CalAIM Experiences: Central Coast 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 Coast 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 results 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.
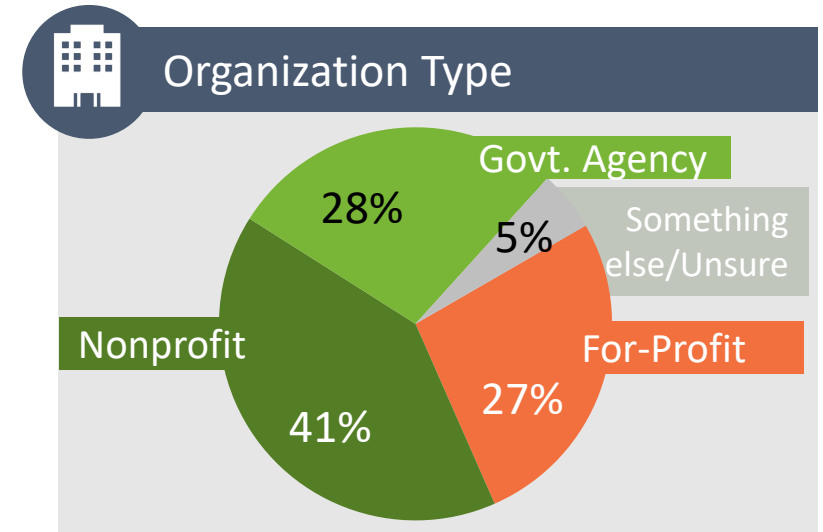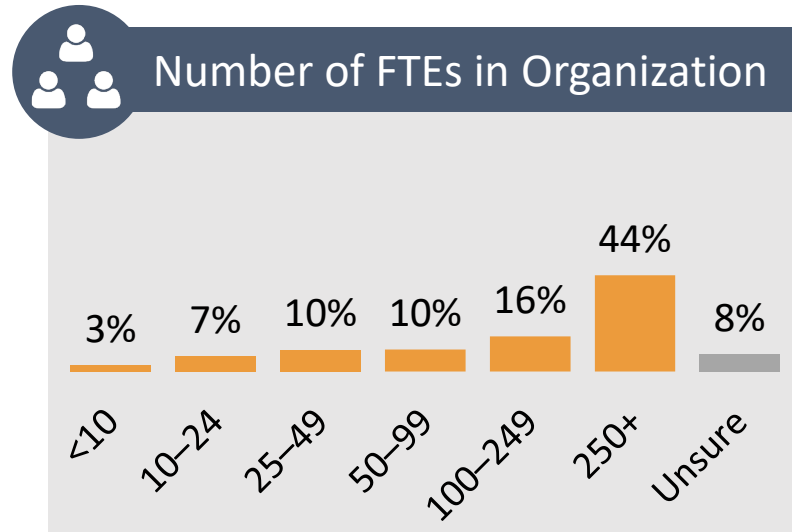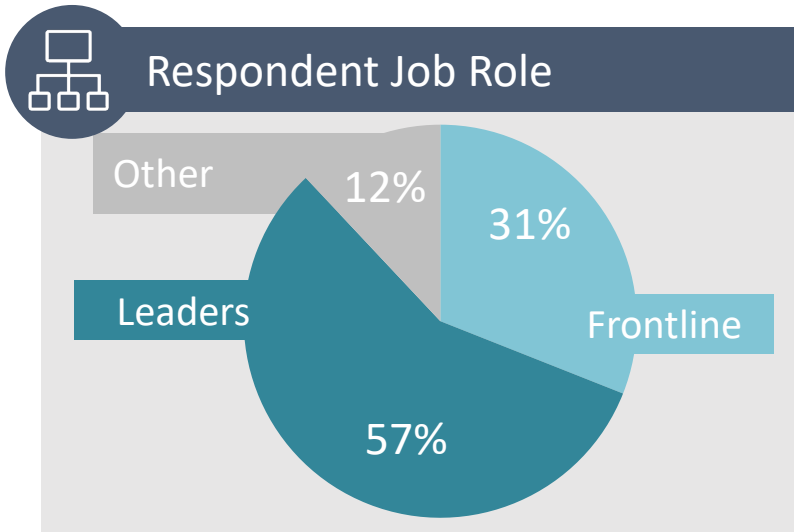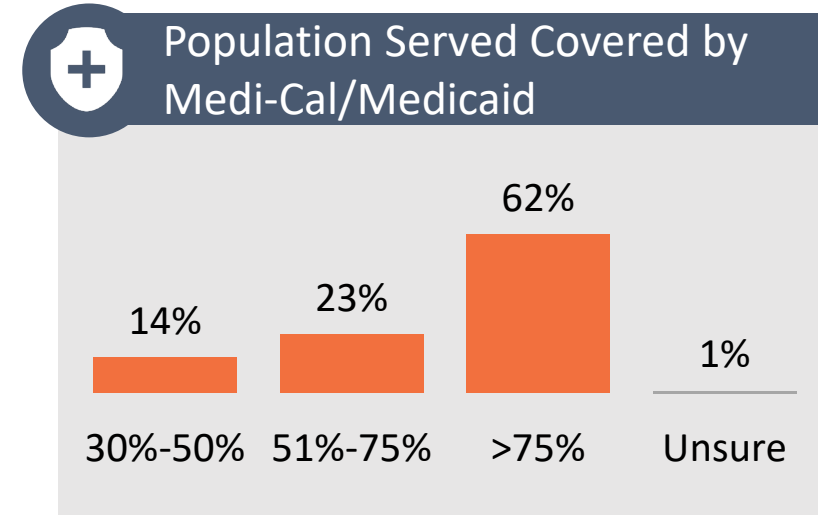
This report focuses on findings for the Central Coast, which includes the following subregions:

- Coastal (Monterey County, San Benito County)

- Tri-Counties (Santa Barbara County, San Luis Obispo, Ventura 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.

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Dashboard: Breakdown of Central Coast Respondents

Organization Provides . . .

- ECM: 40%
- Community Supports: 44%
- Neither: 22%

Organization Participated in . . .

- Whole Person Care: 22%
- Health Homes: 13%
- Neither: 53%
- Unsure: 14%

Population Served Covered by Medi-Cal/Medicaid

- 30%-50%: 14%
- 51%-75%: 23%
- >75%: 62%
- Unsure: 1%

Respondent Job Role

- Other: 12%
- Frontline: 31%
- Leaders: 57%

Number of FTEs in Organization

- <10: 3%
- 10–24: 7%
- 25–49: 10%
- 50–99: 10%
- 100–249: 16%
- 250+: 44%
- Unsure: 8%

Organization Type

- Govt. Agency: 28%
- Something else/Unsure: 5%
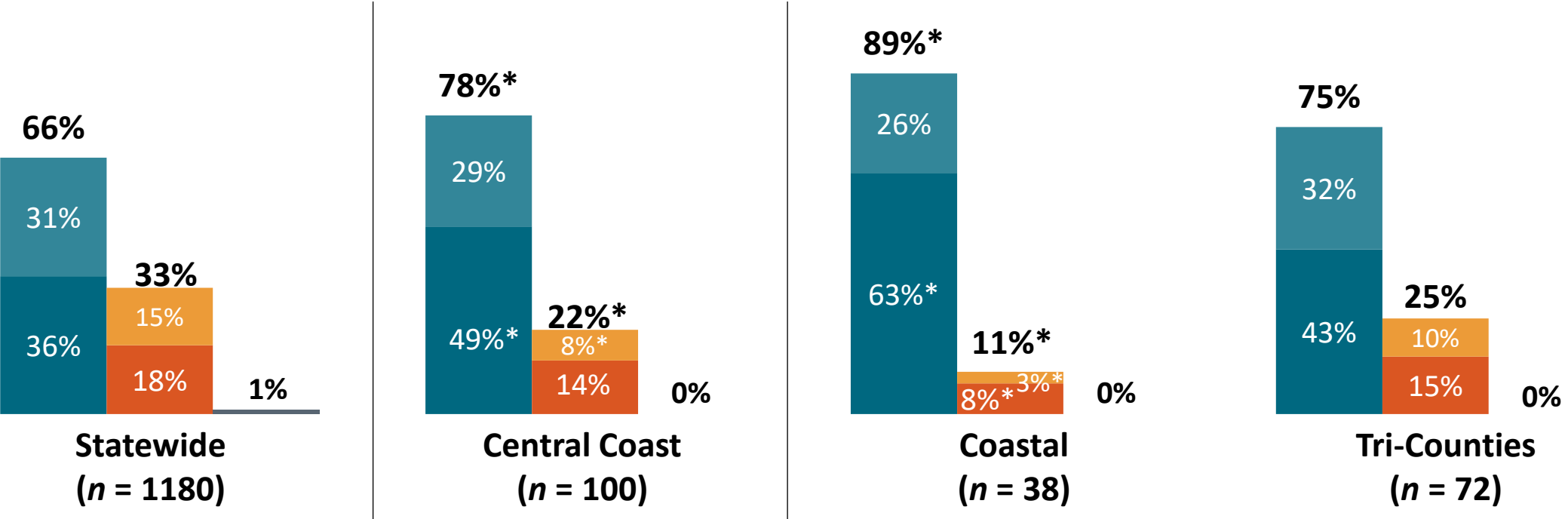- For-Profit: 27%
- Nonprofit: 41%

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).

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While There Is Room to Continue to Increase Familiarity With CalAIM, Familiarity Rates in the Central Coast 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.
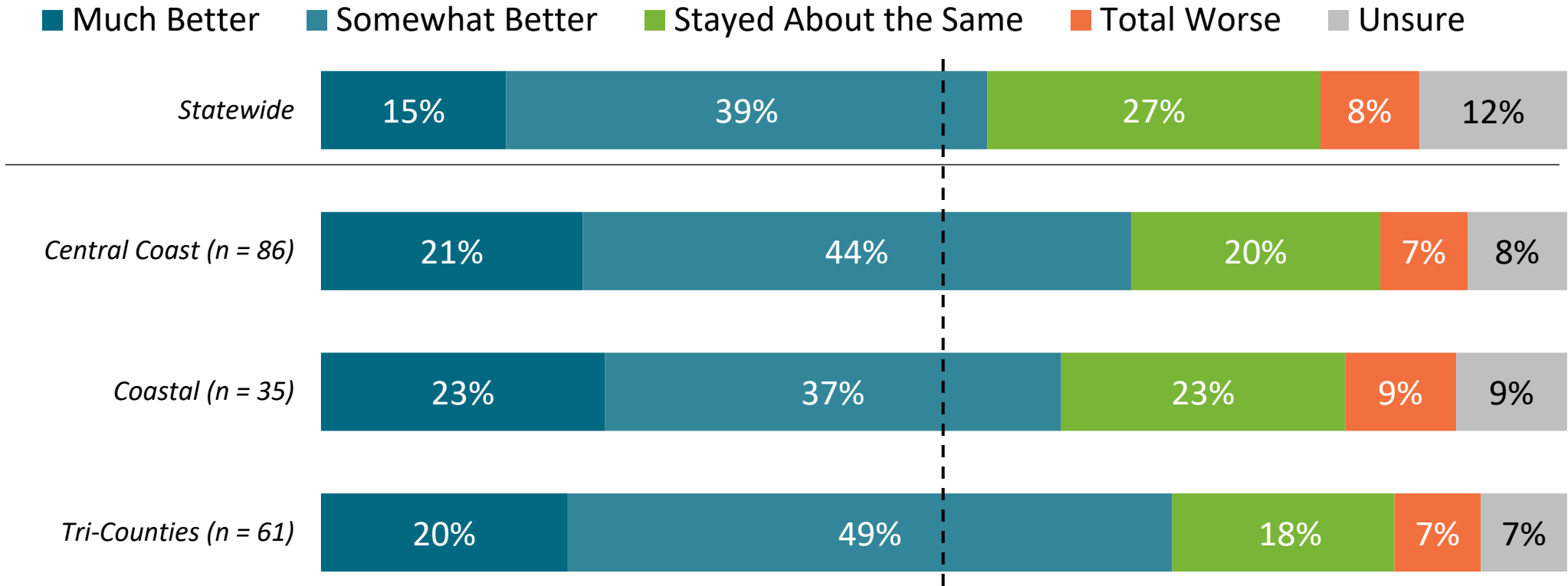
Legend: ■ Very Familiar ■ Somewhat Familiar ■ A Little Familiar ■ Not Familiar at All ■ Unsure

Statewide (n = 1180)
- 66%
  - Somewhat Familiar: 31%
  - Very Familiar: 36%
- 33%
  - A Little Familiar: 15%
  - Not Familiar at All: 18%
- Unsure: 1%

Central Coast (n = 100)
- 78%*
  - Somewhat Familiar: 29%
  - Very Familiar: 49%*
- 22%*
  - A Little Familiar: 8%*
  - Not Familiar at All: 14%
- 0%

Coastal (n = 38)
- 89%*
  - Somewhat Familiar: 26%
  - Very Familiar: 63%*
- 11%*
  - A Little Familiar: 8%*
  - Not Familiar at All: 3%*
- 0%

Tri-Counties (n = 72)
- 75%
  - Somewhat Familiar: 32%
  - Very Familiar: 43%
- 25%
  - A Little Familiar: 10%
  - Not Familiar at All: 15%
- 0%

*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).

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Majority of Central Coast 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 <u>better</u> or <u>worse</u> 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 they have <u>stayed about the same</u>. If you are unsure, just select that.

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

	Much Better	Somewhat Better	Stayed About the Same	Total Worse	Unsure
Statewide	15%	39%	27%	8%	12%
Central Coast (n = 86)	21%	44%	20%	7%	8%
Coastal (n = 35)	23%	37%	23%	9%	9%
Tri-Counties (n = 61)	20%	49%	18%	7%	7%

50%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *ECM* is Enhanced Care Management. "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).

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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.

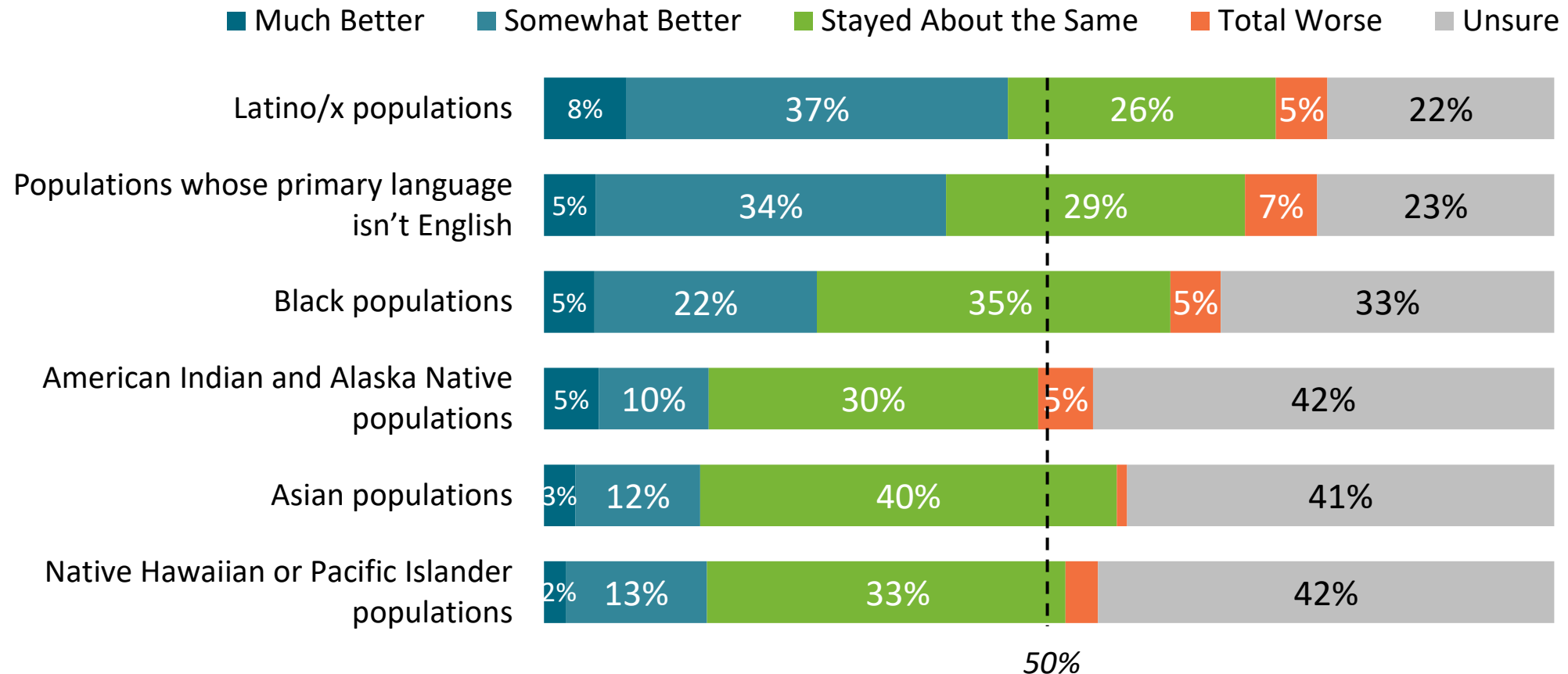| Subpopulation	Statewide	Central Coast (*n* = 86)	Coastal (*n* = 35)	Tri-Counties (*n* = 61)
Individuals Experiencing Homelessness	44%	49%	44%	53%
Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	41%	46%	49%	47%
Individuals with Serious Mental Health and/or SUD Needs	39%	48%	46%	53%*
People Dually Eligible for Medi-Cal and Medicare	38%	37%	38%	36%
Pregnant and Postpartum Individuals; Birth Equity Population of Focus	32%	31%	31%	33%
Children and Youth Involved in Child Welfare	31%	36%	31%	38%
Adults Living in the Community and At Risk for LTC Institutionalization	30%	32%	32%	30%
Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	29%	21%	12%*	24%
Individuals Transitioning from Incarceration	29%	28%	27%	30%
People with Medi-Cal Coverage That Are Not Part of a Specific ECM Population of Focus	27%	27%	33%	22%
Adult Nursing Facility Residents Transitioning to the Community	27%	21%	15%	21%

*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).

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Central Coast 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 <u>better</u> or <u>worse</u> as a result of CalAIM's implementation as a whole — or if it has <u>stayed about the same</u>. 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
Latino/x populations	8%	37%	26%	5%	22%
Populations whose primary language isn't English	5%	34%	29%	7%	23%
Black populations	5%	22%	35%	5%	33%
American Indian and Alaska Native populations	5%	10%	30%	5%	42%
Asian populations	3%	12%	40%		41%
Native Hawaiian or Pacific Islander populations	2%	13%	33%		42%

50%

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Reported Improvements by Racial/Ethnic Groups Vary by Subregion

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

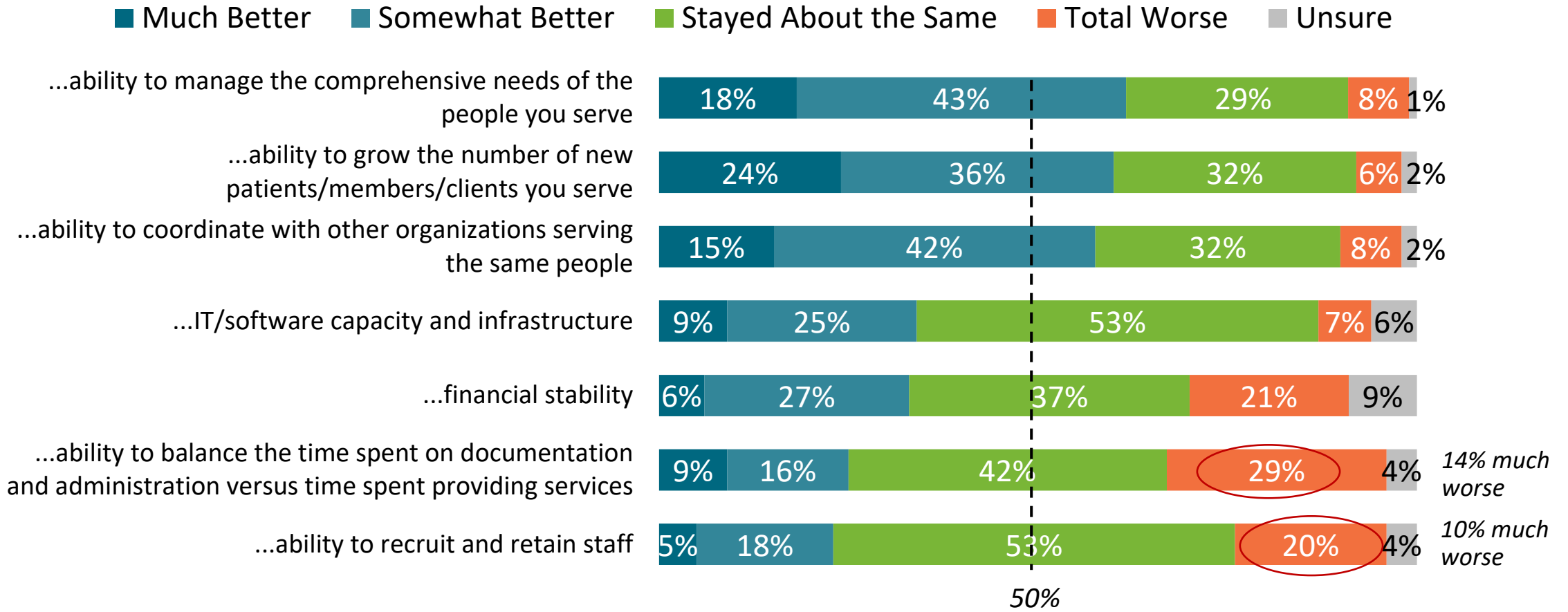| Subpopulation	Statewide	Central Coast (*n* = 86)	Coastal (*n* = 35)	Tri-Counties (*n* = 61)
Latino/x Populations	41%	46%	37%	54%*
Populations Whose Primary Language Is Not English	35%	39%	34%	44%
Black Populations	30%	27%	23%	33%
Asian Populations	24%	16%*	12%*	22%
American Indian and Alaska Native Populations	19%	16%	12%	20%
Native Hawaiian or Pacific Islander Populations	19%	16%	9%*	20%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: Total Better is "Much Better" + "Somewhat Better." 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).

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CalAIM Improving Ability to Serve in Central Coast

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

	Much Better	Somewhat Better	Stayed About the Same	Total Worse	Unsure
...ability to manage the comprehensive needs of the people you serve	18%	43%	29%	8%	1%
...ability to grow the number of new patients/members/clients you serve	24%	36%	32%	6%	2%
...ability to coordinate with other organizations serving the same people	15%	42%	32%	8%	2%
...IT/software capacity and infrastructure	9%	25%	53%	7%	6%
...financial stability	6%	27%	37%	21%	9%
...ability to balance the time spent on documentation and administration versus time spent providing services	9%	16%	42%	29%	4%
...ability to recruit and retain staff	5%	18%	53%	20%	4%

14% much worse (ability to balance the time spent on documentation and administration)

10% much worse (ability to recruit and retain staff)

50%

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).

Reported Improvements 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 Coast (*n* = 86)	Coastal (*n* = 35)	Tri-Counties (*n* = 61)
. . . ability to manage the comprehensive needs of the people you serve	52%	61%	60%	62%
. . . ability to grow the number of new patients/members/clients you serve	49%	60%*	57%	59%
. . . ability to coordinate with other organizations serving the same people	49%	58%	51%	60%
. . . IT/software capacity and infrastructure	32%	33%	37%	34%
. . . financial stability	29%	33%	37%	30%
. . . ability to balance the time spent on documentation and administration versus time spent providing services	28%	25%	29%	22%
. . . ability to recruit and retain staff	24%	23%	31%	17%

*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.

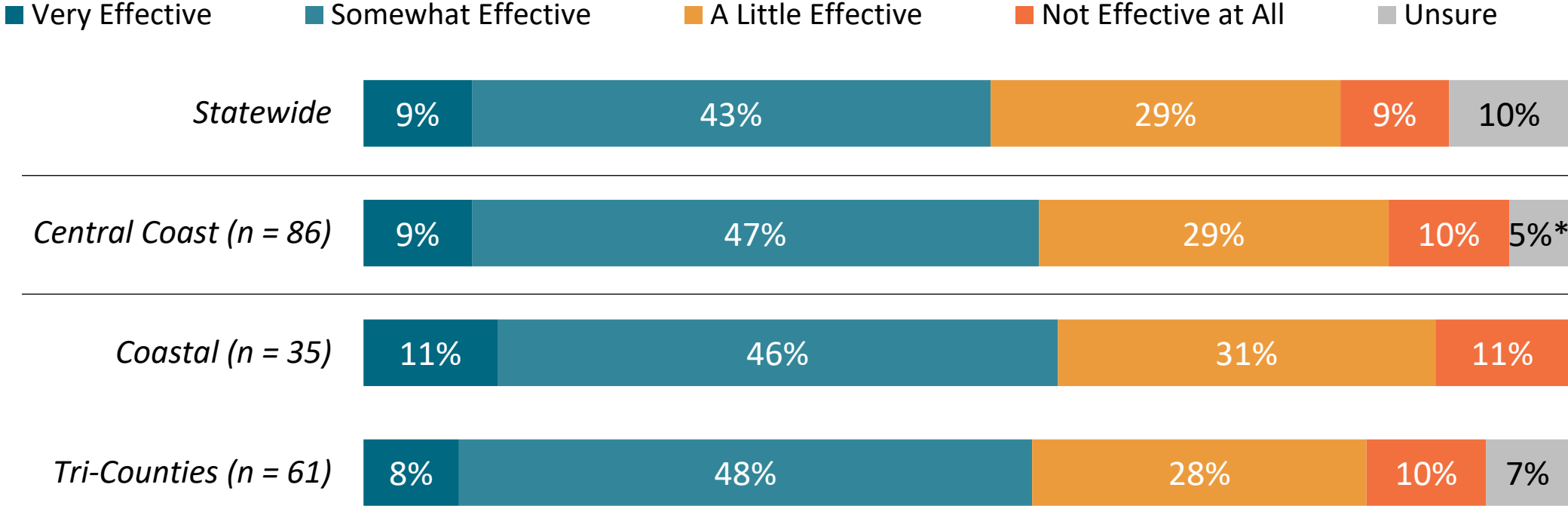| Your organization's . . .	Statewide	Central Coast (*n* = 86)	Coastal (*n* = 35)	Tri-Counties (*n* = 61)
. . . ability to balance the time spent on documentation and administration versus time spent providing services	29%	29%	29%	27%
. . . ability to recruit and retain staff	20%	20%	17%	20%
. . . financial stability	18%	21%	20%	23%
. . . IT/software capacity and infrastructure	14%	7%*	9%	7%*
. . . ability to manage the comprehensive needs of the people you serve	11%	8%	11%	7%
. . . ability to grow the number of new patients/members/clients you serve	11%	6%	6%	5%*
. . . ability to coordinate with other organizations serving the same people	10%	8%	9%	7%

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

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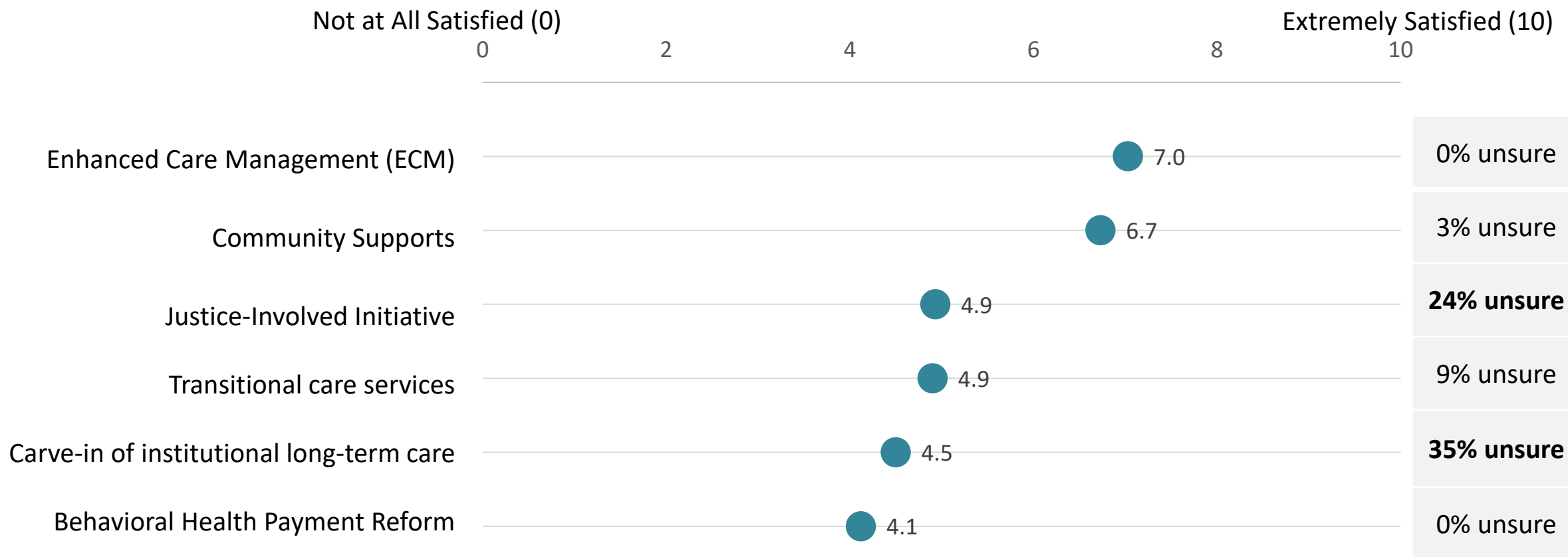# Implementers Have Mixed Views About the Effectiveness of CalAIM Implementation

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

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	9%	43%	29%	9%	10%
Central Coast (n = 86)	9%	47%	29%	10%	5%*
Coastal (n = 35)	11%	46%	31%	11%	
Tri-Counties (n = 61)	8%	48%	28%	10%	7%

*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).

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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.
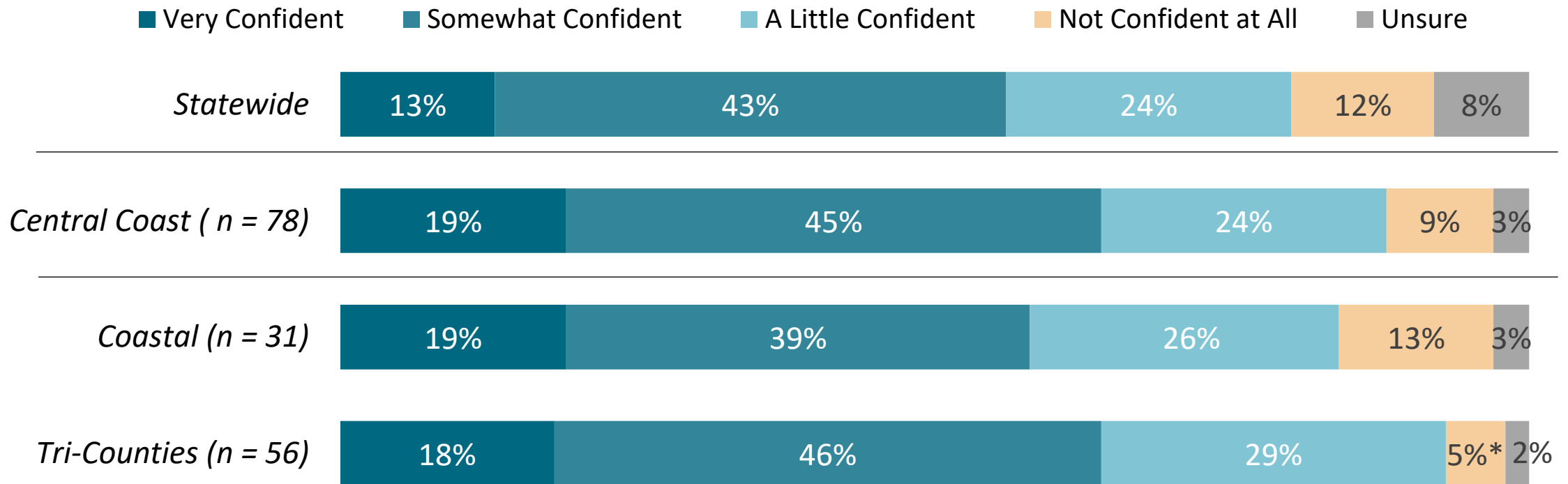
Not at All Satisfied (0)   Extremely Satisfied (10)

Service	Score	Unsure
Enhanced Care Management (ECM)	7.0	0% unsure
Community Supports	6.7	3% unsure
Justice-Involved Initiative	4.9	**24% unsure**
Transitional care services	4.9	9% unsure
Carve-in of institutional long-term care	4.5	**35% unsure**
Behavioral Health Payment Reform	4.1	0% unsure

Notes: Data shown are average values for each item in the series. County-by-county slides of Behavioral Health Payment Reform, Transitional Care Services, and Justice-Involved Initiative were omitted because of insufficient responses.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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There Is Some Optimism About Improvement Across the Region

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

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	13%	43%	24%	12%	8%
Central Coast (n = 78)	19%	45%	24%	9%	3%
Coastal (n = 31)	19%	39%	26%	13%	3%
Tri-Counties (n = 56)	18%	46%	29%	5%*	2%

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Resources Used Vary by Subregion

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

Resource	Statewide	Central Coast (*n* = 86)	Coastal (*n* = 35)	Tri-Counties (*n* = 61)
DHCS Webinars	75%	80%	83%	80%
Peer-to-Peer Learning	68%	69%	71%	69%
Regional CalAIM CPI Groups	56%	59%	63%	56%
Technical Assistance or Trainings from MCPs	52%	58%	60%	57%
Technical Assistance Through the CalAIM Technical Assistance Marketplace	45%	43%	40%	41%
Grants through PATH CITED	40%	43%	43%	43%
Grants from MCPs Through IPP	40%	41%	37%	43%

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

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Helpfulness of Resources Varies Regionally

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 "Very Helpful" responses.

Resource	Statewide	Central Coast (n = 37)
Grants Through PATH CITED	46%	51%
Grants from MCPs Through IPP	46%	43%
Peer-to-Peer Learning	31%	24%
Regional CalAIM CPI Groups	27%	22%
Technical Assistance Through the CalAIM Technical Assistance Marketplace	25%	16%
DHCS Webinars	23%	20%
Technical Assistance or Trainings from MCPs	22%	12%*

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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…

Aspect of Information Exchange	Statewide	Central Coast (*n* = 86)	Coastal (*n* = 35)	Tri-Counties (*n* = 61)
. . . In general, information is completely or mostly accurate	60%	51%	54%	49%
. . . They generally get all or most of the information needed	40%	29%*	31%	26%*
. . . In general, they get information within 48 hours or faster	37%	34%	43%	28%

*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).

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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 Coast (*n* = 86)	Coastal (*n* = 35)	Tri-Counties (*n* = 61)
Patient/Client/Member	55%	56%	66%	56%
Electronic Health Records (EHR) System	37%	31%	20%*	33%
In-Person Meeting with Other Provider/Care Team Member(s)	34%	30%	26%	33%
Health Plan	32%	34%	29%	38%
Health or Community Information Exchange (HIE/CIE) or Other Data Portal	20%	9%*	11%	8%*

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

Notes: *ECM* is Enhanced Care Management. Percentages show respondents who "Always" or "Usually" use this source. Results are ranked by "Statewide."
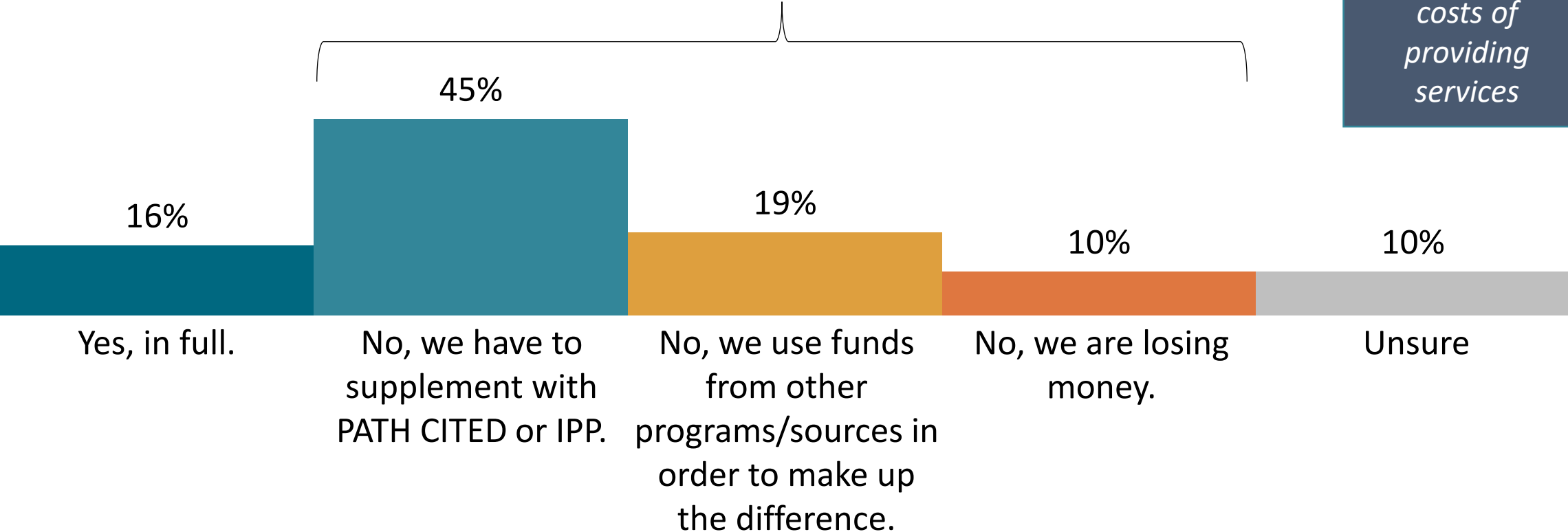
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Vast Majority 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?

In the Central Coast, 74% say payment rates are NOT covering costs of providing services
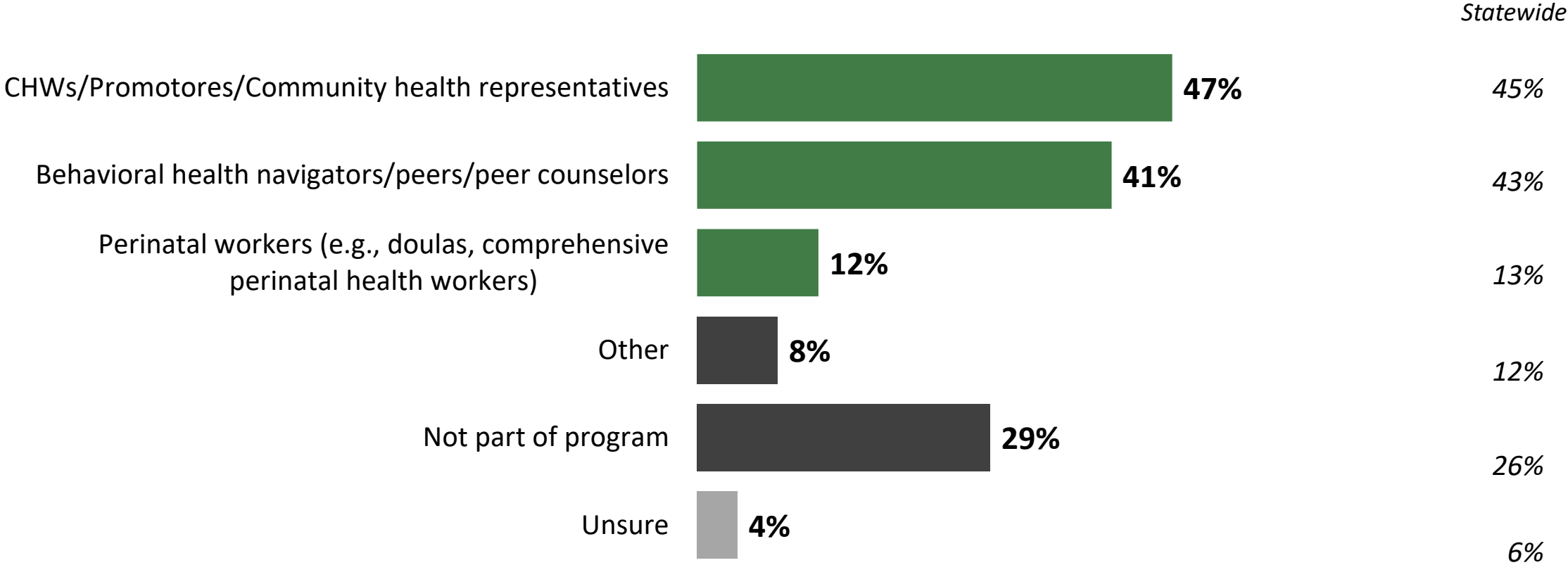
Statewide, 79% say payment rates are NOT covering the costs of providing services

16%	45%	19%	10%	10%
Yes, in full.	No, we have to supplement with PATH CITED or IPP.	No, we use funds from other programs/sources in order to make up the difference.	No, we are losing money.	Unsure

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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.

Statewide

		Statewide
CHWs/Promotores/Community health representatives	47%	45%
Behavioral health navigators/peers/peer counselors	41%	43%
Perinatal workers (e.g., doulas, comprehensive perinatal health workers)	12%	13%
Other	8%	12%
Not part of program	29%	26%
Unsure	4%	6%

Notes: Asked of leaders only (*n*=49). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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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 to this survey research in collaboration with the 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.

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Appendix: In Their Own Words
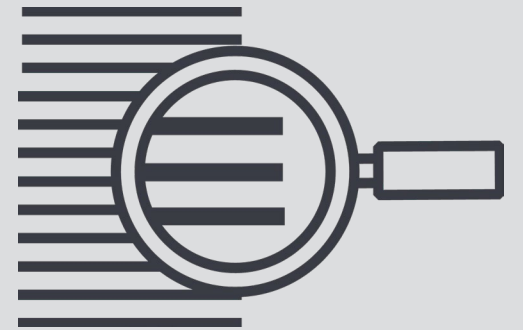
Central Coast Implementers Cite Successes So Far

"Medically supportive foods providing meals to over 6000 members. New ECM providers beyond what was Whole Person Care. WPC was not prepared to do the heavy lifting that ECM requires and struggled to adapt to a more medical, rather than just social, model. New providers are GREAT!"

– Leader, Managed Care Plan

"[County] Continuum of Care partnered with the Managed Care Plan to increase housing and retention rates and to improve access to services in our community. This collaboration has enabled us to share provider assignment and enrollment data with the MCP to facilitate connection to ECM and CS services. Using HMIS, we are able to quickly identify participants experiencing homelessness and which providers are currently serving them."

– Continuum of Care Lead Agency

"Being able to bill for services we have been providing for years without a funding source, and being able to expand these services to other clients in our community. It has allowed us to expand services, programs and increased capacity."

– Leader, Social Service Organization

"Our organization provides ECM services to the CCS population of focus. The clients and families are very happy with the services. ECM allows for support beyond the medical case management provided by CCS or the Rehabilitation services provided by the Medical Therapy Program."

– Leader, ECM Provider for Children

Notes: *ECM* is Enhanced Care Management. *WPC* is Whole Person Care. *CS* is Community Supports. *HMIS* is Homeless Management Information System. *CCS* is California Children's Services.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Central Coast Implementers Ask For . . .

"There needs to be more guidance of program discontinuation. It is not sustainable to continue providing meals for example endlessly. ECM if effective should not last forever. Members/families should be empowered to advocate for themselves and step down to lower levels of care with very few exceptions."

– Leader, Managed Care Plan

"Provide more flexibility to access PATH CITED grants. Those are currently available for contacted ECM or CS providers. We hold the network to help the providers access each others' services (CIE), but can't get paid to run it because there is not funding mechanism to support it."

– Leader, Social Service Organization

"It would be important that you are getting data from organizations that are still trying to navigate the contracting process, and trying to successfully bridge from non-health care partners to becoming health care partners. Also, we are seeing providers with little experience in the 0-5 space touting that they are serving these families via ECM and CHW services. This is a critical policy gap that should be addressed."

– Leader, Public Agency that Serves Children

"Continue to work on technology solutions (HIE, CIE, and communication templates for report and data sharing). Review the reimbursement rates as there seems to be inequity based upon which County you are in. This impacts our providers who perform services in multiple Counties."

– Leader, Specialty Behavioral Health Program

Notes: *ECM* is Enhanced Care Management. *CS* is Community Supports. *CHW* is community health worker. *HIE* is health information exchange. *CIE* is community information exchange.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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