CalAIM Experiences: Southern California Implementers in Year Three of Reforms

Goodwin Simon Strategic Research
January 2025

Survey Methodology

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

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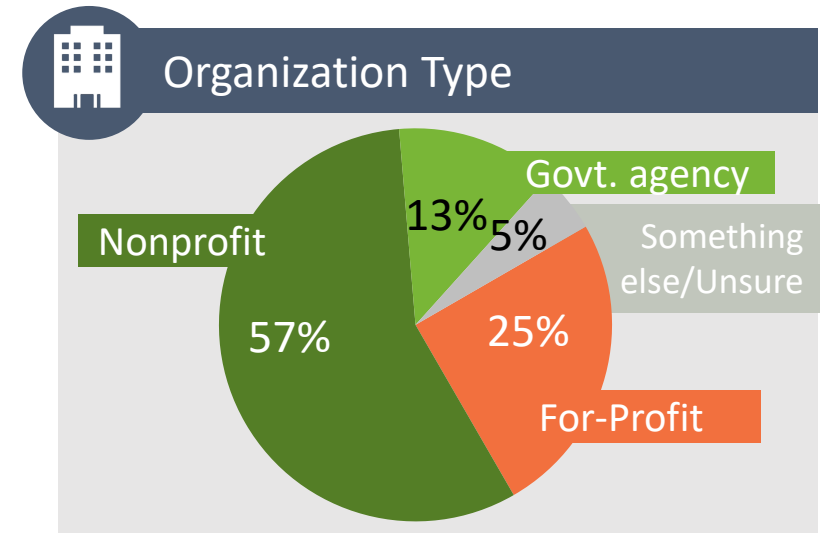
This report focuses on findings for Southern California (referred to as "SoCal"), which includes the following subregions:

- Los Angeles County

- Orange County

- Riverside County

- San Bernardino County

- San Diego County

- Imperial County (Imperial County is not shown separately due to small number of respondents)

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 SoCal Respondents

Organization Provides . . .

- ECM: 40%
- Community Supports: 40%
- Neither: 20%

Organization Participated in . . .

- Whole Person Care: 23%
- Health Homes: 20%
- Neither: 40%
- Unsure: 26%

Population Served Covered by Medi-Cal/Medicaid

- 30%-50%: 25%
- 51%-75%: 19%
- >75%: 53%
- Unsure: 3%

Respondent Job Role

- Frontline: 47%
- Leaders: 45%
- Other/unsure: 8%

Number of FTEs in Organization

- <10: 6%
- 10–24: 8%
- 25–49: 9%
- 50–99: 8%
- 100–249: 15%
- 250+: 44%
- Unsure: 10%

Organization Type

- Nonprofit: 57%
- For-Profit: 25%
- Govt. agency: 13%
- Something else/Unsure: 5%

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. Community Health Workforce and Behavioral Health Payment Reform

5. Appendix: In their Own Words

Implementer Views on Current State of Implementation
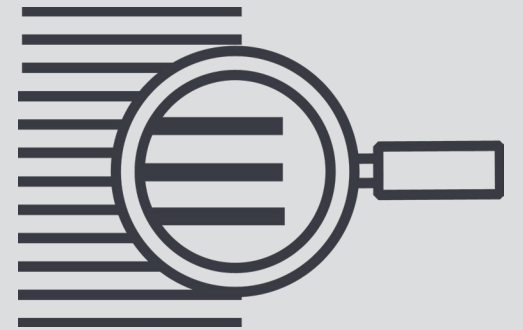
There Is Room to Continue to Increase Familiarity With CalAIM

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
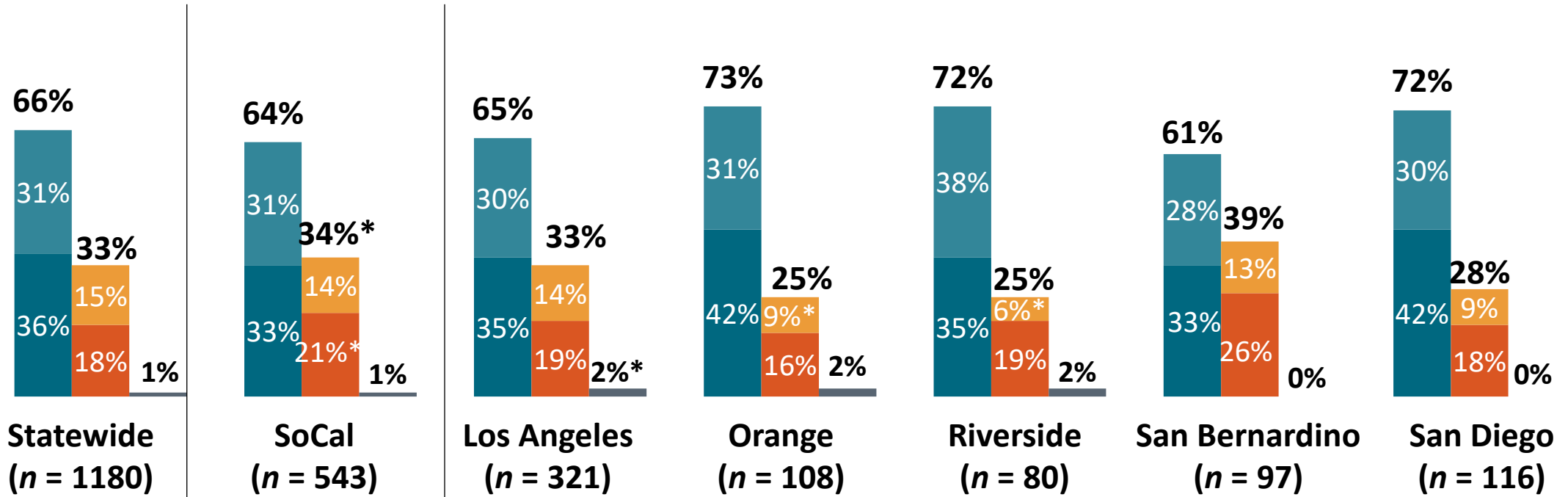
	Statewide (n = 1180)	SoCal (n = 543)	Los Angeles (n = 321)	Orange (n = 108)	Riverside (n = 80)	San Bernardino (n = 97)	San Diego (n = 116)
Very Familiar	36%	33%	35%	42%	35%	33%	42%
Somewhat Familiar	31%	31%	30%	31%	38%	28%	30%
Top total	66%	64%	65%	73%	72%	61%	72%
A Little Familiar	15%	14%	14%	9%*	6%*	13%	9%
Not Familiar at All	18%	21%*	19%	16%	19%	26%	18%
Bottom total	33%	34%*	33%	25%	25%	39%	28%
Unsure	1%	1%	2%*	2%	2%	0%	0%

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

Notes: Figure only includes responses from providers serving at least 30% Medi-Cal. Those not familiar with CalAIM were not included in the remainder of the survey. Totals may not sum to 100% due to rounding.

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

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Majority of Southern California Implementers Report Improvements for Those Served

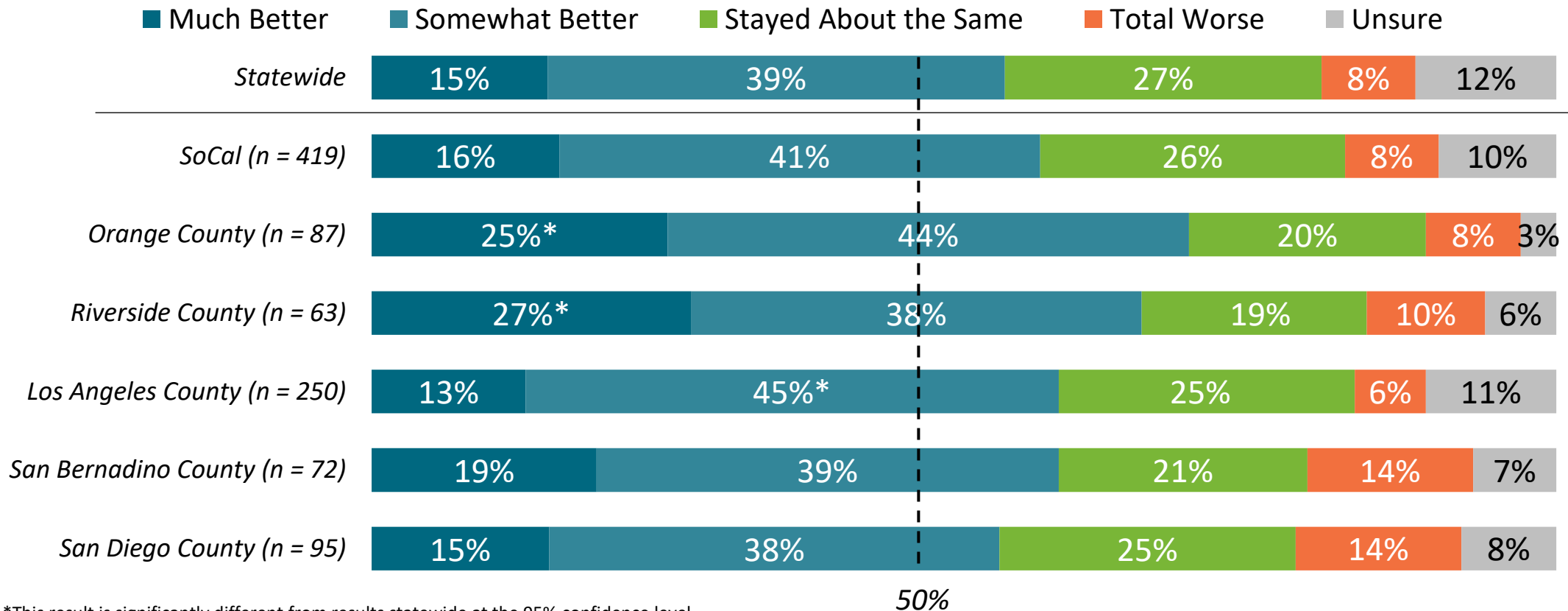*Thinking about the experiences of the people you serve (e.g., patients, members, or clients), please indicate whether you personally think their overall experience of care has gotten <u>better</u> or <u>worse</u> as a result of CalAIM'S implementation as a whole (e.g., ECM, Community Supports, Behavioral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

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

	Much Better	Somewhat Better	Stayed About the Same	Total Worse	Unsure
Statewide	15%	39%	27%	8%	12%
SoCal (n = 419)	16%	41%	26%	8%	10%
Orange County (n = 87)	25%*	44%	20%	8%	3%
Riverside County (n = 63)	27%*	38%	19%	10%	6%
Los Angeles County (n = 250)	13%	45%*	25%	6%	11%
San Bernadino County (n = 72)	19%	39%	21%	14%	7%
San Diego County (n = 95)	15%	38%	25%	14%	8%

(dashed line marker at 50%)

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

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Reported Improvements Vary by County

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	SoCal (*n* = 419)	Los Angeles (*n* = 250)	Orange (*n* = 87)	Riverside (*n* = 63)	San Bernardino (*n* = 72)	San Diego (*n* = 95)
Individuals Experiencing Homelessness	44%	44%	49%	53%	51%	42%	35%
Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	41%	45%*	46%	56%*	50%	48%	39%
Individuals with Serious Mental Health and/or SUD Needs	39%	41%	44%	50%*	58%*	53%*	40%
People Dually Eligible for Medi-Cal and Medicare	38%	44%*	44%*	45%	54%*	45%	34%
Pregnant and Postpartum Individuals; Birth Equity Population of Focus	32%	39%*	40%*	41%	52%*	45%*	38%
Children and Youth Involved in Child Welfare	31%	35%*	36%	45%*	44%	34%	31%
Adults Living in the Community and At Risk for LTC Institutionalization	30%	32%	33%	32%	33%	35%	27%
Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	29%	34%*	32%	40%	35%	31%	32%
Individuals Transitioning from Incarceration	29%	30%	32%	30%	35%	33%	29%
People with Medi-Cal Coverage Who Are Not Part of a Specific ECM Population of Focus	27%	29%	30%	33%	28%	22%	20%
Adult Nursing Facility Residents Transitioning to the Community	27%	32%*	30%	32%	33%	28%	25%

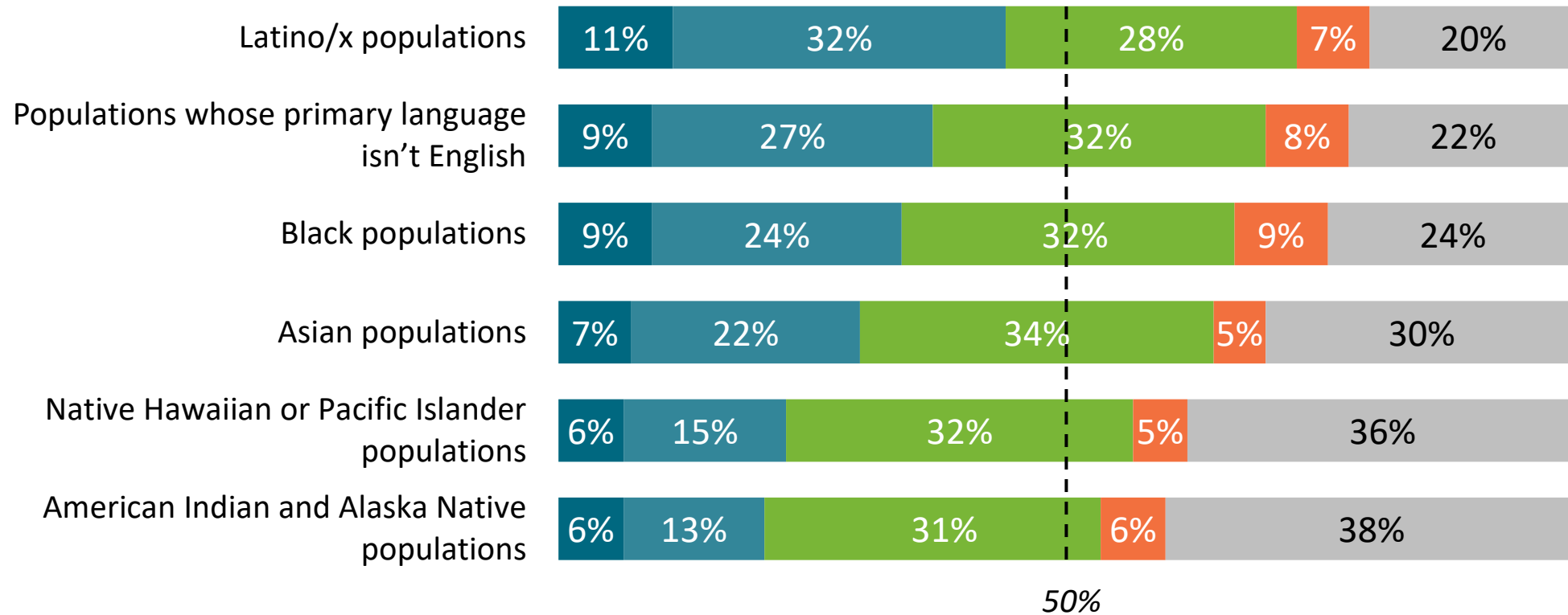*This result is significantly different from results statewide at the 95% confidence level.

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."

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Southern 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.

■ 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	11%	32%	28%	7%	20%
Populations whose primary language isn't English	9%	27%	32%	8%	22%
Black populations	9%	24%	32%	9%	24%
Asian populations	7%	22%	34%	5%	30%
Native Hawaiian or Pacific Islander populations	6%	15%	32%	5%	36%
American Indian and Alaska Native populations	6%	13%	31%	6%	38%

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 County

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.**

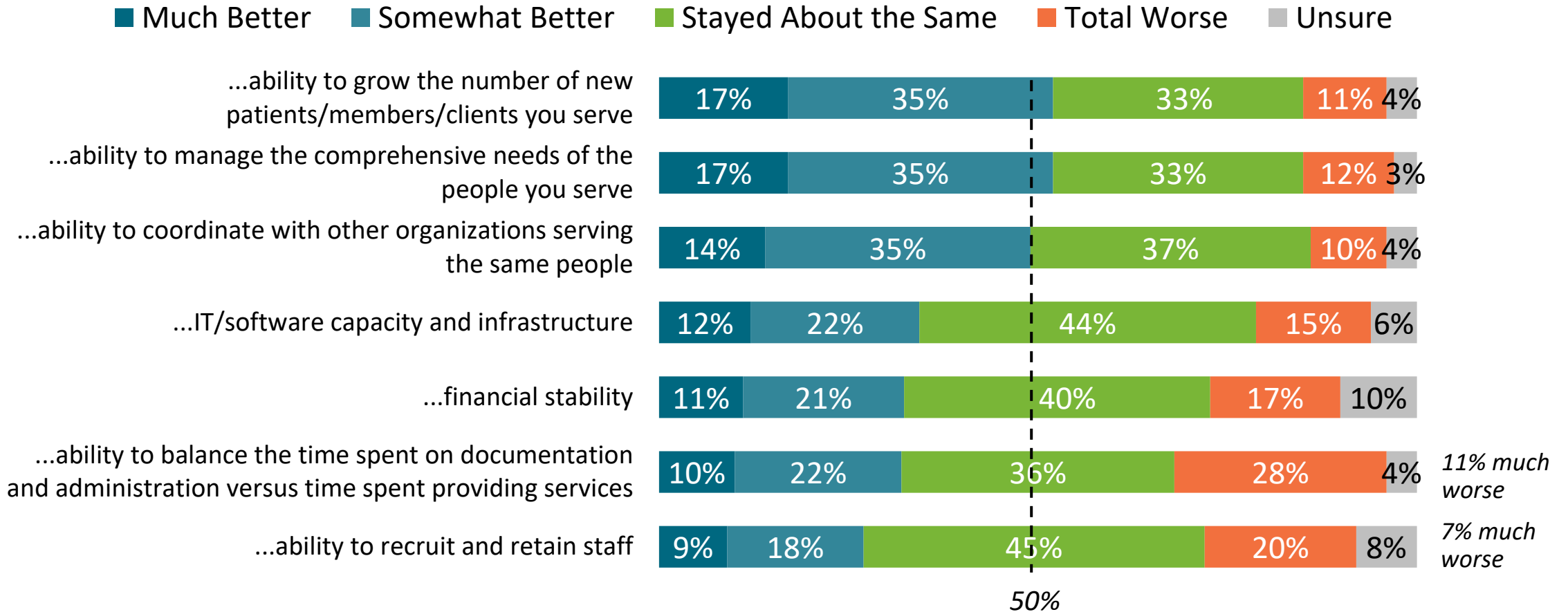| Subpopulation	Statewide	SoCal (n = 419)	Los Angeles (n = 250)	Orange (n = 87)	Riverside (n = 63)	San Bernardino (n = 72)	San Diego (n = 95)
Latino/x Populations	41%	44%	43%	51%	48%	45%	38%
Populations Whose Primary Language Is Not English	35%	37%	37%	42%	36%	33%	26%*
Black Populations	30%	34%*	36%*	37%	36%	33%	29%
Asian Populations	24%	29%*	31%*	38%*	30%	22%	20%
American Indian and Alaska Native Populations	19%	20%	21%	24%	19%	18%	15%
Native Hawaiian or Pacific Islander Populations	19%	22%	21%	30%*	16%	18%	15%

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

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CalAIM Improving Ability to Serve in Southern 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	17%	35%	33%	11%	4%
...ability to manage the comprehensive needs of the people you serve	17%	35%	33%	12%	3%
...ability to coordinate with other organizations serving the same people	14%	35%	37%	10%	4%
...IT/software capacity and infrastructure	12%	22%	44%	15%	6%
...financial stability	11%	21%	40%	17%	10%
...ability to balance the time spent on documentation and administration versus time spent providing services	10%	22%	36%	28%	4%
...ability to recruit and retain staff	9%	18%	45%	20%	8%

11% much worse (for ability to balance time spent on documentation and administration)

7% much worse (for ability to recruit and retain staff)

50%

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

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Reported Improvements Vary by County

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	SoCal (n = 419)	Los Angeles (n = 250)	Orange (n = 87)	Riverside (n = 63)	San Bernardino (n = 72)	San Diego (n = 95)
. . . ability to manage the comprehensive needs of the people you serve	52%	52%	49%	64%*	54%	49%	51%
. . . ability to grow the number of new patients/members/clients you serve	49%	52%	56%*	57%	57%	52%	42%
. . . ability to coordinate with other organizations serving the same people	49%	49%	49%	57%	49%	43%	44%
. . . IT/software capacity and infrastructure	32%	34%	36%	39%	39%	39%	29%
. . . ability to balance the time spent on documentation and administration versus time spent providing services	28%	31%*	31%	35%	32%	33%	26%
. . . financial stability	29%	32%	35%*	40%*	41%*	31%	22%
. . . ability to recruit and retain staff	24%	27%	28%	29%	35%	33%	23%

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

Some Report Organizational Aspects Having Gotten Worse

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

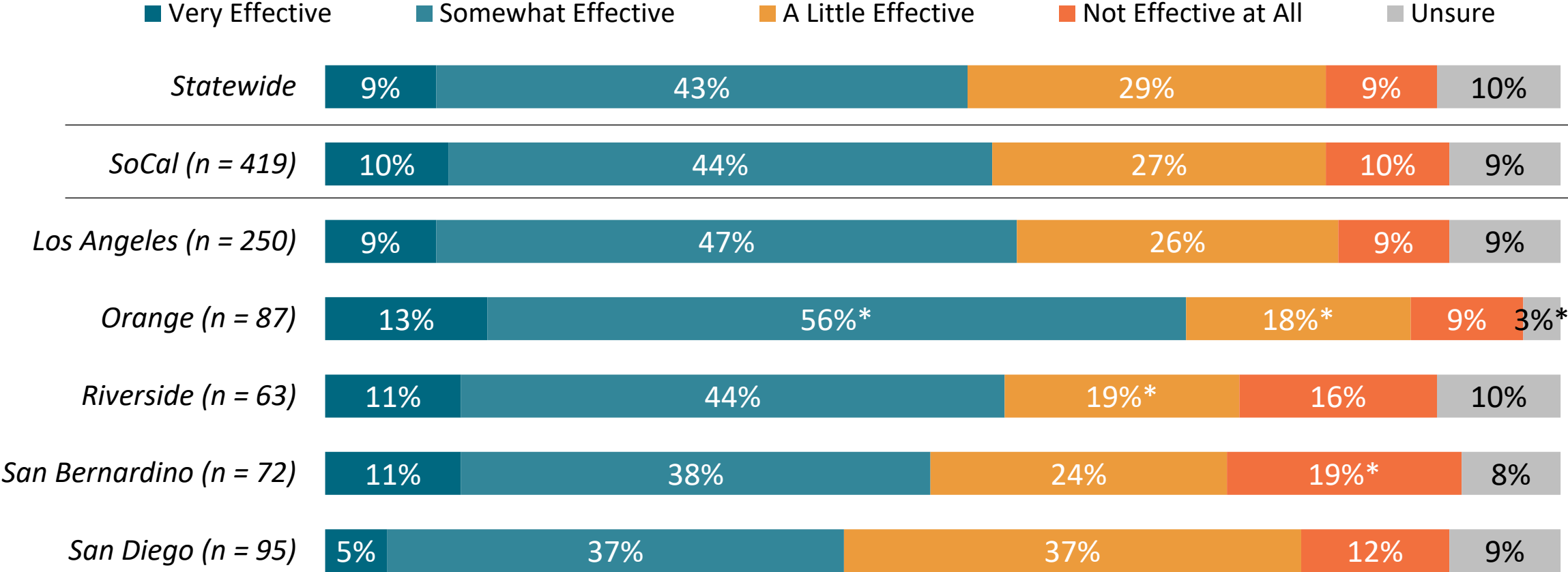| Your organization's . . .	Statewide	SoCal (n = 419)	Los Angeles (n = 250)	Orange (n = 87)	Riverside (n = 63)	San Bernardino (n = 72)	San Diego (n = 95)
. . . ability to balance the time spent on documentation and administration versus time spent providing services	29%	28%	30%	26%	37%	34%	28%
. . . ability to recruit and retain staff	20%	20%	20%	19%	18%	28%	25%
. . . financial stability	18%	17%	17%	14%	16%	31%*	26%
. . . IT/software capacity and infrastructure	14%	15%	15%	12%	19%	19%	18%
. . . ability to manage the comprehensive needs of the people you serve	11%	12%	13%	10%	21%*	20%*	12%
. . . ability to grow the number of new patients/members/clients you serve	11%	11%	11%	8%	8%	15%	12%
. . . ability to coordinate with other organizations serving the same people	10%	10%	10%	6%	13%	18%*	11%

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

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Implementers Have Mixed Views About the Effectiveness of CalAIM Implementation

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

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

Region	Very Effective	Somewhat Effective	A Little Effective	Not Effective at All	Unsure
Statewide	9%	43%	29%	9%	10%
SoCal (n = 419)	10%	44%	27%	10%	9%
Los Angeles (n = 250)	9%	47%	26%	9%	9%
Orange (n = 87)	13%	56%*	18%*	9%	3%*
Riverside (n = 63)	11%	44%	19%*	16%	10%
San Bernardino (n = 72)	11%	38%	24%	19%*	8%
San Diego (n = 95)	5%	37%	37%	12%	9%

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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)

	Value	% unsure	Statewide
Enhanced Care Management (ECM)	6.2	3% unsure	6.1
Community Supports	6.3	4% unsure	6.2
Behavioral Health Payment Reform	4.7	10% unsure	4.3
Carve-in of institutional long-term care	4.8	**26% unsure**	4.9
Transitional care services	5.1	15% unsure	5.2
Justice-Involved Initiative	5.2	**26% unsure**	5.0
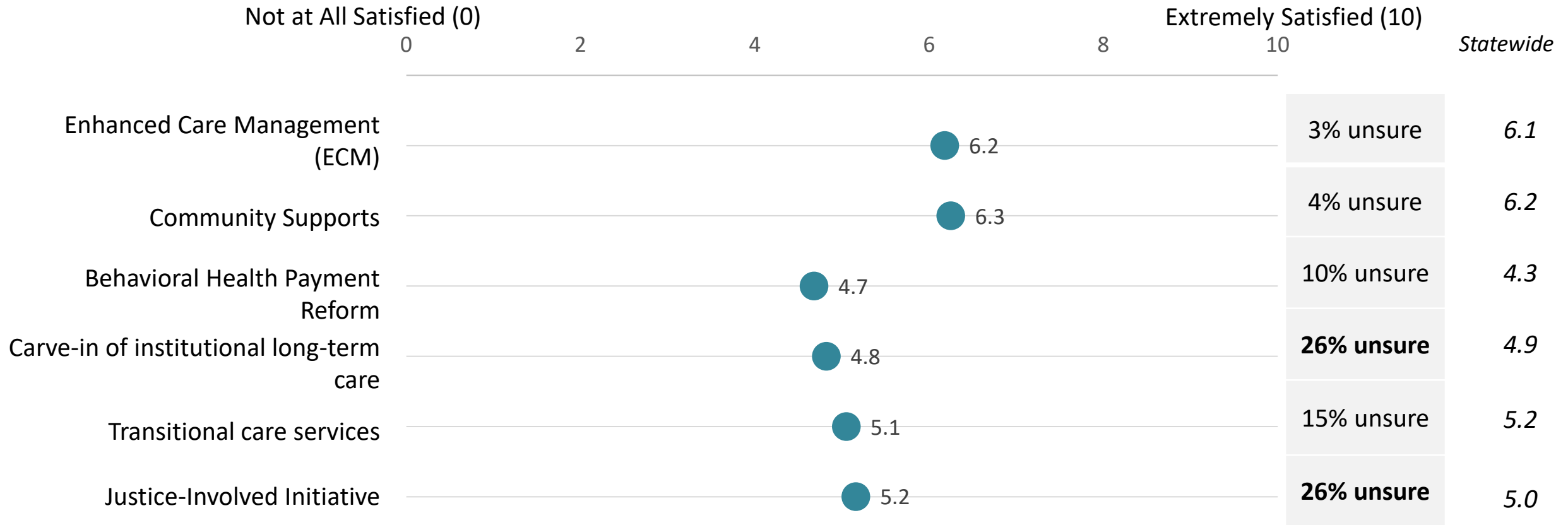
Notes: Data shown are average values for each item in the series. County-by-county slides of Behavioral Health Payment Reform, Transitional Care Services, and Justice-Involved Initiative were omitted because of insufficient responses.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).
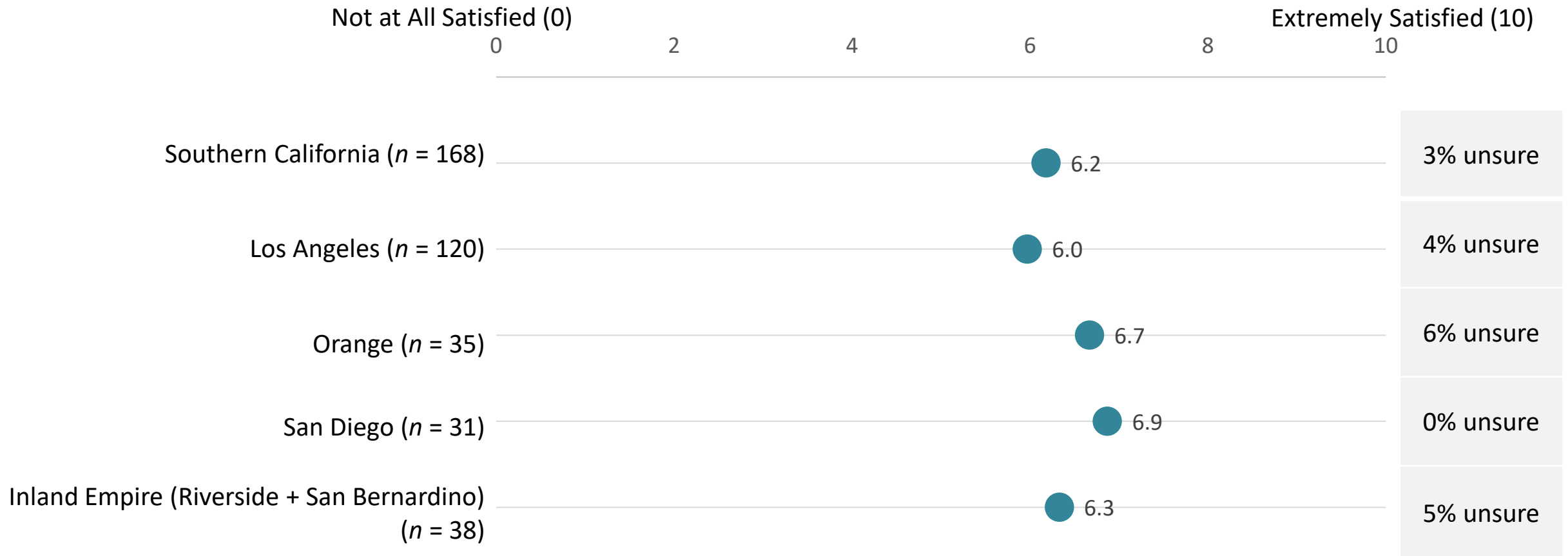
Satisfaction with Enhanced Care Management Varies by Subregion

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 Enhanced Care Management.

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

	0	2	4	6	8	10

Southern California (*n* = 168) — 6.2 — 3% unsure

Los Angeles (*n* = 120) — 6.0 — 4% unsure

Orange (*n* = 35) — 6.7 — 6% unsure

San Diego (*n* = 31) — 6.9 — 0% unsure

Inland Empire (Riverside + San Bernardino) (*n* = 38) — 6.3 — 5% unsure

Note: Data shown are average values for each item in the series.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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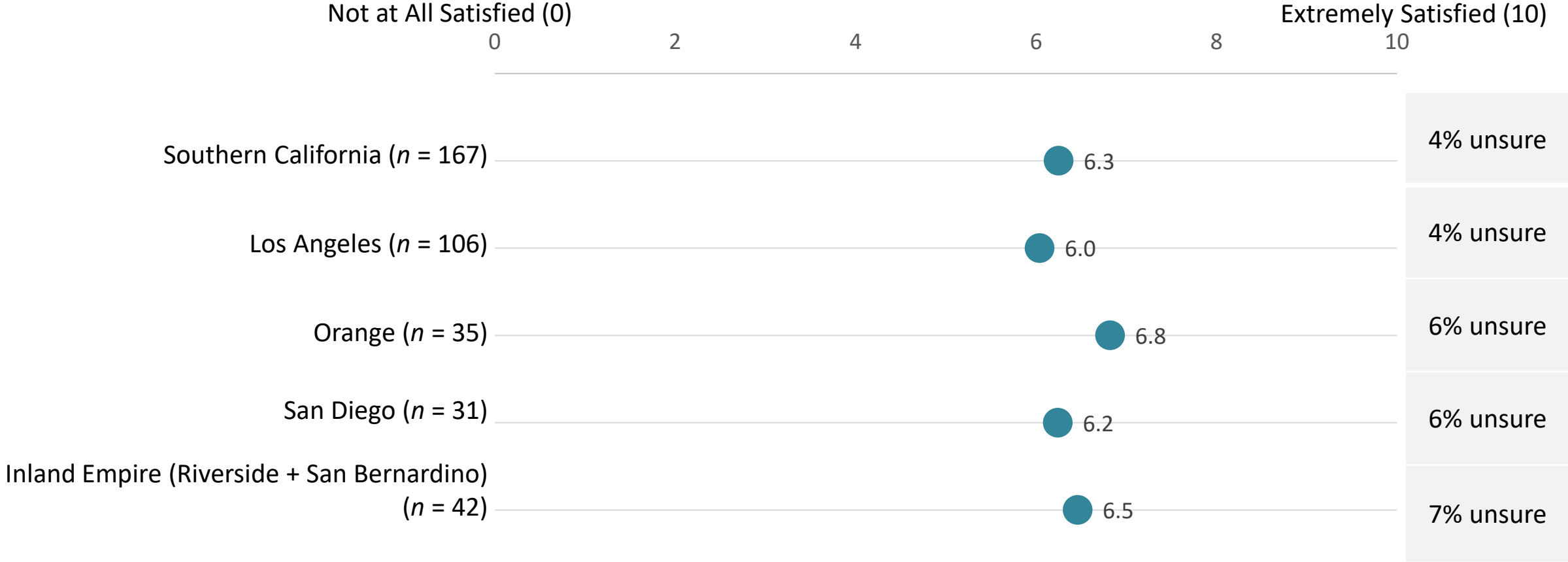# Satisfaction with Community Supports Varies by Subregion

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 Community Supports.

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

| | 0 | 2 | 4 | 6 | 8 | 10 |

Region	Score	Unsure
Southern California (*n* = 167)	6.3	4% unsure
Los Angeles (*n* = 106)	6.0	4% unsure
Orange (*n* = 35)	6.8	6% unsure
San Diego (*n* = 31)	6.2	6% unsure
Inland Empire (Riverside + San Bernardino) (*n* = 42)	6.5	7% unsure

Note: Data shown are average values for each item in the series.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Satisfaction with Carve-in of Institutional Long-term Care Varies by County
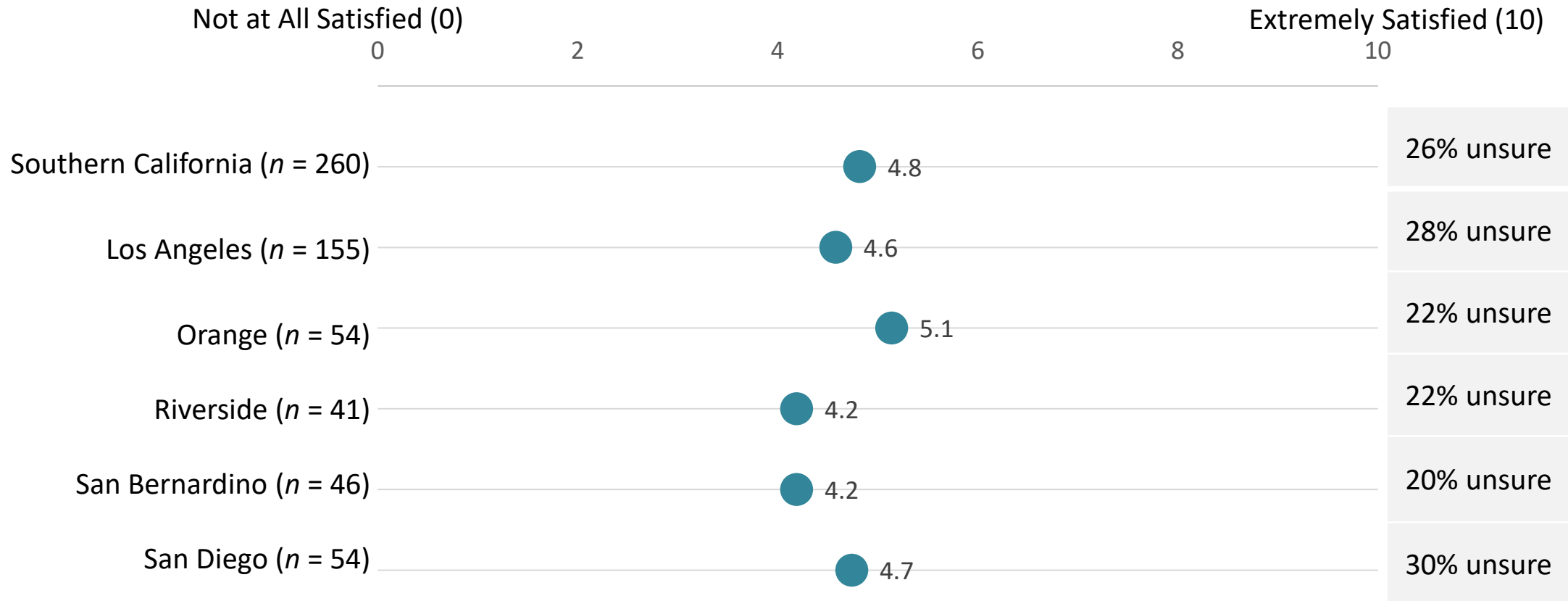
On a scale of 0 to 10, with 0 meaning not at all satisfied and 10 meaning extremely satisfied, please indicate how satisfied you are with your organization's experience with the carve-in of institutional long-term care.
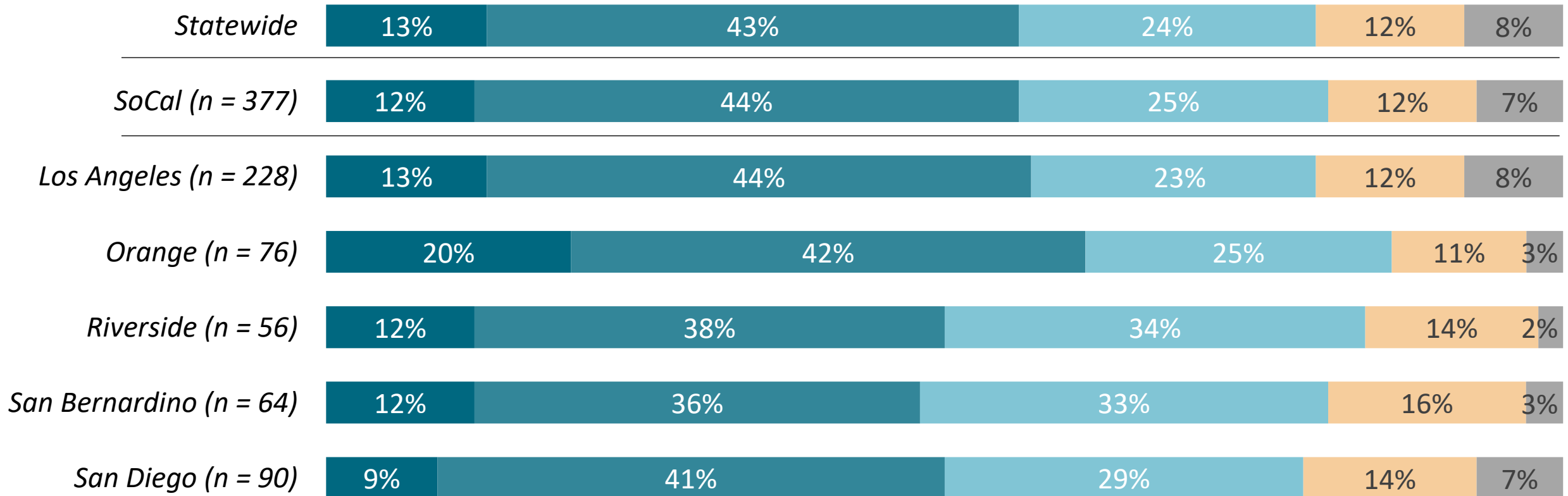

	Average	Unsure
Southern California (*n* = 260)	4.8	26% unsure
Los Angeles (*n* = 155)	4.6	28% unsure
Orange (*n* = 54)	5.1	22% unsure
Riverside (*n* = 41)	4.2	22% unsure
San Bernardino (*n* = 46)	4.2	20% unsure
San Diego (*n* = 54)	4.7	30% unsure

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

Note: Data shown are average values for each item in the series.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

There Is Some Optimism About Improvement Across the Region

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

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

Region	Very Confident	Somewhat Confident	A Little Confident	Not Confident at All	Unsure
Statewide	13%	43%	24%	12%	8%
SoCal (n = 377)	12%	44%	25%	12%	7%
Los Angeles (n = 228)	13%	44%	23%	12%	8%
Orange (n = 76)	20%	42%	25%	11%	3%
Riverside (n = 56)	12%	38%	34%	14%	2%
San Bernardino (n = 64)	12%	36%	33%	16%	3%
San Diego (n = 90)	9%	41%	29%	14%	7%

Notes: Question was asked to everyone except those who say 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 County

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	SoCal (*n* = 419)	Los Angeles (*n* = 250)	Orange (*n* = 87)	Riverside (*n* = 63)	San Bernardino (*n* = 72)	San Diego (*n* = 95)
DHCS Webinars	75%	78%	80%*	79%	79%	81%	79%
Peer-to-Peer Learning	68%	70%	72%	70%	63%	69%	62%
Regional CalAIM CPI Groups	56%	56%	56%	52%	56%	58%	54%
Technical Assistance or Trainings from MCPs	52%	53%	60%*	54%	65%*	58%	55%
Technical Assistance Through the CalAIM Technical Assistance Marketplace	45%	48%	50%*	43%	44%	49%	46%
Grants from MCPs Through IPP	40%	42%	44%	44%	41%	39%	44%
Grants Through PATH CITED	40%	42%	46%*	36%	43%	40%	44%

*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 Varies by County

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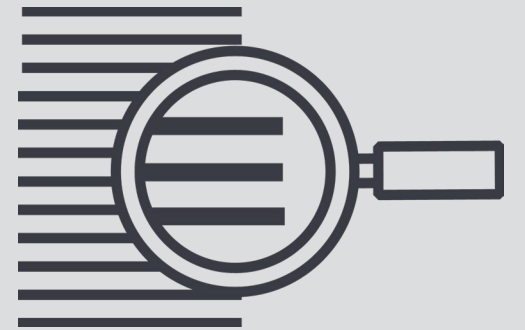**Percentages indicate "Very Helpful" responses.**

Resource	Statewide	SoCal (n = 419)	Los Angeles (n = 250)	Orange (n = 87)	Riverside (n = 63)	San Bernardino (n = 72)	San Diego (n = 95)
DHCS Webinars	23%	24%	18%*	30%	24%	21%	24%
Peer-to-Peer Learning	31%	27%	27%	25%	32%	22%	17%*
Regional CalAIM CPI Groups	27%	26%	24%	24%	29%	21%	29%
Technical Assistance or Trainings from MCPs	22%	25%	21%	30%	27%	12%*	21%
Technical Assistance Through the CalAIM Technical Assistance Marketplace	25%	25%	22%	32%	29%	17%	23%
Grants from MCPs Through IPP	46%	42%	39%	45%	58%	43%	45%
Grants Through PATH CITED	46%	39%*	38%*	45%	52%	45%	45%

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *MCP* is managed care plan. *IPP* is Incentive Payment Program. *CPI* is Collaborative Planning and Implementation. *DHCS* is California Department of Health Care Services. Percentages show respondents who have used each resource. Results are ranked by "Statewide." 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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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...

Aspect of Information Exchange	Statewide	SoCal (*n* = 419)	Los Angeles (*n* = 250)	Orange (*n* = 87)	Riverside (*n* = 63)	San Bernardino (*n* = 72)	San Diego (*n* = 95)
. . . In general, information is completely or mostly accurate	60%	60%	59%	62%	49%	54%	58%
. . . They generally get all or most of the information needed	40%	40%	38%	39%	41%	39%	38%
. . . In general, they get information within 48 hours or faster	37%	38%	39%	39%	42%	42%	39%

Notes: Results are ranked by "Statewide."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).
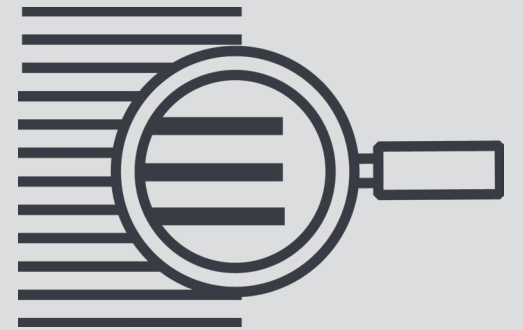
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Use of IT Solutions for Data Exchange Varies by County

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	SoCal (*n* = 419)	Los Angeles (*n* = 250)	Orange (*n* = 87)	Riverside (*n* = 63)	San Bernardino (*n* = 72)	San Diego (*n* = 95)
Patient/Client/Member	55%	58%	59%	69%*	65%	61%	51%
Electronic Health Records (EHR) System	37%	40%	40%	39%	32%	42%	34%
In-Person Meeting with Other Provider/Care Team Member(s)	34%	36%	33%	37%	38%	42%	31%
Health Plan	32%	36%*	37%*	48%*	33%	40%	35%
Health or Community Information Exchange (HIE/CIE) or Other Data Portal	20%	23%*	24%	21%	17%	21%	21%

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ECM and Community Supports

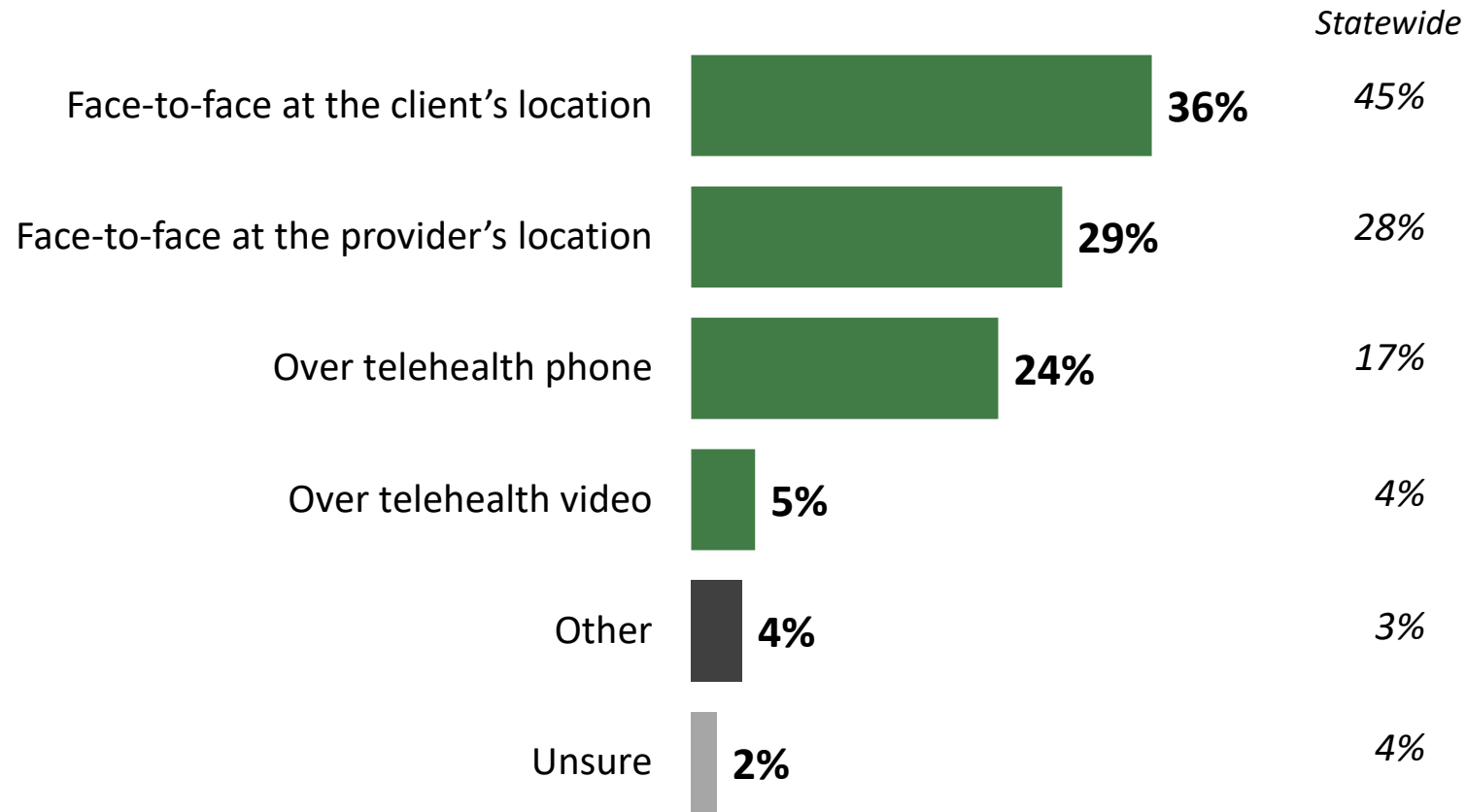# Referrals Come From Range of Sources, But MCPs Refer a Plurality for ECM

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* = 83)	Statewide	Community Supports (Among CS providers, *n* = 78)	Statewide
Plan/MCP referral/assignment	35%	29%	22%	22%
ECM provider referral (e.g., identifying eligible people from existing…	19%	22%	5%	8%
Self-referral or caregiver referral	19%	15%	19%	23%
Physical health care provider referral	8%	7%	8%	7%
Behavioral health care provider referral	6%	9%	6%	5%
Social service provider referral (e.g., Community Supports provider)	2%	5%	23%	21%

Notes: *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).

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Most ECM Providers Come to Patients/Clients Physically

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.

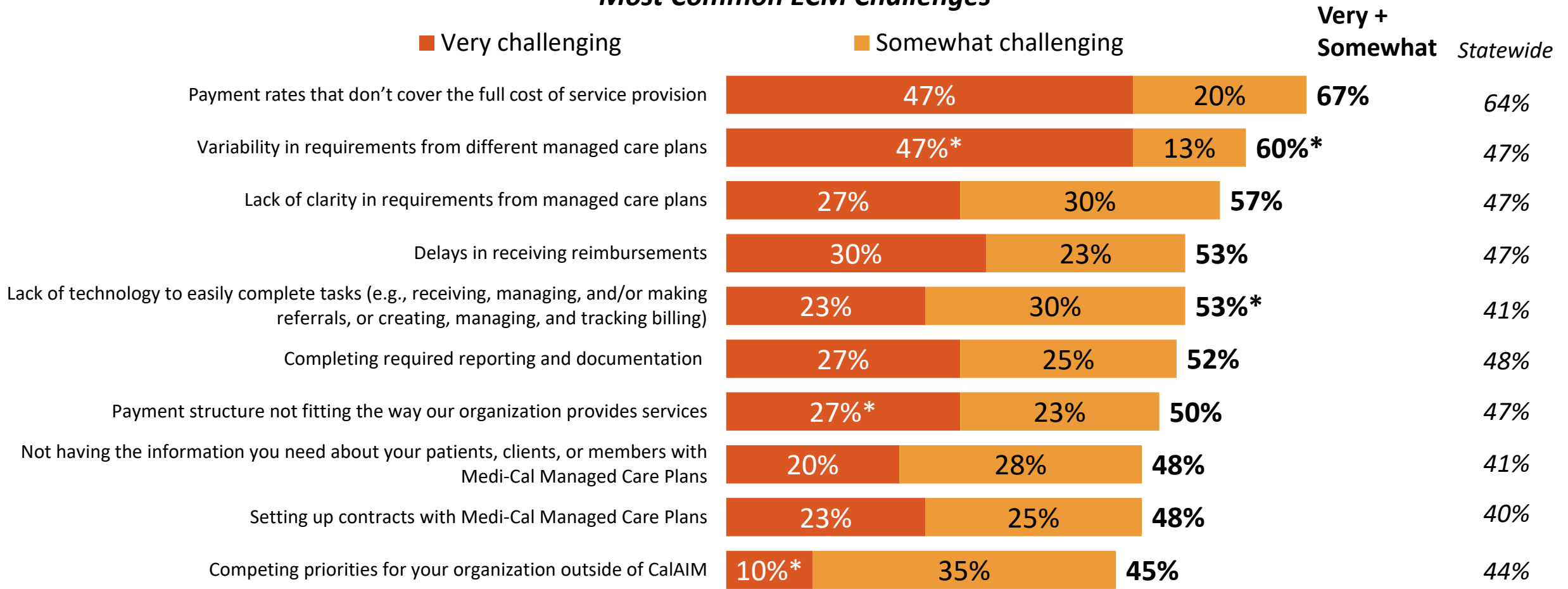|	Chart	Statewide
Face-to-face at the client's location	36%	45%
Face-to-face at the provider's location	29%	28%
Over telehealth phone	24%	17%
Over telehealth video	5%	4%
Other	4%	3%
Unsure	2%	4%

Notes: *ECM* is Enhanced Care Management. Asked of ECM providers (*n*=83). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Southern 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*

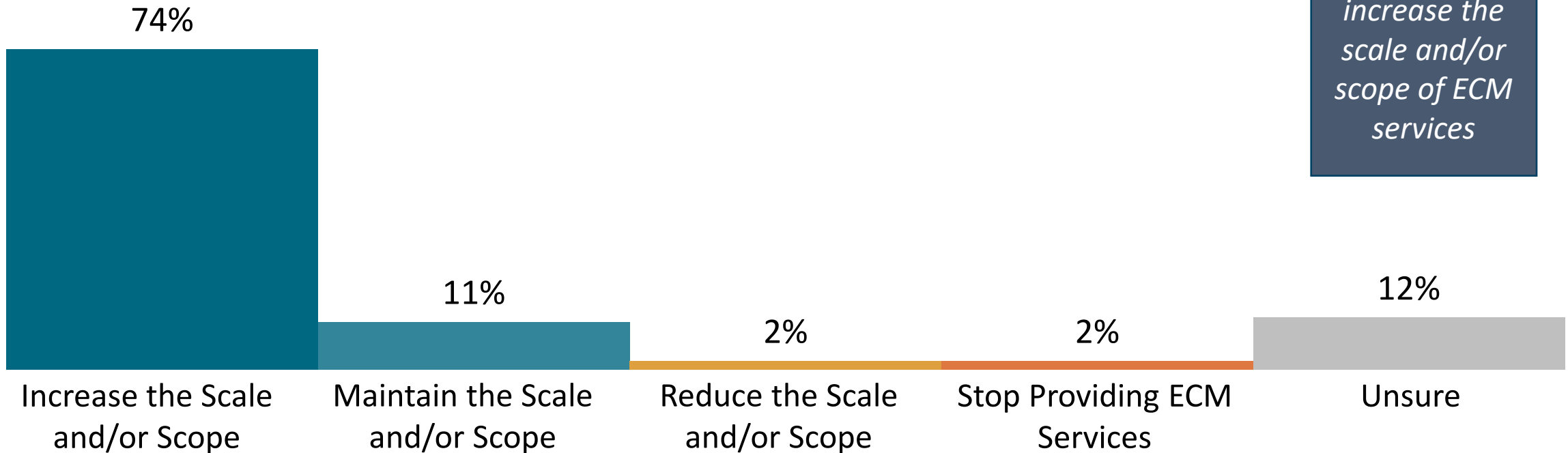| Challenge	Very challenging	Somewhat challenging	Very + Somewhat	Statewide
Payment rates that don't cover the full cost of service provision	47%	20%	**67%**	*64%*
Variability in requirements from different managed care plans	47%*	13%	**60%***	*47%*
Lack of clarity in requirements from managed care plans	27%	30%	**57%**	*47%*
Delays in receiving reimbursements	30%	23%	**53%**	*47%*
Lack of technology to easily complete tasks (e.g., receiving, managing, and/or making referrals, or creating, managing, and tracking billing)	23%	30%	**53%***	*41%*
Completing required reporting and documentation	27%	25%	**52%**	*48%*
Payment structure not fitting the way our organization provides services	27%*	23%	**50%**	*47%*
Not having the information you need about your patients, clients, or members with Medi-Cal Managed Care Plans	20%	28%	**48%**	*41%*
Setting up contracts with Medi-Cal Managed Care Plans	23%	25%	**48%**	*40%*
Competing priorities for your organization outside of CalAIM	10%*	35%	**45%**	*44%*

*This result is significantly different from results statewide at the 95% confidence level.
Notes: *ECM* is Enhanced Care Management. Results reflect responses from ECM providers in in Southern California (*n* = 60) and are ranked by "Very and Somewhat Challenging."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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

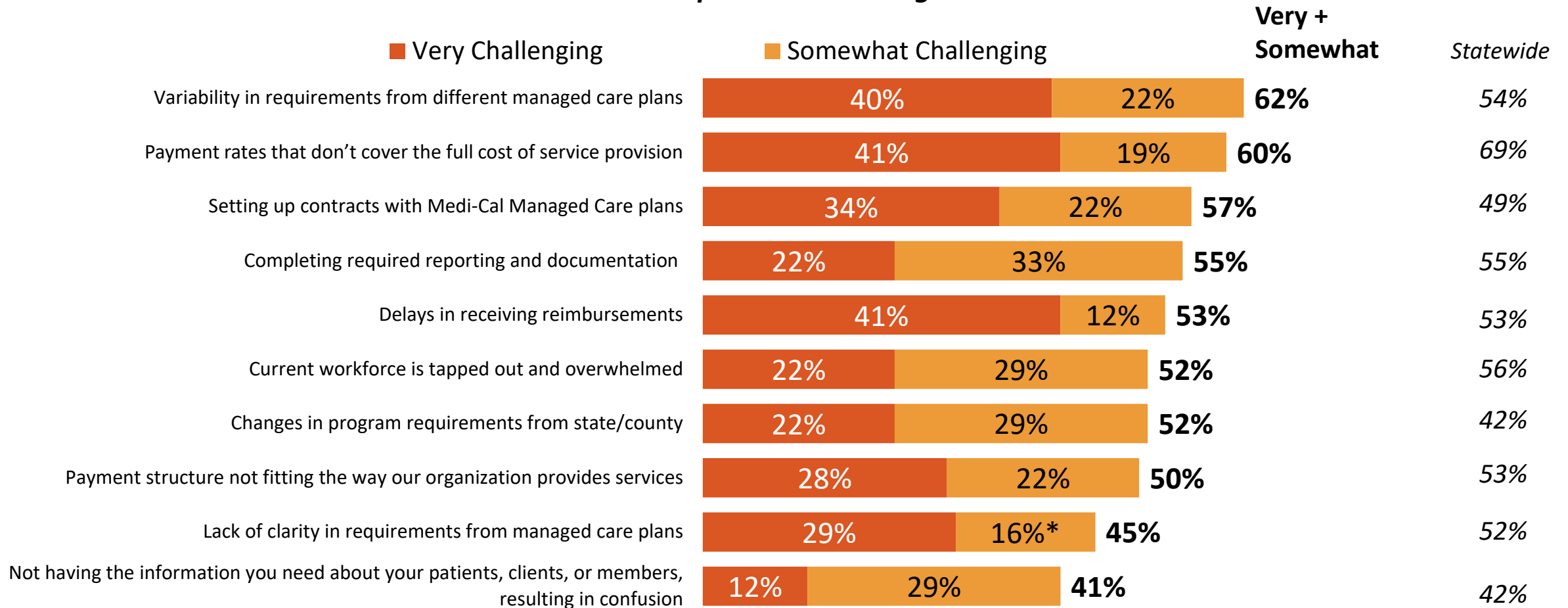*As you think ahead to the next year, what are your intentions with your organization's ECM services?*

Increase the Scale and/or Scope	Maintain the Scale and/or Scope	Reduce the Scale and/or Scope	Stop Providing ECM Services	Unsure
74%	11%	2%	2%	12%

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

Notes: *ECM* is Enhanced Care Management. Asked of leaders who provide ECM in SoCal (*n*=65). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

Southern California Implementers Face an Array of Community Supports Challenges

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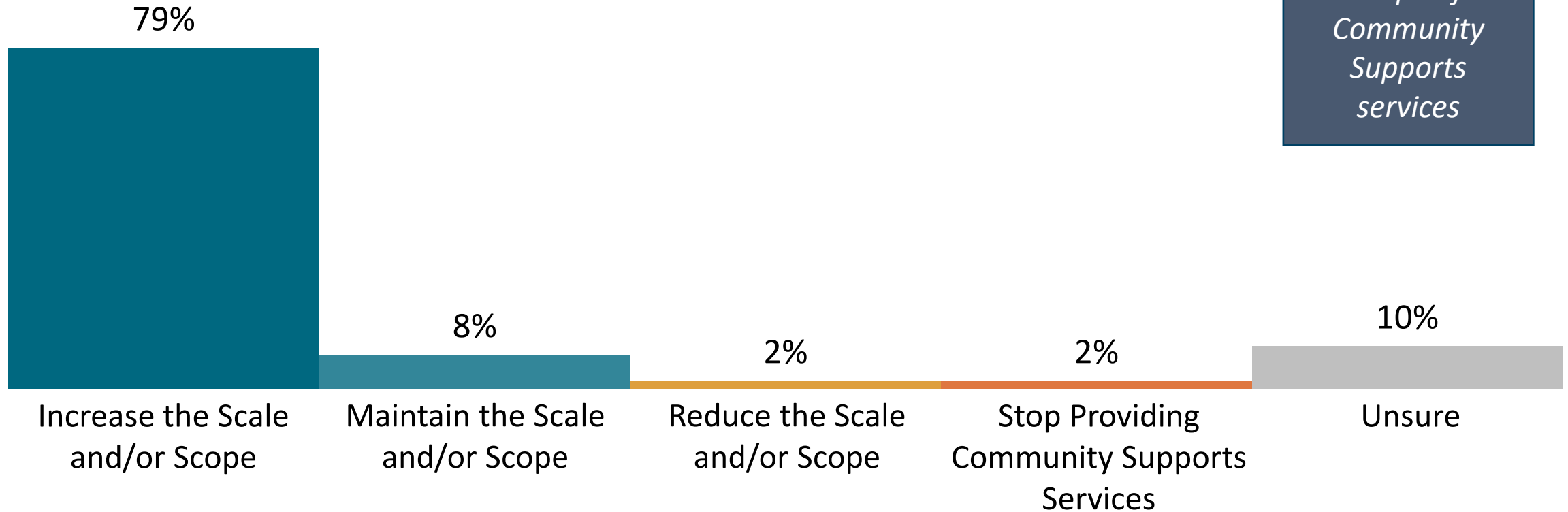***Top Tier CS Challenges***

	Very Challenging	Somewhat Challenging	Very + Somewhat	Statewide
Variability in requirements from different managed care plans	40%	22%	**62%**	*54%*
Payment rates that don't cover the full cost of service provision	41%	19%	**60%**	*69%*
Setting up contracts with Medi-Cal Managed Care plans	34%	22%	**57%**	*49%*
Completing required reporting and documentation	22%	33%	**55%**	*55%*
Delays in receiving reimbursements	41%	12%	**53%**	*53%*
Current workforce is tapped out and overwhelmed	22%	29%	**52%**	*56%*
Changes in program requirements from state/county	22%	29%	**52%**	*42%*
Payment structure not fitting the way our organization provides services	28%	22%	**50%**	*53%*
Lack of clarity in requirements from managed care plans	29%	16%*	**45%**	*52%*
Not having the information you need about your patients, clients, or members, resulting in confusion	12%	29%	**41%**	*42%*

Notes: *CS* is Community Supports. Responses come from CS providers in Southern California (*n* = 58). Results are ranked by "Very and Somewhat Challenging."
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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Vast Majority in SoCal 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?

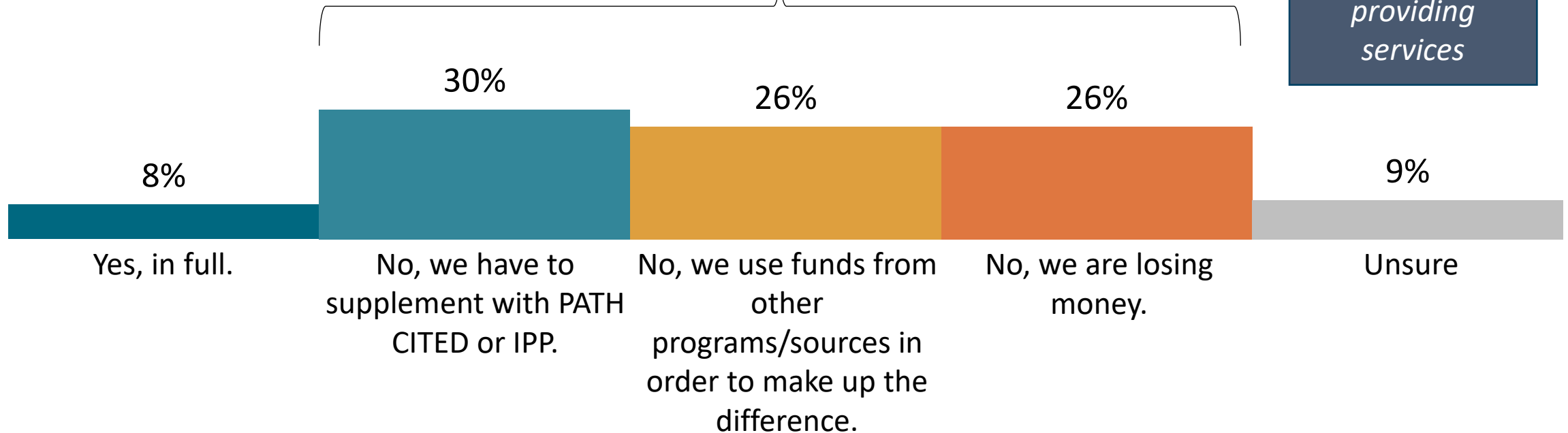**Statewide, 69% plan to increase the scale and/or scope of Community Supports services**

- 79% — Increase the Scale and/or Scope
- 8% — Maintain the Scale and/or Scope
- 2% — Reduce the Scale and/or Scope
- 2% — Stop Providing Community Supports Services
- 10% — Unsure

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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 SoCal, 83% say payment rates are NOT covering costs of providing services

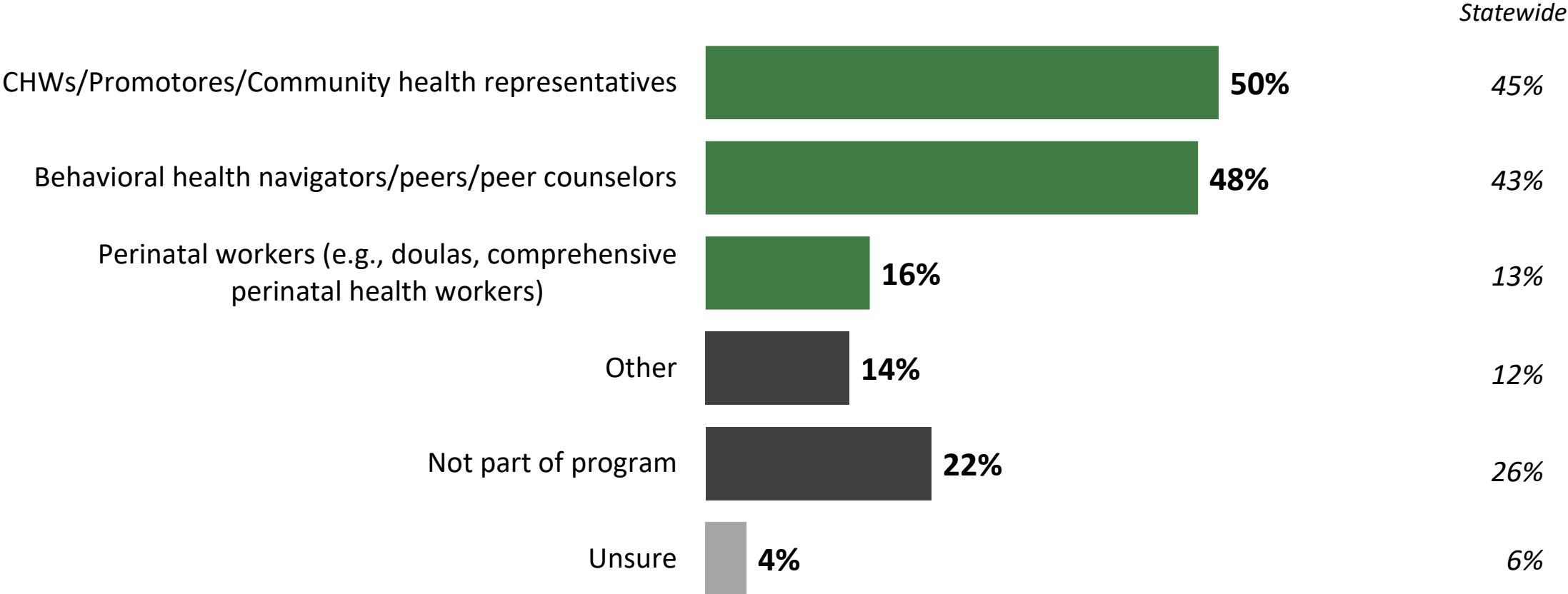*Statewide, 79% say payment rates are NOT covering the costs of providing services*

8%	30%	26%	26%	9%
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

CHWs and BH Payment Reform
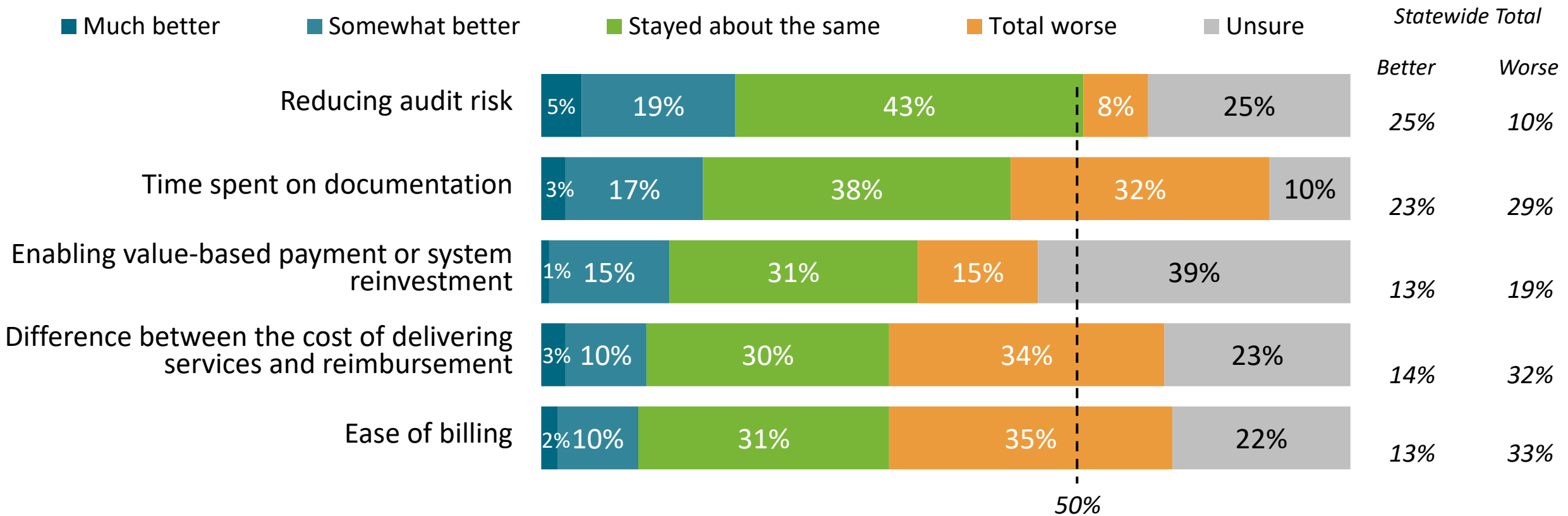
Leaders Report Employing Community-Based Health Workers

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

Statewide

Category	Program	Statewide
CHWs/Promotores/Community health representatives	50%	45%
Behavioral health navigators/peers/peer counselors	48%	43%
Perinatal workers (e.g., doulas, comprehensive perinatal health workers)	16%	13%
Other	14%	12%
Not part of program	22%	26%
Unsure	4%	6%

Notes: Asked of leaders only (*n*=187). Totals may not sum to 100% due to rounding.
Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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
Reducing audit risk	5%	19%	43%	8%	25%	25%	10%
Time spent on documentation	3%	17%	38%	32%	10%	23%	29%
Enabling value-based payment or system reinvestment	1%	15%	31%	15%	39%	13%	19%
Difference between the cost of delivering services and reimbursement	3%	10%	30%	34%	23%	14%	32%
Ease of billing	2%	10%	31%	35%	22%	13%	33%

50%

Notes: Questions were asked of specialty behavioral health implementers (*n* = 88). Responses are ranked by "Total Better." Items may not sum to 100% due to rounding.
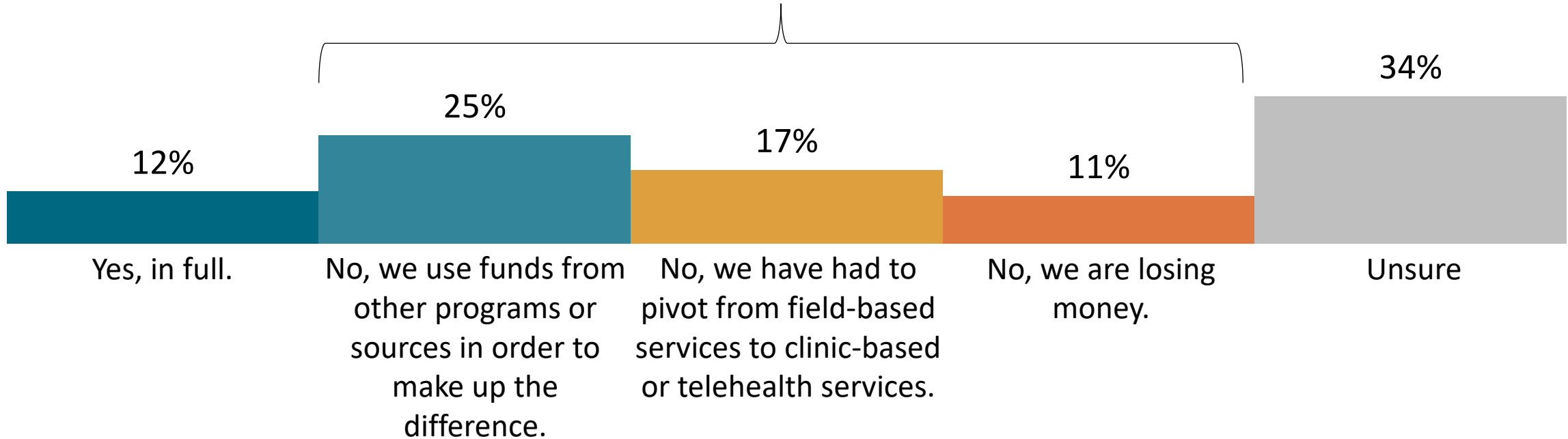Source: CHCF/GSSR 2024 Survey of CalAIM implementers (August 9–September 16, 2024).

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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?

53% say payment rates are NOT covering the costs of providing services

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

12%	25%	17%	11%	34%
Yes, in full.	No, we use funds from other programs or sources in order to make up the difference.	No, we have had to pivot from field-based services to clinic-based or telehealth services.	No, we are losing money.	Unsure

Notes: Questions were asked of specialty behavioral health implementers (*n* = 88). 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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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
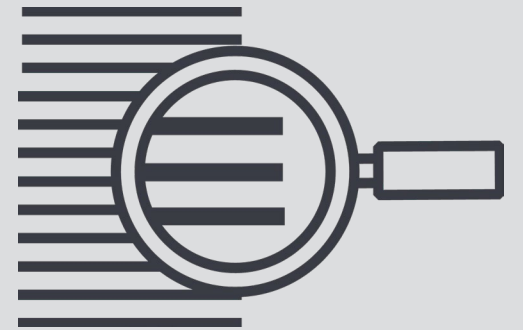
Southern California Implementers Cite Successes So Far

"I feel we do a really good job transitioning from hospital or clinic care to a home care setting. We work with local home care service providers to help make this transition possible"

– Frontline Provider, Federally Qualified Health Center

"Assisting persons who are experiencing homelessness are matched to and access community supports that provide rapid rehousing services."

– Leader, Re-Entry Services

"Successfully integrating medical and social service resources to provide more comprehensive support for high-risk patients requiring complex care. Through cross-sector collaboration, we have been able to better address the full spectrum of patient needs, leading to improved treatment outcomes and patient satisfaction."

– Frontline Primary Care Provider

"Able to successfully connect with three of the health plans to provide an in-service to our team specifically around Community Supports and Enhanced Case Management."

– Frontline Provider, Social Service Organization

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

Southern California Implementers Ask for . . .

"A more unified process of how CalAIM ECM and CS should be implemented so that we are all on the same page. All the health plans have done things their own way, making it confusing for providers to be up to date and remember the differences."

– Frontline Provider, Federally Qualified Health Center

"We constantly deal with delay in communication, delay in authorizations, delay in payments [from MCPs], to name a few of our issues. The amount of work hours it takes is doubled and hurts a small organization like ours."

– Leader, Pediatric SNF/DP and ICF/DD-N

"Large organizations are not accepting the services of community organizations, stating they are at capacity, but the uptake of services is poor. Letting the community-based organizations do outreach and bring in the referrals will increase uptake. Unfortunately, the insurance companies and MCOs are 'at capacity.'"

– Leader, Personal Care Agency

"In general, it feels like each county we work with has a different interpretation of rules and regulations. While CalAIM should make things easier, it feels as though the individual counties still choose how to interpret the policies, causing no continuum of our procedures."

– Frontline Provider, Specialty Behavioral Health