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CalAIM Experiences: Northern California Implementers in Year Three of Reforms

Goodwin Simon Strategic Research

January 2025

Survey Methodology

Some respondents report working in multiple counties and therefore may appear in more than one subregion. As a result, the sum of all subregions may exceed the total for the region.

Statistical testing was conducted to compare Northern California respondents to those from the rest of California, both across and within the region. Any statistically significant differences ($p < .05$) are noted in figures with a *. If there is no symbol, differences were not significant.

On behalf of the California Health Care Foundation (CHCF), Goodwin Simon Strategic Research (GSSR) conducted an online survey of 948 CalAIM implementers from August 9 to September 16, 2024, to explore their experiences of and outlooks on CalAIM (California Advancing and Innovating Medi-Cal). CHCF published the survey in December 2024.

Respondents who report having fewer than 30% of their patients/clients/members enrolled in Medi-Cal/Medicaid or who were not familiar with CalAIM were not included in the full survey.
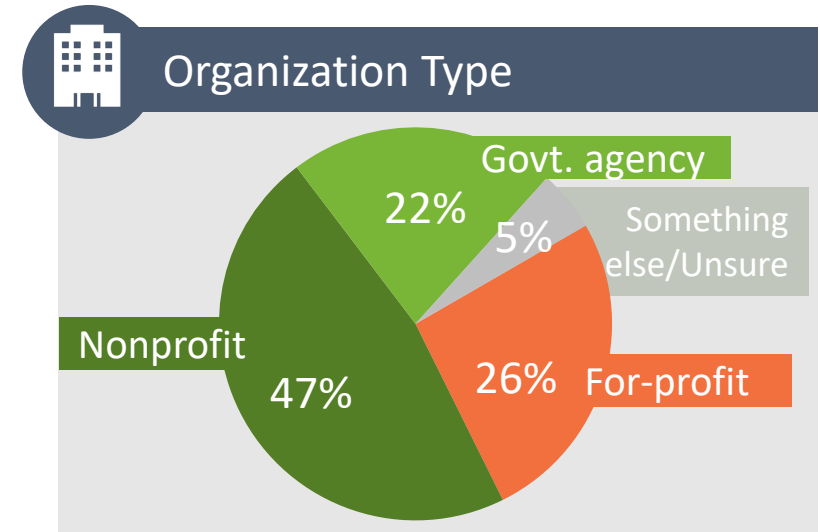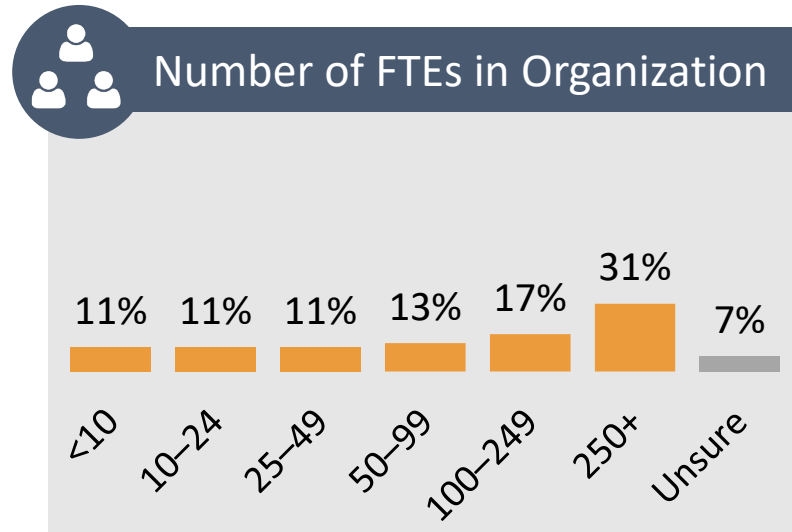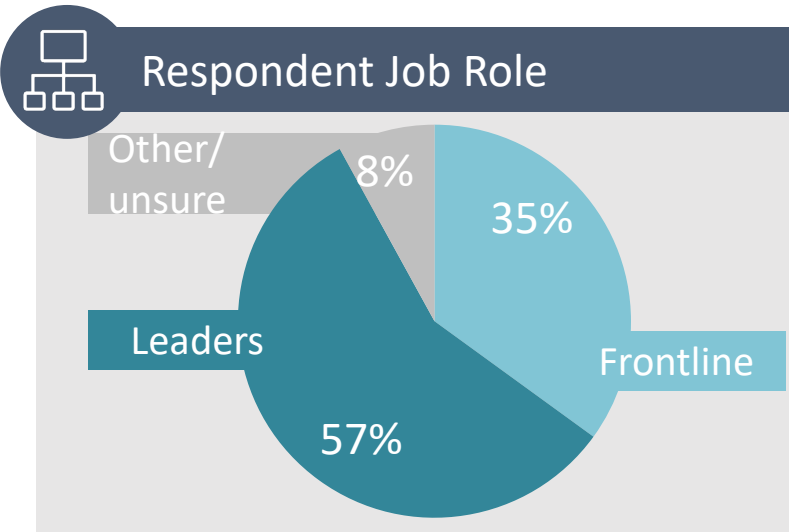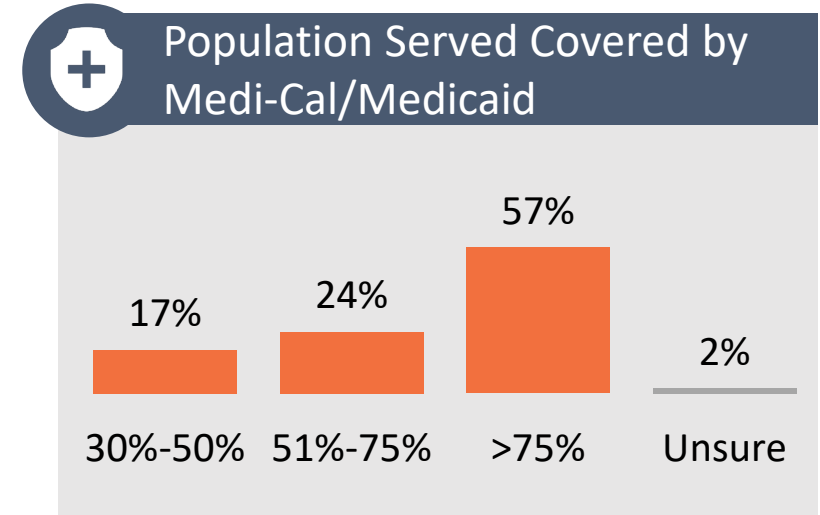
This report focuses on findings for Northern California, which includes the following subregions:

- Central/Gold Country/Nor Cal (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba)

- Northeast/Northwest (Lassen, Modoc, Shasta, Siskiyou, Trinity, Del Norte, and Humboldt)

- Sacramento County

These subregions follow the grouping and naming conventions used for the PATH Collaborative Planning and Implementation initiative.

An initial online survey of CalAIM implementers was conducted in the summer of 2023. However, caution should be used when comparing the data from the 2024 survey with the data from the 2023 survey as the margin of error is higher for the 2024 survey. In addition, there may be differences in respondents by region between this year and last year.

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Dashboard: Breakdown of Northern California Respondents

Organization Provides . . .

- ECM: 44%
- Community Supports: 46%
- Neither: 28%

Organization Participated in . . .

- Whole Person Care: 14%
- Health Homes: 11%
- Neither: 60%
- Unsure: 19%

Population Served Covered by Medi-Cal/Medicaid

- 30%-50%: 17%
- 51%-75%: 24%
- >75%: 57%
- Unsure: 2%

Respondent Job Role

- Other/unsure: 8%
- Frontline: 35%
- Leaders: 57%

Number of FTEs in Organization

- <10: 11%
- 10–24: 11%
- 25–49: 11%
- 50–99: 13%
- 100–249: 17%
- 250+: 31%
- Unsure: 7%

Organization Type

- Govt. agency: 22%
- Something else/Unsure: 5%
- For-profit: 26%
- Nonprofit: 47%

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

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Overview of Regional Findings

1. Implementer Views on Current State of Implementation

2. Data Exchange

3. ECM and Community Supports

4. Deep Dives: CHWs and BH Payment Reform
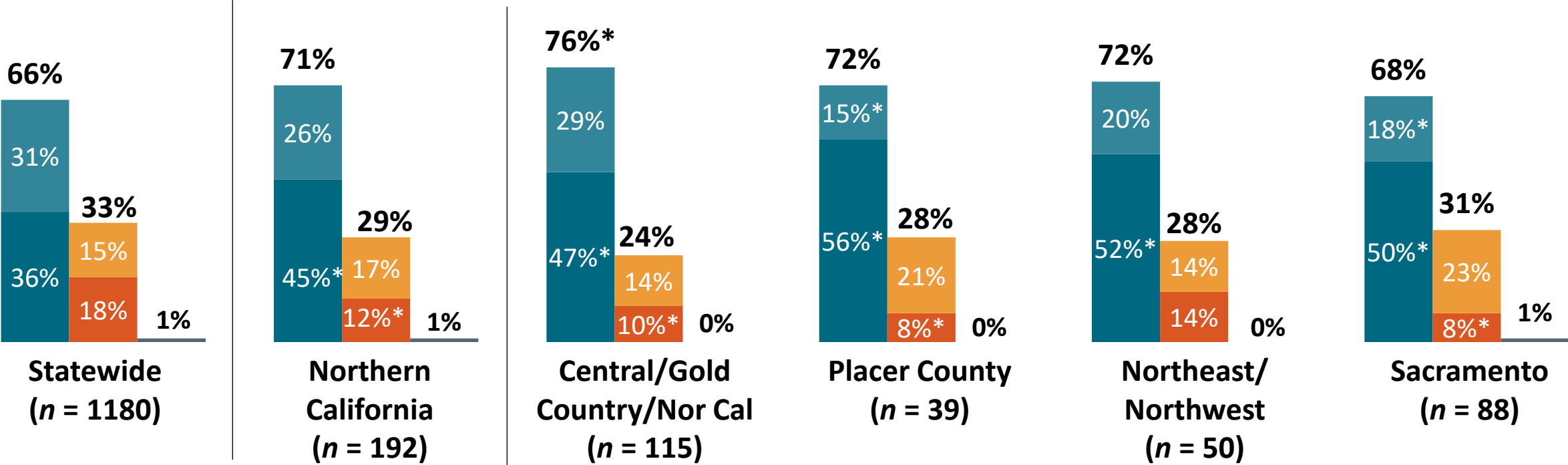
5. Appendix: In Their Own Words
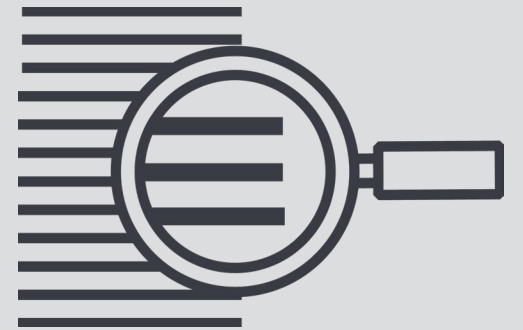
There Is Room to Continue to Increase Familiarity With CalAIM

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.

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

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

Northern California (n = 192)
- 71%
  - Somewhat Familiar: 26%
  - Very Familiar: 45%*
- 29%
  - A Little Familiar: 17%
  - Not Familiar at All: 12%*
- Unsure: 1%

Central/Gold Country/Nor Cal (n = 115)
- 76%*
  - Somewhat Familiar: 29%
  - Very Familiar: 47%*
- 24%
  - A Little Familiar: 14%
  - Not Familiar at All: 10%*
- Unsure: 0%

Placer County (n = 39)
- 72%
  - Somewhat Familiar: 15%*
  - Very Familiar: 56%*
- 28%
  - A Little Familiar: 21%
  - Not Familiar at All: 8%*
- Unsure: 0%

Northeast/Northwest (n = 50)
- 72%
  - Somewhat Familiar: 20%
  - Very Familiar: 52%*
- 28%
  - A Little Familiar: 14%
  - Not Familiar at All: 14%
- Unsure: 0%

Sacramento (n = 88)
- 68%
  - Somewhat Familiar: 18%*
  - Very Familiar: 50%*
- 31%
  - A Little Familiar: 23%
  - Not Familiar at All: 8%*
- Unsure: 1%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: Figure only includes responses from providers serving at least 30% Medi-Cal. Those not familiar with CalAIM were not included in the remainder of the survey. Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Majority of Northern California Implementers Report Improvements for Those Served

Thinking about the experiences of the people you serve (e.g., patients, members, or clients), please indicate whether you personally think their overall experience of care has gotten <u>better</u> or <u>worse</u> as a result of CalAIM's implementation as a whole (e.g., ECM, Community Supports, Behavioral Health Payment Reform, Justice-Involved Initiative, institutional long-term care carve-in) — or if 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

	Much Better	Somewhat Better	Stayed About the Same	Total Worse	Unsure
Statewide	15%	39%	27%	8%	12%
Northern California (n = 167)	16%	39%	26%	10%	10%
Central/Gold Country/Nor Cal (n = 102)	14%	40%	28%	8%	10%
Placer County (n = 36)	14%	42%	36%	6%	3%*
Northeast/Northwest (n = 43)	12%	47%	26%	7%	9%
Sacramento County (n = 80)	19%	38%	21%	12%	10%

50%
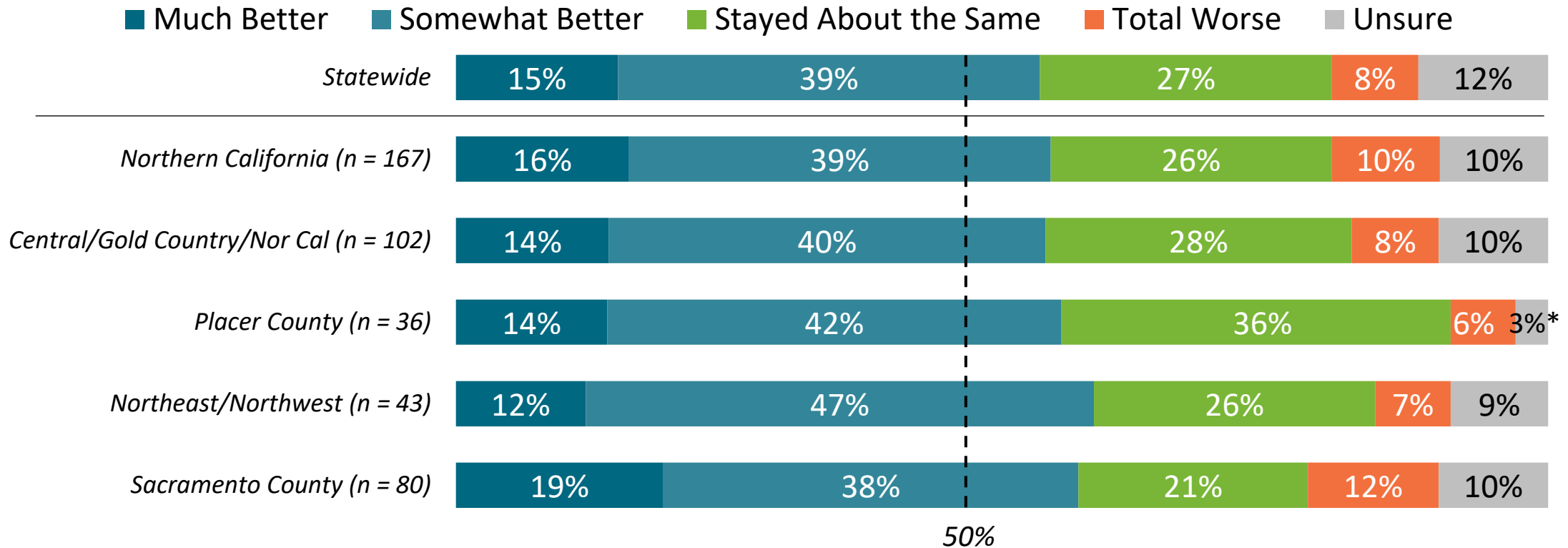
"ECM" means "enhanced care management"

*This result is significantly different from results statewide at the 95% confidence level.
Notes: "Total Worse" is the sum of "Somewhat Worse" and "Much Worse." Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Reported Improvements Vary by Subregion

Now thinking about the experiences of the people you serve in each of the following populations, please indicate whether you personally think their overall experience of care has gotten better or worse as a result of CalAIM's implementation — or if it has stayed about the same.
Percentages indicate "Total Better" responses.

Subpopulation	Statewide	Northern California (*n* = 167)	Central/Gold Country/Nor Cal (*n* = 102)	Placer County (*n* = 36)	Northeast/Northwest (*n* = 43)	Sacramento (*n* = 80)
Individuals Experiencing Homelessness	44%	46%	48%	37%	51%	39%
Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	41%	40%	45%	52%	30%	47%
Individuals with Serious Mental Health and/or SUD Needs	39%	42%	40%	40%	43%	45%
People Dually Eligible for Medi-Cal and Medicare	38%	31%*	33%	32%	29%	32%
Pregnant and Postpartum Individuals; Birth Equity Population of Focus	32%	28%	28%	33%	21%	34%
Children and Youth Involved in Child Welfare	31%	34%	33%	34%	26%	38%
Adults Living in the Community and at Risk for LTC Institutionalization	30%	27%	29%	36%	27%	29%
Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	29%	25%	24%	20%	13%*	27%
Individuals Transitioning from Incarceration	29%	34%	35%	32%	27%	34%
People with Medi-Cal Coverage That Are Not Part of a Specific ECM Population of Focus	27%	27%	24%	26%	20%	35%
Adult Nursing Facility Residents Transitioning to the Community	27%	23%	22%	24%	13%*	25%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *ED* is emergency department. *SUD* is substance use disorder. *LTC* is long-term care. *ECM* is Enhanced Care Management. The *n* size may vary within columns as respondents who said "Not Applicable" were excluded. Total Better is "Much Better" + "Somewhat Better." Results are ranked by "Statewide Total Better."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Northern California Implementers Are Less Sure About Improvements for Some Racial/Ethnic Groups

Now thinking about the experiences of the people you serve in each of the following populations related to race/ethnicity or language, please indicate whether you personally think their overall experience of care has gotten <u>better</u> or <u>worse</u> as a result of CalAIM's implementation as a whole — or if it has <u>stayed about the same</u>. If you are unsure, just select that.

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

Population	Much Better	Somewhat Better	Stayed About the Same	Total Worse	Unsure
Latino/x populations	5%	26%	34%	4%	29%
Populations whose primary language isn't English	4%	23%	35%	5%	29%
Black populations	4%	23%	26%	5%	38%
Asian populations		17%	37%		38%
American Indian and Alaska Native populations		16%	31%		38%
Native Hawaiian or Pacific Islander populations		14%	32%		42%

50%
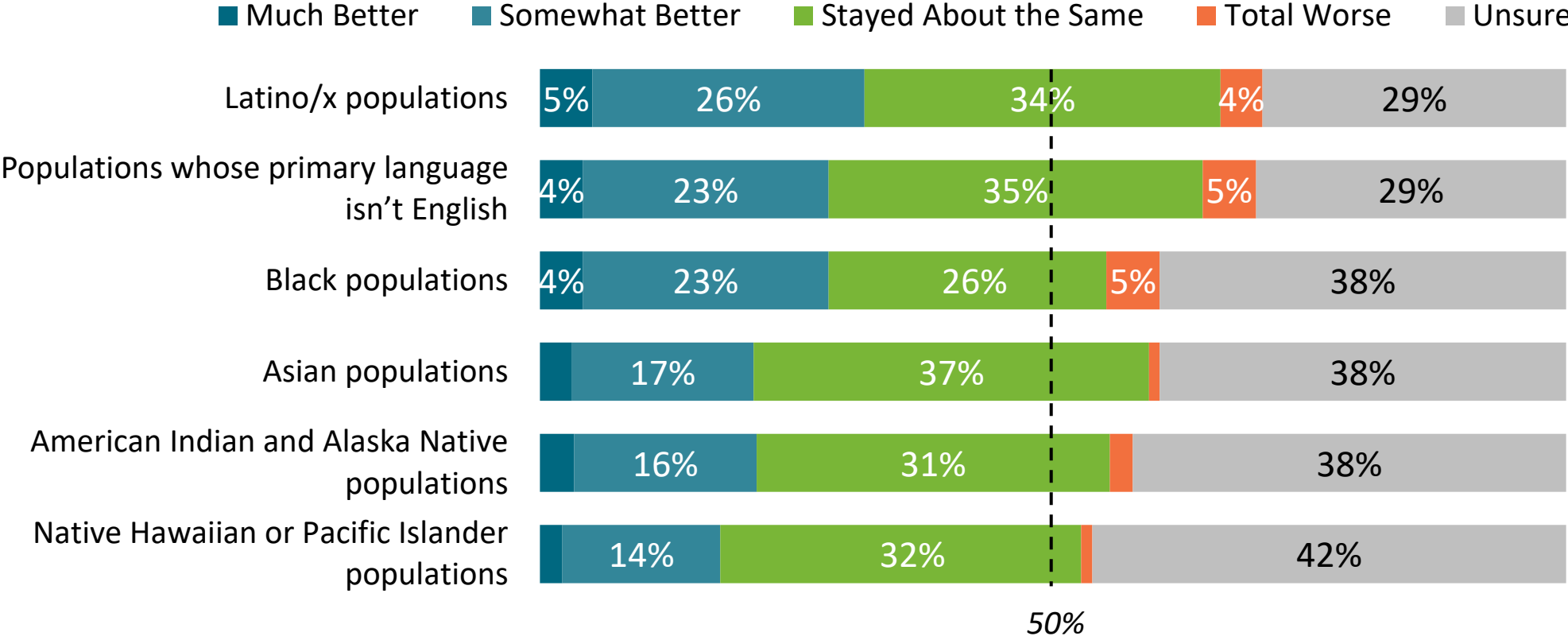
Notes: "Total Worse" is the sum of "Somewhat Worse" and "Much Worse." Results exclude those who said "Not Applicable" and are ranked by "Total Better." Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Reported Improvements by Racial/Ethnic Groups Vary by Subregion

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

Subpopulation	Statewide	Northern California (*n* = 167)	Central/Gold Country/Nor Cal (*n* = 102)	Placer County (*n* = 36)	Northeast/ Northwest (*n* = 43)	Sacramento (*n* = 80)
Latino/x Populations	41%	32%*	34%	39%	28%	38%
Populations Whose Primary Language Is Not English	35%	28%*	27%	28%	28%	32%
Black Populations	30%	28%	28%	36%	26%	37%
Asian Populations	24%	21%	23%	26%	21%	21%
American Indian and Alaska Native Populations	19%	21%	24%	22%	21%	21%
Native Hawaiian or Pacific Islander Populations	19%	18%	18%	14%	20%	18%

*This result is significantly different from results statewide at the 95% confidence level.
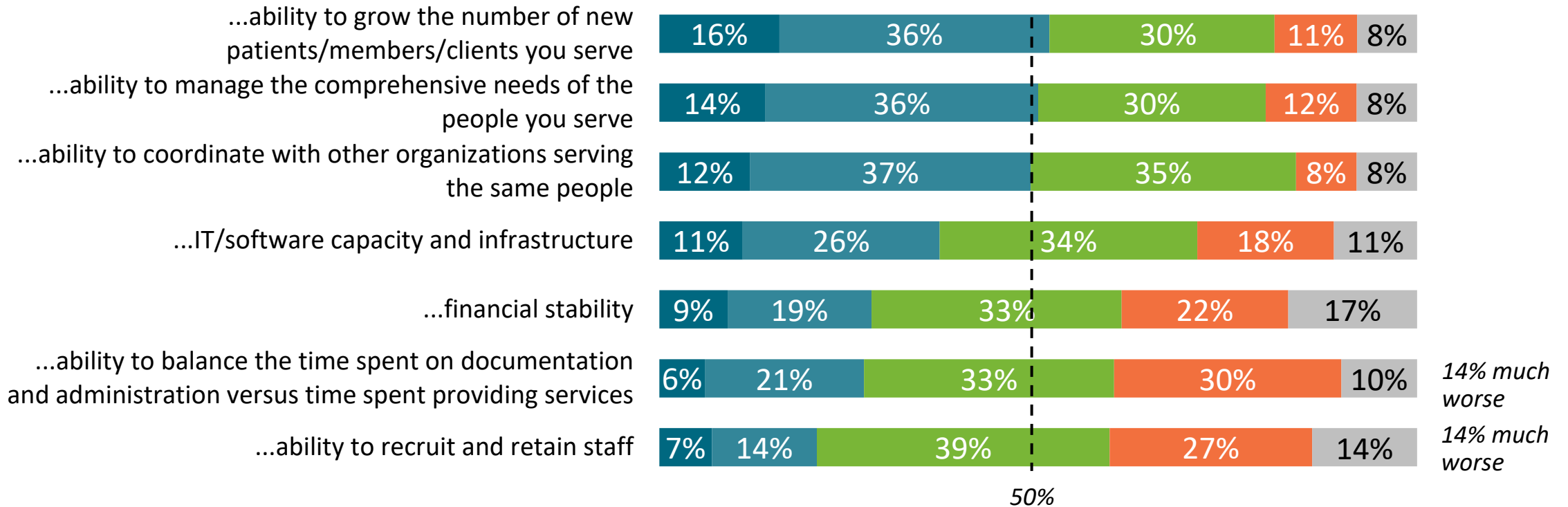Notes: Results are ranked by "Statewide Total Better." The *n* size may vary within columns as respondents who said "Not Applicable" were excluded.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

CalAIM Improving Ability to Serve in Northern California

Now thinking about your own organization, please indicate whether you personally think each of the following has gotten better or worse as a result of CalAIM — or if it has stayed about the same. Your organization's...

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

	Much Better	Somewhat Better	Stayed About the Same	Total Worse	Unsure	
...ability to grow the number of new patients/members/clients you serve	16%	36%	30%	11%	8%	
...ability to manage the comprehensive needs of the people you serve	14%	36%	30%	12%	8%	
...ability to coordinate with other organizations serving the same people	12%	37%	35%	8%	8%	
...IT/software capacity and infrastructure	11%	26%	34%	18%	11%	
...financial stability	9%	19%	33%	22%	17%	
...ability to balance the time spent on documentation and administration versus time spent providing services	6%	21%	33%	30%	10%	*14% much worse*
...ability to recruit and retain staff	7%	14%	39%	27%	14%	*14% much worse*

50%

Notes: "Total Worse" is the sum of "Somewhat Worse" and "Much Worse." Results are ranked by "Total Better" and exclude those who said "Not Applicable." Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Improvements Reported Vary by Subregion

Now thinking about your own organization, please indicate whether you personally think each of the following has gotten better or worse as a result of CalAIM — or if it has stayed about the same.
Percentages indicate "Total Better" responses.

Your organization's . . .	Statewide	Northern California (n = 167)	Central/Gold Country/Nor Cal (n = 102)	Placer County (n = 36)	Northeast/ Northwest (n = 43)	Sacramento (n = 80)
. . . ability to manage the comprehensive needs of the people you serve	52%	50%	57%	50%	38%	46%
. . . ability to grow the number of new patients/members/clients you serve	49%	52%	55%	50%	55%	48%
. . . ability to coordinate with other organizations serving the same people	49%	48%	50%	42%	48%	48%
. . . IT/software capacity and infrastructure	32%	37%	42%*	39%	26%	41%
. . . financial stability	29%	28%	26%	17%*	14%*	32%
. . . ability to balance the time spent on documentation and administration versus time spent providing services	28%	27%	26%	23%	19%	29%
. . . ability to recruit and retain staff	24%	21%	23%	22%	10%*	24%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: Total Better is "Much Better" + "Somewhat Better." Responses are ranked by "Statewide Total Better." The n size may vary within columns as respondents who said "Not Applicable" were excluded.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Some Report Organizational Aspects Having Gotten Worse

Now thinking about your own organization, please indicate whether you personally think each of the following has gotten <u>better</u> or <u>worse</u> as a result of CalAIM — or if it has <u>stayed about the same</u>.
Percentages indicate "Total Worse" responses.

Your organization's . . .	Statewide	Northern California (n = 167)	Central/Gold Country/Nor Cal (n = 102)	Placer County (n = 36)	Northeast/ Northwest (n = 43)	Sacramento (n = 80)
. . . ability to balance the time spent on documentation and administration versus time spent providing services	29%	30%	24%	31%	31%	40%*
. . . ability to recruit and retain staff	20%	27%*	25%	28%	29%	24%
. . . financial stability	18%	22%	23%	36%*	24%	23%
. . . IT/software capacity and infrastructure	14%	18%	12%	14%	19%	16%
. . . ability to manage the comprehensive needs of the people you serve	11%	12%	11%	17%	7%	16%
. . . ability to grow the number of new patients/members/clients you serve	11%	11%	12%	14%	7%	12%
. . . ability to coordinate with other organizations serving the same people	10%	8%	6%	6%	5%	10%

*This result is significantly different from results statewide at the 95% confidence level.
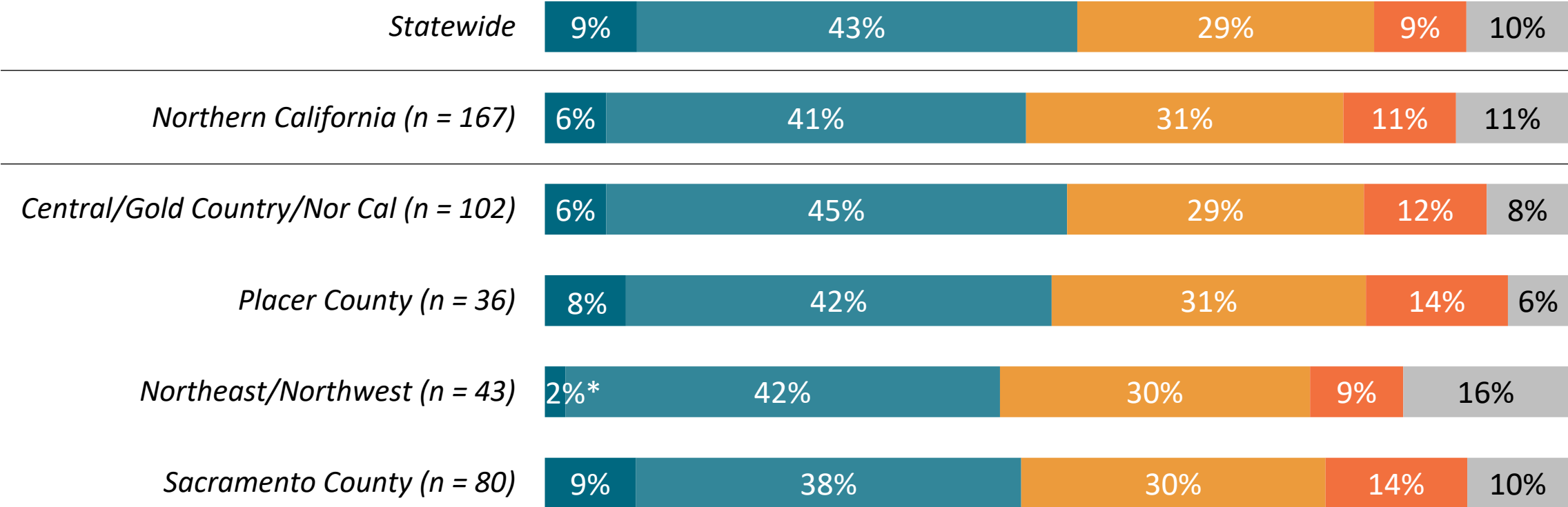Note: Total Worse is "Much Worse" + "Somewhat Worse." Results are ranked by "Statewide Total Worse." The *n* size may vary within columns as respondents who said "Not Applicable" were excluded.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Implementers Have Mixed Views About the Effectiveness of CalAIM Implementation

At this stage of CalAIM's implementation, how would you rate the effectiveness of CalAIM-related processes, protocols, and workflows overall?
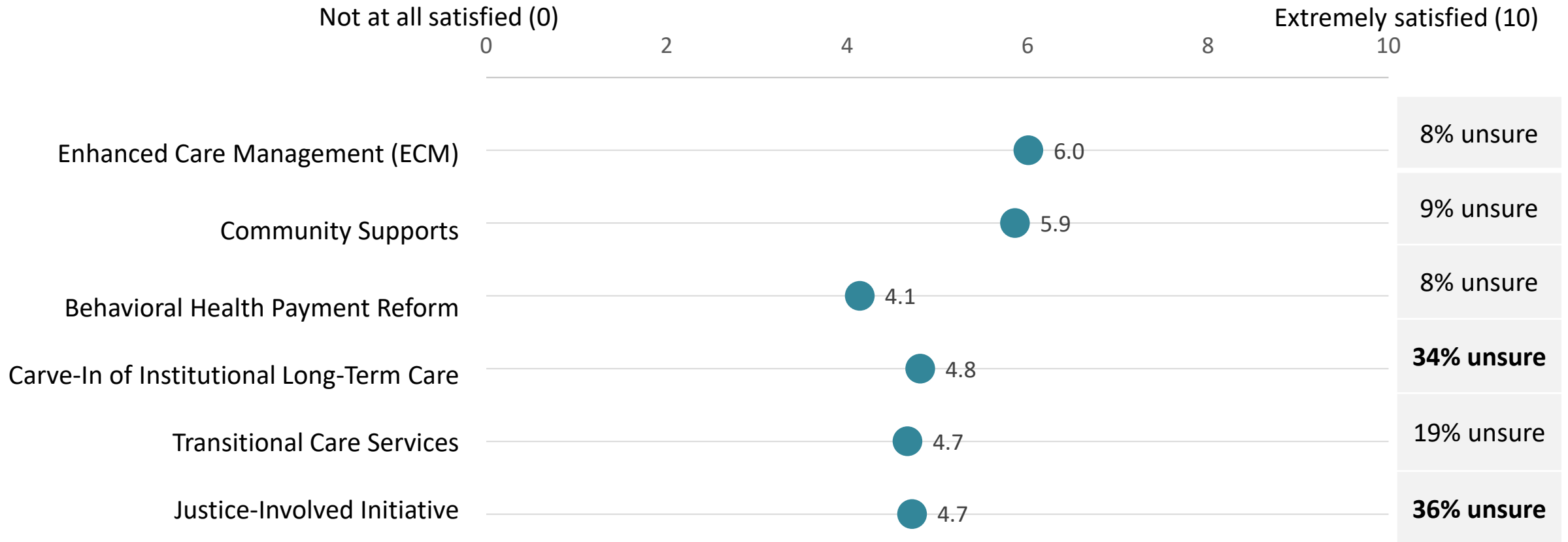
Legend: ■ Very Effective ■ Somewhat Effective ■ A Little Effective ■ Not Effective at All ■ Unsure

Region	Very Effective	Somewhat Effective	A Little Effective	Not Effective at All	Unsure
Statewide	9%	43%	29%	9%	10%
Northern California (n = 167)	6%	41%	31%	11%	11%
Central/Gold Country/Nor Cal (n = 102)	6%	45%	29%	12%	8%
Placer County (n = 36)	8%	42%	31%	14%	6%
Northeast/Northwest (n = 43)	2%*	42%	30%	9%	16%
Sacramento County (n = 80)	9%	38%	30%	14%	10%

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

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Satisfaction Highest with Core CalAIM Services — ECM and Community Supports

On a scale of 0 to 10, with 0 meaning not at all satisfied and 10 meaning extremely satisfied, please indicate how satisfied you are with your organization's experience with each of the following so far.

Not at all satisfied (0) — Extremely satisfied (10)

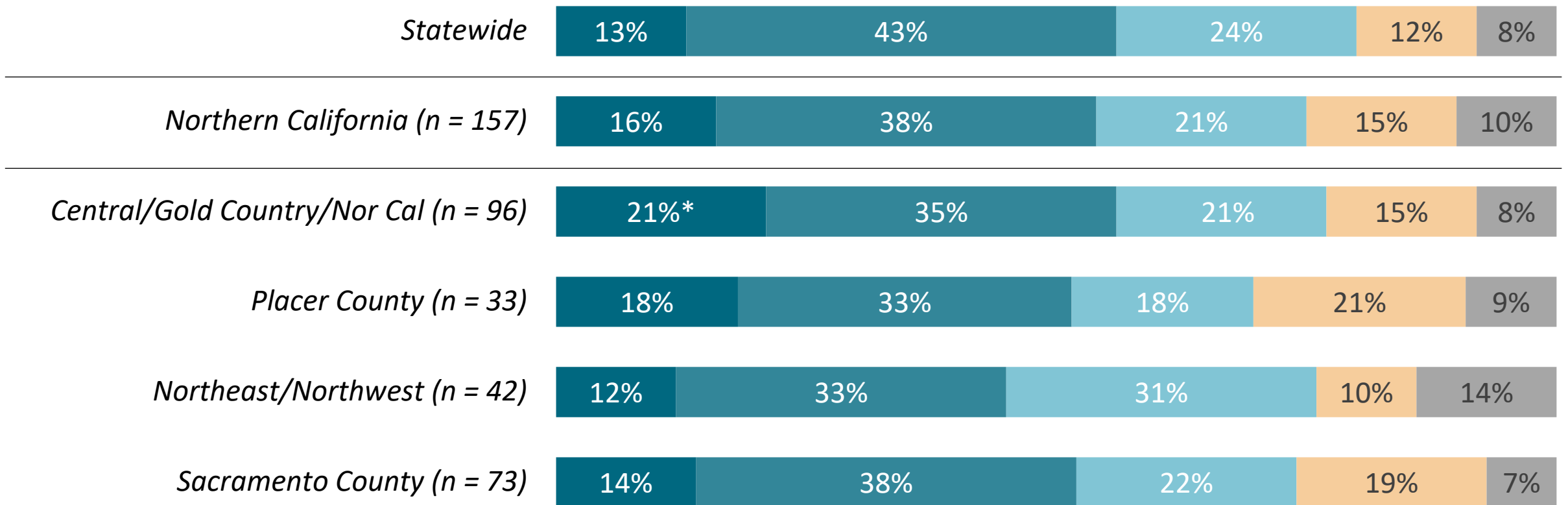| Service	Score	Unsure
Enhanced Care Management (ECM)	6.0	8% unsure
Community Supports	5.9	9% unsure
Behavioral Health Payment Reform	4.1	8% unsure
Carve-In of Institutional Long-Term Care	4.8	**34% unsure**
Transitional Care Services	4.7	19% unsure
Justice-Involved Initiative	4.7	**36% unsure**

Note: Data shown are average values for each item in the series. Regional subgroup slides were omitted because of insufficient responses..
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

There Is Some Optimism About Improvement Across the Region

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

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

Region	Very Confident	Somewhat Confident	A Little Confident	Not Confident at All	Unsure
Statewide	13%	43%	24%	12%	8%
Northern California (n = 157)	16%	38%	21%	15%	10%
Central/Gold Country/Nor Cal (n = 96)	21%*	35%	21%	15%	8%
Placer County (n = 33)	18%	33%	18%	21%	9%
Northeast/Northwest (n = 42)	12%	33%	31%	10%	14%
Sacramento County (n = 73)	14%	38%	22%	19%	7%

*This result is significantly different from results statewide at the 95% confidence level.
Note: Question was asked to everyone except those who said CalAIM is already "Very Effective" (9% statewide). 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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Resources Used Vary by Subregion

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

Resource	Statewide	Northern California (*n* = 167)	Central/Gold Country/Nor Cal (*n* = 102)	Placer County (*n* = 36)	Northeast/ Northwest (*n* = 43)	Sacramento (*n* = 80)
DHCS Webinars	75%	79%	80%	86%*	77%	85%*
Peer-to-Peer Learning	68%	67%	67%	67%	63%	68%
Regional CPI Groups	56%	59%	66%*	72%*	44%	64%
Technical Assistance or Trainings from MCPs	52%	59%*	59%	67%	60%	65%*
Technical Assistance Through the CalAIM Technical Assistance Marketplace	45%	48%	53%	56%	37%	50%
Grants Through PATH CITED	40%	45%	47%	53%	49%	48%
Grants from MCPs Through IPP	40%	38%	38%	47%	33%	50%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *DHCS* is California Department of Health Care Services. *CPI* is Collaborative Planning and Implementation. *MCP* is managed care plan. *IPP* is Incentive Payment Program. Results are ranked by "Statewide."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Helpfulness of Resources Vary by Subregion

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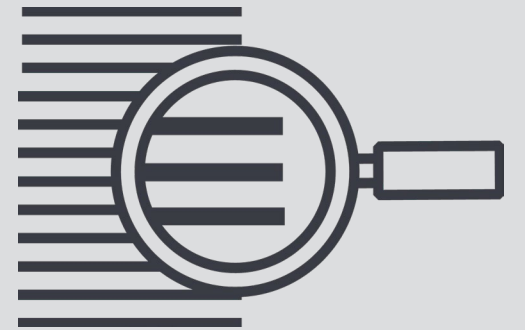**Percentages indicate helpfulness of each resource used.**

Resource	Statewide	Northern California (n = 167)	Central/Gold Country/Nor Cal (n = 102)	Placer County (n = 36)	Northeast/ Northwest (n = 43)	Sacramento (n = 80)
Grants Through PATH CITED	46%	56%	60%*	58%	57%	53%
Grants from MCPs Through IPP	46%	51%	54%	47%	43%	55%
Peer-to-Peer Learning	31%	31%	31%	25%	19%	28%
Regional CPI Groups	27%	29%	33%	35%	42%	25%
Technical Assistance Through the CalAIM Technical Assistance Marketplace	25%	25%	26%	30%	44%	22%
DHCS Webinars	23%	25%	26%	32%	12%	31%
Technical Assistance or Trainings from MCPs	22%	19%	18%	17%	23%	17%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *DHCS* is California Department of Health Care Services. *CPI* is Collaborative Planning and Implementation. *MCP* is managed care plan. *IPP* is Incentive Payment Program. Results are ranked by "Statewide."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Data Exchange

State and Region Not Yet at Goal of Accurate, Comprehensive, Real-Time Data Exchange

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

Aspects of Information Exchange	Statewide	Northern California (*n* = 167)	Central/Gold Country/Nor Cal (*n* = 102)	Placer County (*n* = 36)	Northeast/ Northwest (*n* = 43)	Sacramento (*n* = 80)
. . .In general, information is completely or mostly accurate	60%	59%	58%	64%	67%	59%
. . . They generally get all or most of the information needed	40%	35%	32%	42%	47%	35%
. . . In general, they get information within 48 hours or faster	37%	35%	34%	36%	30%	39%

Note: Results are ranked by "Statewide."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Use of IT Solutions for Data Exchange Varies by Subregion

How do you currently get information about the other care that the people you serve are getting in the context of CalAIM (e.g., ECM, Community Supports)?
Percentages show respondents who "Always" or "Usually" use this data source.
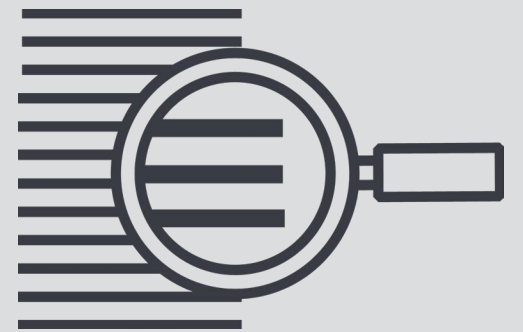
Data Source	Statewide	Northern California (*n* = 167)	Central/Gold Country/Nor Cal (*n* = 102)	Placer County (*n* = 36)	Northeast/ Northwest (*n* = 43)	Sacramento (*n* = 80)
Patient/Client/Member	55%	63%*	61%	61%	70%*	60%
Electronic Health Records (EHR) system	37%	35%	29%	36%	33%	39%
In-Person Meeting with Other Provider/Care Team Member(s)	34%	33%	31%	36%	33%	30%
Health Plan	32%	31%	27%	36%	26%	40%
Health or Community Information Exchange (HIE/CIE) or Other Data Portal	20%	16%	13%*	14%	19%	16%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *ECM* is Enhanced Care Management. Results are ranked by "Statewide."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).
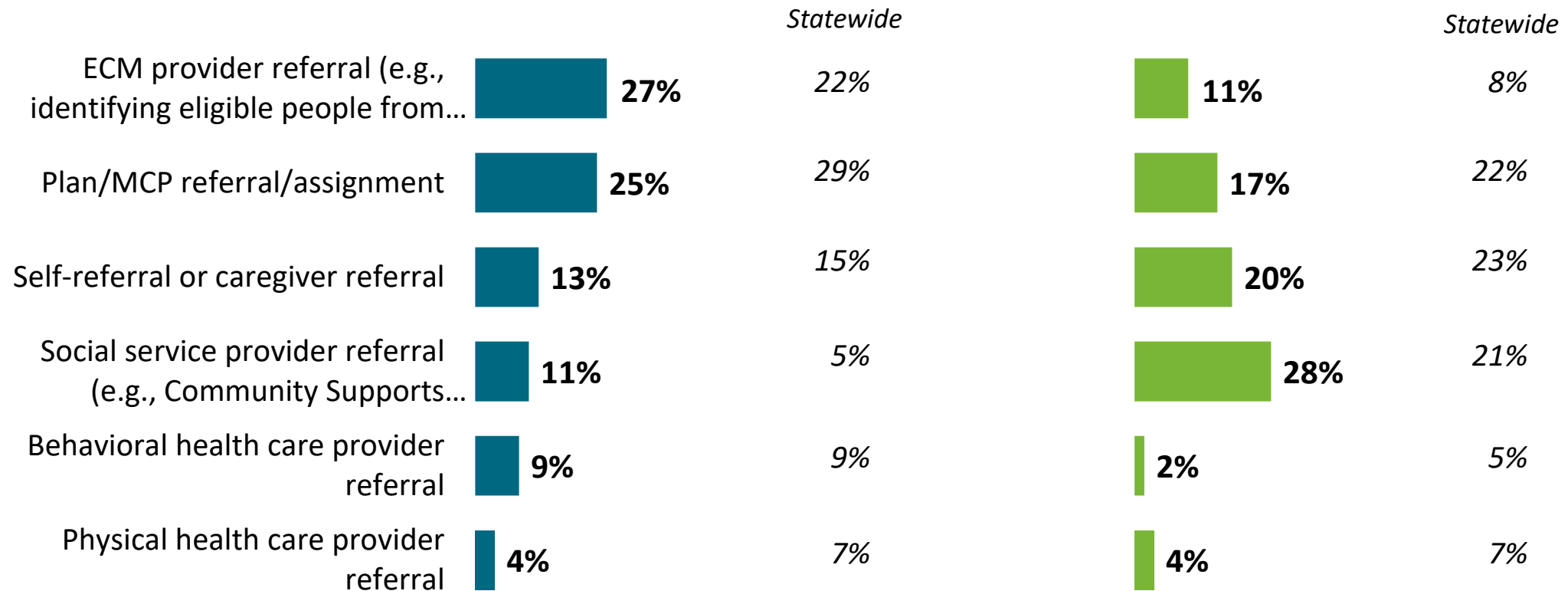
ECM and Community Supports

Referrals Come From Range of Sources

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

	ECM (Among ECM providers, *n* = 55)	Statewide	Community Supports (Among CS providers, *n* = 54)	Statewide
ECM provider referral (e.g., identifying eligible people from…	27%	22%	11%	8%
Plan/MCP referral/assignment	25%	29%	17%	22%
Self-referral or caregiver referral	13%	15%	20%	23%
Social service provider referral (e.g., Community Supports…	11%	5%	28%	21%
Behavioral health care provider referral	9%	9%	2%	5%
Physical health care provider referral	4%	7%	4%	7%

Note: *ECM* is Enhanced Care Management. *MCP* is managed care plan. *CS* is Community Supports. Results are ranked by ECM referral rates.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

CHCF

Most ECM Providers Come to Patients/Clients Either Physically or Through Telehealth

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.

Statewide

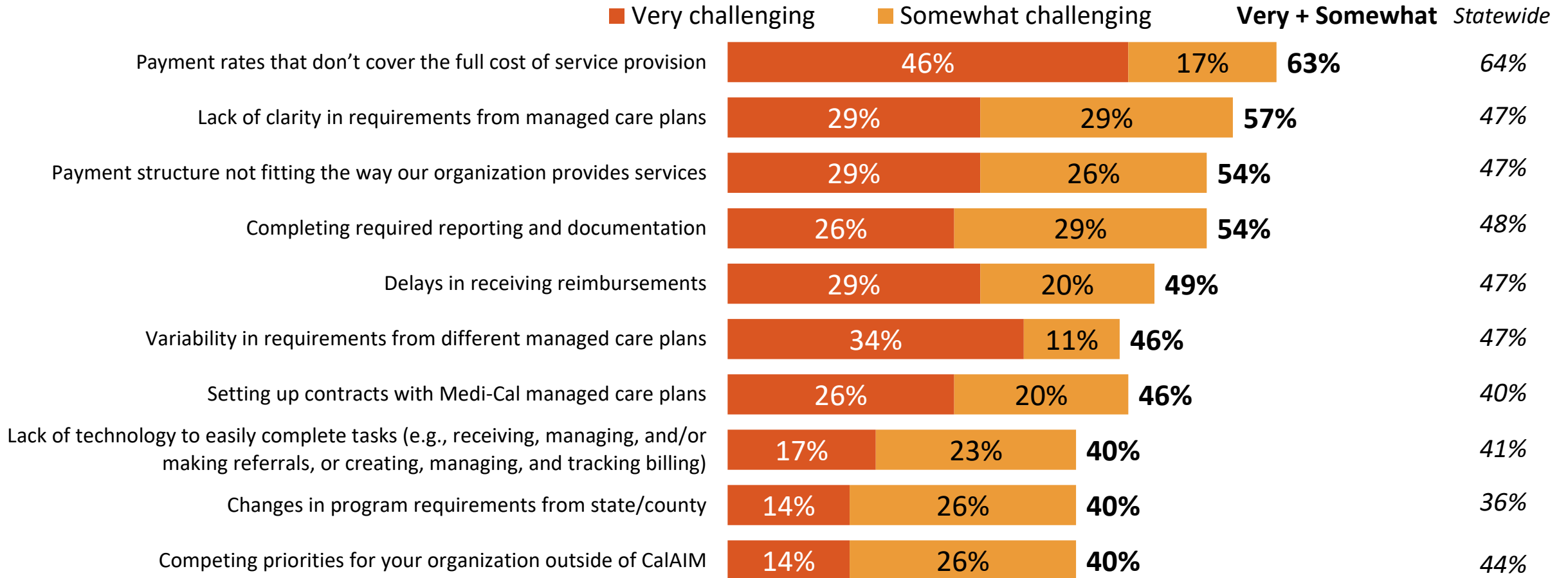| Category	Chart	Statewide
Face-to-face at the client's location	51%	45%
Face-to-face at the provider's location	24%	28%
Over telehealth phone	13%	17%
Over telehealth video	5%	4%
Other	4%	3%
Unsure	4%	4%
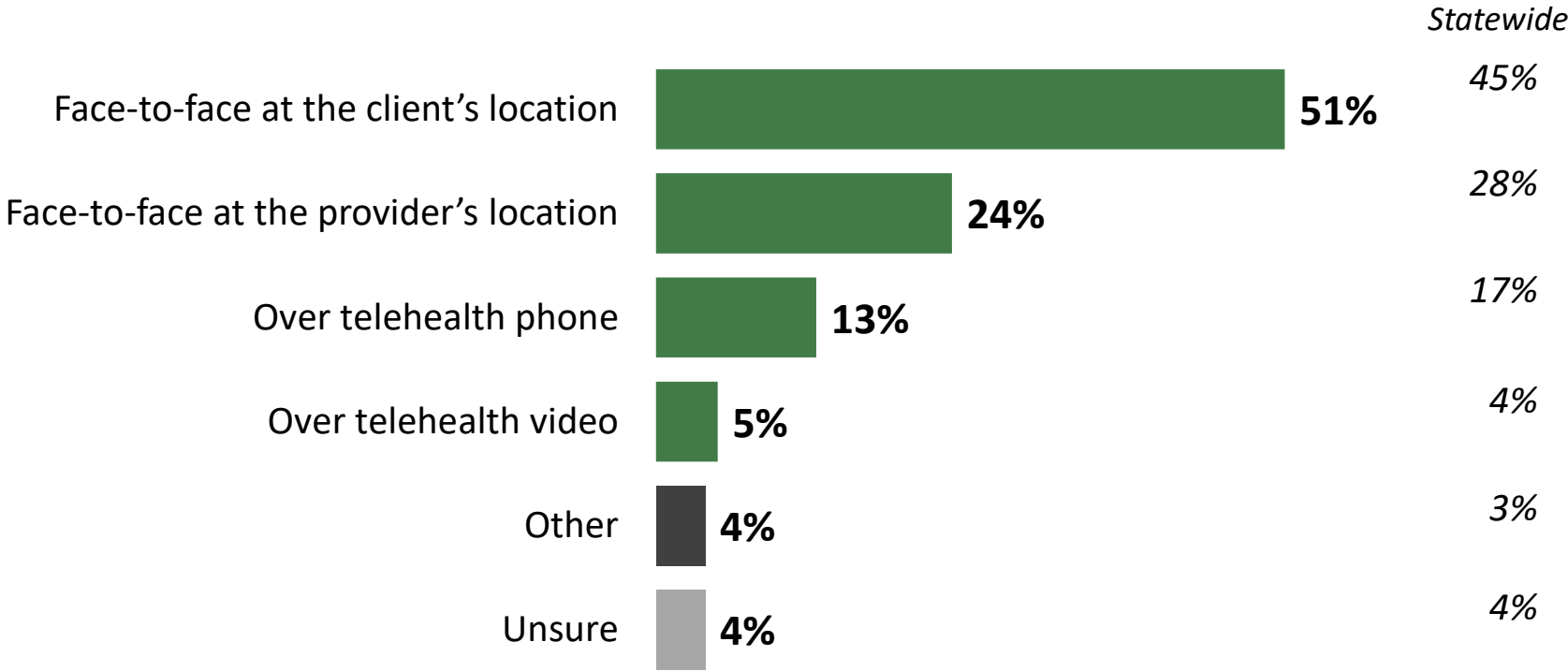
Notes: *ECM* is Enhanced Care Management. Asked of ECM providers (*n* = 55). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Northern California ECM Providers Report Payment Rates as Top ECM Challenge

*Please indicate how challenging each of the following has been when it comes to implementing **ECM**.*
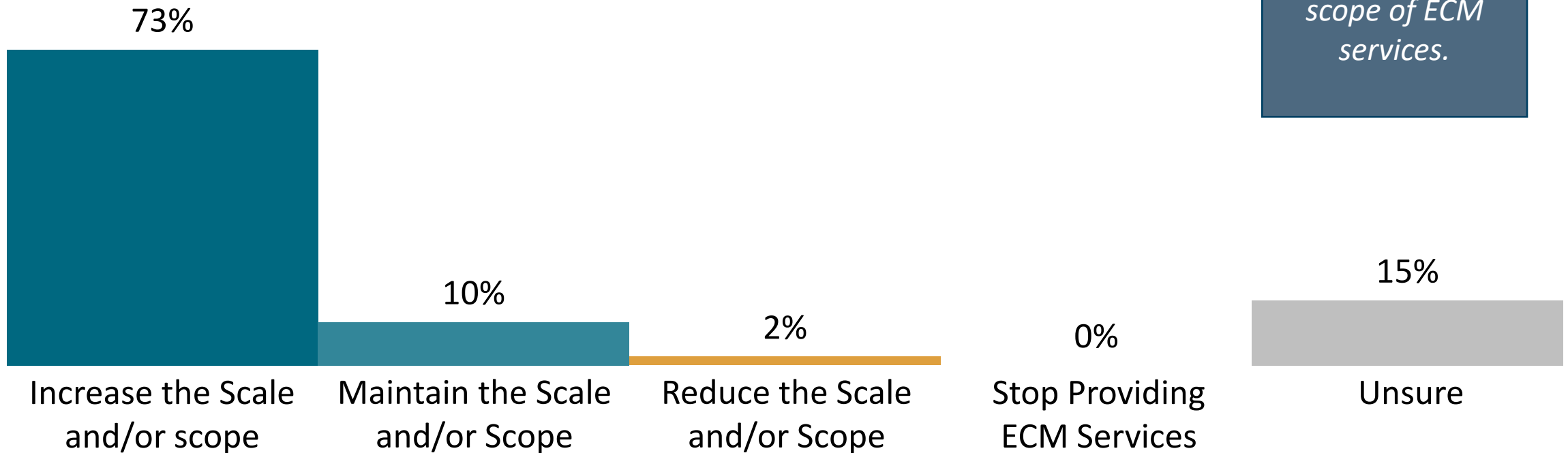
Most Common ECM Challenges

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

Challenge	Very challenging	Somewhat challenging	Very + Somewhat	Statewide
Payment rates that don't cover the full cost of service provision	46%	17%	**63%**	*64%*
Lack of clarity in requirements from managed care plans	29%	29%	**57%**	*47%*
Payment structure not fitting the way our organization provides services	29%	26%	**54%**	*47%*
Completing required reporting and documentation	26%	29%	**54%**	*48%*
Delays in receiving reimbursements	29%	20%	**49%**	*47%*
Variability in requirements from different managed care plans	34%	11%	**46%**	*47%*
Setting up contracts with Medi-Cal managed care plans	26%	20%	**46%**	*40%*
Lack of technology to easily complete tasks (e.g., receiving, managing, and/or making referrals, or creating, managing, and tracking billing)	17%	23%	**40%**	*41%*
Changes in program requirements from state/county	14%	26%	**40%**	*36%*
Competing priorities for your organization outside of CalAIM	14%	26%	**40%**	*44%*

Notes: *ECM* is Enhanced Care Management. Results reflect responses from ECM providers in Northern California (*n* = 35) and are ranked by "Very and Somewhat Challenging."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

CHCF

Vast Majority in Northern California Intend to Increase the Scale and/or Scope of ECM Services

As you think ahead to the next year, what are your intentions with your organization's ECM services?

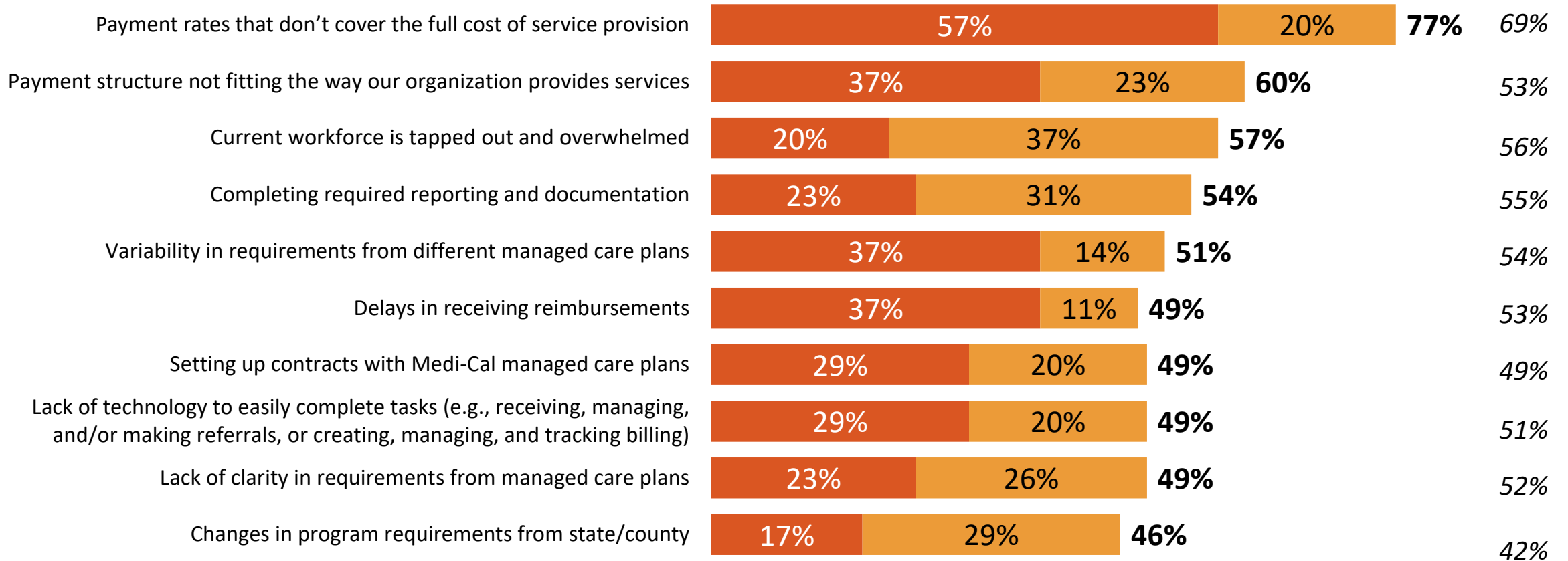*Statewide, 63% plan to increase the scale and/or scope of ECM services.*

- 73% — Increase the Scale and/or scope
- 10% — Maintain the Scale and/or Scope
- 2% — Reduce the Scale and/or Scope
- 0% — Stop Providing ECM Services
- 15% — Unsure

Notes: *ECM* is Enhanced Care Management. Asked of leaders who provide ECM in Northern California (*n* = 41). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Northern California Implementers Face an Array of <u>Community Supports</u> Challenges

*Please indicate how challenging each of the following has been when it comes to implementing **Community Supports**.*
Most Common CS Challenges

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

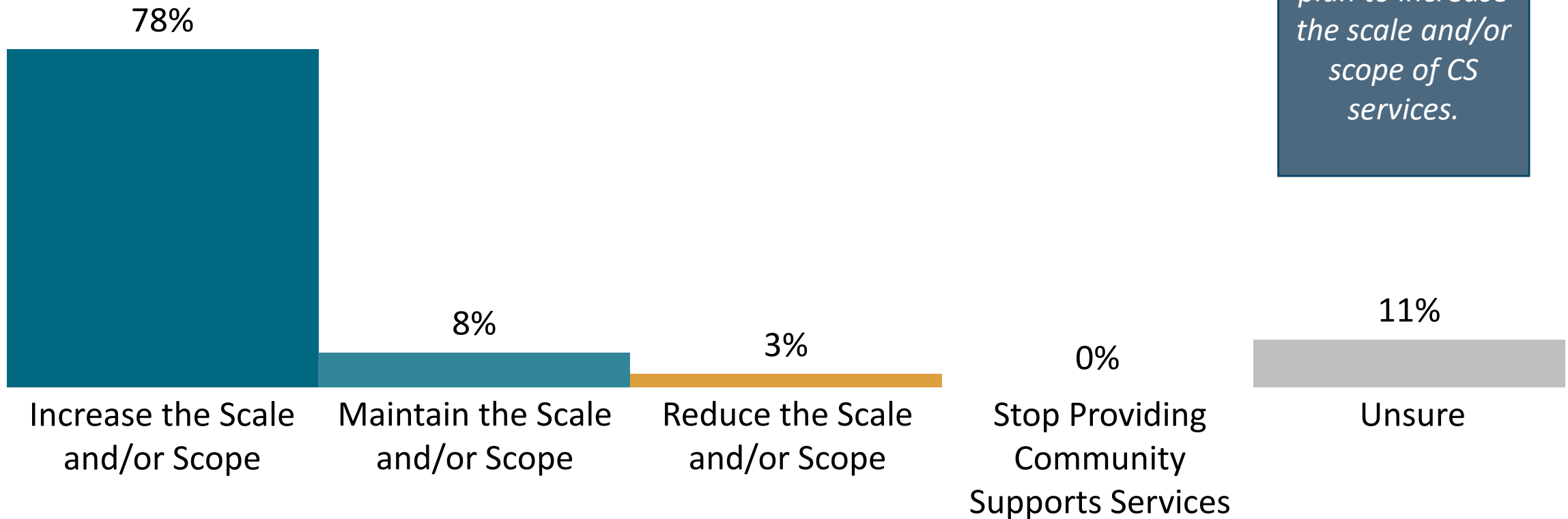| Challenge	Very challenging	Somewhat challenging	Very + Somewhat	Statewide
Payment rates that don't cover the full cost of service provision	57%	20%	**77%**	*69%*
Payment structure not fitting the way our organization provides services	37%	23%	**60%**	*53%*
Current workforce is tapped out and overwhelmed	20%	37%	**57%**	*56%*
Completing required reporting and documentation	23%	31%	**54%**	*55%*
Variability in requirements from different managed care plans	37%	14%	**51%**	*54%*
Delays in receiving reimbursements	37%	11%	**49%**	*53%*
Setting up contracts with Medi-Cal managed care plans	29%	20%	**49%**	*49%*
Lack of technology to easily complete tasks (e.g., receiving, managing, and/or making referrals, or creating, managing, and tracking billing)	29%	20%	**49%**	*51%*
Lack of clarity in requirements from managed care plans	23%	26%	**49%**	*52%*
Changes in program requirements from state/county	17%	29%	**46%**	*42%*

Notes: *CS* is Community Supports. Responses come from CS providers in Northern California (*n* = 35). Results are ranked by "Very and Somewhat Challenging."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Vast Majority in Northern California Intend to Increase the Scale and/or Scope of Community Supports Services

As you think ahead to the next year, what are your intentions with your organization's Community Supports services?
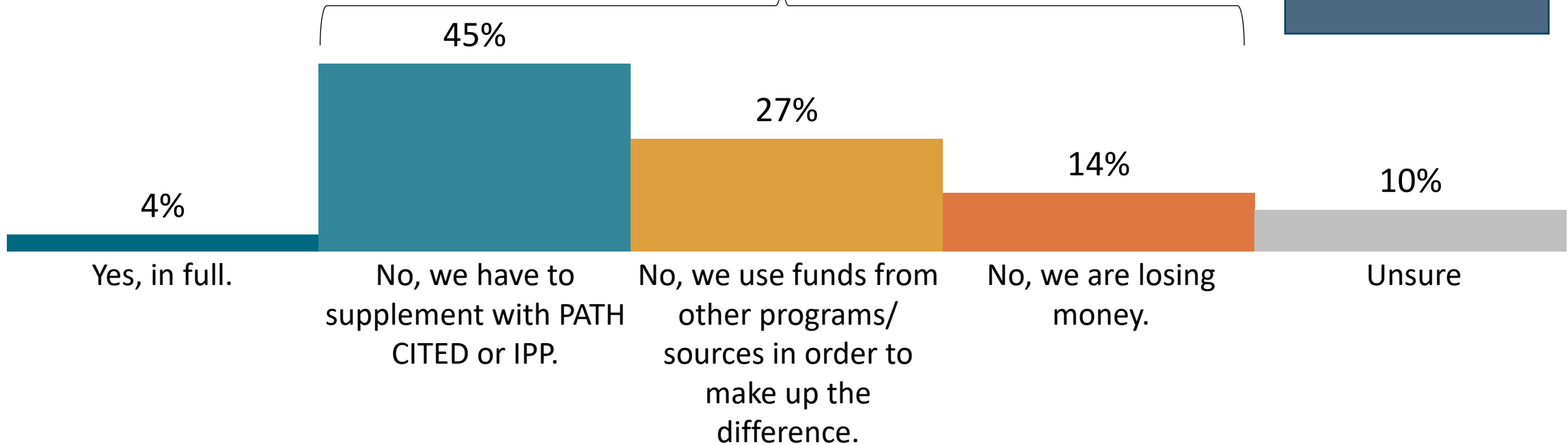
Statewide, 69% plan to increase the scale and/or scope of CS services.

78% — Increase the Scale and/or Scope

8% — Maintain the Scale and/or Scope

3% — Reduce the Scale and/or Scope

0% — Stop Providing Community Supports Services

11% — Unsure

Note: Asked of leaders who provide Community Supports in Northern California (*n* = 37). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

However, Vast Majority Report MCP Payment Rates Do Not Cover CalAIM Services

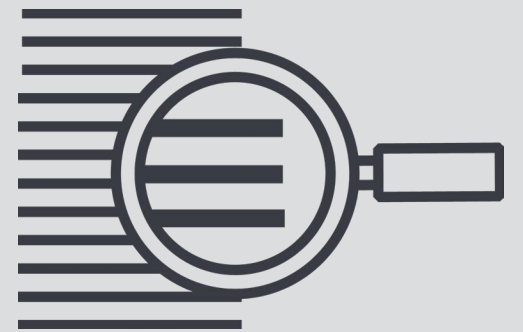*Are current Managed Care Plan (MCP) payment rates covering your costs of providing services under CalAIM?*

In Northern California, 86% say payment rates are NOT covering costs of providing services.

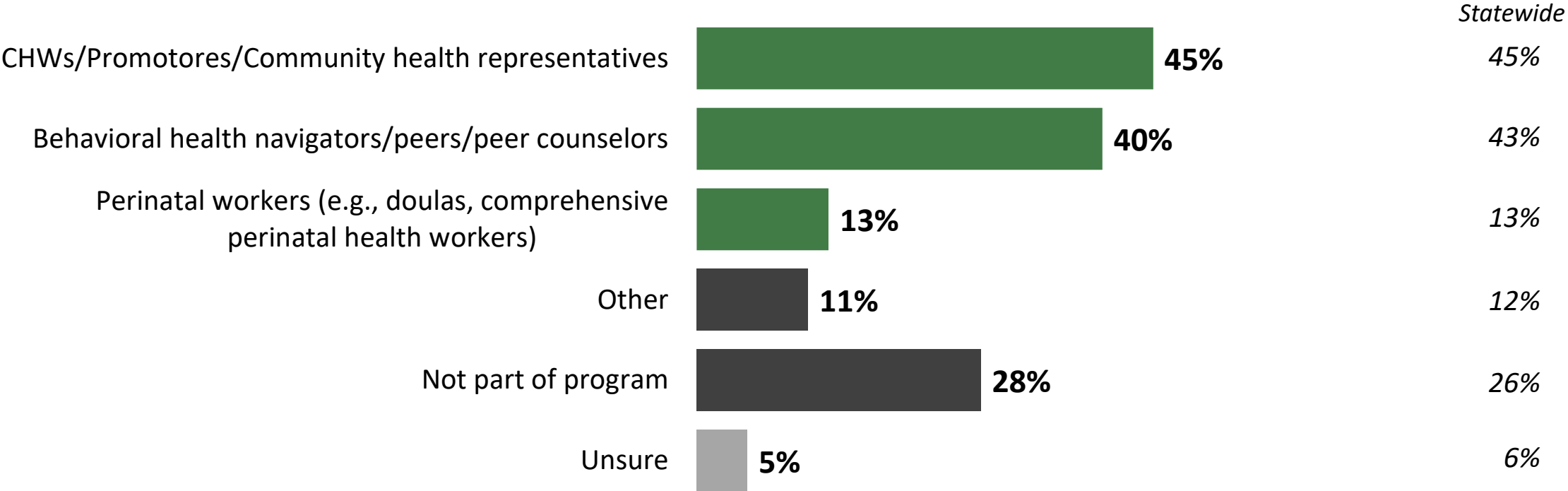*Statewide, 79% plan to payment rates are NOT covering costs of providing services.*

4%	45%	27%	14%	10%
Yes, in full.	No, we have to supplement with PATH CITED or IPP.	No, we use funds from other programs/ sources in order to make up the difference.	No, we are losing money.	Unsure

Notes: *IPP* is Incentive Payment Program. Asked of leaders who provide ECM or Community Supports in Northern California (*n* = 49). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Deep Dives: CHWs and BH Payment Reform

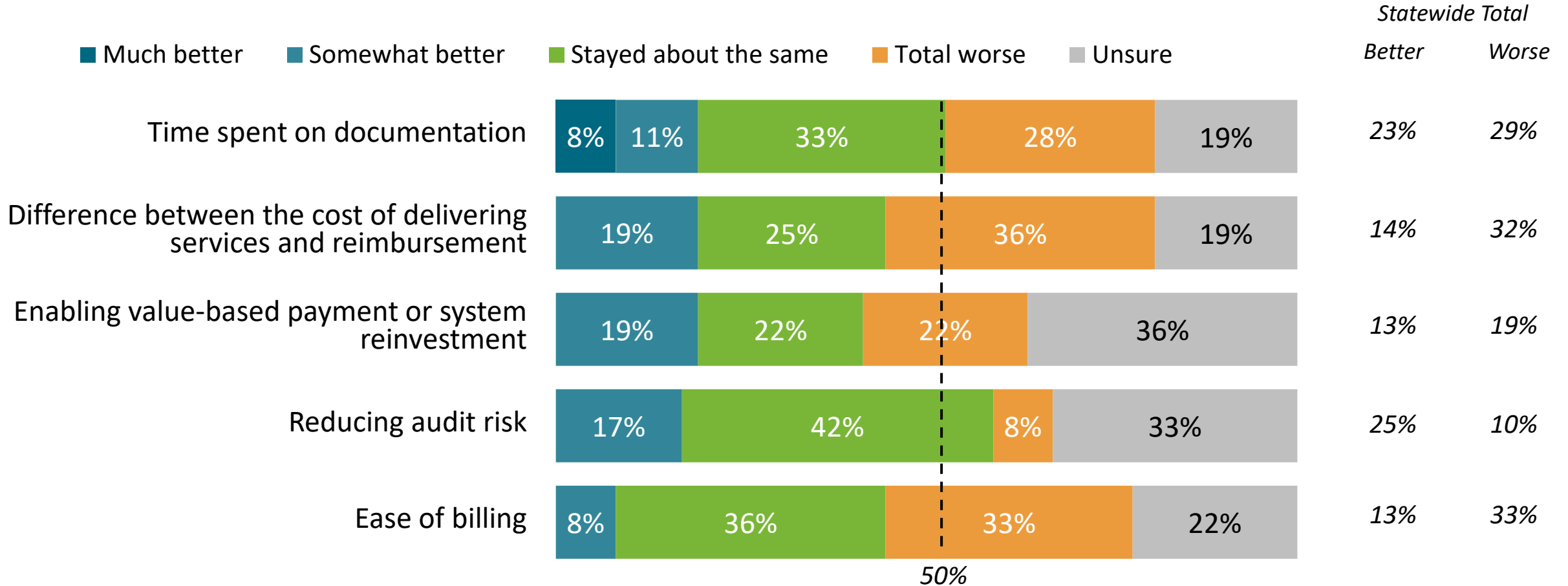# Leaders Report Employing Community-Based Health Workers

Which of the following members of the community-based health workforce are part of your program?
You may select all that apply.

		Statewide
CHWs/Promotores/Community health representatives	45%	45%
Behavioral health navigators/peers/peer counselors	40%	43%
Perinatal workers (e.g., doulas, comprehensive perinatal health workers)	13%	13%
Other	11%	12%
Not part of program	28%	26%
Unsure	5%	6%

Note: *CHW* is community health worker. Asked of leaders only (*n* = 92).
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Behavioral Health Payment Reform Has Not Yet Improved Workflow for Many

Please indicate if each of the following has gotten <u>better</u>, gotten <u>worse</u>, or <u>stayed about the same</u> as a result of the BH (Behavioral Health) Payment Reform policies.
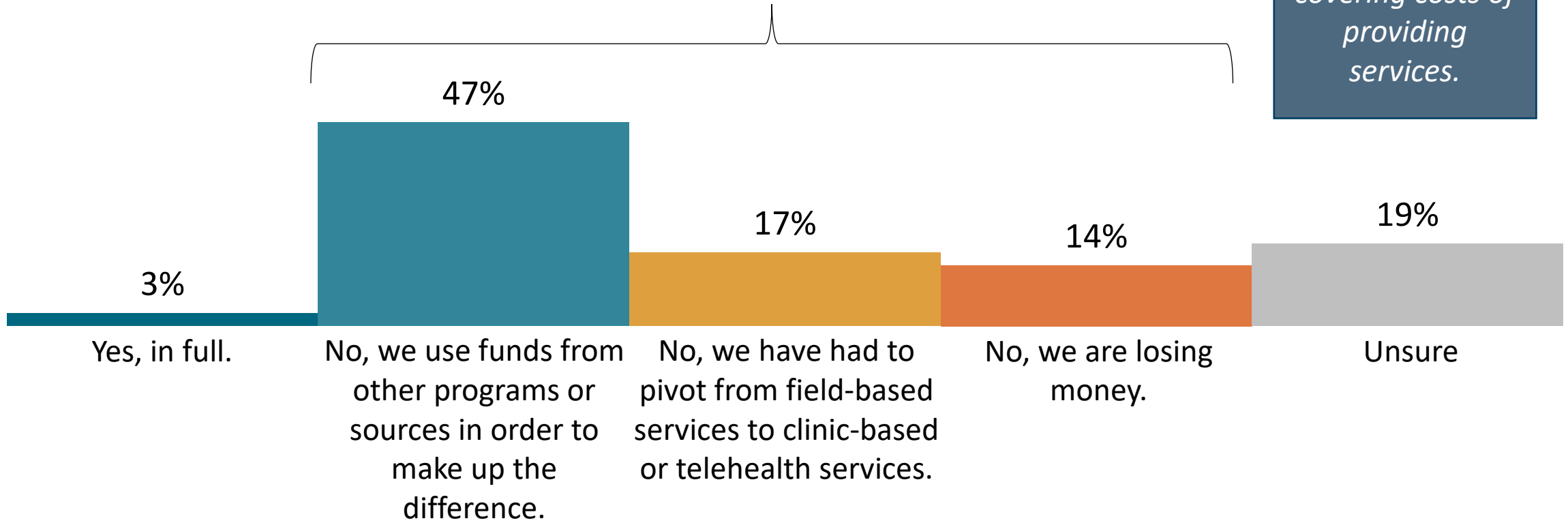
Legend: ■ Much better ■ Somewhat better ■ Stayed about the same ■ Total worse ■ Unsure

	Much better	Somewhat better	Stayed about the same	Total worse	Unsure	Statewide Total Better	Statewide Total Worse
Time spent on documentation	8%	11%	33%	28%	19%	23%	29%
Difference between the cost of delivering services and reimbursement		19%	25%	36%	19%	14%	32%
Enabling value-based payment or system reinvestment		19%	22%	22%	36%	13%	19%
Reducing audit risk		17%	42%	8%	33%	25%	10%
Ease of billing		8%	36%	33%	22%	13%	33%

(dashed line at 50%)

Notes: Questions were asked of specialty behavioral health implementers (*n* = 36). Responses are ranked by "Total Better." Items 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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Rates Under Behavioral Health Payment Reform Are Not Covering Cost of Services

Are payment rates under Behavioral Health Payment Reform covering your costs of providing services?

In Northern California, 78% say payment rates are NOT covering costs of providing services.

Statewide, 54% say payment rates are NOT covering costs of providing services.

3% — Yes, in full.

47% — No, we use funds from other programs or sources in order to make up the difference.

17% — No, we have had to pivot from field-based services to clinic-based or telehealth services.

14% — No, we are losing money.

19% — Unsure

Notes: Questions were asked of specialty behavioral health implementers (*n* = 36). 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.

About the California Health Care Foundation

*The California Health Care Foundation is an independent, nonprofit philanthropy organization that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the health system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. **Health equity is the primary lens through which we focus our work at CHCF.***

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system. For more information, visit www.chcf.org.

Appendix: In Their Own Words
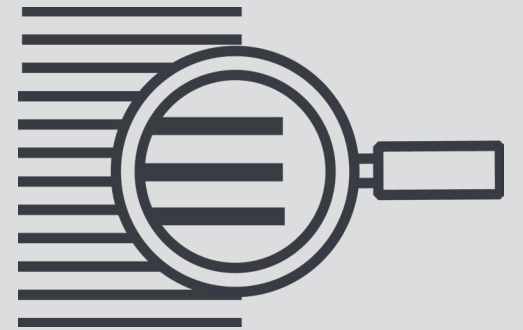
Northern California Implementers Cite Successes So Far

"Getting a client approved for Community Supports Nursing Home Diversion Services, which is paying for her assisted living costs (minus room and board)."

– Frontline Provider, Legal Service Organization

"Biggest success is helping Medi-Cal members of a rural community access more services."

– Leader, Social Service Organization

"CalAIM has allowed us to house over 200 people since we contracted with our MCP."

– Leader, Homelessness Services Organization

"[We've been able] to meet and partner with many great organizations who help the less fortunate."

– Leader, Food Bank

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

Northern California Implementers Ask for . . .

"I view CalAIM as a great idea but...funds trickle down to very little by time the patient utilizes the fund. Managed care plans are creating programs to address a need in the community that is costing too much money and not addressing the need. For example, transportation should not have the need to hire hundreds of employees to coordinate transportation for members...instead of contracting with more transportation services."

– Frontline Provider, Hospital Discharge Planner

"Promote ECM and CS with user friendly materials. The State uses too many words and words that people don't understand. Consider a marketing campaign, TV ads, billboards, etc."

– Leader, Public Health Department

"Higher reimbursement rates. Expectation of greater coordination between MCPs in multi-plan counties. More accountability for MCPs and a connection between direct service providers and DHCS. Incentivization of hospitals, clinics and primary care providers to engage with ECM and CS providers. Better data-sharing."

– Leader, Social Service Organization

"Entities could use more assistance with billing, referrals, transportation, and availability of resources. We work with what we have and are excited to see how far we have come with the support of funding, collaboratives, and our MCPs. We love the work we do, and our community is thriving because of it. The program is so complex. It takes a while to understand what we can do and where we can help. As soon as we think we have it mastered, we enroll a new member who requires support we have not yet provided to anyone else."

– Leader, Local Health District

Notes: *MCP* is managed care plan. *DHCS* is California Department of Health Care Services. *ECM* is Enhanced Care Management. *CS* is Community Supports.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).