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CalAIM Experiences: Southern California Implementers

FOCUS ON CalAIM

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 Southern California (referred to as "SoCal"), which includes the following subregions:
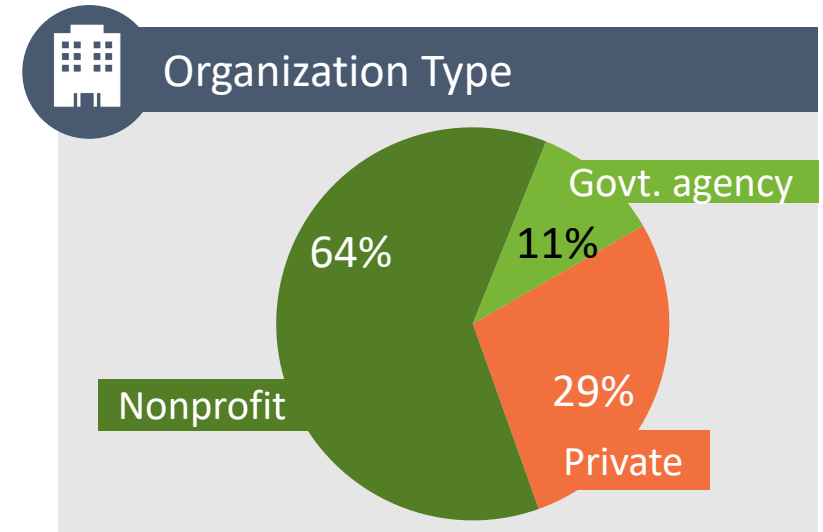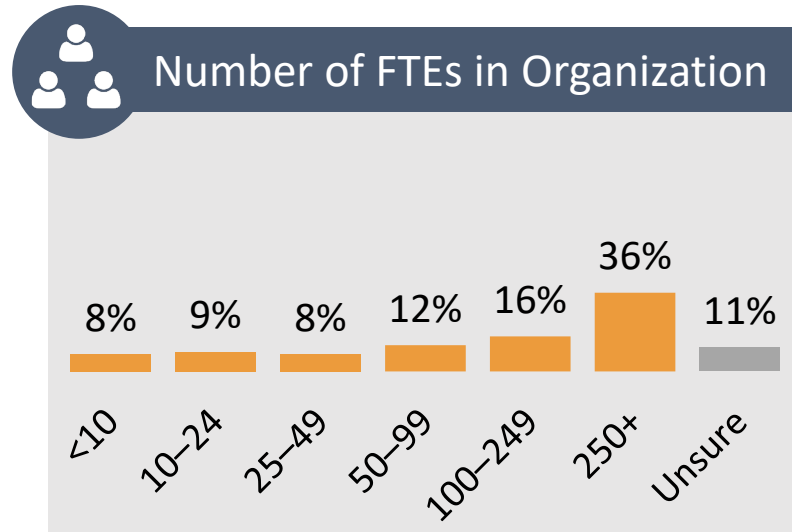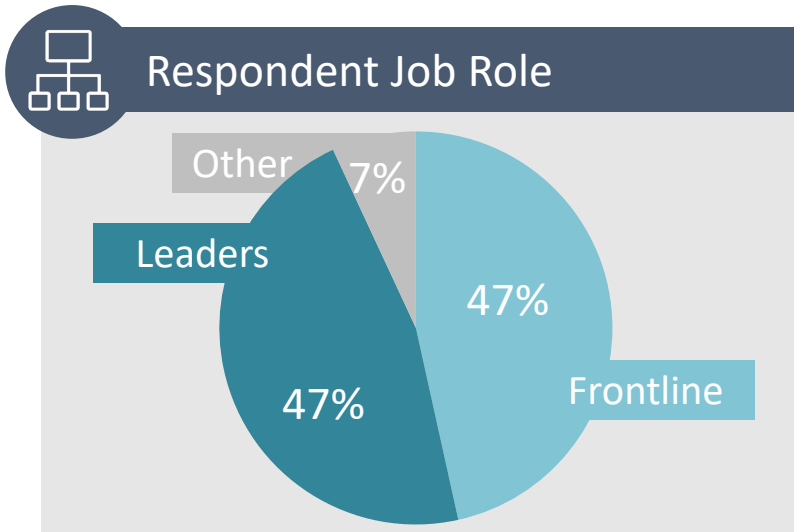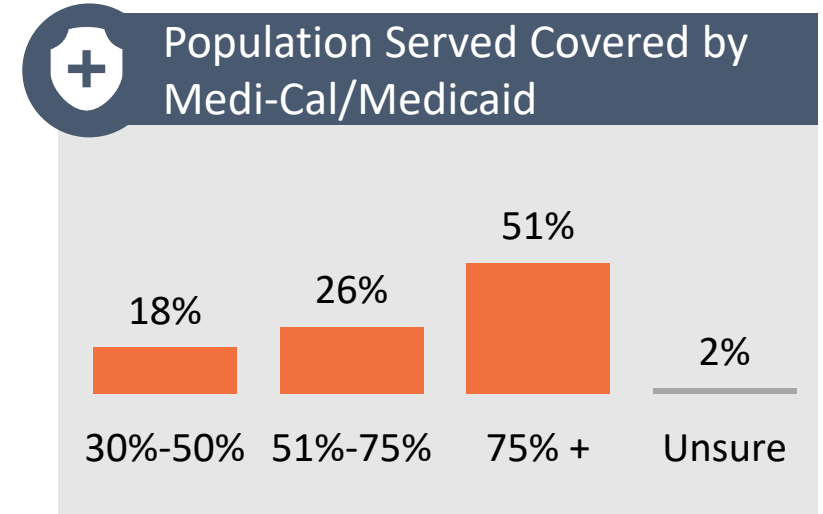
- Los Angeles County

- Orange County

- Riverside County

- San Bernardino County

- San Diego County

- Imperial County (Imperial County is not shown separately due to small number of respondents)

These subregions follow the grouping and naming conventions used for the PATH Collaborative Planning and Implementation 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 Southern 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 a *. If there is no symbol, differences were not significant.

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Dashboard: Breakdown of SoCal Respondents
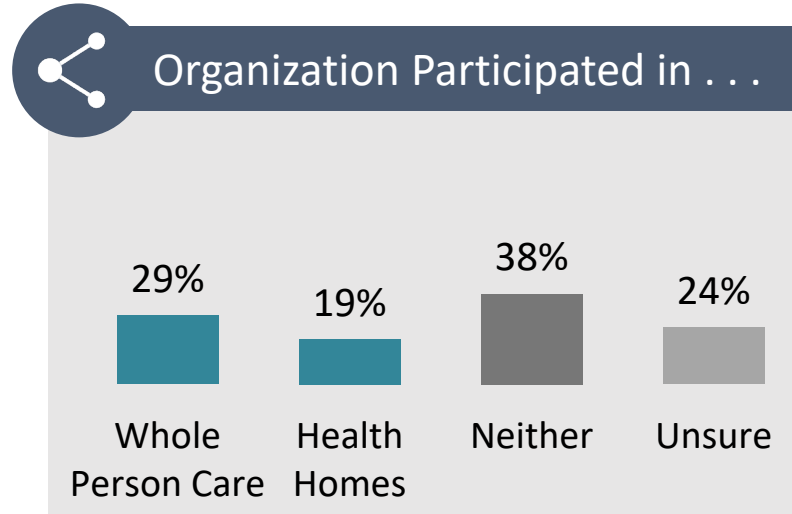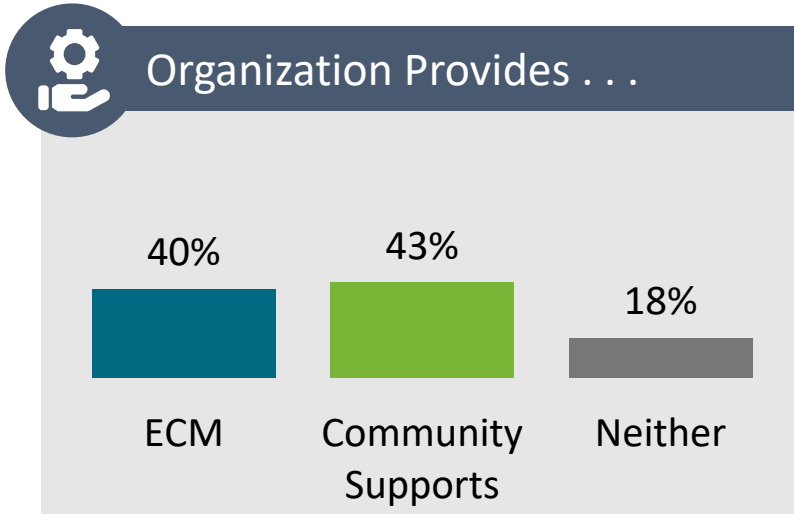
Organization Provides . . .

- ECM: 40%
- Community Supports: 43%
- Neither: 18%

Organization Participated in . . .

- Whole Person Care: 29%
- Health Homes: 19%
- Neither: 38%
- Unsure: 24%

Population Served Covered by Medi-Cal/Medicaid

- 30%-50%: 18%
- 51%-75%: 26%
- 75% +: 51%
- Unsure: 2%

Respondent Job Role

- Other: 7%
- Leaders: 47%
- Frontline: 47%

Number of FTEs in Organization

- <10: 8%
- 10–24: 9%
- 25–49: 8%
- 50–99: 12%
- 100–249: 16%
- 250+: 36%
- Unsure: 11%

Organization Type

- Nonprofit: 64%
- Govt. agency: 11%
- Private: 29%

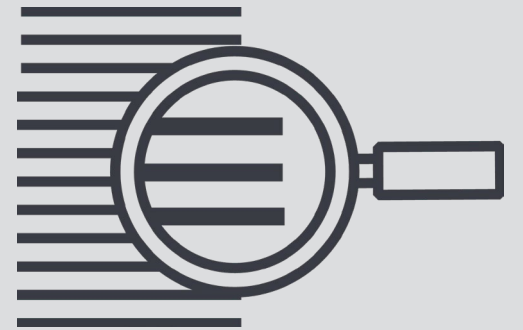Note: Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR Survey of CalAIM Implementers (July 21–September 12, 2023).

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Overview of Regional Findings

1. Implementer Views on Current State of Implementation

2. Organizational Partnerships

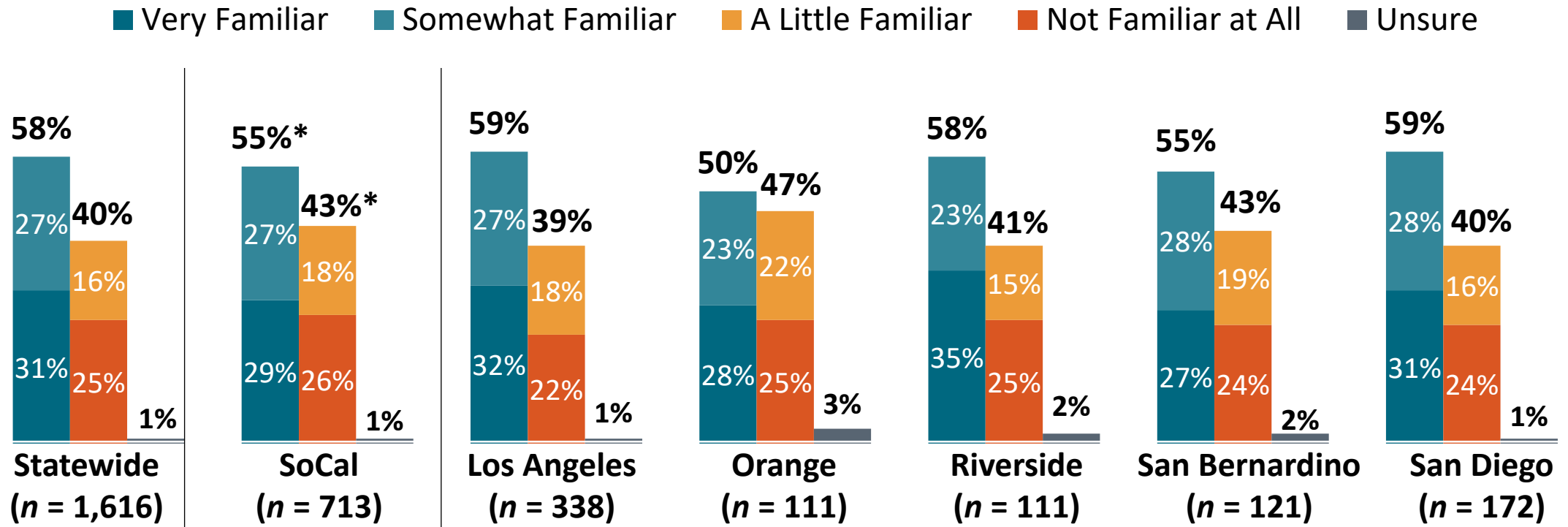3. Data Exchange

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.)

Legend: ■ Very Familiar ■ Somewhat Familiar ■ A Little Familiar ■ Not Familiar at All ■ Unsure

Statewide (n = 1,616)
- 58%: Somewhat Familiar 27%, Very Familiar 31%
- 40%: A Little Familiar 16%, Not Familiar at All 25%
- Unsure 1%

SoCal (n = 713)
- 55%*: Somewhat Familiar 27%, Very Familiar 29%
- 43%*: A Little Familiar 18%, Not Familiar at All 26%
- Unsure 1%

Los Angeles (n = 338)
- 59%: Somewhat Familiar 27%, Very Familiar 32%
- 39%: A Little Familiar 18%, Not Familiar at All 22%
- Unsure 1%

Orange (n = 111)
- 50%: Somewhat Familiar 23%, Very Familiar 28%
- 47%: A Little Familiar 22%, Not Familiar at All 25%
- Unsure 3%

Riverside (n = 111)
- 58%: Somewhat Familiar 23%, Very Familiar 35%
- 41%: A Little Familiar 15%, Not Familiar at All 25%
- Unsure 2%

San Bernardino (n = 121)
- 55%: Somewhat Familiar 28%, Very Familiar 27%
- 43%: A Little Familiar 19%, Not Familiar at All 24%
- Unsure 2%

San Diego (n = 172)
- 59%: Somewhat Familiar 28%, Very Familiar 31%
- 40%: A Little Familiar 16%, Not Familiar at All 24%
- Unsure 1%

*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).   www.chcf.org
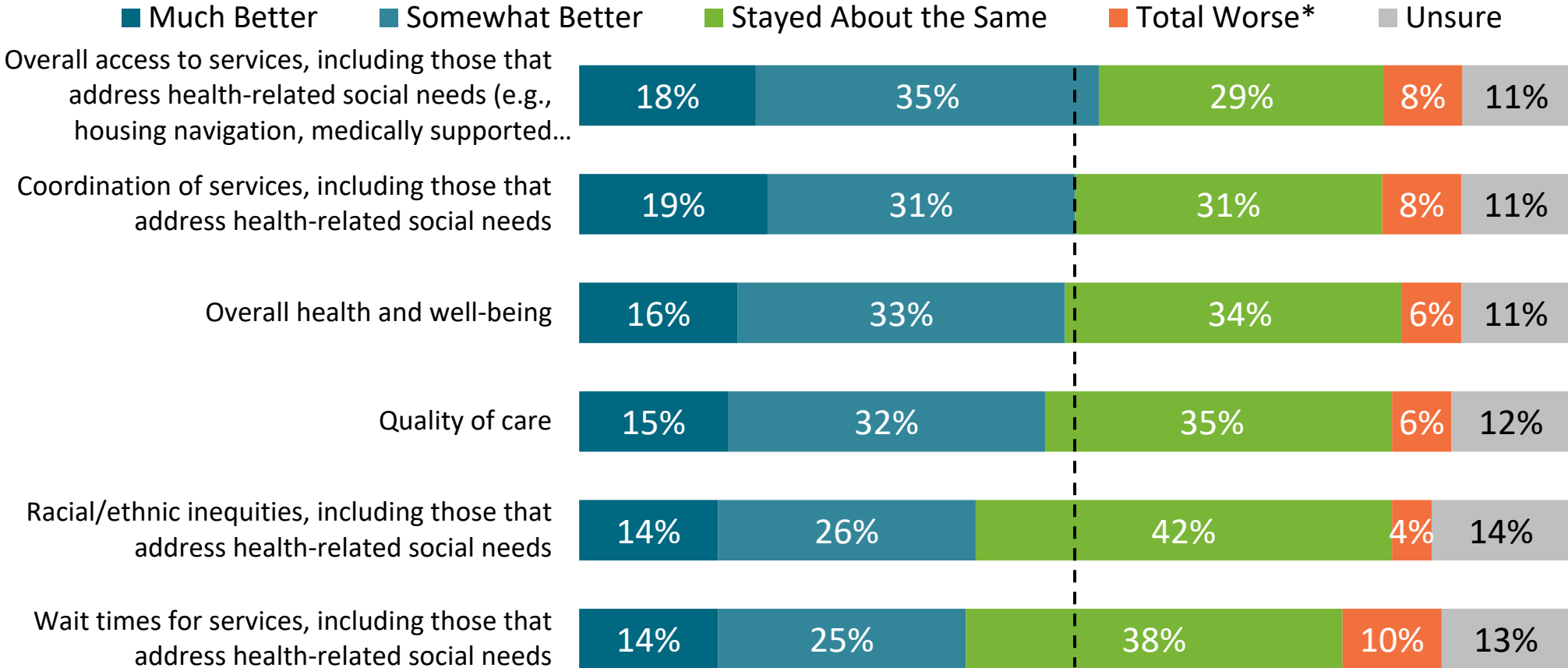
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Agreement with Goals Consistent Across the Region

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	SoCal (*n* = 519)	Los Angeles (*n* = 261)	Orange (*n* = 80)	Riverside (*n* = 81)	San Bernardino (*n* = 90)	San Diego (*n* = 129)
. . . making Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.	96%	95%	93%	98%	96%	93%	96%
. . . comprehensively addressing people's needs through whole person care and interventions that address social drivers of health.	95%	95%	93%	96%	93%	94%	95%
. . . improving quality outcomes and reducing health disparities through value-based initiatives and payment reform.	94%	93%	91%	96%	94%	93%	94%

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Southern 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 . . .

Legend: ■ Much Better ■ Somewhat Better ■ Stayed About the Same ■ Total Worse* ■ Unsure

Category	Much Better	Somewhat Better	Stayed About the Same	Total Worse*	Unsure
Overall access to services, including those that address health-related social needs (e.g., housing navigation, medically supported…	18%	35%	29%	8%	11%
Coordination of services, including those that address health-related social needs	19%	31%	31%	8%	11%
Overall health and well-being	16%	33%	34%	6%	11%
Quality of care	15%	32%	35%	6%	12%
Racial/ethnic inequities, including those that address health-related social needs	14%	26%	42%	4%	14%
Wait times for services, including those that address health-related social needs	14%	25%	38%	10%	13%

50%

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Improvements Reported Vary Somewhat by County

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	SoCal (*n* = 500)	Los Angeles (*n* = 255)	Orange (*n* = 78)	Riverside (*n* = 75)	San Bernardino (*n* = 84)	San Diego (*n* = 125)
Overall access to services, including those that address health-related social needs (e.g., housing navigation, medically supported food and nutrition services)	52%	52%	50%	51%	51%	45%	57%
Coordination of services, including those that address health-related social needs	51%	50%	48%	55%	48%	40%*	58%
Overall health and well-being	48%	49%	46%	49%	39%	37%*	54%
Quality of care	45%	47%	47%	44%	44%	38%	46%
Racial/ethnic inequities, including those that address health-related social needs	38%	40%	39%	39%	39%	31%	38%
Wait times for services, including those that address health-related social needs	38%	39%	38%	37%	43%	36%	34%

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Southern 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 . . .

Legend: ■ Much Better ■ Somewhat Better ■ Stayed About the Same ■ Total Worse* ■ Unsure

Population	Much Better	Somewhat Better	Stayed About the Same	Total Worse*	Unsure
People at risk for avoidable hospital or emergency department use	13%	30%	32%	8%	17%
People with serious mental health and/or substance use disorder needs	11%	27%	33%	15%	14%
People experiencing homelessness	14%	23%	34%	15%	14%
People dually eligible for Medi-Cal and Medicare	12%	24%	32%	7%	25%
Adults living in the community and at risk for institutionalization in a nursing facility	12%	22%	30%	9%	27%
People transitioning from incarceration	11%	21%	27%	6%	35%
People with Medi-Cal coverage that are not part of a specific ECM population of focus	11%	18%	37%	9%	26%
Adult nursing facility residents transitioning to the community	10%	19%	30%	7%	34%

50%

*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).

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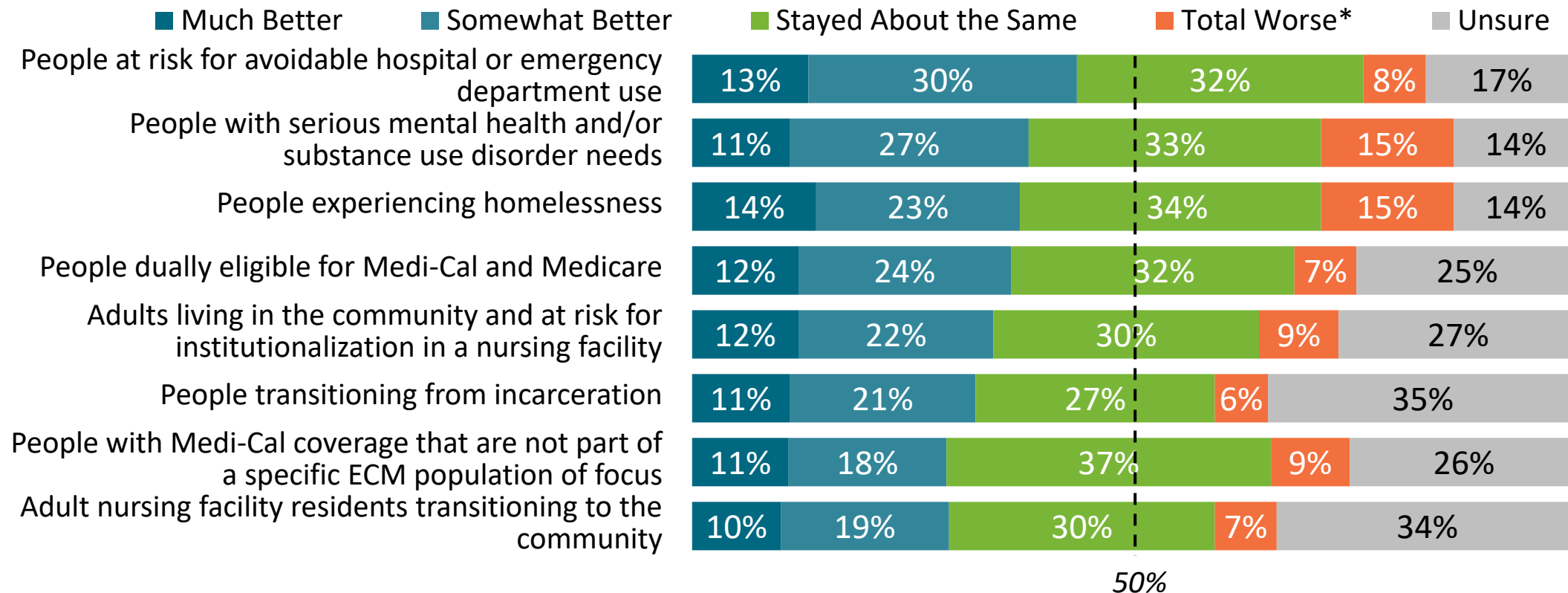
Reported Improvements by POF Vary Somewhat by County

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 % much + somewhat better	Statewide	SoCal (*n* = 452)	Los Angeles (*n* = 224)	Orange (*n* = 68)	Riverside (*n* = 65)	San Bernardino (*n* = 71)	San Diego (*n* = 114)
People at risk for avoidable hospital or emergency department use	42%	43%	43%	38%	44%	37%	43%
People experiencing homelessness	38%	37%	36%	43%	44%	33%	33%
People with serious mental health and/or substance use disorder needs	37%	39%	41%	37%	41%	29%	36%
People dually eligible for Medi-Cal and Medicare	35%	36%	40%*	36%	30%	24%*	29%
Adults living in the community and at risk for institutionalization in a nursing facility	30%	34%*	35%	31%	35%	32%	31%
People transitioning from incarceration	29%	32%	35%*	25%	29%	27%	26%
People with Medi-Cal coverage that are not part of a specific ECM population of focus	28%	29%	29%	24%	21%	22%	28%
Adult nursing facility residents transitioning to the community	28%	29%	33%	26%	26%	21%	24%

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Only Some Report Experience of Care Having Gotten Worse

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 "worse" responses.**
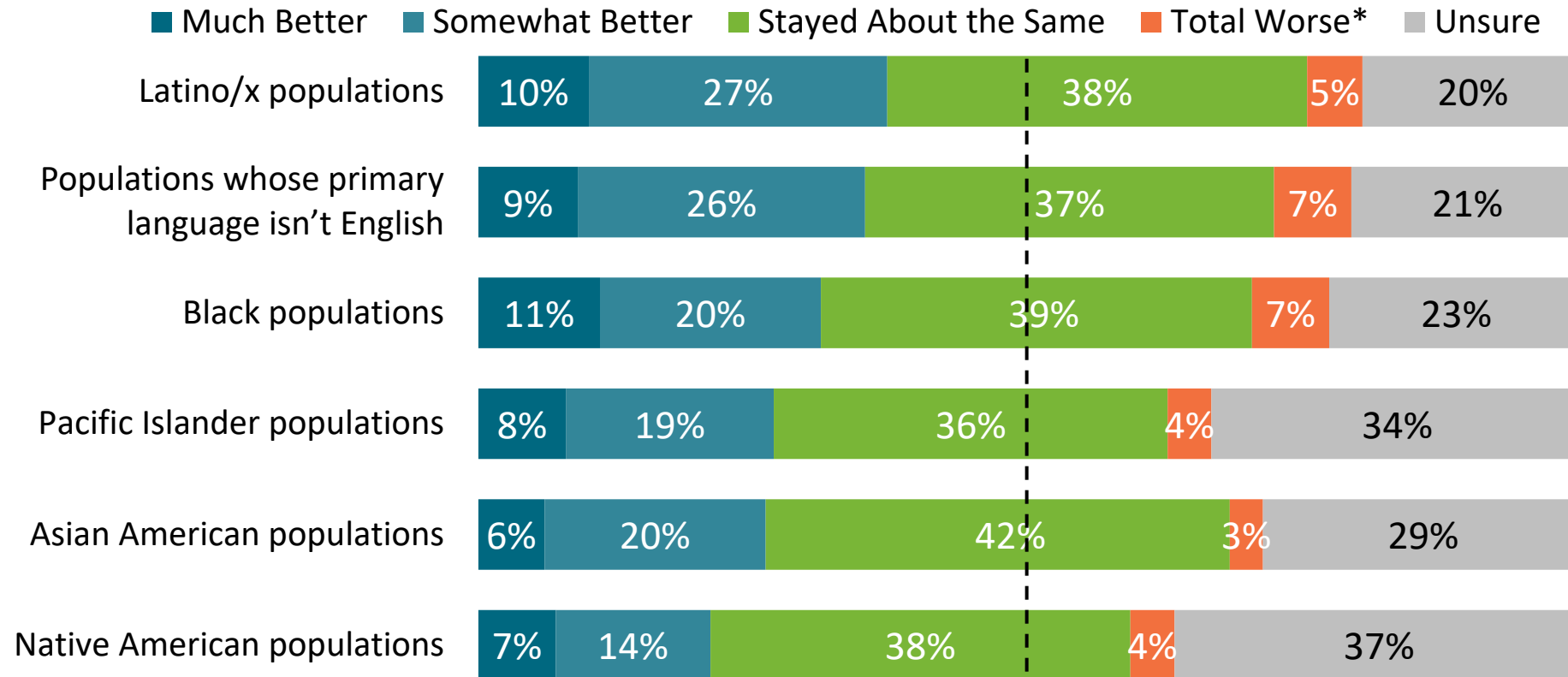
Showing the % "much + somewhat worse" responses	Statewide	SoCal (n = 452)	Los Angeles (n = 224)	Orange (n = 68)	Riverside (n = 65)	San Bernardino (n = 71)	San Diego (n = 114)
People with serious mental health and/or substance use disorder needs	13%	15%	16%	12%	7%*	17%	18%
People experiencing homelessness	12%	15%*	15%	13%	8%	16%	19%*
Adults living in the community and at risk for institutionalization in a nursing facility	7%	9%*	9%	4%	6%	13%	11%
People with Medi-Cal coverage that are not part of a specific ECM population of focus	7%	9%	9%	8%	7%	13%	13%*
People at risk for avoidable hospital or emergency department use	7%	8%	8%	8%	4%	9%	9%
People transitioning from incarceration	6%	6%	7%	1%*	4%	15%*	5%
People dually eligible for Medi-Cal and Medicare	5%	7%*	7%	5%	7%	12%*	12%*
Adult nursing facility residents transitioning to the community	5%	7%	7%	3%	3%	8%	9%

*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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Southern California Respondents 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 . . .

Legend: ■ Much Better ■ Somewhat Better ■ Stayed About the Same ■ Total Worse* ■ Unsure

Population	Much Better	Somewhat Better	Stayed About the Same	Total Worse*	Unsure
Latino/x populations	10%	27%	38%	5%	20%
Populations whose primary language isn't English	9%	26%	37%	7%	21%
Black populations	11%	20%	39%	7%	23%
Pacific Islander populations	8%	19%	36%	4%	34%
Asian American populations	6%	20%	42%	3%	29%
Native American populations	7%	14%	38%	4%	37%

50%

*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).

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Reported Improvements by Racial/Ethnic Groups Vary Somewhat 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.**

Showing the % total "better" responses	Statewide	SoCal (*n* = 484)	Los Angeles (*n* = 243)	Orange (*n* = 74)	Riverside (*n* = 75)	San Bernardino (*n* = 81)	San Diego (*n* = 125)
Latino/x populations	34%	37%	36%	35%	42%	29%	39%
Populations whose primary language isn't English	33%	35%	36%	32%	34%	32%	32%
Black populations	29%	31%	32%	27%	33%	25%	29%
Asian American populations	24%	26%	25%	22%	18%	17%	26%
Pacific Islander populations	23%	26%*	26%	24%	20%	17%	25%
Native American populations	22%	21%	20%	18%	23%	15%	22%

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Only Some Report Experience of Care Having Gotten Worse

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 "worse" responses.**

Showing the % total "much + somewhat worse" responses	Statewide	SoCal (*n* = 484)	Los Angeles (*n* = 243)	Orange (*n* = 74)	Riverside (*n* = 75)	San Bernardino (*n* = 81)	San Diego (*n* = 125)
Populations whose primary language isn't English	6%	7%	8%	5%	4%	8%	8%
Black populations	6%	7%	9%	5%	4%	11%	5%
Latino/x populations	5%	5%	6%	0	3%	8%	2%
Asian American populations	3%	3%	3%	3%	1%	7%	3%
Pacific Islander populations	3%	4%	5%	3%	3%	6%	3%
Native American populations	4%	4%	5%	3%	1%	10%*	2%

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CalAIM Implementation Already Improving Ability to Serve in Southern California

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 . . .

Legend: ■ Much Better ■ Somewhat Better ■ Stayed About the Same ■ Total Worse* ■ Unsure

Question	Much Better	Somewhat Better	Stayed About the Same	Total Worse*	Unsure
. . . ability to manage the comprehensive needs of the people you serve	15%	36%	30%	11%	8%
. . . ability to grow the number of new patients/members/clients you serve	16%	32%	32%	12%	9%
. . . ability to coordinate with other organizations serving the same people	16%	29%	38%	8%	8%
. . . financial stability	14%	19%	35%	16%	16%
. . . IT/software capacity and infrastructure	11%	22%	46%	9%	12%
. . . ability to balance the time spent on documentation and administration versus time…	11%	22%	38%	20%	9%
. . . ability to recruit and retain staff	10%	16%	39%	24%	12%

7% much worse (for ability to balance time spent on documentation and administration)

8% much worse (for ability to recruit and retain staff)

50%

*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).

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Improvements Reported Vary by County

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	SoCal (*n* = 492)	Los Angeles (*n* = 249)	Orange (*n* = 77)	Riverside (*n* = 73)	San Bernardino (*n* = 86)	San Diego (*n* = 122)
. . . ability to manage the comprehensive needs of the people you serve	51%	51%	49%	51%	47%	38%*	56%
. . . ability to grow the number of new patients/members/clients you serve	48%	47%	48%	47%	45%	38%	47%
. . . ability to coordinate with other organizations serving the same people	48%	46%	45%	46%	41%	38%	48%
. . . IT/software capacity and infrastructure	35%	33%	35%	33%	35%	24%*	28%
. . . ability to balance the time spent on documentation and administration versus time spent providing services	34%	33%	35%	29%	28%	23%*	32%
. . . financial stability	34%	33%	31%	27%	36%	29%	33%
. . . ability to recruit and retain staff	27%	26%	26%	19%	28%	22%	26%

*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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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 better or worse as a result of CalAIM — or if it has stayed about the same . . .
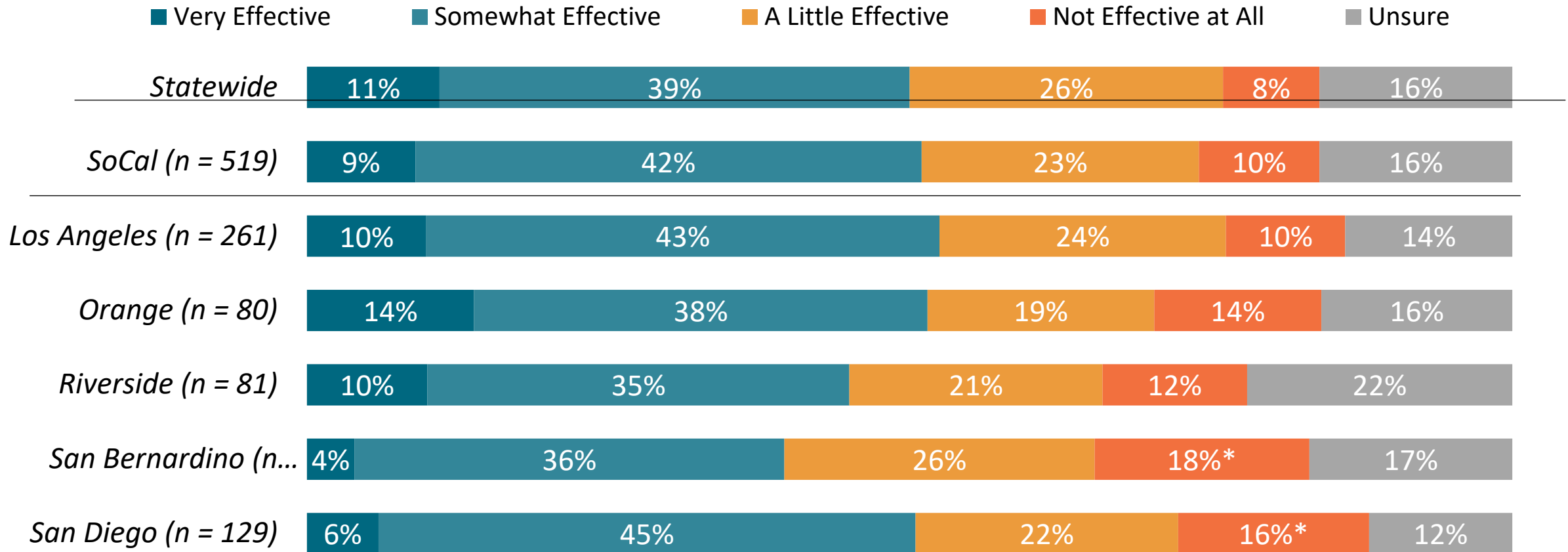**Percentages indicate total "worse" responses.**

Your organization's . . .	Statewide	SoCal (*n* = 492)	Los Angeles (*n* = 249)	Orange (*n* = 77)	Riverside (*n* = 73)	San Bernardino (*n* = 86)	San Diego (*n* = 122)
. . . ability to balance the time spent on documentation and administration versus time spent providing services	23%	20%	22%	27%	30%	33%*	23%
. . . ability to recruit and retain staff	20%	24%*	24%	29%	20%	26%	26%
. . . . financial stability	15%	16%	18%	23%	19%	22%	16%
. . . IT/software capacity and infrastructure	11%	9%	11%	11%	13%	16%	10%
. . . ability to grow the number of new patients/members/clients you serve	9%	12%*	15%*	17%	15%	14%	12%
. . . ability to manage the comprehensive needs of the people you serve	9%	11%*	14%*	9%	13%	14%	13%
. . . ability to coordinate with other organizations serving the same people	8%	8%	10%	12%	11%	10%	11%

*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 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?

Legend: ■ Very Effective ■ Somewhat Effective ■ A Little Effective ■ Not Effective at All ■ Unsure

	Very Effective	Somewhat Effective	A Little Effective	Not Effective at All	Unsure
Statewide	11%	39%	26%	8%	16%
SoCal (n = 519)	9%	42%	23%	10%	16%
Los Angeles (n = 261)	10%	43%	24%	10%	14%
Orange (n = 80)	14%	38%	19%	14%	16%
Riverside (n = 81)	10%	35%	21%	12%	22%
San Bernardino (n…)	4%	36%	26%	18%*	17%
San Diego (n = 129)	6%	45%	22%	16%*	12%

*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 County

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

SoCal — 5.9

Los Angeles — 5.8

Orange — 5.7

Riverside — 5.7

San Bernardino — 5.9

San Diego — 5.2*

6.0

Note: Data shown are average values for each subgroup.
*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).   www.chcf.org

Implementers in Southern 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:
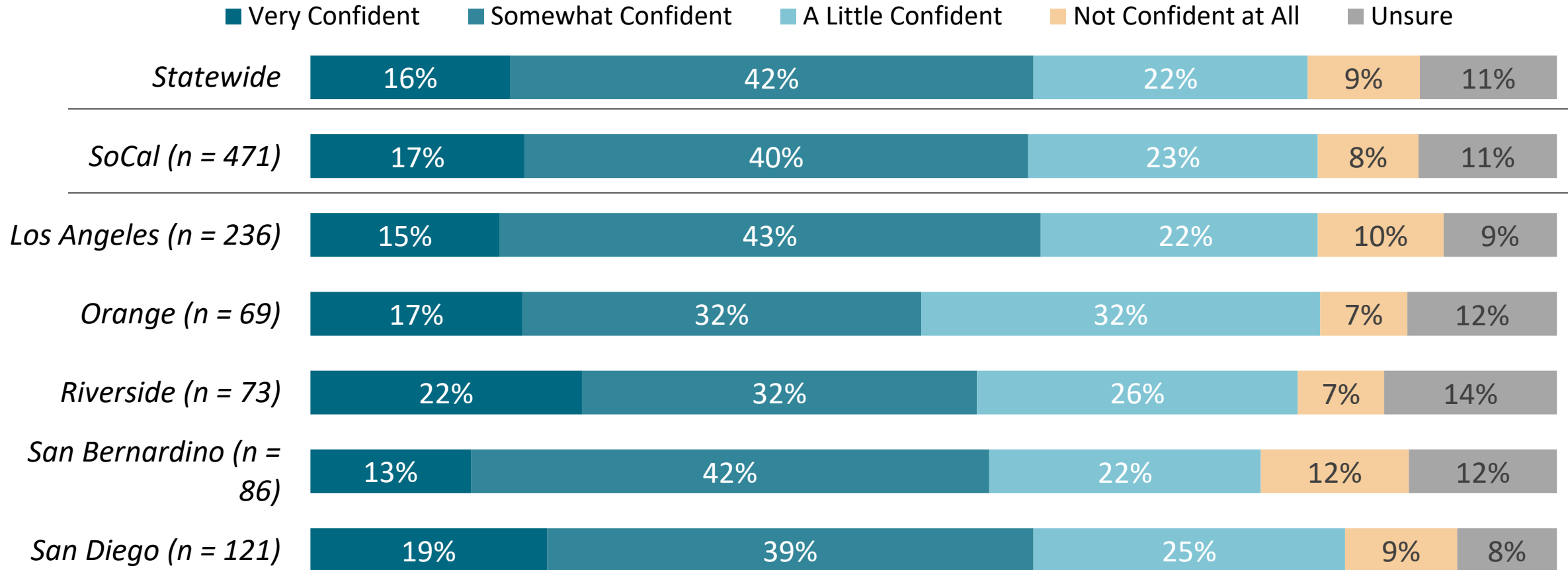
Top Challenges

■ Very + Somewhat Challenging

Challenge	%
Variability in requirements from different managed care plans	60%*
Payment rates that don't cover the full cost of service provision	57%
Completing required reporting and documentation	54%
Current workforce is tapped out and overwhelmed	51%
Not being able to hire the right people for open roles	51%
Lack of clarity in requirements from managed care plans	50%
Not having the information you need about your patients, clients, or members	49%
Changes in program requirements from state/county	47%
Lack of technology to easily complete tasks (e.g., receiving, managing, and/or making referrals, or creating, managing, and tracking billing)	47%
Payment structure not fitting the way our organization provides services	46%

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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 <u>except</u> those who say CalAIM is already "very effective" (11%)

Legend: ■ Very Confident ■ Somewhat Confident ■ A Little Confident ■ Not Confident at All ■ Unsure

Region	Very Confident	Somewhat Confident	A Little Confident	Not Confident at All	Unsure
Statewide	16%	42%	22%	9%	11%
SoCal (n = 471)	17%	40%	23%	8%	11%
Los Angeles (n = 236)	15%	43%	22%	10%	9%
Orange (n = 69)	17%	32%	32%	7%	12%
Riverside (n = 73)	22%	32%	26%	7%	14%
San Bernardino (n = 86)	13%	42%	22%	12%	12%
San Diego (n = 121)	19%	39%	25%	9%	8%

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 <u>except</u> 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
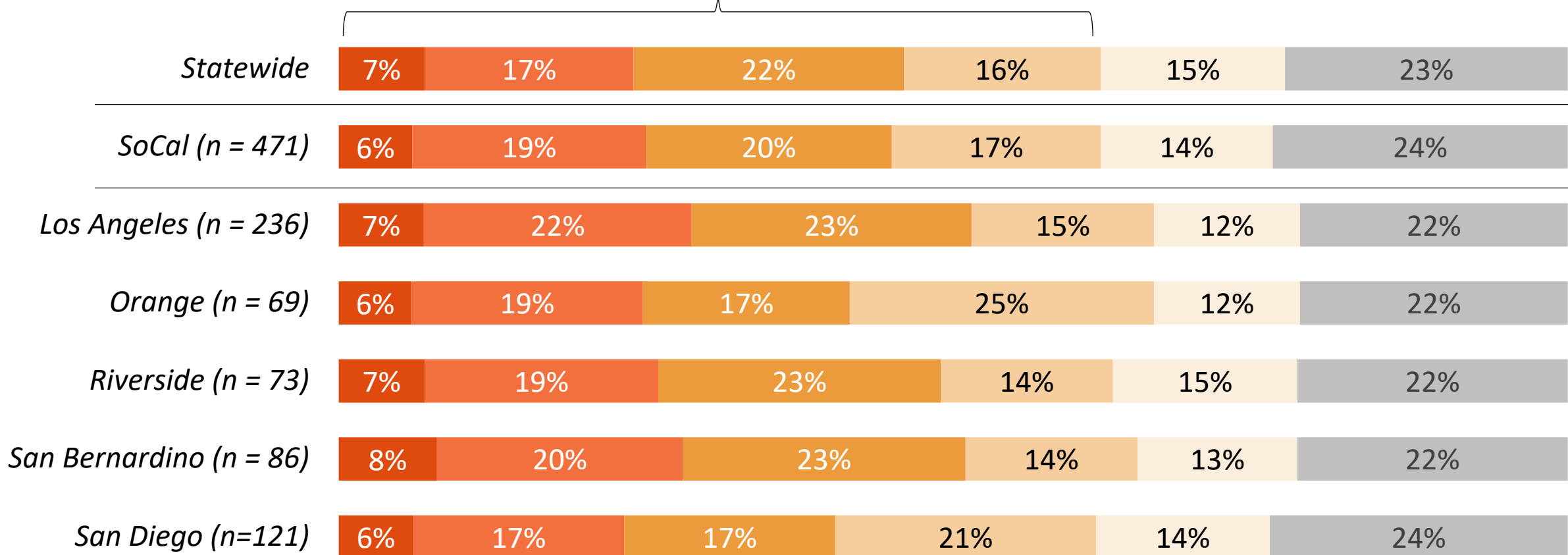
	Cannot wait	1-3 months	4-6 months	7-12 months	1 year+	Unsure
Statewide	7%	17%	22%	16%	15%	23%
SoCal (n = 471)	6%	19%	20%	17%	14%	24%
Los Angeles (n = 236)	7%	22%	23%	15%	12%	22%
Orange (n = 69)	6%	19%	17%	25%	12%	22%
Riverside (n = 73)	7%	19%	23%	14%	15%	22%
San Bernardino (n = 86)	8%	20%	23%	14%	13%	22%
San Diego (n=121)	6%	17%	17%	21%	14%	24%

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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Reported Resources Used Vary by 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 . . .

Showing the % who have used each resource	Statewide	SoCal (*n* = 519)	Los Angeles (*n* = 261)	Orange (*n* = 80)	Riverside (*n* = 81)	San Bernardino (*n* = 90)	San Diego (*n* = 129)
DHCS Webinars	67%	65%*	70%	60%*	59%*	63%	64%
Peer-to-peer learning	61%	57%*	63%	56%	55%	59%	55%
Your regional CalAIM (CPI) Group . . .	51%	49%	52%	47%	44%	47%	49%
Technical assistance or trainings from MCPs	48%	46%	48%	48%	42%	43%	47%
Technical assistance through the CalAIM Technical Assistance Marketplace . . .	39%	37%	42%	40%	29%	35%	28%
Grants from MCPs through (IPP)	36%	34%	37%	34%	32%	25%	34%
Grants through PATH (CITED)	35%	34%	40%*	39%	29%	27%	29%

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Helpfulness of Resources Varies Somewhat by 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 . . .

Showing the % who say each resource is "very helpful" (among those who say they've used that resource)	Statewide	SoCal (*n* = 175)	Los Angeles (*n* = 97)	Inland Empire (Riverside+San Bernardino) (*n* = 38)	San Diego (*n* = 45)
Grants from MCPs through (IPP)	51%	53%	54%	58%	53%
Grants through PATH (CITED)	45%	46%	45%	53%	58%
Peer-to-peer learning	37%	34%	35%	37%	39%
Technical assistance or trainings from MCPs	31%	33%	35%	35%	30%
Your regional CalAIM (CPI) Group . . .	31%	31%	30%	36%	30%
Technical assistance through the CalAIM Technical Assistance Marketplace . . .	30%	33%	36%	30%	39%
DHCS Webinars	27%	28%	27%	27%	32%

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

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	SoCal (*n* = 519)	Los Angeles (*n* = 261)	Orange (*n* = 80)	Riverside (*n* = 81)	San Bernardino (*n* = 90)	San Diego (*n* = 129)
Rates that better reflect your costs of operating	36%	32%*	30%*	42%	38%	24%*	44%
More implementation funding . . .	33%	31%	32%	29%	26%	21%*	33%
Clearer guidance from DHCS (e.g., How-To Guides)	30%	30%	33%	22%	36%	39%	24%
Lower administrative requirements	30%	29%	32%	32%	31%	34%	29%
Clearer guidance from MCPs (e.g., How-To Guides)	26%	27%	24%	25%	31%	23%	29%
More opportunities to learn from others in doing similar work	25%	25%	26%	18%	23%	23%	25%
Payment structure that better fits your operating model	23%	23%	24%	25%	30%	20%	24%
Standardization of MCP requirements	23%	27%*	30%*	26%	31%	32%	30%
More support for your organization to troubleshoot problems	22%	22%	25%	24%	16%	22%	16%*
Faster and more streamlined payment	18%	18%	19%	15%	10%*	16%	18%

*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).

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Organizational Partnerships
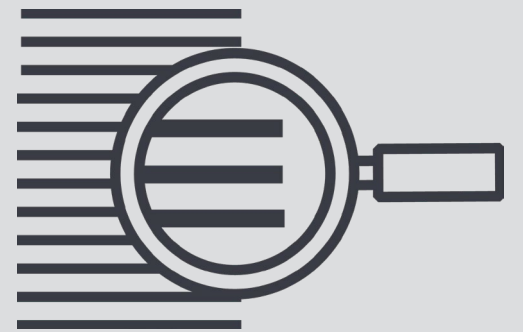
More SoCal Implementers Have Partnerships with the Housing Sector than with Other Sectors
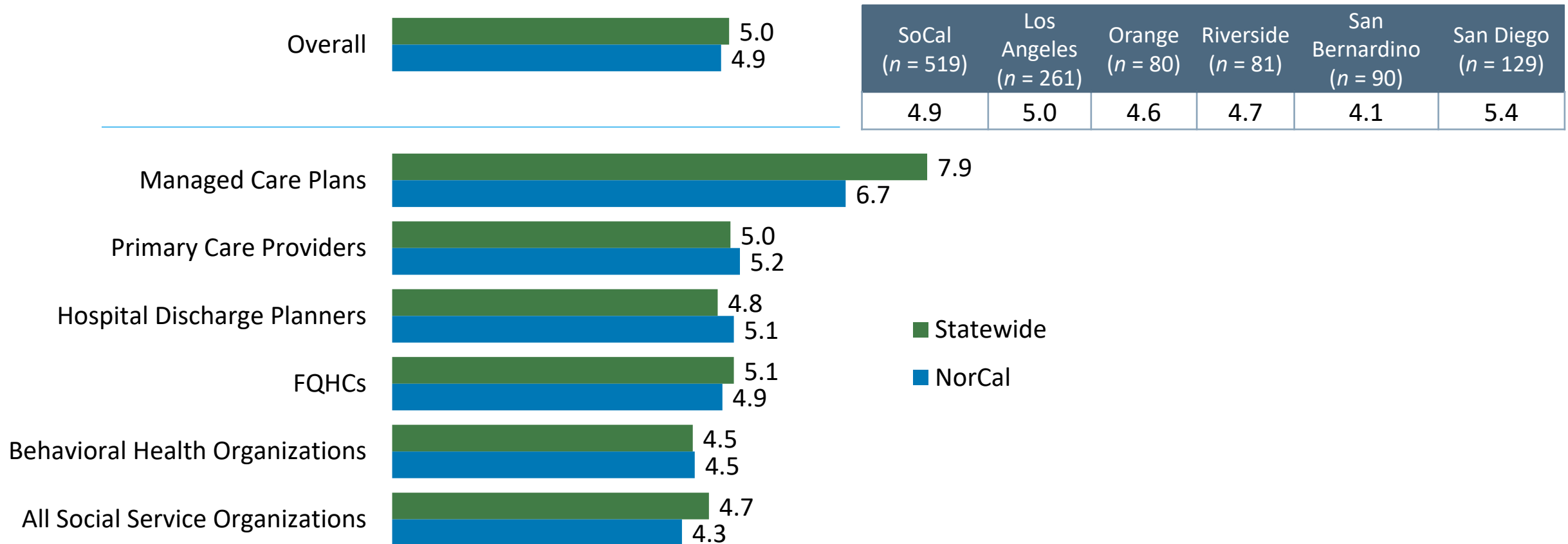
Do you currently have partnerships in any of the following sectors — whether or not you developed them through CalAIM? . . . Please indicate the sectors in which you have at least one partnership.

Showing the % of respondents who have at least one partnership in each sector	Statewide	SoCal (*n* = 519)	Los Angeles (*n* =261)	Orange (*n* = 80)	Riverside (*n* = 81)	San Bernardino (*n* = 90)	San Diego (*n* = 129)
Housing and homeless services providers	49%	45%*	42%*	41%	47%	40%	53%
Mental health and/or substance use providers (outpatient or inpatient)	42%	41%	45%	31%*	42%	42%	40%
County behavioral health plan/agency	40%	32%*	33%*	39%	48%	38%	32%*
Managed care plans	37%	38%	38%	32%	43%	36%	50%*
Primary care providers	36%	37%	42%*	32%	33%	28%	36%
Services for older adults or people with disabilities to live in the community	29%	25%*	22%*	28%	32%	22%	32%
Medically supported food and nutrition services	26%	25%	27%	21%	19%	16%*	32%
Medical respite/recuperative services	24%	22%	22%	21%	19%	16%*	25%
Personal care or home health services	24%	24%	24%	18%	27%	22%	26%
Acute hospitals	23%	23%	24%	29%	17%	20%	29%
Skilled nursing facilities	22%	24%	26%	24%	19%	17%	26%
Sobering centers/sobering services	20%	19%	20%	18%	12%*	10%*	25%
Assisted living facilities	16%	17%	20%	19%	21%	14%	19%
Correctional systems	16%	14%	15%	16%	17%	16%	15%
Home modification providers	11%	11%	12%	6%	10%	12%	13%
Asthma remediation services	8%	6%*	9%	5%	1%*	6%	2%*
None of the above	8%	8%	8%	11%	10%	7%	4%*

*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).

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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.**

Overall	SoCal (n = 519)	Los Angeles (n = 261)	Orange (n = 80)	Riverside (n = 81)	San Bernardino (n = 90)	San Diego (n = 129)
Statewide 5.0 / NorCal 4.9	4.9	5.0	4.6	4.7	4.1	5.4

Managed Care Plans
- Statewide: 7.9
- NorCal: 6.7

Primary Care Providers
- Statewide: 5.0
- NorCal: 5.2

Hospital Discharge Planners
- Statewide: 4.8
- NorCal: 5.1

FQHCs
- Statewide: 5.1
- NorCal: 4.9

Behavioral Health Organizations
- Statewide: 4.5
- NorCal: 4.5

All Social Service Organizations
- Statewide: 4.7
- NorCal: 4.3

Legend:
- ■ Statewide
- ■ NorCal

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

Respondents in SoCal Rate Partnerships Less 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	SoCal (*n* = 519)	Los Angeles (*n* = 261)	Orange (*n* = 80)	Riverside (*n* = 81)	San Bernardino (*n* = 90)	San Diego (*n* = 129)
We communicate about shared clients/patients, when needed	74%	70%*	70%	72%	74%	66%	76%
We work together to identify unmet needs and decide how gaps will be filled	69%	67%	69%	69%	69%	66%	67%
We approach our partnership with a spirit of give and take	51%	45%*	46%*	48%	44%	43%	45%
We trust one another	51%	44%*	45%*	44%	52%	40%*	43%
We speak the same language (literally and figuratively)	50%	47%	45%	52%	56%	42%	49%
Not one of these criteria applies to any partners in this sector	10%	8%*	10%	11%	14%	14%	10%

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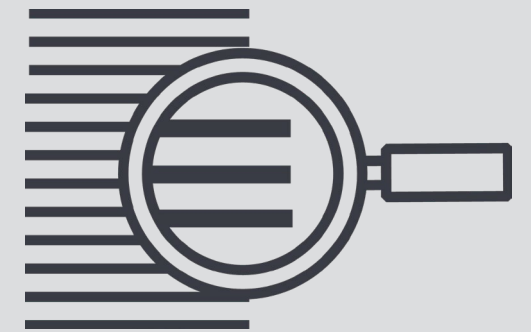
Data Exchange

State and Region Not Yet at Goal of Accurate, Comprehensive, Realtime Data Exchange

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

% of respondents who say . . .	Statewide	SoCal (*n* = 519)	Los Angeles (*n* = 261)	Orange (*n* = 80)	Riverside (*n* = 81)	San Bernardino (*n* = 90)	San Diego (*n* = 129)
. . . Information is completely or mostly accurate	66%	67%	67%	68%	69%	63%	64%
. . . They get all or most of the information needed	45%	47%	47%	49%	47%	41%	48%
. . . They get information within 48 hours or faster	43%	45%	46%	47%	47%	40%	37%

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Use of IT Solutions for Data Exchange Varies by County

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	SoCal (*n* = 519)	Los Angeles (*n* = 261)	Orange (*n* = 80)	Riverside (*n* = 81)	San Bernardino (*n* = 90)	San Diego (*n* = 129)
From the patient/client/member themselves	85%	86%	89%*	89%	84%	84%	88%
In person meetings with other provider/care team member(s)	74%	73%	79%*	75%	68%	72%	75%
Through an Electronic Health Records system (EHR)	59%	62%*	71%*	71%*	58%	57%	54%
Through a health plan/MCP portal	50%	55%*	58%*	68%*	59%	48%	53%
Through a Health or Community Information Exchange (HIE/CIE) or other data portal . . .	45%	50%*	50%	58%*	47%	38%	55%*

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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.

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

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.

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

Appendix: In Their Own Words
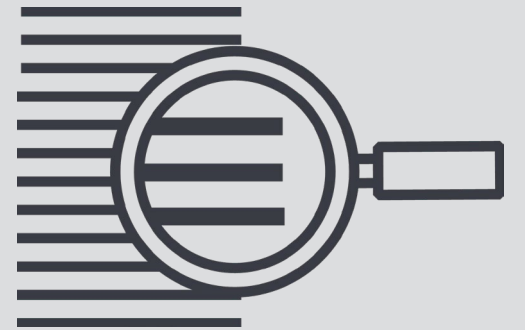
Los Angeles Implementers Cite Successes So Far

Being able to hire more ECM case managers is great, because I cannot address my patients' complex social needs in one 15- minute visit. It's essential that I have CMs to follow up between medical visits.
— Frontline, Community Clinic

Transitions of care for children with medical complexity. In particular, inpatient to outpatient, and establishing a multidisciplinary medical home to prevent unnecessary hospital visits.
— Frontline, Hospital/Health System

I received a lot of information about the transition from Cal MediConnect to CalAIM that I used to train my staff and volunteers. We created a cheat sheet for coverage options for dual eligibles, which made it easier for our counselors to answer questions from clients about any notices they were receiving about the transition.
— Leader, Navigation Agency

It has helped provide services to the patient population we've identified as frequent ED/hospital utilizers who have unique needs in regards to mental health, resources, etc. that are not medical per se and require special resources and attention.
— Leader, Hospital/Health System

Streamlining a lot of the administrative tasks related to conducting assessments and treatment plans.
— Leader, Outpatient Behavioral Health Provider

Being able to support members to navigate the complex health system and address some of the immediate SDOH needs. Some members had been waiting a long time to get an appointment with a specialist, LCM facilitated an appointment within a week. Some members have been supported to overcome isolation.
— Leader, Social Service Provider

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

Orange County Implementers Cite Successes So Far

This program afforded us the resources to expand our navigation systems to serve more people and to support more people once they are housed.
— Leader, Social Service Provider

Expanding services to individuals who would not previously be offered services because of limited funding options. Improving continuity of care for the most vulnerable individuals of the unsheltered population.
— Leader, Social Service Provider

Helping homeless individuals connect to services to get to better health whether that entail medical coordination of care and connecting to housing navigation services. This program is amazing in helping break barriers and help those who are experiencing housing instability.
— Leader, Social Service Provider

Being able to support our individuals with housing deposits. Having a dedicated staff person to support the housing navigation process as well as career development services for our unhoused families.
— Leader, Social Service Provider

Enrolling all of our shelter clients in CalAIM to assure they have the support to be placed and maintain their housing as they leave our shelters.
— Leader, Social Service Provider

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

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Inland Empire Implementers Cite Successes So Far

We have successfully assisted clients in addressing their health needs at our medical respite by working closely with their MCP and ensuring everything runs as smoothly as possible. After their health needs are addressed, we are able to extend their stay with us at short-term post-hospitalization for another six months to ensure they obtain income and housing. We have successfully had someone medically recuperate, obtain income, and now in permanent supportive housing!
— Frontline, Social Service Provider

Access to care has been to date the biggest success, as we are able to start services without previous restrictions around level of care and assessment timeline completion to begin providing essential services.
— Leader, Outpatient Behavioral Health Provider

Beginning to incorporate Medi-Cal plan's community health workers into our discharge planning.
— Frontline, Hospital/Health System

Our biggest success in having ECM is being able to reach out to patients that are socioeconomically disadvantaged, racial or ethnic minority, and/or elderly. By having the ECM program, care managers are able to assist individuals in taking control of their own health care and securing resources to assist them with their socioeconomic needs.
— Leader, Community Clinic

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

San Diego Implementers Cite Successes So Far

The program targets the correct populations and the fact that it is not time limited has made it very effective when working with clients whose goals are not attainable in a couple months. We have successfully seen clients locate housing, get SSI/SSDI benefits, and acquire a full medical team to address their health needs.
— Leader, Social Service Provider

The behavioral health assessment was shortened to an episode summary. This allows our nurses and clinicians in this fast-paced setting to spend more time with the clients and see more clients.
— Frontline, Hospital/Health System

Managed care plans have made a much more concerted effort at coordinating care with community-based providers like our organization. There has also been an increased focus on access to care, with some barriers to BH [behavioral health] being lowered.
— Leader, Outpatient Behavioral Health Provider

We have been able to transition care for people enrolled in Health Homes and Whole Person Care to ensure continuity of care. CalAIM has also provided a vehicle to make housing-related case management accessible to nearly everyone who wants and needs it.
— Leader, Social Service Provider

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

San Diego Implementers Cite Successes So Far

Being allowed to expose barriers for the justice-involved population, communicating this information directly to CalAIM.
— Leader, Social Service Provider

We have been able to prevent discharge to the street from hospitals with recuperative care and gone on to provide some short-term post-hospitalization housing.
— Frontline, Social Service Provider

One client in mind graduated from program who was housed in his own apartment and also provided with Personal Care hours while trying to find an IHSS worker. Someone was assigned to him quickly, and it really helped him. He accomplished many of his goals. This program really helped him find a home, and he was even able to save and buy a car and was planning to look for part-time job.
— Frontline, Social Service Provider

We have been able to help members get housed. All our clients experience homelessness so we get to see clients get healthier and housed. It's a very hard yet rewarding process to support.
— Frontline, Medical Group

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Los Angeles Implementers Ask for . . .

Lowering case loads to be able to provide the level of care needed without spending all our time doing administrative work. Also better pay to keep case managers from leaving the company and causing gaps in patient care.
— Lead Coordinator, Community Clinic

All managed care plans should reimburse similarly, and documentation should be streamlined. Focus should be on care and not on documentation and billing. More clinical support required with case managers.
— Leader, Community Clinic

Assigning specific Medi-Cal agents to each hospital/health center/clinic to better communicate changes and questions and to better advocate for patients back. Better flow and ease of conversation.
— Frontline, Community Clinic

Unsure of how information and trainings come down to various counties, especially with us in the specialty substance use disorder field primarily, where we seem to be the last to know and obtain information compared to the FQHCs, or other medical health providers.
— Leader, Outpatient Behavioral Health Provider

For field-based programs serving high severity mental health clients in the unhoused and recently housed populations, the lack of payment for staff travel appears discriminatory. This kind of field work has been effective in building rapport, improving treatment adherence, decreasing recidivism, and ultimately helping clients get housed. I feel strongly that travel time should be billable under CalAIM for programs such as these.
— Leader, Social Service Provider

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

To minimize mistrust from eligible members, outreach and enrollment should be a shared responsibility of MCPs and ECM providers. Most members do not respond to outreach attempts due to fear of scam calls. Data mining needs to be streamlined and accelerated to ensure the the Member Information File (MIF) contains more accurate contact details and member eligibility.
— Leader, Social Service Provider

CalAIM should leverage the community resources for Long Term Services and Support needs of members and should NOT try to replace long term care management unless there is no other option or to temporarily fill a gap. CalAIM ECM providers do not appear to be referring members to LTSS/HCBS providers for long term services and supports.
— Leader, Social Service Provider

Presumptive authorizations would be a tremendous help to get patients out of the hospital and into recuperative care faster, saving time and money for the hospitals and cutting down on the back and forth.
— Leader, Recuperative Care

It has been very difficult for patients with complex needs to connect with ECM. Given the complexity of their issues, including psycho-social concerns, these patients often require a lot of engagement to connect initially and to access services. It's unclear what mechanism patients can use to hold MCPs accountable when there are problems with the ECM or CS they receive.
— Frontline, Advocacy Organization

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

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Other Southern California Implementers Ask for . . .

Hardly any health systems use the platform selected by the MCP, so there is very little data sharing. This platform could be used for ECM, but without the patient level data it is useless. The MCP could have developed it as the common EHR (or add API to connect to other EHRs) and require that the health systems share patient level data, especially for ECM.
— Leader, Social Service Provider

We see the investment being made and it is deeply appreciated. Hope that you are now turning attention to community-based service providers (vs. institutional service providers): midwives, CHWs, lactation clinicians, doulas, etc.
— Leader, Social Service Provider

All MCPs should be required to provide all 14 community supports and there should be a universal referral form that includes consents for ECM and CS programs.
— Frontline, Public Health Home Visiting

There are major gaps in the Medi-Cal system for older adults that we had hoped CalAIM would address, but it has not addressed these yet. There needs to be mechanisms to pay for assisted living, and for personal care outside the IHSS system, especially for those who cannot direct their own care. IHSS is consumer directed and that is important for many people, but it is not a fit for everyone.
— Leader, Social Service Provider

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

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Other Southern California Implementers Ask for . . .

We really need to look at housing allowances through CalAIM for those exiting homelessness and/or incarceration. It should be at least one to two years.
— Leader, County Housing and Workforce Department

Streamline the new provider application process.
— Leader, Social Service Provider

Standard process across all MCPs.
— Leader, Community Clinic

Do local health plans use surveys assessing their Cal AIM performance with local organizations?
— Leader, Social Service Provider

There needs to be a much more robust exchange of information between the managed care plans, the ECM/CS providers, and other individuals on the member's care team. I feel that each ECM/CS provider is expected to establish our own information exchange with each managed care plan/people in the member's care team. The managed care plan is better suited to help with this exchange of information and assist in connecting the ECM/CS provider to others involved in the member's care.
— Frontline, Social Service Provider

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