



CalAIM Experiences: Implementer Views in Year Three of Reforms

Survey Toplines

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**Goodwin Simon Strategic Research
CHCF Statewide Survey of CalAIM Implementers**

15-20 minute survey among 948 CalAIM implementers and potential implementers

Thank you for agreeing to participate in this survey. Sponsored by the California Health Care Foundation (CHCF) and the Lucile Packard Foundation for Children’s Health (LPFCH), this survey seeks to explore your experiences during the implementation of California Advancing and Innovating Medi-Cal (CalAIM). This is the second wave, with the initial survey conducted in summer of 2023. These findings will be made public to help stakeholders, including policymakers, understand how the implementation is progressing, surface bright spots, and identify areas for improvement. We are interested in multiple perspectives about CalAIM from each organization, from organizational leaders to frontline staff.

We want to assure you that your responses are completely confidential. Your responses will be combined with those of other respondents and reported at the aggregate, not individual level. In addition, your participation and responses will not impact your funding opportunities with CHCF or LPFCH.

Because the goal of this survey is to gather feedback on Medi-Cal reform, we are looking for respondents from organizations where at least 30% of the population served—patients, clients, and/or members—receives healthcare coverage through Medi-Cal/Medicaid.

To participate, simply answer the question(s) on each page and click the “Next” button to progress in the survey. Your responses will be submitted as you progress through the survey.

SHOW TO MEDSCAPE PARTICIPANTS: Overall, we anticipate your participation will take about 15 minutes.

SHOW TO ALL NON-MEDSCAPE PARTICIPANTS: Overall, we anticipate your participation will take about 20 minutes, and you will be offered a \$25 honorarium at the end of the survey for participating.

Click the “**Next**” button below to begin.

SCREENERS AND INITIAL DEMOS

Please note that due to rounding, totals may equal a few points more or less than one hundred

** indicates that fewer than one half of one percent of respondents gave that response.*

-- indicates that no respondents gave that response.

1. **[TREND]** Which of the following California counties do you operate in? **You may select all that apply.** If you **ALSO** operate outside of California, or if you do **NOT** operate in California, please indicate that. **[MULTI-CHOICE CHECKLIST OF CA COUNTIES WITH ANSWER CHOICES FOR: “Statewide” (EXCLUSIVE) “Do not operate in California” (EXCLUSIVE) AT BEGINNING AND “Also operate outside of California” “Unsure” (EXCLUSIVE) AT END]**
[TERMINATE IF DOES NOT OPERATE IN CALIFORNIA OR UNSURE.]

Bay Area	30%
Central Coast	9
Central Valley	14
Northern CA	18
Southern CA	44

2. **[TREND/REVISED]** Which of the following specific types of organizations do you work for? Please select the best answer. If you work for multiple organizations, please choose the one for which you work the largest number of hours. And if your organization fits multiple categories, please choose the category that best describes your organization.

You can hover over each answer choice to see a list of examples for that category.

A social service provider POP UP BOX: For example, housing or homeless services, recuperative care/medical respite, food-related services, sobering services, independent living services for older adults or people with disabilities, benefits navigation, re-entry services following incarceration, home modification services, asthma remediation services, child welfare services, information and referral services, assisted living provider, or any other kind of social services	25%
A health care provider or behavioral health services provider POP UP BOX: For example, hospital or health system, medical group, Federally Qualified Health Center or other type of community clinic, mental health and/or substance use center/practice/clinic, skilled nursing facility or nursing home, independent practice association, home health agency, county CCS provider, or any other kind of organization providing health care, mental health, or substance abuse services	58
A Managed Care Plan POP UP BOX: For example, Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) or Drug-Medi-Cal Organized Delivery System	6
A carceral facility – including probation or parole agencies providing community supervision POP UP BOX: For example, CDCR facility, jail, probation department/agency including or not including juvenile services, parole department/agency, or other organization providing community supervision	1
A legal or judicial services organization POP UP BOX: For example, Legal Aid organization. Public Defender’s office, Collaborative Court, other organization providing legal services	1
An advocacy organization or member association	4
Self-employed	2
Retired TERMINATE	--

Other SPECIFY	3
Unsure	*

[ASK IF Q2 = SOCIAL SERVICE PROVIDER (1)] (n=195)

3. **[TREND/REVISED]** What kind of services does your organization provide? **Please select all that apply. [MULTIPUNCH]**

Housing or homeless services	64%
Recuperative care/Medical respite	12
Food-related services/Food assistance	32
Independent living services for older adults or people with disabilities to live in the community	21
Case management services	73
Benefits navigation	45
Re-entry services following incarceration	17
Home modification services	9
Asthma remediation services	4
Child welfare services	14
Information & Referral services	49
Assisted living services (e.g., RCFE, ARF)	9
Outpatient mental health services	17
Outpatient substance use services	10
Residential mental health and/or substance use treatment services	10
Other SPECIFY	18
Unsure EXCLUSIVE PUNCH	--

[ASK IF Q2 = SOCIAL SERVICE PROVIDER (1) AND IF Q3 SELECTED MULTIPLE PUNCHES] (n=159)

4. **[NEW]** And of these, which is the primary service that your organization provides? If multiple answers apply, please select the answer based on how **you personally spend most of your working time**. **[ONLY SHOW RESPONSES SELECTED IN Q3 AND UNSURE]**

Housing or homeless services	26%
Recuperative care/Medical respite	3
Food-related services/Food assistance	3
Independent living services for older adults or people with disabilities to live in the community	8
Case management services	25
Benefits navigation	3
Re-entry services following incarceration	3
Home modification services	--
Asthma remediation services	1
Child welfare services	3
Information & Referral services	6
Assisted living services (e.g., RCFE, ARF)	2
Outpatient mental health services	5
Outpatient substance use services	5
Residential mental health and/or substance use treatment services	1

Other SPECIFY	9
Unsure	3

[ASK IF Q2 = HEALTH SERVICES PROVIDER (2)] (n=520)

5. **[NEW]** Which of the following best describes the organization where you work? Please select the **most relevant answer** based on how you personally spend most of your working time.

Federally Qualified Health Center or other type of community clinic	21%
Hospital or health system	30
Medical group	9
Independent Practice Association	2
Outpatient mental health center/practice/clinic	17
Outpatient substance use center/practice/clinic	2
Residential mental health and/or substance use treatment facility	2
Skilled nursing facility or nursing home	6
Home health agency	2
CCS County Program	2
Other SPECIFY	7
Unsure	1

[ASK IF Q2 = HEALTH SERVICES PROVIDER (2) AND NOT MEDSCAPE PANEL (A1#3)] (n=211)

6. **[NEW]** Now, please tell us if your organization provides any of the following services. You may select multiple responses. **[MULTIPUNCH]**

Housing or homeless services	44%
Recuperative care/Medical respite	14
Food-related services/Food assistance	22
Independent living services for older adults or people with disabilities to live in the community	13
Case management services	76
Benefits navigation	38
Re-entry services following incarceration	27
Home modification services	7
Asthma remediation services	9
Child welfare services	13
Information & Referral services	45
Assisted living services (e.g., RCFE, ARF)	7
Outpatient mental health services	58
Outpatient substance use services	33
Residential mental health and/or substance use treatment services	20
Skilled nursing facility or nursing home services	13
Home health agency services	9
Other SPECIFY	19

Unsure EXCLUSIVE PUNCH	*
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[ASK IF Q2 = MCP (3)] (n=54)

7. **[NEW]** Which of the following best describes the organization where you work? Please select the **most relevant answer** based on how you personally spend most of your working time.

Medi-Cal Managed Care Plan	83%
Mental Health Plan	13
Drug Medi-Cal Organized Delivery System	2
Unsure	2

[ASK IF Q2 = CARCERAL SERVICE PROVIDER (4)] (n=12)

8. **[NEW]** Which of the following best describes the organization where you work? Please select the **most relevant answer** based on how you personally spend most of your working time.

California Department of Corrections and Rehabilitation facility	8%
Adult jail	25
Juvenile facility	8
Probation department/agency	8
Parole department/agency or contractor, or other organization providing community supervision	50
Other SPECIFY	--
Unsure	--

[ASK IF Q2 = LEGAL/JUDICIAL (5)] (n=14)

9. **[NEW]** Which of the following best describes the organization where you work? Please select the **most relevant answer** based on how you personally spend most of your working time.

Public/Private Defender's office	14%
Collaborative Court	7
Legal aid provider	71
Other organization providing legal services SPECIFY	7
Unsure	--

[RESUME ASK OF ALL]

[SCREENING QUESTION]

10. **[TREND]** Approximately what percentage of the population that your organization serves—patients, clients, and/or members—receives healthcare coverage through Medi-Cal/Medicaid? **Your best guess is fine.** (If you work in more than one setting, please answer related to the setting with the largest portion of Medi-Cal patients, clients, or members.)

For more information on who is eligible for Medi-Cal, please see this DHCS description:

<https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>

None	--%	IF NOT SOCIAL SERVICE PROVIDER, LEGAL/JUDICIAL, OR CARCERAL (Q2 =1,4,5), TERMINATE IF SERVES LESS THAN 30% MEDICAID/MEDI-CAL (Q10 = 1,2)]
Less than 30%	*	
30% to 50%	21	
51% to 75%	21	
More than 75%	55	
Unsure	3	

[SHOW FOLLOWING 3 QUESTIONS ON THE SAME PAGE]

11. **[TREND/REVISED]** Does any one of the following populations make up **more than 50%** of your patient/client population? If so, please select which one.

Children and youth	15%
Older adults/seniors	37
Neither – our service population is mixed age	45
Unsure	3

12. **[TREND/REVISED]** Does any one of the following populations make up **more than 50%** of your patient/client population? If so, please select which one.

Asian populations	3%
Native Hawaiian or Pacific Islander populations	--
Black populations	4
Latino/x populations	27
American Indian or Alaska Native populations	1
White populations	14
None of the above – our service population is mixed	43
Unsure	10

13. **[TREND/REVISED]** Do *people whose primary language is not English* make up **more than 50%** of your patient/client population?

Yes	29%
No	56
Unsure	15

14. **[TREND]** Which of the following best describes your job title or role? If your job role falls into multiple categories, please pick the one that best describes the majority of your working time.

Senior leadership (e.g., CEO, COO, CMO, Executive Director)	24%
Program level management (e.g., program director or manager)	24
Manager or supervisor of frontline staff	9
Frontline staff or provider (e.g., clinician, case manager)	35
Other SPECIFY	7
Unsure	*

[ASK IF Q5 = HOSPITAL/HEALTH SYSTEM (2), MEDICAL GROUP (3)] AND [IF Q14 = FRONTLINE SUPERVISOR (3), FRONTLINE STAFF (4), OR OTHER (5)] (n=145)

15. **[TREND/REVISED]** Which of the following work settings do you work in primarily? Please select the best answer.

Emergency department	14%
In-patient hospital	34
Out-patient primary care	42
Other SPECIFY	9
Unsure	1

[ASK IF Q14 = FRONTLINE SUPERVISOR (3), FRONTLINE STAFF (4), OR OTHER (5)] (n=490)

16. **[TREND]** Is your primary area of practice or work discharge planning?

Yes	22%
No	71
Unsure	7

[RESUME ASKING EVERYONE]

[FAMILIARITY WITH CALAIM AND ROLE IN IMPLEMENTING CALAIM]

[SCREENING QUESTION; TERMINATE HERE IF UNFAMILIAR WITH CalAIM]

17. **[TREND]** 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, Justice Involved Initiative, Behavioral Health Payment Reform, etc.

Very familiar	44%
Somewhat familiar	38
A little familiar	18
Not familiar at all	--
Unsure	--

[ASK HEALTHCARE/CLINICAL SETTINGS ONLY: Q2 = HEALTH SERVICES (2), OR SELF-EMPLOYED (7) OR Q4 =13,14, 15] (n=547)

18. **[TREND/REVISED]** Which of the following licenses do you currently hold? **Please select all that apply. [MULTIPUNCH]**

RN	17%
LPN/VN	3
Advanced Practice Provider: Nurse Practitioner (NP), Certified Nurse Midwife (CNM), Physician Assistant (PA)	12
MD, DO	25
PhD, PsyD, EdD	4
Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), Licensed Clinical Social Worker (LCSW), or Associate Trainee (AMFT, APCC, or ASW)	20
Occupational Therapist, Speech Therapist, or Physical Therapist	1
Other SPECIFY	7
None of the above EXCLUSIVE PUNCH	17
Prefer not to say EXCLUSIVE PUNCH	3
Unsure EXCLUSIVE PUNCH	--

[ASK IF Q18 = NP/CNM/PA (3), MD/DO (4)] (n=200)

19. **[TREND/REVISED]** What is your medical specialty? Please select the best answer.

Primary care (general and family practitioner, general internist)	58%
Pediatrics	4
Pediatric subspecialist (pediatric gastroenterologist, pediatric surgeon)	1
Ob/Gyn	2
Adult subspecialist (medical specialist, surgeon, radiology)	8
Psychiatry	19
Emergency medicine	2
Other SPECIFY	4
Unsure	*

[RESUME ASK OF ALL EXCEPT MEDSCAPE] (n=563)

20. **[NEW]** Has your organization received a grant through PATH Capacity and Infrastructure Transition, Expansion, and Development (CITED)?

Yes	36%
No	39
Unsure	24

[DO NOT ASK IF Q7 = MCP (1)]

21. **[TREND]** Is your organization currently providing Enhanced Care Management (ECM) or Community Supports (CS)? **Please select all that apply.**

If your organization is NOT currently providing ECM or Community Supports (even if you did provide ECM/CS previously or are planning to in the future), please indicate that. **[MULTICHOICE]**

ECM	40%
Community Supports	41
Neither EXCLUSIVE PUNCH	23
Unsure EXCLUSIVE PUNCH	15

[ASK OF ECM PROVIDERS (A3=1,3)] (n=380)

22. **[TREND]** Which of the following ECM populations of focus is your organization contracted to serve as part of CalAIM? **Please select all that apply. [MULTIPUNCH]**

Individuals Experiencing Homelessness	71%
Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	68
Individuals with Serious Mental Health and/or SUD Needs	63
Individuals Transitioning from Incarceration	33
Adults Living in the Community and At Risk for LTC Institutionalization	33
Adult Nursing Facility Residents Transitioning to the Community	27
Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	33
Children and Youth Involved in Child Welfare	37
Pregnant and Postpartum Individuals; Birth Equity Population of Focus	32
Unsure EXCLUSIVE; SKIP TO NEXT MODULE IF NOT CS PROVIDER	3

[ASK OF CS PROVIDERS (A3=2,3)] (n=384)

23. **[TREND]** Which of the following Community Supports is your organization contracted to provide as part of CalAIM? **Please select all that apply. [MULTIPUNCH]**

Housing transition navigation services	59%
Housing deposits	36
Housing tenancy and sustaining services	44
Short-term post-hospitalization housing	20
Recuperative care (medical respite)	21
Day habilitation programs	16
Caregiver respite services	16
Nursing facility transition/diversion to assisted living facilities	21
Community transition services/nursing facility transition to a home	22
Personal care and homemaker services	15
Environmental accessibility adaptations (home modifications)	12
Medically supported food and nutrition services	26
Sobering centers	14
Asthma remediation	12
Unsure EXCLUSIVE PUNCH - SKIP TO NEXT MODULE IF NOT ECM PROVIDER	10

[SHOW TO RE-ENTRY/CRIMINAL LEGAL (A2=2)]

CalAIM’s Justice-Involved Initiative aims to make a number of changes to make the re-entry process for the people you serve smoother, from enrollment in Medi-Cal to linkages to providers and services post-release. Some changes have already been launched, while others, notably pre-release services, will be launched in the future.

[OVERALL ASSESSMENT OF CALAIM]
[RESUME ASK OF ALL]

24. **[TREND]** On a scale of zero to 10, with zero meaning not at all satisfied and ten meaning extremely satisfied, how satisfied are you with your organization’s experience with CalAIM so far?

Note: If you are involved in implementing multiple aspects of CalAIM, you will have an opportunity to provide your perspective on satisfaction with specific parts of it in the next question.

Not at all satisfied									Extremely satisfied		
0	1	2	3	4	5	6	7	8	9	10	Unsure
3%	3%	7%	10%	7%	16%	12%	16%	12%	4%	5%	5%

25. **[NEW]** On a scale of zero to 10, with zero meaning not at all satisfied and ten meaning extremely satisfied, please indicate how satisfied you are with your organization's experience with each of the following so far. **[DO NOT SHOW QUESTION IF NO ROWS APPLY]**

		Not at all satisfied									Extremely satisfied		
		0	1	2	3	4	5	6	7	8	9	10	Unsure
a.	ASK IF PROVIDES ECM (A3=1, 3), n=380: Enhanced Care Management (ECM)	1%	3%	7%	6%	5%	12%	12%	18%	16%	9%	6%	4%
b.	ASK IF PROVIDES CS (A3=2, 3), n=384: Community Supports	1	3	5	5	6	12	12	20	15	8	8	4
c.	ASK IF SPECIALTY BEHAVIORAL HEALTH (A2=4), n=211: Behavioral Health Payment Reform	8	9	10	9	10	12	7	8	8	5	1	12
d.	ASK IF MCP, HOSPITAL DISCHARGE PLANNERS, OR OLDER ADULTS (Q7=1 OR A2=1,3), n=521: Carve-in of institutional long-term care	6	4	5	6	6	11	8	10	7	3	2	31
e.	ASK IF MCP, HOSPITAL DISCHARGE PLANNER, SNF, OR RESIDENTIAL MH/SUD (Q2=3 OR A2=1 OR Q5=7,8), n=129: Transitional care services	5	4	6	8	6	12	9	18	9	5	2	16
f.	ASK IF RE-ENTRY/CRIMINAL-LEGAL, SPECIALTY BEHAVIORAL HEALTH, OR MCP (A2=2,4 OR Q2=3), n=397: Justice-Involved Initiative	4	5	5	7	7	13	6	9	7	4	3	32

[Biggest Success to date]

[RESUME ASK OF ALL]

26. **[TREND]** 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? **[OPEN END - INSERT LARGE TEXT BOX]**

27. **[TREND]** Did your organization previously participate in Whole Person Care or Health Homes?
Please select all that apply. **[MULTIPUNCH]**

Yes, participated in Whole Person Care	23%
Yes, participated in Health Homes	14
No, did not participate in either Whole Person Care or Health Homes	46
EXCLUSIVE PUNCH	
Unsure EXCLUSIVE PUNCH	23

28. **[NEW]** One of the stated goals of DHCS’s transformation of Medi-Cal is to “be a catalyst for equity and justice” and to provide “new services designed to address racial and ethnic disparities in the health system.” On a scale of 0 to 10, with zero meaning not at all satisfied and ten meaning extremely satisfied, how satisfied are you with CalAIM’s impact on addressing inequities?

Not at all satisfied									Extremely satisfied		
0	1	2	3	4	5	6	7	8	9	10	Unsure
4%	3%	6%	9%	6%	15%	10%	15%	13%	6%	6%	7%

29. **[NEW]** (Optional question) What, if any, obstacles do you see getting in the way of CalAIM addressing racial and ethnic health inequities? **[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]**

[INTENTIONAL AND UNINTENTIONAL IMPACTS OF CALAIM]

[CalAIM Impacts on those you serve]

30. **[NEW]** 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 better or worse as a result of CalAIM’s implementation whole (e.g., ECM, Community Supports, Behavioral Health Payment Reform, Justice-Involved Initiative, Institutional Long-Term Care Carve-in)—or if it has stayed about the same. If you are unsure, just select that.

Much better	15%
Somewhat better	39
Stayed about the same	27
Somewhat worse	5
Much worse	3
Unsure	12

31. **[TREND/REVISED]** 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 as a whole (e.g., ECM, Community Supports, Behavioral Health Payment Reform, Institutional Long-Term Care Carve-in, Justice-Involved Initiative)—or if it has stayed about the same. If you are unsure, just select that.

		Much better	Somewhat better	About the same	Some what worse	Much worse	Not applicable	Unsure
	RANDOMIZE							
	Individuals Experiencing Homelessness							
a.	Sept 2024	10%	31%	26%	6%	3%	6%	17%
	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)							
b.	Sept 2024	9	30	28	5	2	6	20
	Individuals with Serious Mental Health and/or SUD Needs							
c.	Sept 2024	8	29	29	6	3	6	19
	Individuals Transitioning from Incarceration							
d.	Sept 2024	6	19	23	4	2	15	32
	Adults Living in the Community and At Risk for LTC Institutionalization							
e.	Sept 2024	7	20	25	4	2	12	30
	Adult Nursing Facility Residents Transitioning to the Community							
f.	Sept 2024	5	17	22	4	2	15	35
	People dually eligible for Medi-Cal and Medicare							
g.	Sept 2024	9	27	27	4	3	7	24
	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition							
h.	Sept 2024	5	19	18	3	1	17	36
	Children and Youth Involved in Child Welfare							
i.	Sept 2024	4	22	19	4	1	16	33
	Pregnant and Postpartum Individuals; Birth Equity Population of Focus							
j.	Sept 2024	5	22	18	2	1	16	36
	People with Medi-Cal coverage that are not part of a specific ECM population of focus							
k.	Sept 2024	5	20	34	8	2	5	26

32. **[TREND]** 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 (e.g., ECM, Community Supports, No Wrong Door, Institutional Long-Term Care Carve-in)—or if it has stayed about the same. If you are unsure, just select that.

	RANDOMIZE	Much better	Somewhat better	About the same	Some what worse	Much worse	Not applicable	Unsure
	Asian populations							
a.	Sept 2024	5%	18%	35%	3%	1%	4%	34%
	Native Hawaiian or Pacific Islander populations							
b.	Sept 2024	4	13	33	3	1	7	39
	Black populations							
c.	Sept 2024	6	23	32	5	2	3	29
	Latino/x populations							
d.	Sept 2024	9	32	30	3	2	1	23
	American Indian and Alaska Native populations							
e.	Sept 2024	5	13	31	3	1	6	40
	Populations whose primary language isn’t English							
f.	Sept 2024	8	26	32	5	2	2	24

[Impacts on respondent's org]

33. **[TREND]** 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.

There are a lot of different parts to CalAIM, but try to think about the program as a whole and how things have changed since implementation began.

		Much better	Somewhat better	About the same	Somewhat worse	Much worse	Not applicable	Unsure
	Your organization's ability to manage the comprehensive needs of the people you serve							
a.	Sept 2024	14%	37%	32%	8%	3%	2%	5%
	Your organization's ability to grow the number of new patients/members/clients you serve							
b.	Sept 2024	15	32	33	8	3	4	6
	Your organization's ability to coordinate with other organizations serving the same people							
c.	Sept 2024	14	34	35	7	3	1	6
	Your organization's ability to balance the time spent on documentation and administration <i>versus</i> time spent providing services							
d.	Sept 2024	8	18	36	17	11	3	7
	Your organization's IT/software capacity and infrastructure							
e.	Sept 2024	9	21	43	9	4	4	9
	Your organization's financial stability							
f.	Sept 2024	9	19	37	12	6	3	14
	Your organization's ability to recruit and retain staff							
g.	Sept 2024	8	16	43	12	7	4	10

[ECM and Community Supports Module]

[ASK THIS ENTIRE MODULE OF CS OR ECM (INCLUDING LEADERS AND FRONTLINE STAFF) BUT NOT MEDSCAPE PANEL RESPONDENTS] (A3=1,2,3 AND NOT MEDSCAPE PANEL)]

[SKIP TO NEXT MODULE (Q49) IF UNSURE (AC 99) IN (Q22 AND Q23) OR IF UNSURE (AC99) IN 1 QUESTION AND DID NOT RECEIVE THE OTHER QUESTION]

[ASK NEXT QUESTION OF ECM PROVIDERS: A3=1,3] (n=234)

34. [TREND/REVISED] Which of the following is the most common way those you serve are getting referred to your organization for ECM services?

Self-referral or caregiver referral	15%
Plan/MCP referral/assignment	29
Physical health care provider referral	7
Behavioral health care provider referral	9
Social service provider referral (e.g., Community Supports provider)	5
ECM provider referral (e.g., identifying eligible people from existing client/patient base)	22
Other, SPECIFY	9
Unsure	3

[ASK NEXT QUESTION OF ECM PROVIDERS: A3=1,3] (n=234)

35. [NEW] 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.**

Face-to-face at the client's location	45%
Face-to-face at the provider's location	28
Over telehealth video	4
Over telehealth phone	17
Other, SPECIFY	3
Unsure	4

[ASK NEXT QUESTION OF CS PROVIDERS (A3=2,3)] (n=220)

36. **[TREND/REVISED]** Which of the following is the most common way those you serve are getting referred to your organization for Community Supports?

Self-referral or caregiver referral	23%
Plan/MCP referral/assignment	22
Physical health care provider referral	7
Behavioral health care provider referral	5
Social service provider referral (e.g., other Community Supports provider, identifying eligible people from existing client base)	21
ECM provider referral	8
Other, SPECIFY	10
Unsure	5

[RESUME ASK OF EVERYONE IN THIS MODULE; SHOW NEXT TWO QUESTIONS ON THE SAME SCREEN] (n=323)

37. **[NEW]** DHCS made policy refinements in July 2023 to increase availability and uptake of Enhanced Care Management and Community Supports (for example, standardizing eligibility for ECM and Community Supports, encouraging MCPs to implement presumptive authorization, and expecting MCPs to reimburse ECM providers for outreach). How effective would you say these changes have been?

Very effective	16%
Somewhat effective	31
A little effective	22
Not effective at all	11
Unsure	20

38. **[NEW]** (Optional question) If some policy refinements have been more successful than others, please elaborate.

If the policy refinements do not vary significantly, just click “continue.” **[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]**

[SHOW Q39A AND Q40A IF ECM PROVIDER ONLY (A3=1); SHOW Q39B AND Q40B IF CS PROVIDER ONLY (A3=2); RANDOM LEAST-FILL ASSIGN RESPONDENT TO SEE EITHER (Q39A AND Q40A) OR (Q39B AND Q40B) IF PROVIDES BOTH ECM/CS (A3=3)] (n=154)

[Challenges with Implementation of ECM]

39. A. [TREND/REVISED] Please indicate how challenging each of the following has been when it comes to implementing ECM. (n=169)

	RANDOMIZE	Very challenging	Somewhat challenging	A little challenging	Not challenging at all	Not applicable	Unsure
	Setting up contracts with Medi-Cal Managed Care plans						
a.	Sept 2024	18%	22%	25%	18%	2%	5%
	Changes in program requirements from state/county						
b.	Sept 2024	14	21	24	12	7	21
	Lack of clarity in requirements from managed care plans						
c.	Sept 2024	21	25	27	14	3	9
	Variability in requirements from different managed care plans						
d.	Sept 2024	33	15	17	8	15	12
	Completing required reporting and documentation						
e.	Sept 2024	23	25	27	15	1	9
	Not receiving enough referrals						
f.	Sept 2024	14	16	18	28	13	11
	Receiving too many referrals						
g.	Sept 2024	7	10	14	37	20	13
	Not being able to hire the right people for open roles						
h.	Sept 2024	18	28	25	13	5	11
	Current workforce is tapped out and overwhelmed						
i.	Sept 2024	22	21	27	13	7	11
	Payment structure not fitting the way our organization provides services						
j.	Sept 2024	24	22	18	17	4	15
	Payment rates that don't cover the full cost of service provision						
k.	Sept 2024	41	22	11	7	1	17
	Delays in receiving reimbursements						
l.	Sept 2024	26	21	14	11	3	26
	Competing priorities for your organization outside of CalAIM						
m.	Sept 2024	17	27	20	20	5	11
	Overlap with other similar programs resulting in confusion or duplication of work						
n.	Sept 2024	15	19	27	24	5	11

		Very challenging	Somewhat challenging	A little challenging	Not challenging at all	Not applicable	Unsure
	RANDOMIZE						
	Lack of technology to easily complete tasks (e.g., receiving, managing, and/or making referrals, or creating, managing, and tracking billing)						
o.	Sept 2024	18	23	21	21	5	11
	Not having the information you need about your patients, clients, or members						
p.	Sept 2024	17	24	27	17	4	12
	Not having the right organizations to send referrals to						
q.	Sept 2024	13	22	25	17	9	14

40. A. **[TREND/REVISED]** (Optional question) Are there any other significant challenges you've faced when it comes to implementing ECM? Please explain.

If not, you can click "continue."

[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]

[Challenges with Implementation of Community Supports]

39B. **[TREND/REVISED]** Please indicate how challenging each of the following has been when it comes to implementing Community Supports. (n=154)

	RANDOMIZE	Very challenging	Somewhat challenging	A little challenging	Not challenging at all	Not applicable	Unsure
	Setting up contracts with Medi-Cal Managed Care plans						
a.	Sept 2024	27%	22%	23%	14%	5%	10%
	Changes in program requirements from state/county						
b.	Sept 2024	19	23	20	18	10	10
	Lack of clarity in requirements from managed care plans						
c.	Sept 2024	27	25	26	12	3	8
	Variability in requirements from different managed care plans						
d.	Sept 2024	32	22	14	8	13	10
	Completing required reporting and documentation						
e.	Sept 2024	21	34	25	12	2	6
	Not receiving enough referrals						
f.	Sept 2024	10	19	16	36	12	7
	Receiving too many referrals						
g.	Sept 2024	14	9	19	39	11	8
	Not being able to hire the right people for open roles						
h.	Sept 2024	18	18	31	19	6	8
	Current workforce is tapped out and overwhelmed						
i.	Sept 2024	27	30	19	13	2	9
	Payment structure not fitting the way our organization provides services						
j.	Sept 2024	29	24	17	13	4	13
	Payment rates that don't cover the full cost of service provision						
k.	Sept 2024	49	20	14	4	4	10
	Delays in receiving reimbursements						
l.	Sept 2024	36	16	14	16	4	14
	Competing priorities for your organization outside of CalAIM						
m.	Sept 2024	13	25	26	20	8	8
	Overlap with other similar programs resulting in confusion or duplication of work						
n.	Sept 2024	12	27	29	19	5	8

		Very challenging	Somewhat challenging	A little challenging	Not challenging at all	Not applicable	Unsure
	RANDOMIZE						
	Lack of technology to easily complete tasks (e.g., receiving, managing, and/or making referrals, or creating, managing, and tracking billing)						
o.	Sept 2024	24	27	20	18	3	8
	Not having the information you need about your patients, clients, or members						
p.	Sept 2024	15	27	29	18	6	6
	Not having the right organizations to send referrals to						
q.	Sept 2024	12	23	24	19	12	10

40B. **[TREND/REVISED]** (Optional question) Are there any other significant challenges you've faced when it comes to implementing Community Supports? Please explain.

If not, you can click "continue."

[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]

[ASK OF LEADERS IN THIS MODULE ONLY: Q14=1,2 AND NOT Q2=7] (n=228)

41. **[NEW]** Are current Managed Care Plan (MCP) payment rates covering your costs of providing services under CalAIM?

Yes, in full	8%
No, we have to supplement with PATH-CITED or IPP	32
No, we use funds from other programs/sources (other than PATH-CITED or IPP) in order to make up the difference	27
No, we are losing money	19
Unsure	14

[ASK OF LEADERS IN THIS MODULE ONLY: (Q14=1,2 AND NOT Q2=7) AND Q41=2]

42. **[NEW]** (Optional question) What do you intend to do when the PATH-CITED or IPP money is no longer available? **[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]**

[ASK OF ECM LEADERS ONLY: Q14=1,2 AND A3=1,3 AND NOT Q2=7] (n=172)

43. **[NEW]** As you think ahead to the next year, what are your intentions with your organization's ECM services?

Increase the scale and/or scope of ECM services	63%
Maintain the scale and/or scope of ECM services	19
Reduce the scale and/or scope of ECM services	3
Stop providing ECM services	2
Unsure	13

[ASK OF ECM LEADERS ONLY (Q14=1,2 AND A3=1,3 AND NOT Q2=7) WHO SAY REDUCE SERVICES (3) IN Q43]

44. **[NEW]** (Optional question) Please elaborate on the main reasons you intend to reduce the scale and/or scope of ECM services. **[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]**

[ASK OF ECM LEADERS ONLY (Q14=1,2 AND A3=1,3 AND NOT Q2=7) WHO SAY STOP PROVIDING SERVICES (4) IN Q43]

45. **[NEW]** (Optional question) Please elaborate on the main reason you intend to stop providing ECM services. **[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]**

[ASK OF CS LEADERS ONLY: Q14=1,2 AND A3=2,3 AND NOT Q2=7] (n=154)

46. **[NEW]** As you think ahead to the next year, what are your intentions with your organization's Community Supports services?

Increase the scale and/or scope of Community Supports services	69%
Maintain the scale and/or scope of Community Supports services	19
Reduce the scale and/or scope of Community Supports services	1
Stop providing Community Supports services	1
Unsure	9

[ASK OF CS LEADERS ONLY (Q14=1,2 AND A3=2,3 AND NOT Q2=7) WHO SAY REDUCE SERVICES (3) IN Q46]

47. **[NEW]** (Optional question) Please elaborate on which services you intend to scale back, and the main reasons you intend to scale them back. **[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]**

[ASK OF CS LEADERS ONLY (Q14=1,2 AND A3=2,3 AND NOT Q2=7) WHO SAY STOP PROVIDING SERVICES (4) IN Q46]

48. **[NEW]** (Optional question) Please elaborate on which services you intend to stop providing, and the main reason you intend to stop providing those services. **[OPTIONAL OPEN END - INSERT LARGE TEXT BOX – SHOW NEXT BUTTON]**

[Data Exchange]

[ASK THIS MODULE OF ALL]

49. **[TREND]** 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, Justice-Involved Initiative)?

Please choose an answer for each row.

		Always	Usually	Some of the time	Never	Not applicable	Unsure
	Through an Electronic Health Records system (EHR)						
a.	Sept 2024	15%	22%	26%	18%	10%	9
	Through a Health or Community Information Exchange (HIE/CIE) or other data portal (e.g., Unite Us, Aunt Bertha/findhelp, One Degree)						
b.	Sept 2024	5	14	25	28	14	14
	From the health plan (e.g., through a portal or member information file)						
c.	Sept 2024	10	22	33	18	8	9
	In person meetings with other provider/care team member(s)						
d.	Sept 2024	6	28	41	12	6	7
	From the patient/client/member themselves						
e.	Sept 2024	18	37	31	5	3	6
	Other SPECIFY						
f.	Sept 2024 (n=239)	5	10	7	5	38	35

50. **[TREND]** Still thinking about the information about other care that the people you serve are getting, do you generally get...

All of the information you need	4%
Most of the information you need	36
Some of the information you need	50
None of the information you need	3
Unsure	7

51. **[TREND]** And in general, is the information...

Completely accurate	4%
Mostly accurate	57
Just somewhat accurate	28
Not accurate at all	2
Unsure	10

52. **[TREND]** And in general, how timely is the information you receive about the other care that the people you serve are getting?

Immediate/Real time	6%
Within one working day	11
Within 48 hours	20
Within a week	25
Longer than a week	16
Unsure	22

[ASK IF Q50=2,3,4]

53. **[NEW]** (Optional question) And again thinking about the information about other care that the people you serve are getting, what are some examples of information that you need—but are not getting? **[OPTIONAL OPEN END - INSERT TEXT BOX – SHOW NEXT BUTTON]**

[RESUME ASKING EVERYONE]

54. **[NEW]** What is your EXPECTATION around the timeframe to receive information about the other care that people you serve are getting?

Immediate/Real time	15%
Within one working day	22
Within 48 hours	33
Within a week	18
Longer than a week	3
Unsure	8

[Community-Based Health Workforce]

[ASK THIS MODULE OF LEADERS (Q14=1,2 AND NOT Q2=7)] (n=447)

55. **[NEW]** Which of the following members of the community-based health workforce are part of your program? **You may select all that apply. [MULTI-SELECT]**

CHWs/Promotores/Community health representatives	45%
Perinatal workers (e.g., doulas, comprehensive perinatal health workers)	13
Behavioral health navigators/peers/peer counselors	43
Other (e.g., family caregiver coaches, violence prevention professionals, etc.) Please specify. SPECIFY	12
We do not currently include the community health workforce in our program EXCLUSIVE	26
Unsure EXCLUSIVE	6

[ASK IF Q55=1,2,3,4] (n=302)

56. **[NEW]** From your perspective, which of the following are the most important reasons that your organization employs community-based health workers? **You may select up to three items below. [MULTI-SELECT/LIMIT TO 3 ITEMS]**

Ability to reach racially/ethnically diverse communities including LGBTQ+ and persons with disabilities	55
Ability to serve those with limited English proficiency	40
Creates connection with potential clients around common life experiences (e.g., substance use disorder, homelessness, incarceration)	60
Extends capacity of health care workforce	43
Helps to eliminate disparities in treatment and health outcomes	39
Other SPECIFY	4
Unsure EXCLUSIVE	3

[RESOURCES]

[ASK THIS MODULE OF ALL]

57. **[TREND]** 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. If you have not used that resource, please select that.

		Yes, and found it very helpful	Yes, and found it somewhat helpful	Yes, and did not find it helpful	Have not used this	Unsure
	RANDOMIZE					
	Technical assistance through the CalAIM Technical Assistance Marketplace (More information on the DHCS site here: https://www.ca-path.com/ta-marketplace/learn-tam)					
a.	Sept 2024	11%	26%	8%	41%	14%
	Your regional CalAIM Collaborative Planning and Implementation (CPI) Group (More information on the DHCS site here: https://www.ca-path.com/collaborative)					
b.	Sept 2024	15	32	9	30	14
	Peer-to-peer learning from organizations other than DHCS (e.g., through learning collaboratives, existing networks, etc.)					
c.	Sept 2024	21	40	7	23	9
	Technical assistance or trainings from MCPs					
d.	Sept 2024	11	30	10	36	12
	Webinars put out by the state (DHCS)					
e.	Sept 2024	17	45	12	19	7
	Grants through PATH Capacity and Infrastructure Transition, Expansion, and Development (CITED)					
e.	Sept 2024	19	17	4	43	17
	Grants from MCPs through Incentive Payment Program (IPP)					
f.	Sept 2024	18	18	3	42	19

[Reasons for NOT participating in ECM and Community Supports]

[ASK THIS MODULE OF (HEALTH SERVICES LEADERS OR SOCIAL SERVICE LEADERS) AND (NON ECM/CS)]: (Q14=1,2 AND A3=4 AND Q2=1,2)] (n=110)

[DO NOT ASK THIS MODULE OF MEDSCAPE PANEL]

58. **[TREND/REVISED]** Below are some reasons why an organization might not be providing ECM or Community Supports. For each reason, please indicate how big a reason it is in your organization for not providing ECM or Community Supports.

		One of the most important reasons	Major reason	Minor reason	Not a reason	Unsure
	We are not sure how to participate in ECM and/or Community Supports					
a.	Sept 2024	13%	20%	17%	38%	12%
	We are in the process of deciding whether to participate in ECM and/or Community Supports					
b.	Sept 2024	6	15	20	40	19
	We are in the process of signing up/contracting with plans					
c.	Sept 2024	9	10	9	53	19
	We have tried to participate, but plans have not selected us as a provider					
d.	Sept 2024	3	5	11	59	23
	We decided that the process for signing up/contracting with plans was too difficult					
e.	Sept 2024	7	13	16	45	19
	We do not have the capacity to meet the requirements of the program (staffing, data systems, billing systems, scale, equipment, etc.)					
f.	Sept 2024	15	17	14	35	18
	We have heard that payment rates are too low					
g.	Sept 2024	16	19	16	25	23
	We do not view participating in ECM and/or Community Supports as necessary or helpful (e.g., it does not fully align with our mission/core objectives as an organization)					
h.	Sept 2024	6	6	15	57	15
	We initially participated in ECM and/or Community Supports, but decided to stop participating					
i.	Sept 2024	1	3	5	68	24

59. **[TREND]** (Optional question) Are there any other significant reasons your organization is not providing ECM or Community Supports? Please explain.

If not, you can click “continue.” **[OPTIONAL OPEN END - INSERT TEXT BOX, SHOW NEXT BUTTON]**

[ASK IF AC 1,2,3 IN ROW I OF Q58] (n=9)

60. **[TREND]** Which of the following, if any, are reasons your organization decided to stop providing ECM or Community Supports? **Please select all that apply. [MULTIPUNCH]**

The program requirements didn't fit our operating model	22%
We didn't get enough referrals or enrollment	33
The reimbursement amounts were insufficient to cover our costs	22
Something else SPECIFY	--
Unsure EXCLUSIVE PUNCH	44

[MCP Module]

[ASK THIS MODULE OF MCP (Q7=1)] (n=45)

61. **[NEW]** 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. **[ALLOW MULTIPLE RESPONSES]**

Individuals Experiencing Homelessness	62%
Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	36
Individuals with Serious Mental Health and/or SUD Needs	44
Individuals Transitioning from Incarceration	24
Adults Living in the Community and At Risk for LTC Institutionalization	22
Adult Nursing Facility Residents Transitioning to the Community	27
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 EXCLUSIVE	2
Unsure EXCLUSIVE	9

62. **[NEW]** (Optional question) In what specific ways have those ECM populations of focus presented the most challenges in implementation of ECM? **[OPTIONAL OPEN END - INSERT TEXT BOX – SHOW NEXT BUTTON]**

63. **[NEW]** Please indicate which of the following Community Supports you feel has presented the most challenges. You may select all that apply. **[ALLOW MULTIPLE RESPONSES]**

Housing transition navigation services	42%
Housing deposits	20
Housing tenancy and sustaining services	33
Short-term post-hospitalization housing	27
Recuperative care (medical respite)	18
Day habilitation programs	11
Caregiver respite services	20
Nursing facility transition/diversion to assisted living facilities	24
Community transition services/nursing facility transition to a home	20
Personal care and homemaker services	18
Environmental accessibility adaptations (home modifications)	18
Medically supported food and nutrition services	13
Sobering centers	18
Asthma remediation	11
None of the above EXCLUSIVE	2
Unsure EXCLUSIVE	18

64. **[NEW]** (Optional question) In what specific ways have those Community Supports presented the most challenges? **[OPTIONAL OPEN END - INSERT TEXT BOX – SHOW NEXT BUTTON]**

[BEHAVIORAL HEALTH MODULE, INCLUDING PAYMENT REFORM]

[ASK THIS MODULE OF SPECIALTY BEHAVIORAL HEALTH (A2=4) AND NOT (Q7 = MHP (2), DMC ODS (3))]
(n=203)

65. **[NEW]** Please indicate if each of the following has gotten better or worse or if it has stayed about the same as a result of the BH (Behavioral Health) Payment Reform policies. **RANDOMIZE ROWS**

		Much better	Somewhat better	About the same	Somewhat worse	Much worse	Unsure
a.	Ease of billing	3%	10%	29%	16%	17%	26%
b.	Time spent on documentation	4	19	33	19	9	16
c.	Difference between the cost of delivering services and reimbursement	3	11	26	16	16	28
d.	Reducing audit risk	4	21	34	5	5	30
e.	Enabling value-based payment or system reinvestment	1	12	24	9	10	43

66. **[NEW]** Are payment rates under BH Payment Reform covering your costs of providing services?

Yes, in full	11
No, we use funds from other programs or sources in order to make up the difference	28
No, we have had to pivot from field-based services to clinic-based or telehealth services	13
No, we are losing money	13
Unsure	34

67. **[NEW]** How many of your clients are currently receiving Enhanced Care Management (ECM)?

All of my clients	3%
Most of my clients	11
Some of my clients	36
Few/none of my clients	25
Unsure	25

[IF Q67 = FEW/NONE (4) ASK Q68]

68. **[NEW]** (Optional question) What is the main reason that few/none of your clients are currently receiving ECM?

If no reasons come to mind, you can click “continue.” **[OPTIONAL OPEN END - INSERT TEXT BOX, SHOW NEXT BUTTON]**

[IF Q67 = ALL/MOST/SOME (1,2,3) ASK Q69] (n=102)

69. **[NEW]** Thinking about your clients with serious mental illness or substance use disorder who are eligible for Enhanced Care Management (ECM), please indicate whether you personally think each of the following have gotten better or worse as a result of ECM—or if you think they have stayed about the same.

		Much better	Somewhat better	Somewhat worse	Much worse	Stayed about the same	Unsure
a.	Improved access to necessary physical health care	12	43	10	5	23	8
b.	Consistent engagement in specialty behavioral health services	14	39	11	3	25	8
c.	Access to housing and social services (apart from health care services)	12	39	16	6	20	8

[DISCHARGE PLANNER WORKFLOW]

[ASK THIS MODULE OF HOSPITAL DISCHARGE PLANNERS (A2=1)] (n=37)

70. **[TREND]** Do you have a point of contact at each Medi-Cal managed care plan that you work with that can assist you with challenging transfers or cases?

Yes, for all plans in my area	14
Yes, for some plans	59
No	14
Unsure	14

71. **[TREND/REVISED]** About what proportion of your Medi-Cal patients who need post-acute care outside of the home are you able to discharge at the time they no longer need acute hospital care?

All of my Medi-Cal patients	8%
Most of my Medi-Cal patients	57
A few of my Medi-Cal patients	22
None of my Medi-Cal patients	8
Unsure	5

72. **[TREND]** About what proportion of your Medi-Cal patients do you assess for health-related social needs (e.g., food insecurity, homelessness, need for help at home with activities of daily living, need for home modifications to address asthma triggers and/or mobility issues, etc.)?

All of my Medi-Cal patients	27%
Most of my Medi-Cal patients	46
A few of my Medi-Cal patients	22
None of my Medi-Cal patients	3
Unsure	3

73. **[NEW]** How many Medi-Cal patients that screen positive for health-related social needs are you referring for ECM or Community Supports?

All of them	16%
Most of them	54
A few of them	22
None of them	--
Unsure	8

74. **[TREND/REVISED]** As part of CalAIM’s Population Health Management Initiative, plans are required to provide transitional care services, which includes identifying a transitional care manager who engages in discharge planning with facility staff. These requirements expanded to **all** patients transitioning between settings of care in January 2024.

Since January 2024, would you say that Medi-Cal managed care plans (or their delegates) have been more or less effective at supporting discharge planning for your Medi-Cal patients—or about the same as before?

Much more effective	8%
Somewhat more	49
About the same	30
Somewhat less	3
Much less effective	5
Unsure	5

75. **[TREND/REVISED]** Would you say that Medi-Cal patients are receiving more support accessing needed services ***post-discharge*** since January 2024—or about the same as before?

Much more support	8%
Somewhat more	46
About the same	30
Somewhat less	11
Much less support	--
Unsure	5

[OLDER ADULTS MODULE]

[ASK THIS MODULE OF OLDER ADULT PROVIDERS (A2=3)] (n=481)

76. **[NEW]** As part of CalAIM, plans are required to provide a new benefit called Enhanced Care Management to members in a skilled nursing facility who want to transition back to independent living or to members living in the community and at risk of long-term care placement. In addition, plans in most counties are offering new services called Community Supports (e.g., home modifications, personal care services as a bridge and/or supplement to IHSS, services in assisted living facilities) that may help support aging in place or transitions from nursing facilities.

Would you say that Medi-Cal managed care plans (or their delegates) have been more or less effective at helping patients transition out of (or stay out of) nursing facilities since January 2023—or about the same as before?

Much more effective	6%
Somewhat more	27
About the same	29
Somewhat less	6
Much less effective	5
Unsure	27

[Re-entry]

[ASK THIS MODULE OF RE-ENTRY/CRIMINAL LEGAL (A2=2)] (n=170)

[SHOW NEXT TWO QUESTIONS ON SAME SCREEN]

77. **[NEW]** Thinking about the people you serve who are leaving jail or prison, about what proportion of them are enrolled in Medi-Cal at the time they leave jail/prison?

All of the people I serve	9%
Most of the people I serve	25
Some of the people I serve	26
None of the people I serve	6
Unsure	32

78. **[NEW]** How would you say that this has changed since the pre-release application mandate went live in January 2023?

More of the people I serve are enrolled	27
About the same proportion are enrolled	25
Fewer of the people I serve are enrolled	4
Unsure	44

79. **[NEW]** Do you have a point of contact at a Medi-Cal managed care plan (MCP) for the people you serve that can assist you with getting that person linked to Enhanced Care Management or Community Supports upon release?

Yes, I have an MCP point of contact for <u>all</u> of the people I serve	24%
Yes, I have an MCP point of contact for <u>most</u> of the people I serve	24
Yes, I have an MCP point of contact for <u>some</u> of the people I serve	14
No, I do <u>not</u> have MCP points of contact for any of the people I serve	21
Unsure	18

80. **[NEW]** Not all aspects of the CalAIM Justice-Involved Initiative are live, notably pre-release services. However, some places are already doing some of the required activities, and we would like to understand the degree to which that is happening.

What proportion of the people you serve are currently being released with a 30-day supply of needed outpatient medications in-hand?

All of the people I serve	9
Most of the people I serve	22
Some of the people I serve	18
None of the people I serve	10
Unsure	42

[FINAL ASSESSMENT]

[ASK OF ALL]

81. **[TREND]** At this stage of CalAIM's implementation, how would you rate the effectiveness of CalAIM-related processes, protocols, and workflows overall?

Very effective	9%
Somewhat effective	43
A little effective	29
Not effective at all	9
Unsure	10

[ASK IF NOT VERY EFFECTIVE IN Q81 (2,3,4,9)] (n=863)

82. **[TREND]** And how confident are you that CalAIM-related processes, protocols, and workflows will become more effective over time?

Very confident	13%
Somewhat confident	43
A little confident	24
Not confident at all	12
Unsure	8

[RESUME ASK OF ALL]

83. **[TREND]** (Optional question) Coming to the end of the survey, do you have any final comments or recommendations for how to improve CalAIM implementation in general?

If not, you can just click “continue.” **[OPTIONAL OPEN END - INSERT LARGE TEXT BOX]**

[DEMOGRAPHICS]

SHOW TEXT: The following questions are for statistical purposes only.

84. **[TREND]** Is your employer...

For-profit entity	19%
Non-profit entity	55
Government agency	21
Something else SPECIFY	2
Unsure	3

85. **[TREND]** Approximately how many FTEs (Full Time Equivalents) does your organization have? Please count the FTEs for your entire organization.

<10	7%
10-24	9
25-49	10
50-99	10
100-249	16
250+	38
Unsure	10

86. **[TREND]** Please indicate your age. **[NUMERIC TEXTBOX + PREFER NOT TO ANSWER]**

87. **[TREND]** For statistical purposes only, please indicate your race or ethnicity. You may check all that apply. **[MULTIPUNCH]**

American Indian / Alaska Native / Indigenous	2%
Asian	17
Black / African American	5
Hispanic /Latino/x	18
Native Hawaiian / Pacific Islander	1
White	46
Not listed here, or I self-identify as: [Open-End] EXCLUSIVE PUNCH	2
Prefer not to answer EXCLUSIVE PUNCH	16

88. **[TREND]** Are you...

Male	26%
Female	66
Prefer to self-describe SPECIFY	*
Prefer not to answer	9

[ASK OF CALAIM NEWSLETTER AND INVITED BY ORGANIZATION ONLY: A1=1,2] (n=531)

89. **[TREND]** Thank you for participating in our confidential survey. As a token of our appreciation, we are offering a \$25 gift card. Would you like to receive a gift card? If so, please select yes below and then enter your email address on the following screen. If you prefer not to receive the gift card, please indicate that.

90. **[TREND]** To receive the gift card, please enter your email twice below to ensure we capture it correctly. You should receive the gift card in one to two weeks. **[SHOW TWO TEXT BOXES; TEXT NEEDS TO MATCH]**

[ASK OF CALAIM NEWSLETTER AND INVITED BY ORGANIZATION ONLY: A1=1,2]

91. **[TREND]** Would you be willing to be contacted to follow up on your survey responses or participate in additional research regarding your experiences implementing CalAIM? If so, please provide your name and email address below. **[TWO TEXT BOXES, ONE LABELED 'NAME' AND ONE LABELED 'EMAIL ADDRESS' – INCLUDE EXCLUSIVE CHECKBOX FOR 'I would not like to be contacted']**

[RESUME ASK OF ALL]

92. **[TREND]** (Optional question) Thank you for your participation. If you had any technical or other issues with the survey, or if there is anything else you would like to add about the topics of the survey, please share with us in the box below.

If not, you can just click “continue.” **[OPTIONAL OPEN-END]**

**[CODE RESPONDENT AS COMPLETE BEFORE NEXT QUESTION]
DO NOT ASK OF MEDSCAPE PANEL**

93. **[NEW]** Finally, to help measure response rates and ensure this survey includes respondents from a wide range of organizations throughout California, please enter the name of the organization you work for here.

Note that your responses are confidential, individual responses will not be shared with organizations, and responses will not be reported out for any specific organization. You may also click “continue” to end the survey.

[OPTIONAL OPEN END – ALLOW PARTICIPANT TO CLICK 'CONTINUE' WITHOUT ENTERING TEXT]

Thank you for participating in this confidential survey. Your responses are greatly appreciated.