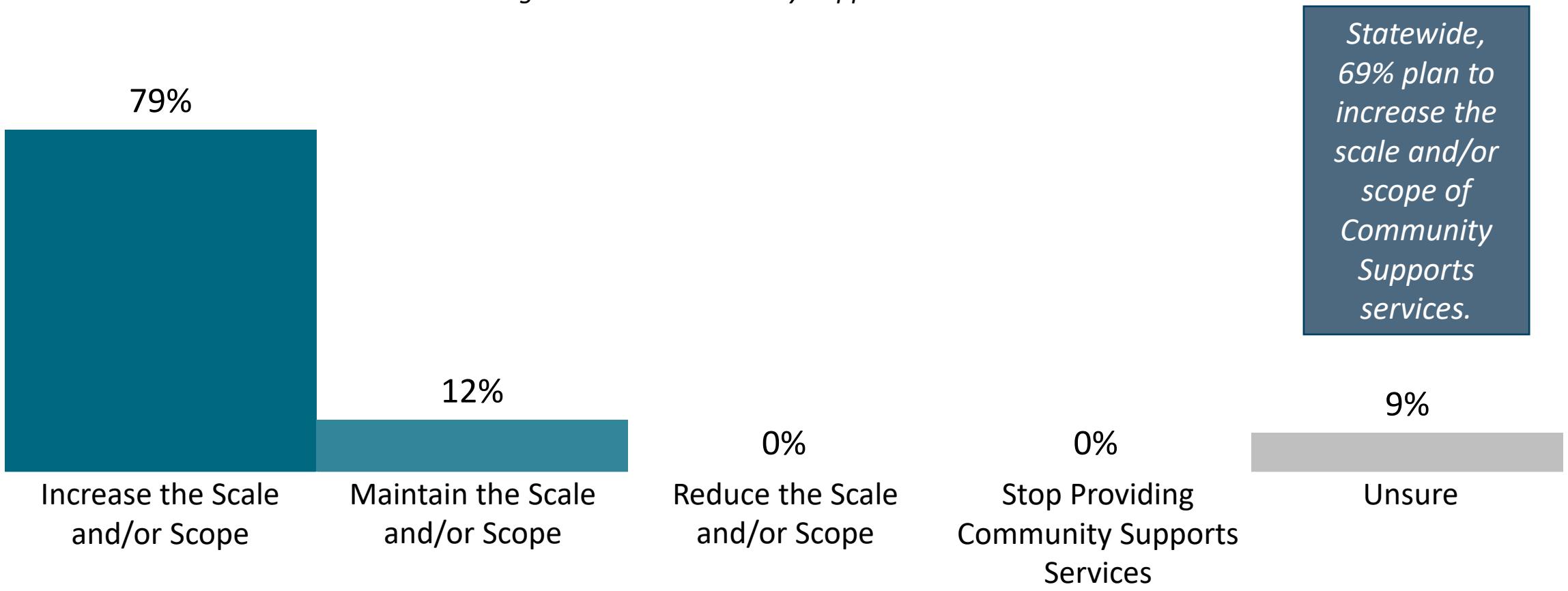
*This result is significantly different from results statewide at the 95% confidence level.

Notes: *CS* is Community Supports. Responses come from CS providers in the Central Valley (*n* = 32). Results are ranked by "Very and Somewhat Challenging."

Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Vast Majority in Central Valley Intend to Increase the Scale and/or Scope of Community Supports Services

As you think ahead to the next year, what are your intentions with your organization's Community Supports services?



Statewide, 69% plan to increase the scale and/or scope of Community Supports services.

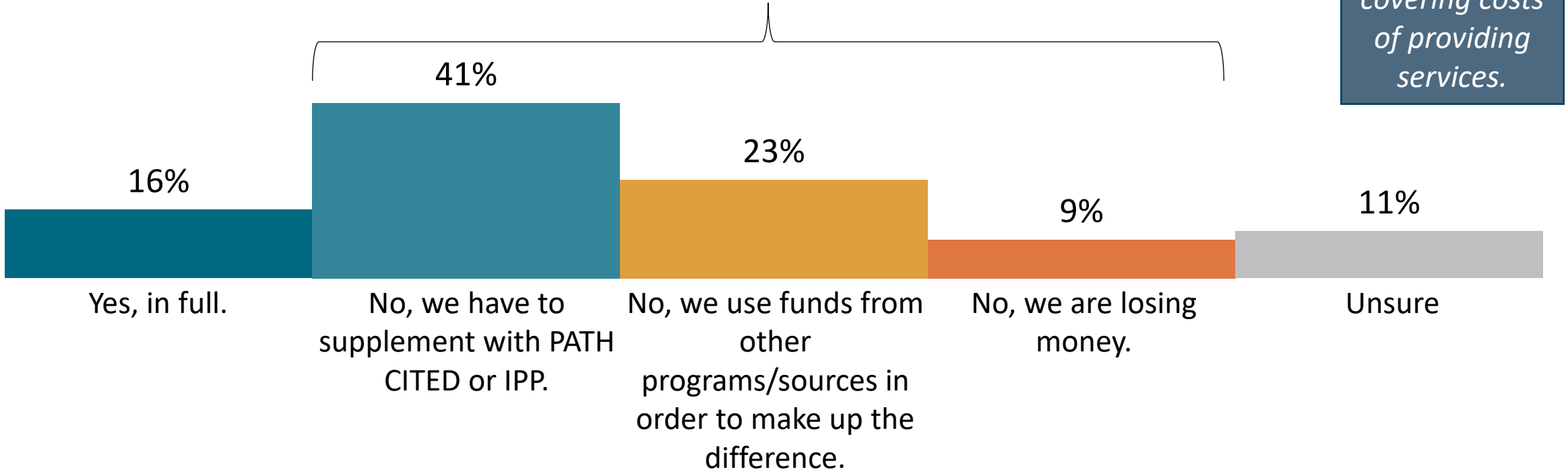
Note: Asked of leaders who provide Community Supports in the Central Valley (*n* = 34). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

However, Vast Majority in Central Valley Report MCP Payment Rates Do Not Cover CalAIM Services

Are current managed care plan (MCP) payment rates covering your costs of providing services under CalAIM?

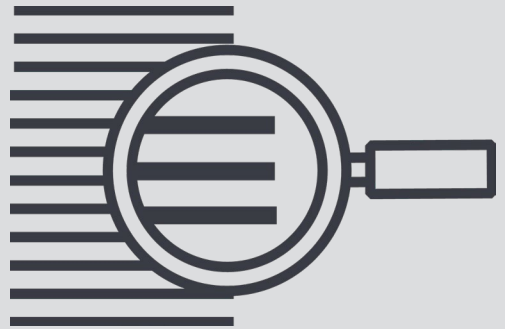
73% say payment rates are NOT covering costs of providing services.

Statewide, 79% say payment rates are NOT covering costs of providing services.



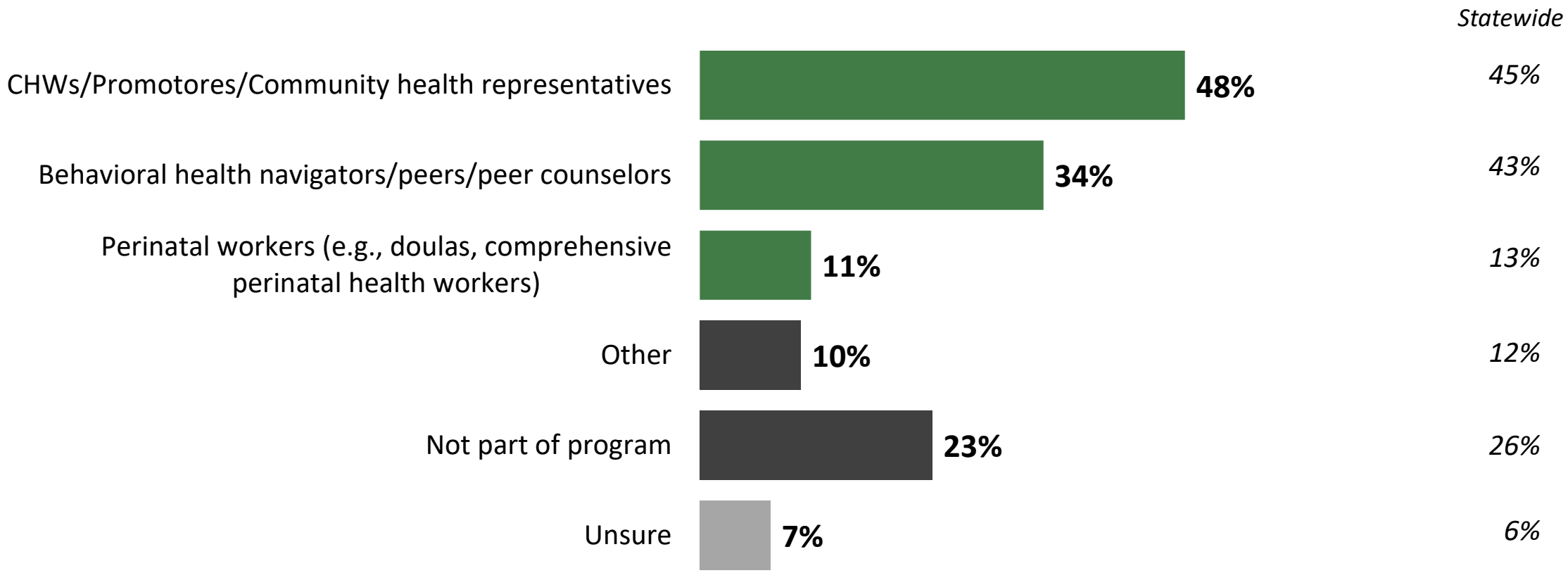
Notes: *IPP* is Incentive Payment Program. Asked of leaders who provide ECM or Community Supports in the Central Valley (*n* = 44). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Deep Dives: CHWs and BH Payment Reform



Leaders Report Employing Community-Based Health Workers

Which of the following members of the community-based health workforce are part of your program? You may select all that apply.



Note: *CHW* is community health worker. Asked of leaders only (*n* = 73). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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 to this survey research in collaboration with the California Health Care Foundation.

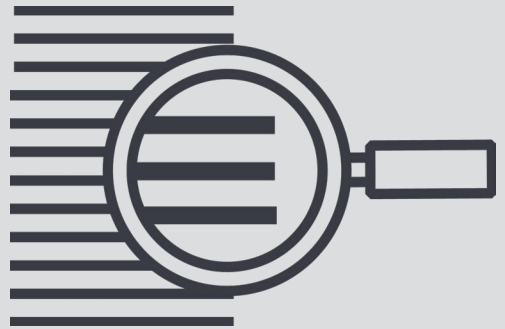
California Health Care Foundation

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

"The services have greatly improved the health, wellness, and day to day living conditions of those within our unhoused population."

– Frontline Provider, Federally Qualified Health Center

"We have been able to help individuals to stay connected with their PCPs or get them connected to a PCP if they do not have one. We have been able to connect them with ECM providers that can help [them] to better navigate resources. With Short-term Post Hospitalization we have been able to get people better on their feet and more stable while pursuing housing."

– Leader, Homelessness Services Organization

"My clients are better prepared for the California heat wave, as it poses as a major health risk, especially in the elderly."

– Frontline Provider, Social Service Organization

"Being able to provide mental health services to a severely in-need demographic in the Central Valley [is a success]."

– Leader, Specialty Behavioral Health

Notes: *PCP* is primary care provider. *ECM* is Enhanced Care Management.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Central Valley Implementers Ask for . . .

"Small CBOs, especially in rural areas, are getting left behind when they could be valuable participants in the system. But they don't have time or staff to invest (time or money) in things that may not provide sustainable funding."

– Leader, Social Service Organization

"The counties need more support on payment reform. Our billing office staff are not medical coders. Our job descriptions don't align with them becoming medical coders. Our HR system won't change fast enough for us to get medical coders in the right positions to keep us financially safe."

– Leader, County Mental Health Plan

"CalAIM implementation can be improved by providing peer-to-peer support and more training targeted to each specific CS."

– Frontline Provider, Homelessness Services Organization

"[We need] One streamlined and user-friendly (provider-focused) portal for all CalAIM processes, referrals, implementation, billing/claims, and service provision/reporting. Rather than every MCP having a different portal and different everything."

– Leader, Advocacy/Member Organization Providing Housing Community Supports

Notes: *CBO* is community-based organization. *CS* is Community Support. *MCP* is managed care plan.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).