Survey Methodology

- 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. CHCF published the survey in December 2024.

- Respondents who report having fewer than 30% of their patients/clients/members enrolled in Medi-Cal/Medicaid or who were not familiar with CalAIM were not included in the full survey.

- This report focuses on the findings for implementers providing homelessness services (*n* = 163), or "Homeless Service Providers." This includes:
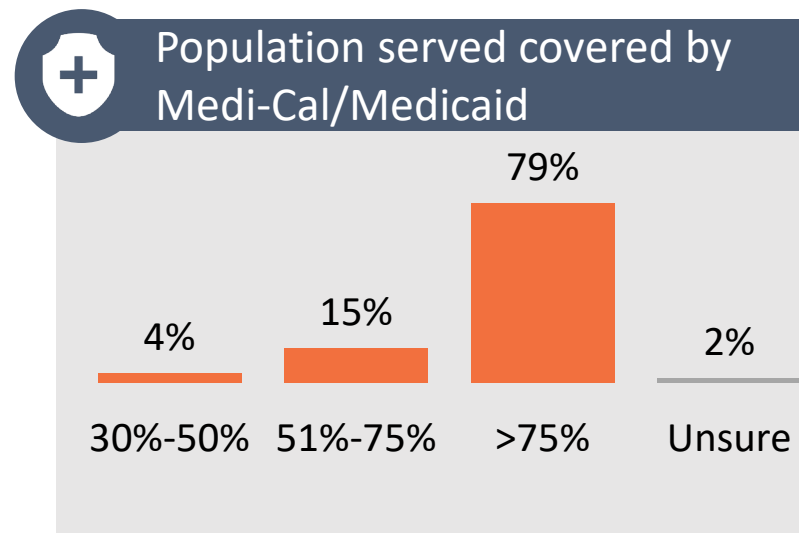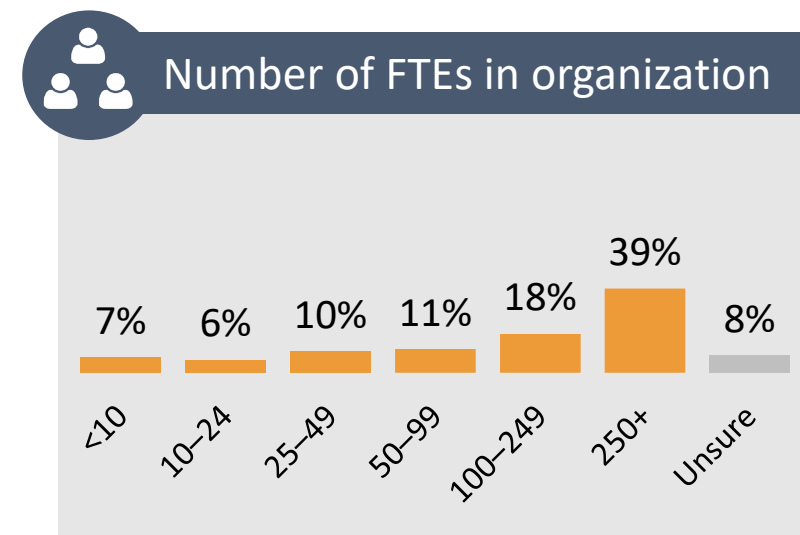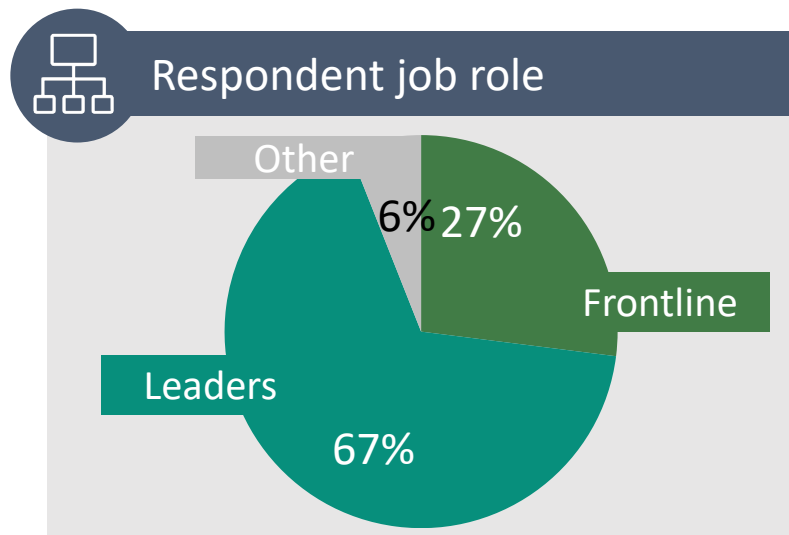
  - Implementers who are contracted to serve the ECM population of Individuals Experiencing Homelessness OR contracted to provide a housing-related Community Support service, and work for either:

    - A social service organization that provides housing/homelessness services or recuperative care/medical respite OR

    - A health services organization that provides housing/homelessness services, recuperative care/medical respite, or re-entry services following incarceration

- Throughout this report, we use the following acronyms: MCP (Managed Care Plans), ECM (Enhanced Care Management), and CS (Community Supports).

Audience Overview
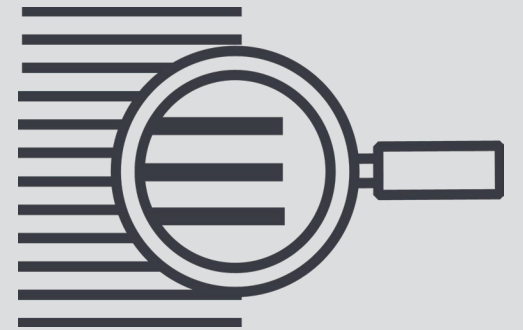
Dashboard: Breakdown of Homeless Service Providers

Organization provides...
- ECM: 70%
- Community Supports: 83%

Respondent job role
- Other: 6%
- Frontline: 27%
- Leaders: 67%

Number of FTEs in organization
- <10: 7%
- 10–24: 6%
- 25–49: 10%
- 50–99: 11%
- 100–249: 18%
- 250+: 39%
- Unsure: 8%

Population served covered by Medi-Cal/Medicaid
- 30%-50%: 4%
- 51%-75%: 15%
- >75%: 79%
- Unsure: 2%

Organization type
- Govt. agency: 21%
- Other/Unsure
- Private: 9%
- Nonprofit: 68%

Region
- Bay Area: 37%
- Central Coast: 10%
- Central Valley: 20%
- Northern CA: 20%
- Southern CA: 37%

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

CHCF
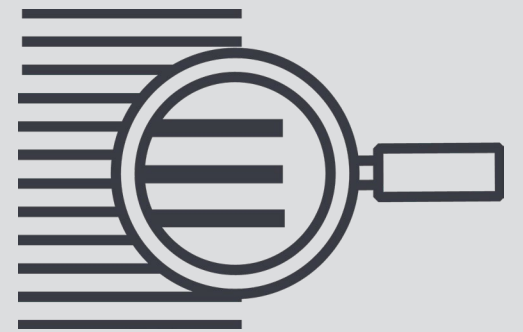
Familiarity

Homeless Service Providers Report High Familiarity with CalAIM

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.

■ Very familiar   ■ Somewhat familiar   ■ A little familiar   ■ Not familiar at all   ■ Unsure

None said 'not familiar at all' or 'unsure'

95%

26%

68%

5%

Homeless Service Providers
(*n* = 163)

"We have finally understood what CalAIM is and can do ."

– Leader, Central Coast

Notes: Note those who are not familiar at all 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)

Overall Views of CalAIM
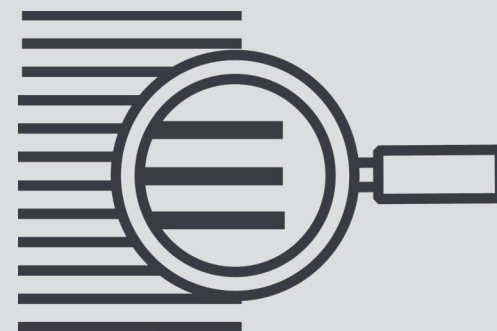
Most Homeless Service Providers Share at Least One Success Story

In a few sentences or less, please share what you perceive as your or your organization's biggest success to date in terms of CalAIM?
Showing open-ended responses coded into categories

Success story

82%

13% No success/ Haven't started yet

4% Negative story
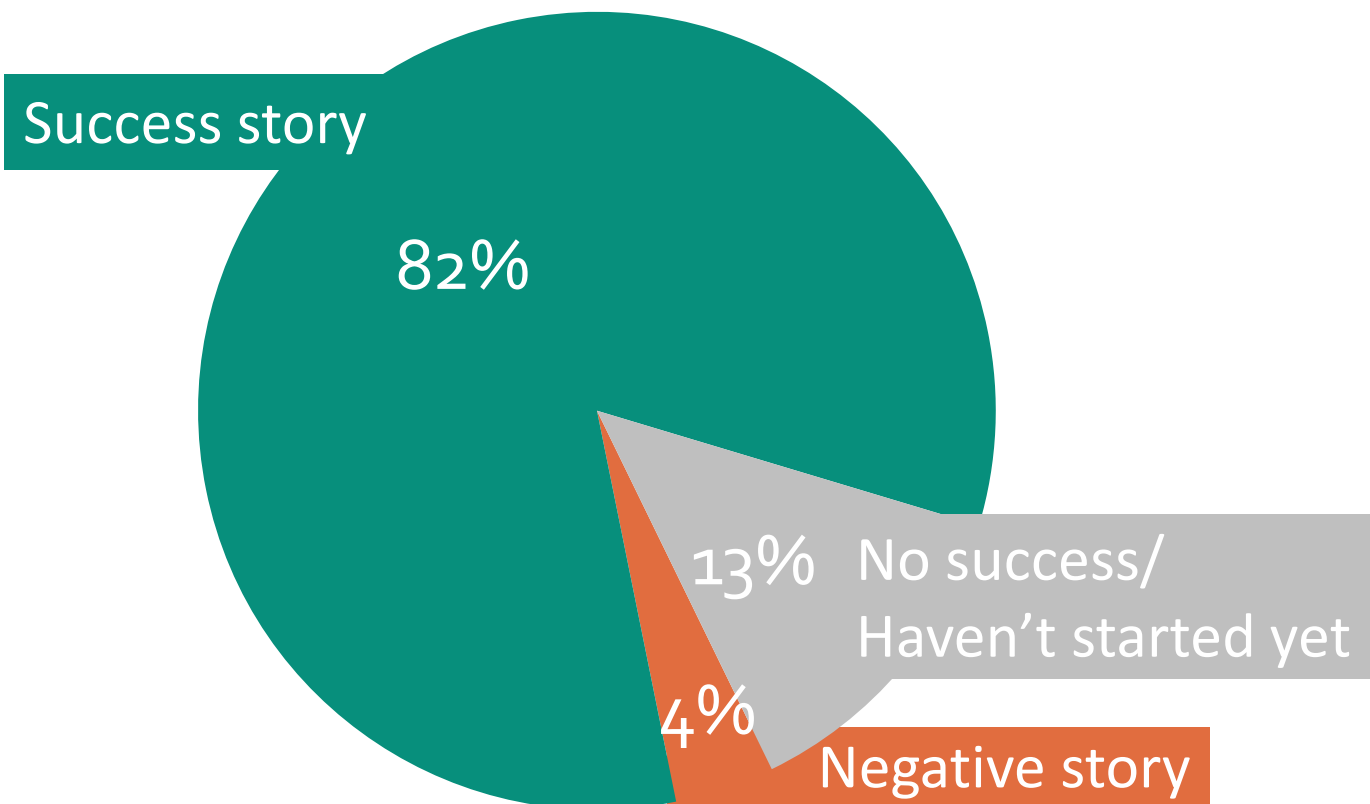
"We have been able to house a lot of individuals who wouldn't be housed without the help of CalAIM. I feel that connecting our members to landlords and PCPs has improved the overall health of our members."

– Leader, Central Valley

"Keeping hundreds of vulnerable, disabled, previously chronically homeless individuals in housing through intensive case management."

– Frontline Provider, Bay Area

Note: Totals may not sum to 100% due to rounding.
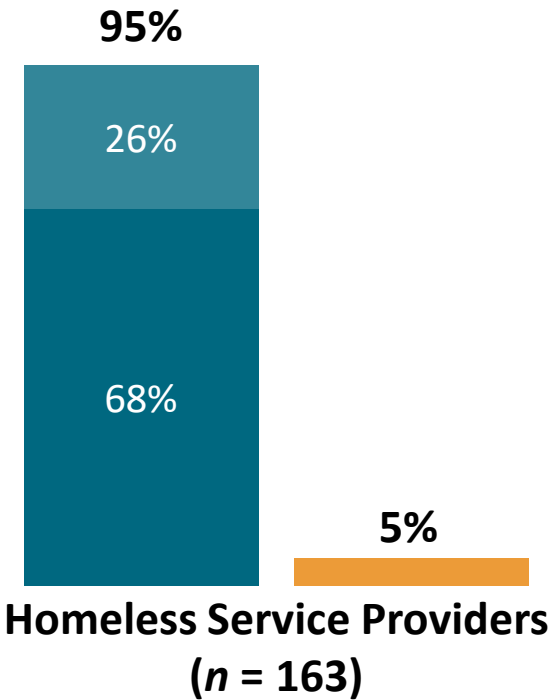Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

CHCF

In Their Own Words: Homeless Service Providers Cite Successes So Far

"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, Central Coast

"With our nonprofit expanding into CalAIM, we have been able to see an increase of assistance for those who are Medi-Cal recipients through their Medi-Cal providers. Through getting this process up and started, we have been able to start building an entire CalAIM-specific client base to help ensure that their needs are being met through housing navigation or tenancy."

– Frontline Provider, Northern California

"This is truly a great program that makes a difference in people's lives. We are housing people that previously lived in cars with their kids. We are preventing hospital readmissions and reducing Emergency Dept. visits."

– Leader, Multiple Regions

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

CHCF

More Than Two-Thirds of Homeless Service Providers Report Improvements Due to CalAIM for Individuals Experiencing Homelessness; Improvement Even Higher in Rural Areas

*Thinking about the experiences of the people you serve in the following population (**Individuals Experiencing Homelessness**), 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 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

Group	Much better	Somewhat better	Stayed about the same	Total worse**	Unsure
Homeless Service Providers (n = 160)	26%	42%	20%	6%	6%
Rural (n = 36)	14%*	64%*	8%*	11%	
Urban (n = 115)	30%*	38%	22%	4%	6%

(dashed line at 50%)

*This result is significantly different from results among Homeless Service Providers at the 95% confidence level.
** Total Worse is the sum of "Somewhat worse" and "Much worse" responses.
Notes: Excludes those who said "N/A." Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

CHCF

CalAIM Is Improving Providers' Ability to Serve on Many Dimensions — Comprehensive Care, Serving More Clients, and Better Coordination

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	28%	41%	23%	7%	
...ability to grow the number of new patients/members/clients you serve	34%	32%	25%	7%	
...ability to coordinate with other organizations serving the same people	26%	31%	34%	6%	
...IT/software capacity and infrastructure	18%	26%	44%	9%	4%
...ability to balance the time spent on documentation/administration versus time...	15%	25%	25%	33%	
...ability to recruit and retain staff	12%	26%	41%	15%	6%
...financial stability	17%	20%	29%	20%	12%

50%

*Total Worse is the sum of "Somewhat worse" and "Much worse" responses.
Notes: The *n* size for each row may vary within each column as respondents who said "not applicable" to each item were excluded from that row. Results are ranked by Total Better.
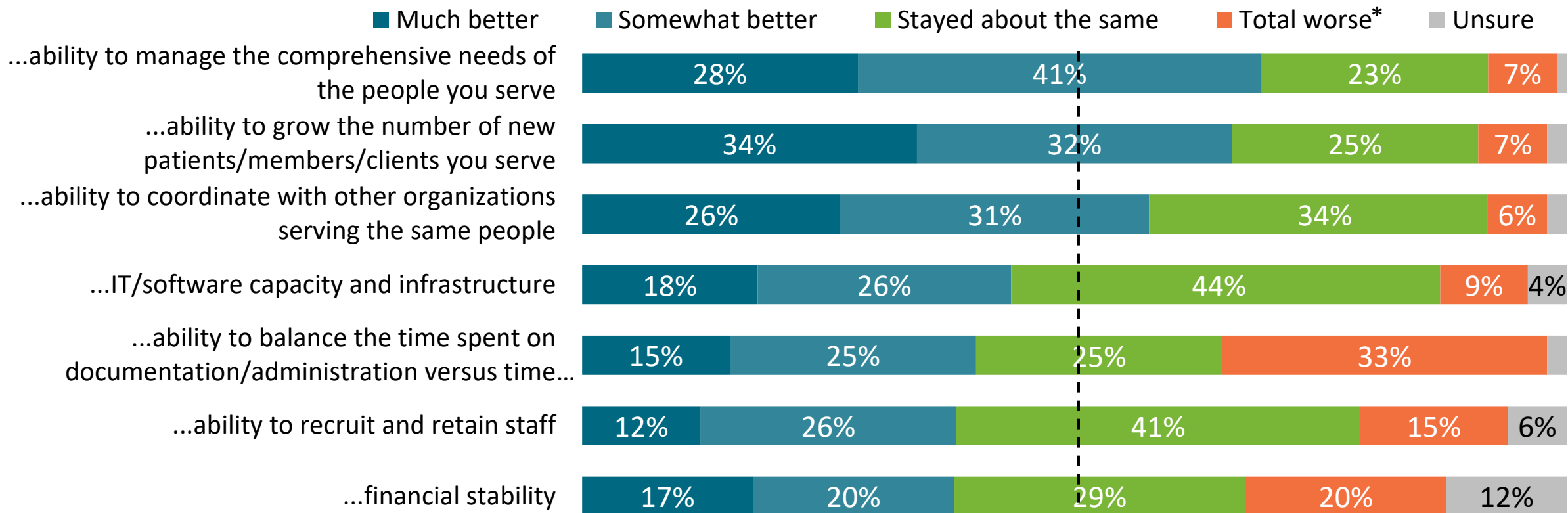Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

CHCF

Experiences with CalAIM Are More Positive Among Specialist Homeless Service Providers

- The findings in this report are even more pronounced when the Homeless Service Providers group is narrowed down to the following: Homeless Service Providers who work *for social service organizations* that *primarily or only* provide housing/homelessness services or recuperative care/medical respite (Specialist Homeless Service Providers; *n* = 52).

- Specialist Homeless Service Providers are significantly more likely than Homeless Service Providers overall to say the experience of care has gotten better for Individuals Experiencing Homelessness (68% compared to 76%).

- Specialist Homeless Service Providers are also significantly more likely than Homeless Service Providers overall to say that organizational aspects of CalAIM have gotten better:

    o *Ability to manage comprehensive needs of the people you serve* (69% compared to 84%)

    o *Ability to grow the number of new people served* (66% compared to 78%)

    o *Ability to recruit and retain staff* (38% compared to 56%)

    o *Financial stability* (38% compared to 53%)

- Throughout the rest of this report, results for Specialist Homeless Service Providers are called out where the base sizes for that group are big enough to analyze and where the results differ significantly from Homeless Service Providers overall.

Note: Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

CHCF

Homeless Service Providers Are Optimistic About Future Improvement in CalAIM Implementation

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

■ Very confident ■ Somewhat confident ■ A little confident ■ Not confident at all ■ Unsure

| 20% | 49% | 19% | 8% | 4% |

Majority (68%) Very + Smwt Confident

Specialist Homeless Service Providers (*n* = 43): Very + Smwt Confident = 79%

Note: Asked only of respondents who do <u>not</u> believe CalAIM's implementation was very effective (*n* = 142). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

Deep Dive: ECM and Community Supports
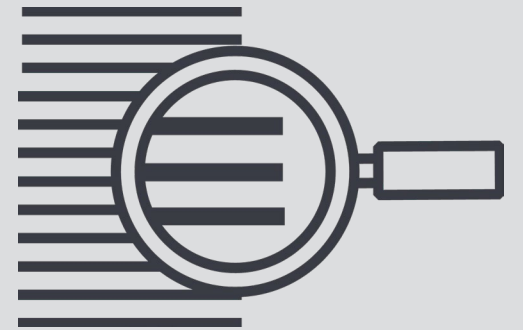
Most Homeless Service Providers Intend to Expand ECM and Community Supports

As you think ahead to the next year, what are your intentions with your organization's ECM/Community Supports services?
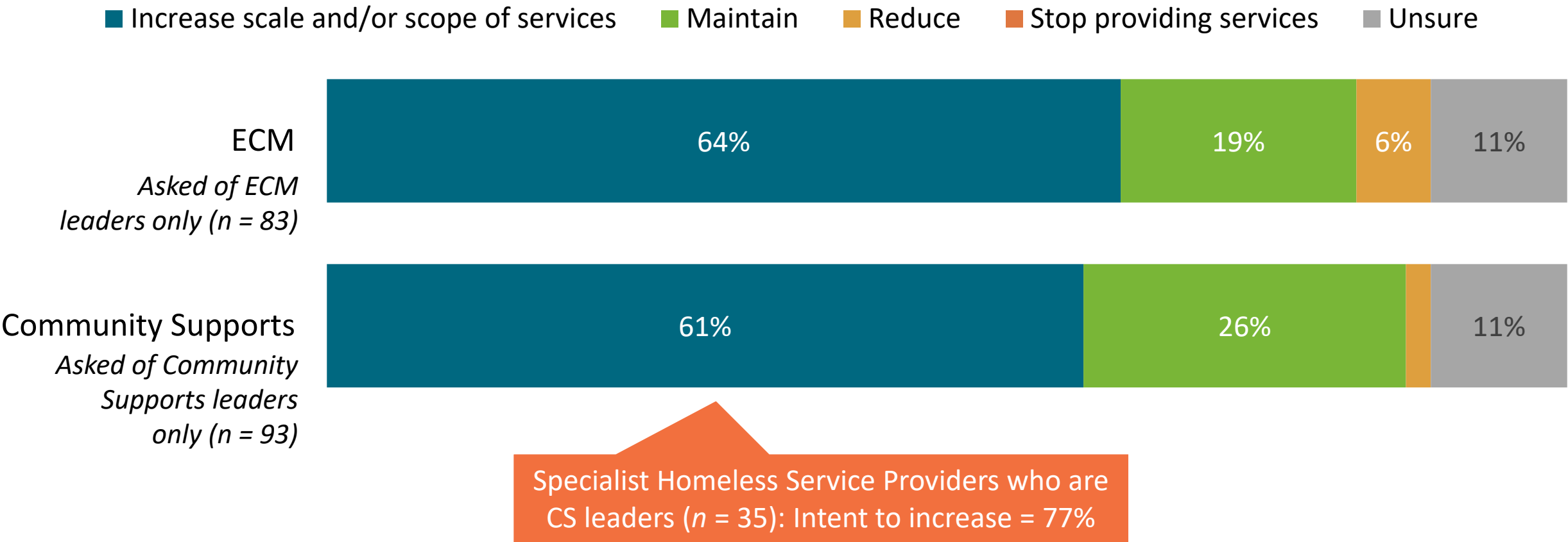
Legend: ■ Increase scale and/or scope of services ■ Maintain ■ Reduce ■ Stop providing services ■ Unsure

ECM
Asked of ECM leaders only (n = 83)
- 64% | 19% | 6% | 11%

Community Supports
Asked of Community Supports leaders only (n = 93)
- 61% | 26% | 11%

Specialist Homeless Service Providers who are CS leaders (*n* = 35): Intent to increase = 77%

Note: Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

Most Homeless Service Providers Report MCP Payment Rates Are Not Covering Services Provided Under CalAIM

Are current Managed Care Plan (MCP) payment rates covering your costs of providing services under CalAIM?

80% say payment rates are NOT covering costs of providing services.

6% — Yes, in full

36% — No, we have to supplement with PATH-CITED or IPP

25% — No, we use funds from other programs/sources in order to make up the difference

19% — No, we are losing money

14% — Unsure

Asked of leaders who provide ECM or Community Supports (*n* = 109).
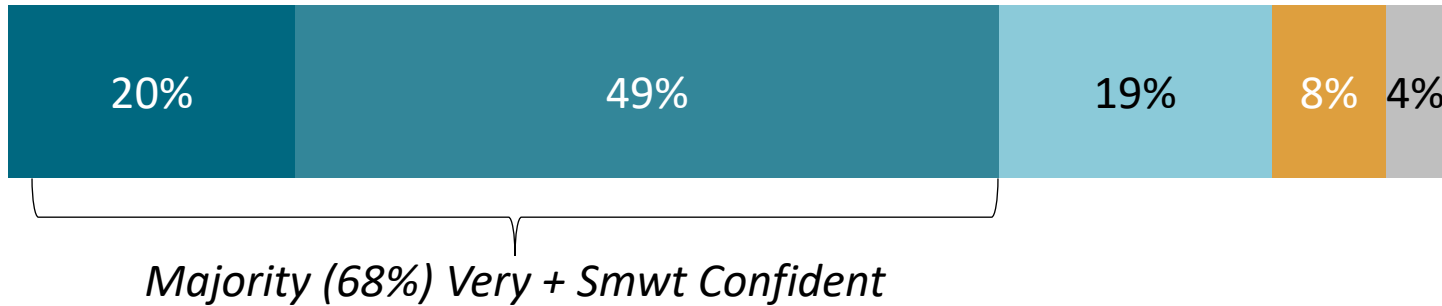Note: Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

CHCF

Client Referrals Come From Range of Sources — Most Common Are Existing Client Base, MCPs

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

	Among Homeless Service Providers providing ECM (*n* = 110)	Among all contracted ECM providers (*n* = 234)
ECM provider referral (e.g., identifying eligible people from existing client/patient base)	26%	22%
Plan/MCP referral/assignment	25%	29%
Self-referral or caregiver referral	20%	15%
Behavioral health care provider referral	8%	9%
Social service provider referral (e.g., Community Supports provider)	7%	5%
Physical health care provider referral	4%	7%
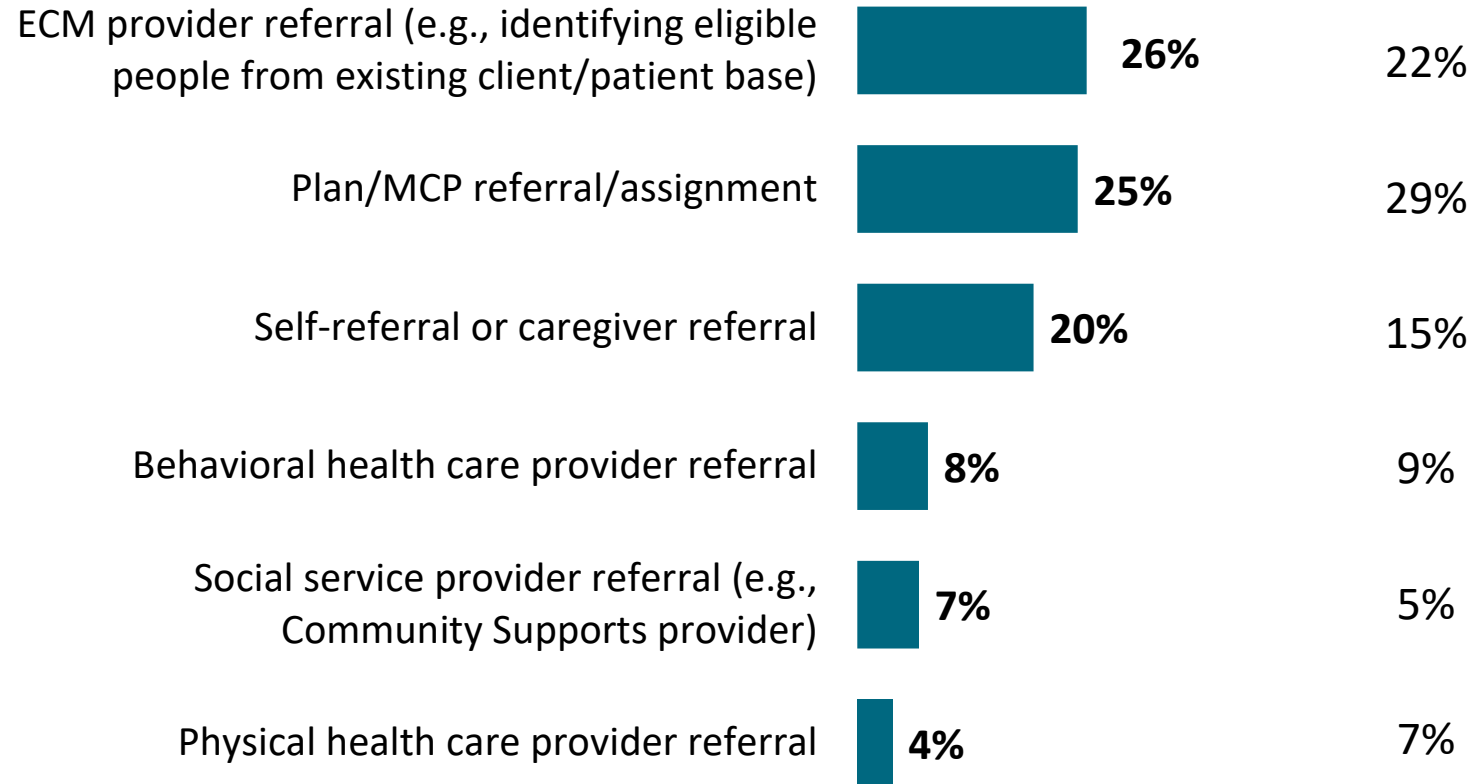
Note: Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

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Majority of ECM Providers Visit Clients in Person — Telehealth More Common in Urban Areas

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

	All Contracted ECM Providers (*n* = 234)	Homeless Service Providers (*n* = 110)	Work in any rural counties (*n* = 49)	Urban counties (*n* = 79)
Face-to-face at client's location	45%	51%	49%	47%
Face-to-face at the provider's location	28%*	21%	24%	16%
Over telehealth phone	17%	16%	12%	22%*
Over telehealth video	4%	5%	6%	8%
Other	3%	2%	2%	3%
Unsure	4%	5%	6%	5%

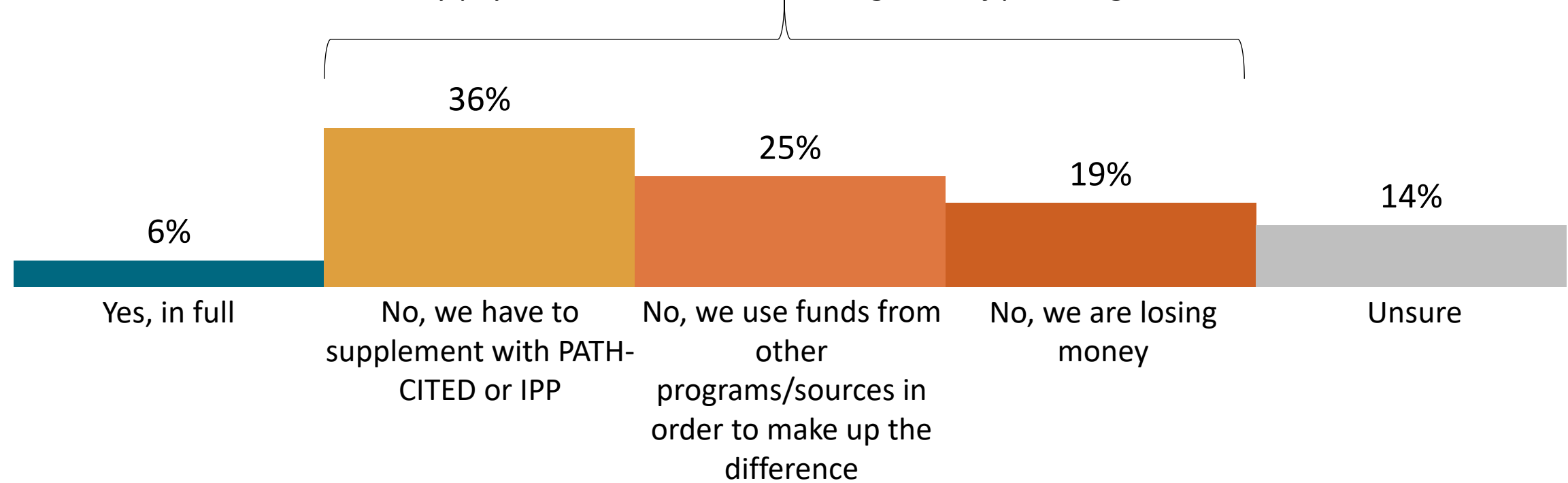*This result is significantly higher than results among Homeless Service Providers at the 95% confidence level.
Note: Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

CHCF

Insufficient Payment Rates and Delays Rise to the Top of ECM Challenges

*Please indicate how challenging each of the following has been when it comes to implementing **ECM**.*
*Asked among ECM providers (n = 67); **Top Tier ECM Challenges***

■ Very challenging **■ Somewhat challenging** **Very+Somewhat**

Challenge	Very challenging	Somewhat challenging	Very+Somewhat
Payment rates that don't cover the full cost of service provision	39%	24%	**63%**
Delays in receiving reimbursements	22%	27%	**49%**
Variability in requirements from different managed care plans	28%	18%	**46%**
Not being able to hire the right people for open roles	21%	24%	**45%**
Completing required reporting and documentation	15%	25%	**40%**
Competing priorities for your organization outside of CalAIM	15%	25%	**40%**
Not having the information you need about your patients, clients, or members	18%	21%	**39%**
Lack of clarity in requirements from managed care plans	18%	19%	**37%**
Current workforce is tapped out and overwhelmed	18%	19%	**37%**

Notes: Ranked by Very+Smwt challenging. Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

CHCF

Additional ECM Challenges

*Please indicate how challenging each of the following has been when it comes to implementing **ECM**.*
*Asked among ECM providers (n = 67); **Second Tier ECM Challenges***

■ Very challenging   ■ Somewhat challenging   **Very+Somewhat**

	Very challenging	Somewhat challenging	Very+Somewhat
Payment structure not fitting the way our organization provides services	12%	22%	**34%**
Changes in program requirements from state/county	12%	21%	**33%**
Setting up contracts with Medi-Cal managed care plans	9%	22%	**31%**
Not receiving enough referrals	9%	21%	**30%**
Lack of technology to easily complete tasks	(19%)	9%	**28%**
Not having the right organizations to send referrals to	15%	13%	**28%**
Overlap with other similar programs resulting in confusion or duplication of work	13%	10%	**24%**
Receiving too many referrals	4%	10%	**15%**

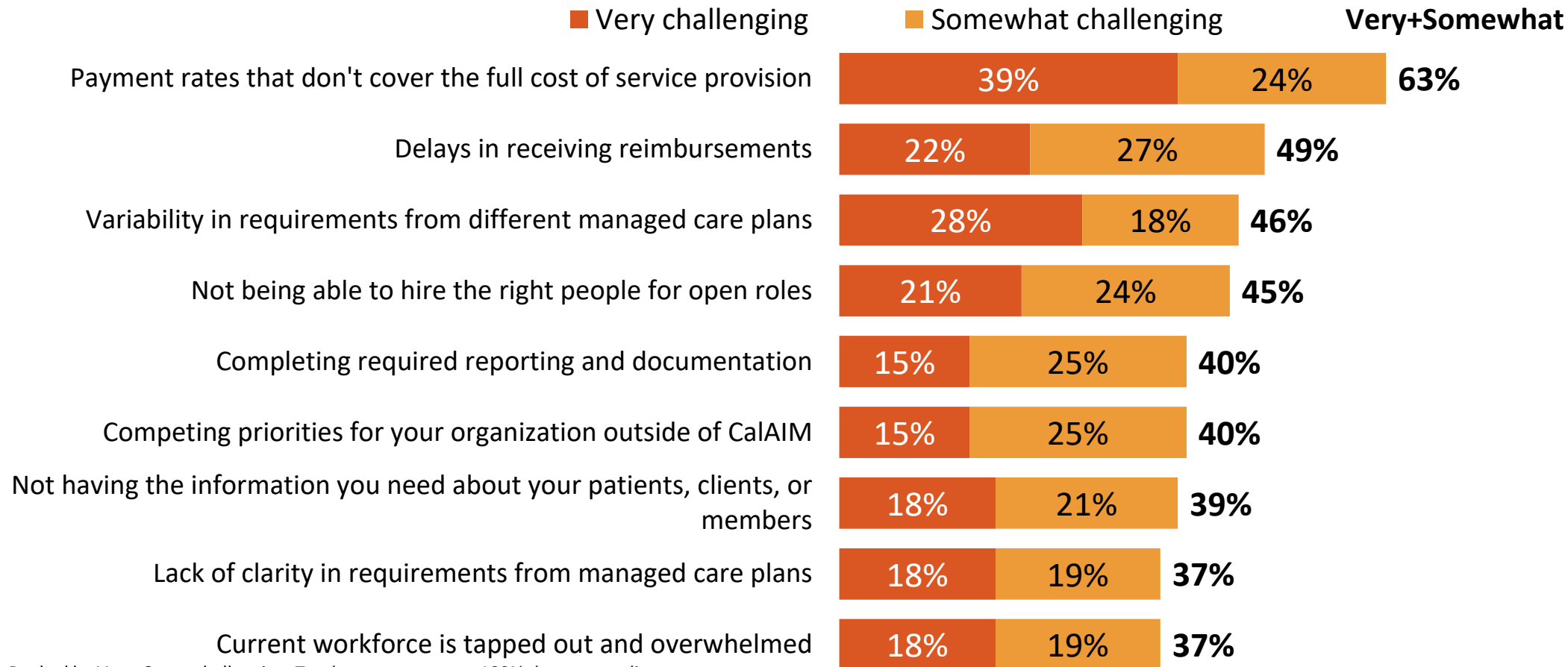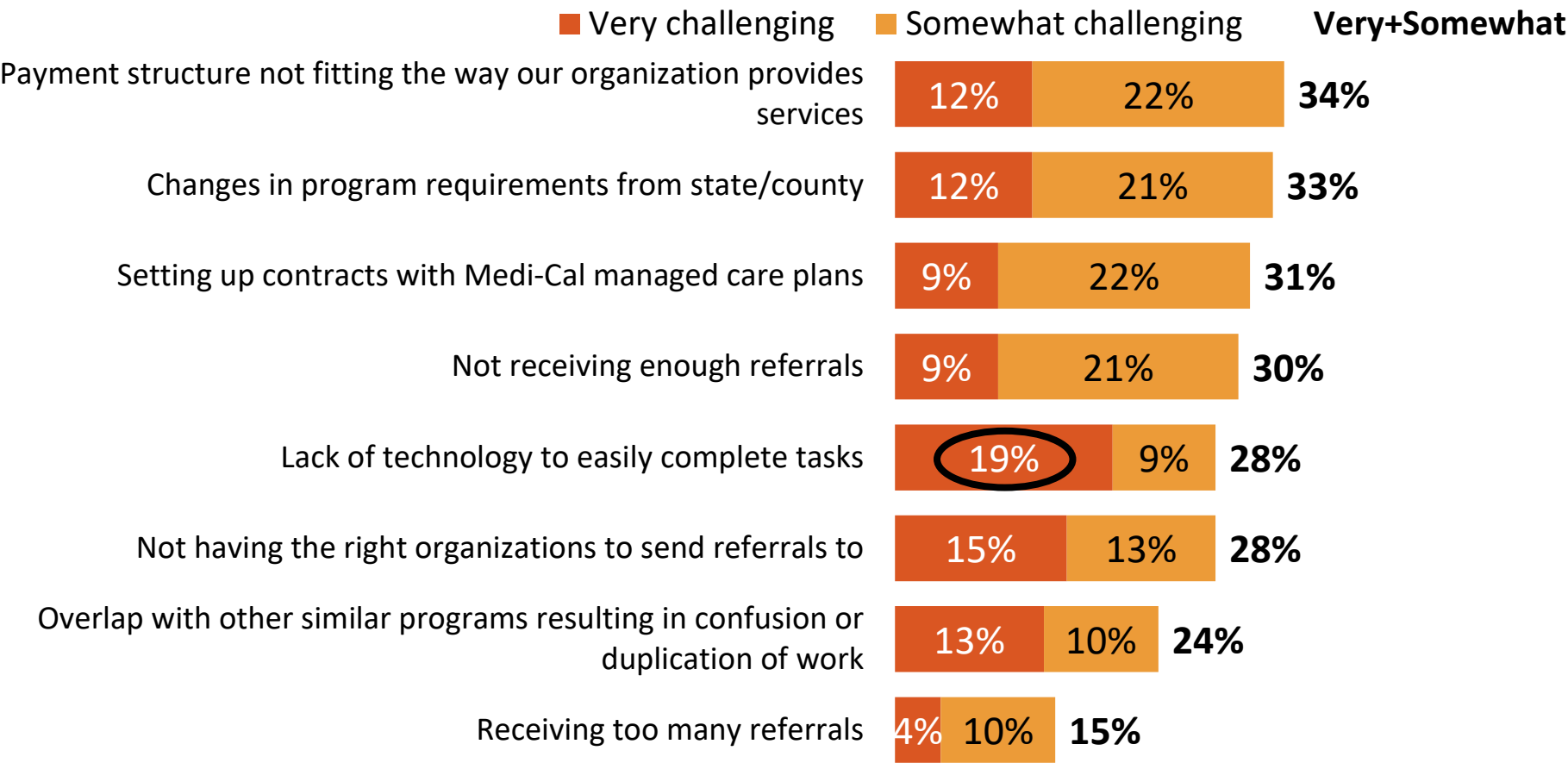Notes: Ranked by Very+Smwt challenging. Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

Payment Rates, Workforce Are Top Community Supports Challenges

*Please indicate how challenging each of the following has been when it comes to implementing **Community Supports**. Asked among Community Supports providers (n = 90); **Top Tier Community Supports Challenges***

	Very challenging	Somewhat challenging	**Very+Somewhat**

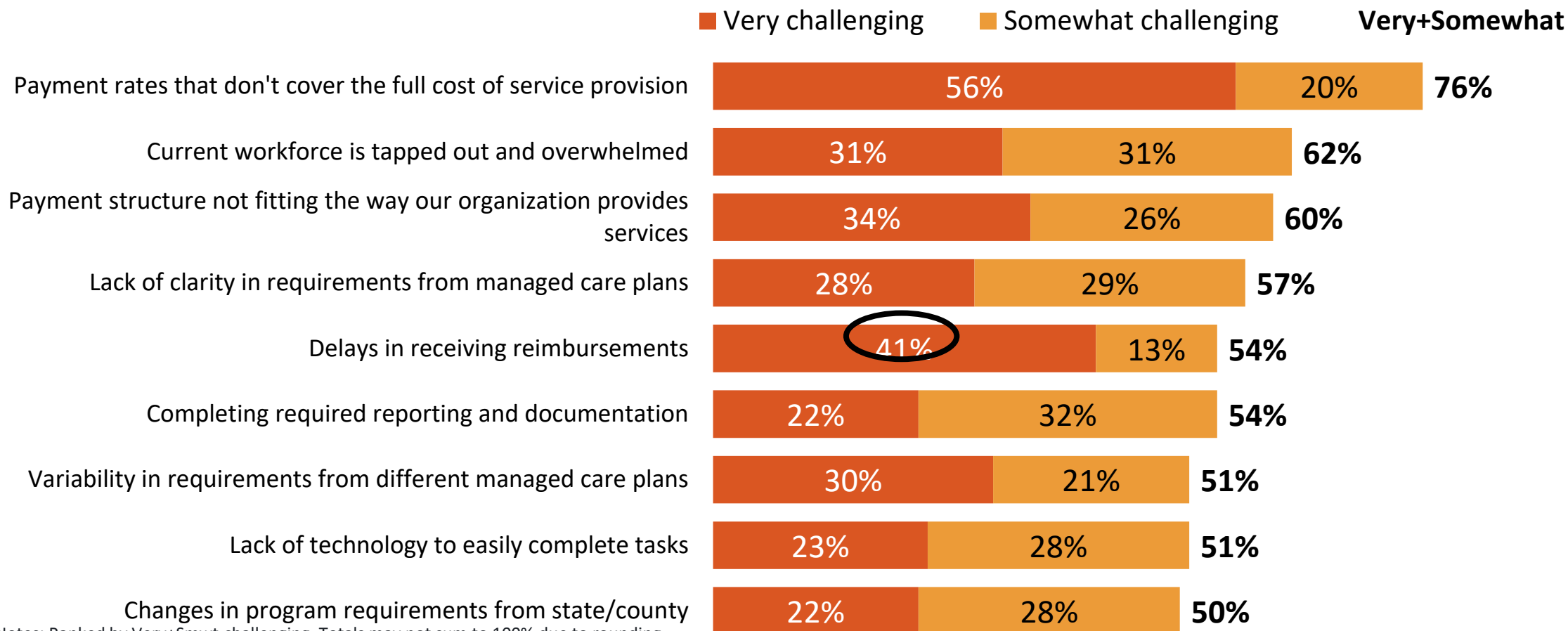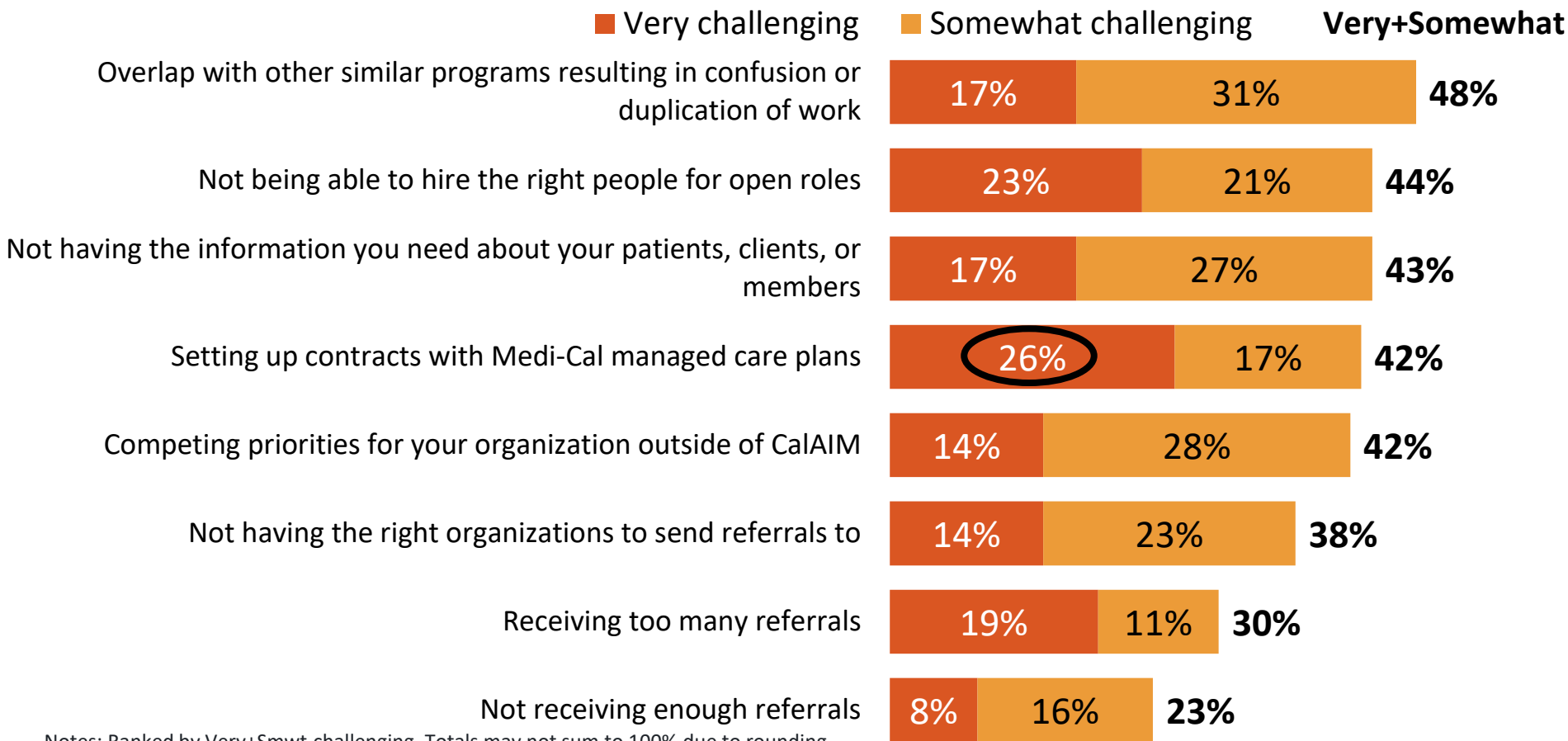|	Very challenging	Somewhat challenging	Very+Somewhat
Payment rates that don't cover the full cost of service provision	56%	20%	**76%**
Current workforce is tapped out and overwhelmed	31%	31%	**62%**
Payment structure not fitting the way our organization provides services	34%	26%	**60%**
Lack of clarity in requirements from managed care plans	28%	29%	**57%**
Delays in receiving reimbursements	41%	13%	**54%**
Completing required reporting and documentation	22%	32%	**54%**
Variability in requirements from different managed care plans	30%	21%	**51%**
Lack of technology to easily complete tasks	23%	28%	**51%**
Changes in program requirements from state/county	22%	28%	**50%**

Notes: Ranked by Very+Smwt challenging. Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

Additional Community Supports Challenges

*Please indicate how challenging each of the following has been when it comes to implementing **Community Supports**. Asked among Community Supports providers (n = 90); **Second Tier Community Supports Challenges***

■ Very challenging   ■ Somewhat challenging   **Very+Somewhat**

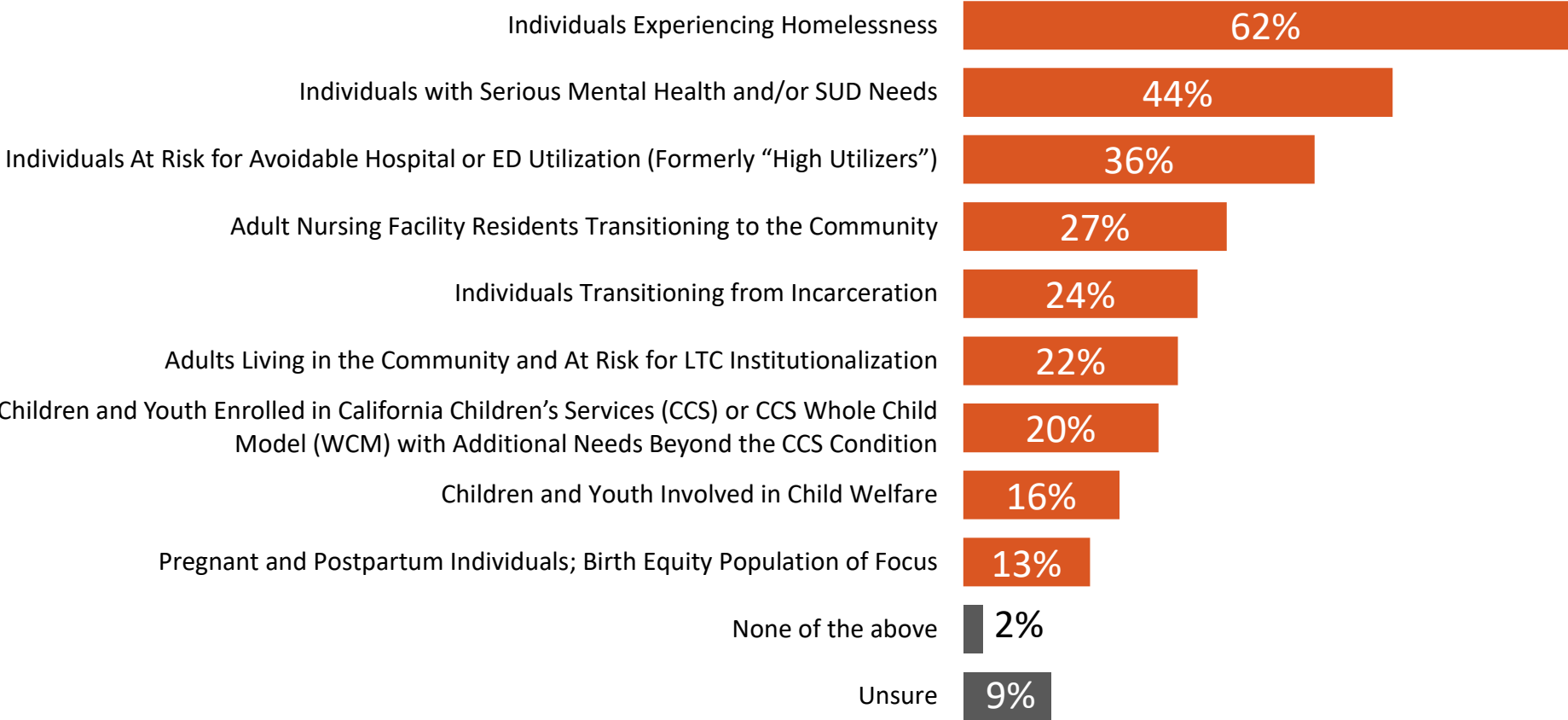|	Very challenging	Somewhat challenging	Very+Somewhat
Overlap with other similar programs resulting in confusion or duplication of work	17%	31%	**48%**
Not being able to hire the right people for open roles	23%	21%	**44%**
Not having the information you need about your patients, clients, or members	17%	27%	**43%**
Setting up contracts with Medi-Cal managed care plans	26%	17%	**42%**
Competing priorities for your organization outside of CalAIM	14%	28%	**42%**
Not having the right organizations to send referrals to	14%	23%	**38%**
Receiving too many referrals	19%	11%	**30%**
Not receiving enough referrals	8%	16%	**23%**

Notes: Ranked by Very+Smwt challenging. Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

MCPs Report Most Challenges Serving Homeless Population as an ECM Population of Focus

Please indicate which of the following ECM populations of focus you feel has presented the most challenges in implementation of ECM. You may select all that apply.
Asked of MCPs (n = 45), Not Homeless Service Providers

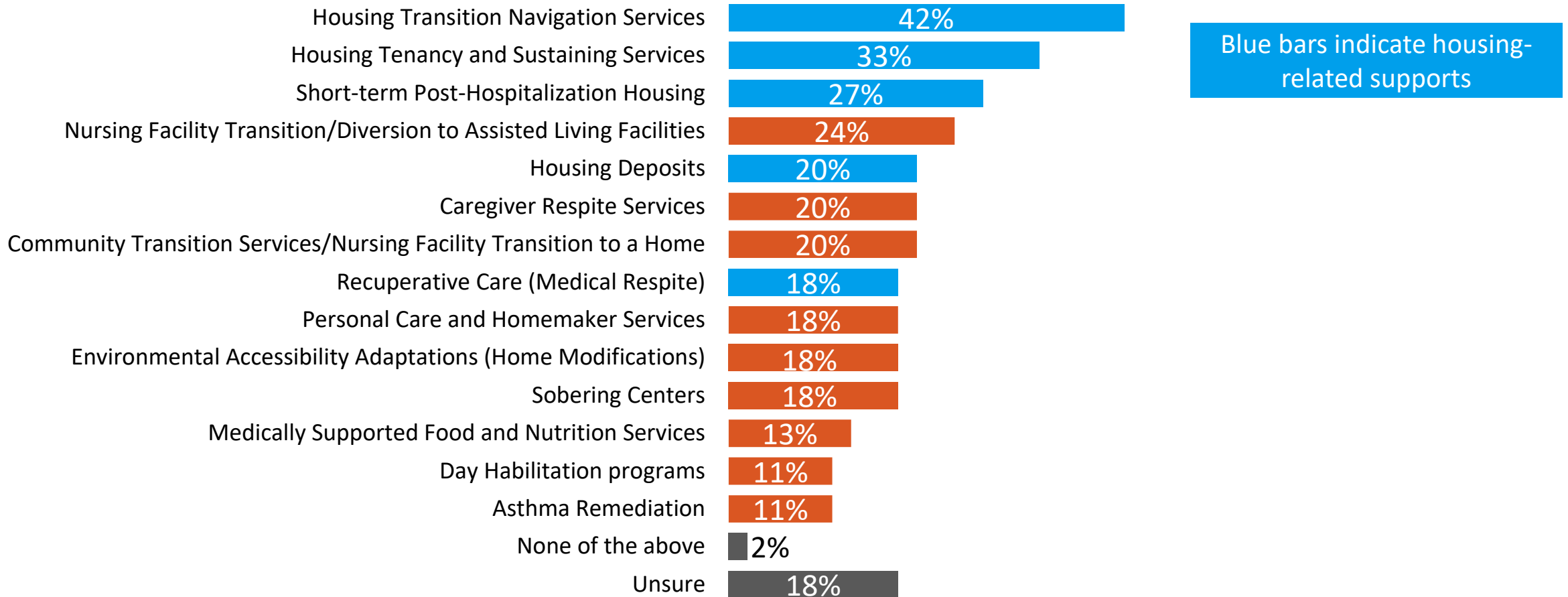| Population	Percentage
Individuals Experiencing Homelessness	62%
Individuals with Serious Mental Health and/or SUD Needs	44%
Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	36%
Adult Nursing Facility Residents Transitioning to the Community	27%
Individuals Transitioning from Incarceration	24%
Adults Living in the Community and At Risk for LTC Institutionalization	22%
Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	20%
Children and Youth Involved in Child Welfare	16%
Pregnant and Postpartum Individuals; Birth Equity Population of Focus	13%
None of the above	2%
Unsure	9%

Notes: SUD is Substance Use Disorder; ED is Emergency Department; LTC is Long Term Care; Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

MCPs Report Most Challenges with Housing-Related Community Supports

Please indicate which of the following Community Supports you feel has presented the most challenges. You may select all that apply. **Asked of MCPs (n = 45), Not Homeless Service Providers**

Community Support	Percentage
Housing Transition Navigation Services	42%
Housing Tenancy and Sustaining Services	33%
Short-term Post-Hospitalization Housing	27%
Nursing Facility Transition/Diversion to Assisted Living Facilities	24%
Housing Deposits	20%
Caregiver Respite Services	20%
Community Transition Services/Nursing Facility Transition to a Home	20%
Recuperative Care (Medical Respite)	18%
Personal Care and Homemaker Services	18%
Environmental Accessibility Adaptations (Home Modifications)	18%
Sobering Centers	18%
Medically Supported Food and Nutrition Services	13%
Day Habilitation programs	11%
Asthma Remediation	11%
None of the above	2%
Unsure	18%

Blue bars indicate housing-related supports

Note: Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024)

CHCF

In Their Own Words: Recommendations for Improving CalAIM Implementation

"Consider increasing the rates for Community Supports services, specifically for Housing services."

– Leader, Bay Area

"Housing navigation without housing is an empty exercise — while CalAIM is making some changes, there exist true obstacles standing in the way of the goals and aims of the initiative…While $5000 per member housing deposits is a big deal, it just isn't big enough to get and keep most people in [a county] where rent is much higher than the aid income most of our members have. We need housing, we need vouchers, we need a rental assistance program."

– Leader, Southern California

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

– Frontline Provider, Central Valley

"1. Get consistent data requirements across plans for reporting. It has become horribly burdensome to deal with variable…requirements across the plans. 2. Establish workable rates for the amount of non-billable time required to serve the population and handle admin."

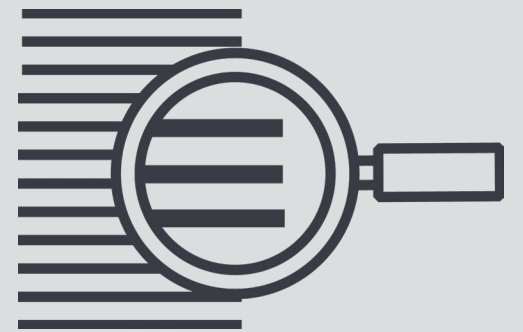*– Leader, Multiple regions*

"Be mindful of rural counties that don't have the same access to people and resources."

– Leader, Northern California

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

CHCF

Exchanging Data

Homeless Service Providers Less Likely to Get Information Electronically; More Pronounced for Rural Homeless Service Providers

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, Justice-Involved Initiative)? **Percentages show respondents who "always" or "usually" use this data source.**

Data Source	All Contracted Implementers (*n* = 542)	Homeless Service Providers (*n* = 163)	Rural Homeless Service Providers (*n* = 36)	Urban Homeless Service Providers (*n* = 118)
From the patient/client/member themselves	60%	64%	72%	62%
In person meetings with other provider/care team member(s)	37%	34%	47%	31%
From the health plan (e.g., through a portal or member information file)	38%*	30%	14%*	36%*
Through an Electronic Health Records system (EHR)	44%*	33%	31%	35%
Through a Health or Community Information Exchange (HIE/CIE) or other data portal	26%*	20%	19%	21%

*This result is significantly different from results among Homeless Service Providers 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)

CHCF

Homeless Service Providers Less Likely Than Other Implementers to Get Complete, Accurate, Timely Data

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

Aspects of Information Exchange	All Contracted Implementers (*n* = 542)	Homeless Service Providers (*n* = 163)
. . . They generally get all or most of the information needed	48%*	40%
. . . In general, information is completely or mostly accurate	64%*	57%
. . . In general, they get information within 48 hours or faster	40%*	31%

*This result is significantly higher than results among Homeless Service Providers 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)

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.

GSSR also has extensive experience conducting health-related research on other issues, including exploring topics such as COVID-19 vaccine hesitancy, health equity, opioid use, mental and behavioral health issues, substance use disorder, and broader social determinants of health (e.g., inequities in housing, transportation, education, economic opportunities, and caregiving). On behalf of CHCF, for example, we conducted multi-wave online surveys among California health care providers to explore perceptions and experiences related to COVID-19 vaccines and the pandemic more generally. We also conducted extensive research for the Colorado Health Foundation and Oregon Health Authority to help increase public uptake of COVID-19 vaccinations.

![California Health Care Foundation logo]

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 http://www.chcf.org/.