



CHCF

PERSPECTIVES FROM THE FIELD

by Victoria Clayton

## CalAIM Implementers Convening

In November 2025, the Center for Care Innovations brought together a diverse group of professionals involved in implementing CalAIM (California Advancing and Innovating Medi-Cal) to discuss promising practices and strategies for building a stronger program. More than 90 representatives — implementers — from managed care plans, hospitals, clinics, community-based organizations, and community care hubs were selected to join on the basis of their ideas about the program and the lived experience they bring to their work.

CalAIM, launched in 2022, is an ambitious set of reforms to improve Medi-Cal, with two flagship programs, Enhanced Care Management (ECM) and Community Supports, designed to deliver whole-person care for people with the most complex needs. The ECM benefit provides intensive care management, and the 14 Community Supports services address health-related social needs, from housing navigation to medically tailored meals to assisted living. CalAIM is authorized under a set of federal waivers — up for renewal in December 2026 — and implementers reported uncertainty and trepidation because of new federal and state policy and budget constraints. They also expressed optimism that the programs will be sustained.

Indeed, in pilot programs evaluated by researchers at UCLA, high-need patients who received services like ECM and Community Supports offered under precursor programs generally realized a reduction in emergency department visits and hospitalizations, and the California Department of Health Care Services [has released data](#) demonstrating cost-effectiveness for many of the Community Supports.

This perspective from the field highlights how the lived experiences of CalAIM's implementers impact their work, which practices are working well, and what they recommend to strengthen the program.

### Shared Experiences Provide Connection and Motivation to Persevere

Convening attendee **Selina Escobar-Ortega**, head of payer contracting and strategy for Zocalo Health in Tulare, says she never forgets what it was like when she was a Medi-Cal enrollee.

"I grew up in the Central Valley on Medi-Cal, WIC, and what used to be called food stamps," explained Escobar-Ortega. The vision of seeing her own mother pulling out the old sticky labels, or coupon cards, which used to be required for a Medi-Cal doctor visit — and realizing that there was a limit to health care for her family — is a salient childhood memory. "I know firsthand that trying to get what you need as far as health

#### About the Perspectives from the Field Series

As California's Department of Health Care Services administers changes to the Medi-Cal program, especially those that are part of the [CalAIM initiative](#), CHCF is intermittently publishing short reports that highlight the perspectives of those in the field who are implementing the changes. These "Perspectives from the Field" seek to inform policymakers and other health care leaders about insights and experiences from people on the ground who work directly with patients.

and social services is complex and overwhelming, but I'm in this because I know these benefits can change people's lives and change the lives of the generations that follow them," said Escobar-Ortega. "My lived experience makes me more dedicated and determined. When I hit roadblocks at work — especially with insurers — I just don't give up."

Like Escobar-Ortega, **Jason Quijada** never forgets. Now director of neighbor care at Salt+Light, a community of 53 tiny homes and supportive services for previously unhoused people in Goshen, Quijada grew up in inner-city Fresno and was homeless as a youth. "Growing up, I got shoes from a program. I got my toys from a program. I got everything from a program," explained Quijada, now 36. "I really understand what it's like to be the people we help." And he understands that getting healthy and accessing supportive services is the difference between hope and despair. His lived experience — including recognizing the trauma — enables him to have a special bond with the people he serves. "We all have a story. I share mine and I use it as a way of connecting with people," said Quijada.

Among the services provided, Salt+Light has a mobile health unit. "Some of the people we see haven't had medical care in 20 years or more, and now they are finally getting care," said Quijada. "As an organization, we supplement [financially] as much as we possibly can with donations from our community, but we couldn't provide the services we do without CalAIM."

## What's Working Now: Promising Practices

Many of the convening discussions and interviews surfaced practices where CalAIM is currently working well. Implementers agreed that the following promising practices must be continued, strengthened, and encouraged.

## Hiring Community Members and Peers Who Reflect Those Served

Many implementers speak the first language of their constituents and said more implementers must speak the primary languages of the communities they serve, including Spanish, Vietnamese, and Indigenous languages.

Furthermore, gender representation influences help-seeking in some populations, and implementers acknowledged that having more men for some outreach efforts enhances results. In addition, a CalAIM workforce with experience of substance use disorder or homelessness is extremely valuable to ground case management in reality and lived experience. Convening implementers report enhanced adherence and fewer chances of miscommunication and of unfair, rude, or discriminatory treatment when implementers reflect those they serve.

## Building Trust Through Community Engagement and Whole-Person Support

Implementers said showing up repeatedly in trusted community spaces before asking potential CalAIM enrollees to engage in complex care is nonnegotiable. Implementers also noted that fundamental needs of daily living, including safe housing, employment, and access to food, often take priority over addressing physical or mental health concerns. Meeting practical needs first, however, can be a key stepping-stone toward CalAIM enrollment. Even relatively simple tasks like helping someone get access to a toothbrush or a cell phone, for example, build trust that in time leads to the person gaining access to the care they need.

## Warm Handoffs Across Systems

CalAIM implementers with lived experience are experts at recognizing when someone is ready to accept support, but they still must shepherd most enrollees through the process. Implementers said CalAIM works as intended when those who know their community well leverage their credibility to make safe referrals. The central idea is that most enrollees need help getting to the next step. Many don't have access to online resources or the wherewithal to download documents and navigate complicated systems or service providers on their own. They need assistance connecting with referrals, and referrals must not feel punitive. Enrollees who work with CalAIM implementers deeply embedded in the community tend not to drop out when they transition — for example, between outreach, crisis services, sobering centers, and ECM providers.

## Trauma-Informed Intake

Implementers acknowledge that trauma is an overriding feature of their populations. They applauded trauma-informed training that helps them notice and creatively respond to triggers. They also expressed appreciation for methods that give control back to the CalAIM member. For example, they noted programs that acknowledge the need for and provide multiple pathways for members to complete their own intake — visual diagrams, tablet-based forms, simple paper versions, and more.

## Toward a Stronger CalAIM: Implementers Identify Starting Points

Through a day filled with discussions centered on promising practices as well as problems and solutions, participants identified many challenges that can't easily be solved by individual organizations alone. From these challenges, organizers surfaced the following four starting points that require coordinated action from the California Department of Health Care Services, managed care plans, and policymakers.

### 1. Secure Financial Sustainability and Program Permanence

The highest priority theme emerging from the day is the need to transition CalAIM from a demonstration waiver to a permanent fixture of the Medi-Cal system. Stakeholders expressed strong support to make ECM and Community Supports into permanent benefits. This theme also encompasses the financial viability of community-based organizations and providers, with specific calls for transparent reimbursement rates and targeted funding mechanisms — such as increased rates for community health workers/*promotores* and transportation reimbursement — to ensure safety-net providers can sustain these services.

### 2. Reduce Administrative Complexity Through Statewide Standardization

Implementers across the board are seeking to reduce friction caused by fragmentation. Clear hunger exists for the California Department of Health Care Services to establish statewide standards for assessments, data reporting, and eligibility criteria. This theme highlights the administrative burden placed on providers operating in multiplan counties and emphasizes the need for uniform processes to streamline contracting and operations. Standardizing these elements would allow stakeholders to shift focus from administrative navigation to member care.

*“We have two health plans who are great partners. But they often have different requirements — and they change what they need on a moment's notice.”*

—Selina Escobar-Ortega, Zocalo Health

### 3. Strengthen Data Infrastructure to Demonstrate Value and Quality

A significant number of solutions focus on the critical role of data in driving equity and proving the program's effectiveness. Implementers prioritized the

development of technical assistance programs to ensure resources for technology implementation are distributed equitably. Furthermore, there is a strong emphasis on defining measurable outcomes to prove the value of CalAIM. These metrics would require not only better data collection but also the integration of technology — such as closed-loop referral systems — to coordinate care and to track health improvements and cost savings effectively.

#### 4. Investing in Workforce Capacity and Member Engagement

To deliver on the promise of CalAIM, implementers identified the need to invest deeply in the human infrastructure of the health care system. This theme centers on supporting the workforce through improved reimbursement rates, trauma-informed training, and development of trust-based, collaborative relationships between plans and providers. It also addresses the need for plans and providers to build trust with members through tailored engagement strategies and by strengthening relationships with community partners, such as landlords and hospitals, to facilitate referrals and access.

## Conclusion

CalAIM implementers are foundational to the program's growth and future success. The convening demonstrated the need to exchange ideas, support one another, and rally around best practices. Implementer feedback indicated that they are not only eager to learn from one another — whether payer, provider, or hub — but that implementers crave clear communication, networking, and peer support. CalAIM implementers are just as ambitious as the program itself. Over and over again, implementers stressed they are determined to realize a sustained impact and that they are committed to this vital step forward in health care.

## About the Author

Victoria Clayton is a writer and educator in Southern California. Her work has appeared in *The Guardian* (US), *The Atlantic*, *The Washington Post*, and many other publications. She regularly contributes to the *California Health Care Foundation Blog*. Victoria was a 2025 USC Center for Health Journalism National Fellow, and her work has also been supported by the journalism nonprofit The Economic Hardship Reporting Project. She holds a BA from Iowa State and an MA from the Missouri School of Journalism. When she's not writing articles, scripts, or short stories, she serves as an adjunct professor of communications at California Lutheran University and leads expressive writing workshops. Connect with her on Instagram @vwrites.

## About the Foundation

The **California Health Care Foundation** (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

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.