



CalAIM Experiences: Implementer Views in Year Three of Reforms

Methodology and Sample Profiles

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Author: Goodwin Simon Strategic Research

Qualitative: Focus Groups

To inform the design and interpretation of the survey, three focus groups were conducted from May 9 to May 30, 2024, among 16 CalAIM implementers. Participants were divided into the following categories, and one focus group was conducted with each category:

- Six implementers serving the reentry population including the following:
 - Three community health care workers, a peer support staffer, a team coordinator and lead, and an assistant public defender
- Six implementers serving older adults, including the following:
 - Three directors, an enhanced care manager, and two executives
- Four implementers serving children and youth with special health care needs, including the following:
 - an associate director at a managed care plan, a program supervisor at a children's health care provider, an ECM program supervisor at a public health department, and an outreach and education specialist at a county public health department

Quantitative: Survey

The survey was administered online August 9 to September 16, 2024, among 948 CalAIM implementers in California. All survey respondents were offered an incentive for completing the survey. The survey sample was designed to ensure it captured a broad swath of implementers across sectors and regions in California and was composed of several nonprobability sources, including:

- Outreach conducted by CHCF, UCSF, and the Lucile Packard Foundation for Children's Health ($n = 563$)
- WebMD's Medscape panel of health care professionals ($n = 385$)

The survey was intentionally designed to focus on implementers who serve at least some patients covered by Medi-Cal and who are also at least a little familiar with CalAIM. While there are 948 completed surveys from respondents reporting they meet these criteria, another 224 respondents were terminated because they report having less than 30% of their patients/clients/members enrolled in Medi-Cal/Medicaid, and an additional 224 respondents were terminated because they were not familiar with CalAIM. In addition, some cases were excluded due to nonsensical responses, insufficient attentiveness, or both.

The report references the following sectors (please note that some implementers may qualify in more than one sector):

- Staff and leadership at managed care plans (MCPs) ($n = 45$)
- Staff and leadership at Federally Qualified Health Centers (FQHCs) ($n = 112$)

- Specialty behavioral health, which includes a mix of staff and leadership at county and county-contracted or MCP-contracted organizations ($n = 397$)
 - Works for a county behavioral health plan or agency
 - Works for an outpatient mental health or substance use center, practice, or clinic
 - Works for a residential mental health or substance use treatment facility
 - Medical specialty is psychiatry, or has a PhD, PsyD, EdD, LMFT, LPCC, LCSW, Trainee (AMFT, APCC, or ACSW), or is a behavioral health peer support specialist
 - Is contracted to provide Enhanced Care Management to people with serious mental health needs or substance use disorder needs or both, or to provide sobering centers as a Community Support
- Staff and leadership at social service organizations ($n = 234$)
- Hospital discharge planners ($n = 38$)
- Implementers serving the reentry population ($n = 60$): ECM providers serving the reentry population of focus only or implementers working in jails and prisons or providing legal services
- Older adult providers, which includes a mix of implementers serving older adults or people with disabilities whether or not they are contracted to provide ECM or Community Supports ($n = 494$)
 - Works at a skilled nursing facility or nursing home
 - Works at an organization providing independent living services for older adults or people with disabilities to live in the community
 - Older adults make up more than 50% of their patient/client population
 - Is contracted to provide Enhanced Care Management to adults living in the community and at risk for LTC institutionalization, or to adult nursing facility residents transitioning to the community
 - Is contracted to provide caregiver respite services, nursing facility transition / diversion to assisted living facilities, community transition services / nursing facility transition to a home, personal care and homemaker services, or environmental accessibility adaptations as Community Supports
- Implementers serving the CCS population of focus ($n = 127$)
- Implementers serving the Child Welfare population of focus ($n = 139$)
- Primary care providers ($n = 145$)
 - Has an NP, PA, or MD/DO and medical specialty is primary care
 - Is frontline staff and primarily works in outpatient primary care

Note that there is some overlap between many of these categories.

Additionally, the report references some differences between implementers who are contracted ($n = 542$) and not contracted ($n = 216$) to provide ECM, Community Supports, or both.

Table A1 shows the proportion of implementers who completed the survey by the sectors described above.

Table A1. Sector Categories Described in the Report

Sector	%
Managed care plans	5%
Federally Qualified Health Centers	12%
Behavioral health	42%
Social service organizations	25%
Hospital discharge planners	4%
Implementers serving the reentry population	6%
Older adult providers	52%
CCS providers	13%
Child welfare providers	15%
Primary care providers	15%

Notes: See detailed topline document for full question wording and response options. Totals may not sum due to rounding or multiple responses.

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

Sample Profile: Characteristics of Respondents' Organization

Table A2 shows the proportion of respondents who work at each type of organization.

Table A2. Types of Organizations Respondents Work At

Type of Organization	%
Health care provider or behavioral health services provider	58%
Social service provider	25%
Managed care plan	6%
Advocacy organization or member association	4%
Self-employed	2%
Legal or judicial services organization	1%
Carceral facility	1%
Other	3%

Note: Totals may not sum due to rounding.

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

Table A3 shows the proportion of social service organization respondents working at various types of social service organizations. Note that respondents were allowed to select multiple categories, and there is overlap because many organizations provide multiple services.

Table A3. Types of Social Service Organizations

Type of Social Service Organization	%
Case management services	73%
Housing or homeless services	64%
Information and referral services	49%
Benefits navigation	45%
Food-related services / food assistance	32%
Independent living services for older adults or people with disabilities	21%
Outpatient mental health services	17%
Outpatient substance use services	10%
Reentry services following incarceration	17%
Child welfare services	14%
Recuperative care / medical respite	12%
Residential mental health and/or substance use treatment services	10%
Assisted living services (e.g., RCFE, ARF)	9%
Home modification services	9%
Asthma remediation services	4%
Other	18%

Notes: Totals may not sum due to rounding or multiple responses. This table is shown only for respondents who report working at social service organizations.

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

Sample Profile: Characteristics of Sectors

Table A4 shows the organization characteristics among respondents who work in each of the sectors shown throughout the report.

Table A4. Organization Characteristics by Sector

Organization Characteristics	Total (%)	MCP (%)	FQHC (%)	Hospital Discharge Planner (%)	Reentry (%)	Older Adult (%)	CCS (%)	Child Welfare (%)	Specialty BH (%)
Number of FTEs (full-time equivalents) in organization									
<10	7%	2%	6%	0%	10%	7%	8%	7%	7%
10–24	9%	7%	4%	0%	2%	9%	8%	6%	6%
25–49	10%	0%	4%	5%	5%	12%	6%	6%	8%
50–99	10%	11%	8%	5%	10%	10%	6%	7%	10%
100–249	16%	9%	26%	21%	20%	15%	26%	24%	18%
250+	38%	56%	40%	47%	32%	35%	43%	47%	43%
Type of organization									
Private entity	19%	27%	10%	26%	2%	24%	21%	20%	17%
Nonprofit	55%	40%	71%	50%	60%	56%	52%	63%	56%
Government agency	21%	20%	15%	8%	37%	16%	25%	17%	23%
Organization also operates in states outside of California									
Yes	2%	0%	0%	0%	2%	1%	2%	3%	1%
No	98%	100%	100%	100%	98%	99%	98%	97%	99%
Role of respondent									
Frontline staff or provider	45%	51%	54%	100%	40%	52%	33%	32%	42%
Leader	47%	40%	42%	0%	45%	41%	61%	64%	50%
Other	7%	7%	4%	0%	15%	7%	6%	4%	7%

Note: Totals may not sum due to rounding or respondents marking “unsure.”

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

Sample Profile: Demographics

The sample represents a diverse population of CalAIM implementers. Table A5 shows the demographic profile of the sample overall.

Table A5. Demographics of Respondents

Demographic Characteristic	%
Gender	
Female	66%
Male	26%
Race and ethnicity	
White	46%
Hispanic / Latino/x	18%
Asian / Asian American	17%
Black / African American	5%
American Indian / Alaska Native / Indigenous	2%
Native Hawaiian / Pacific Islander	1%

Note: Totals may not sum due to rounding or to multiple or missed responses.

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

Table A6 shows the proportion of respondents whose organizations operate in each region of the state and the counties included in those regions. Some respondents report working in multiple regions and therefore may appear in more than one category. In addition, 5% of respondents say their organization operates statewide; those organizations are not included in the table below.

Table A6. Regional Breakdown of Respondents

Regions	%
Bay Area: Alameda, Contra Costa, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma	30%
Central Coast: Monterey, San Benito, San Luis Obispo, Santa Barbara, Ventura	9%
Central Valley: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare	14%
Northern California: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lassen, Mariposa, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity Tuolumne, Yuba	18%
Southern California: Los Angeles, Orange, Riverside, San Bernardino, San Diego	44%

Note: Totals may not sum due to rounding or multiple responses.

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