



CalAIM Academy for Hospitals and Health Systems

Session 6: Bringing It All Together
Wednesday, April 23, 2025 | 12-1:30 p.m.





Let's Hear From You!

Chat in your...

- Name
- Role
- Organization
- Location
- *& A hope or goal you have relating to your organization's CalAIM work*

Academy Norms

1. **Build connections** – use the chat box to connect and exchange contact information with others.
2. **All teach, all learn** – we all have something we can learn, and we all have something we can teach others.
3. **Create a safe space** – for sharing of learnings, challenges, and vulnerability.
4. **No sales, please** – this is not a space to sell your product or technology to others.
5. **Own this with us** – bring your questions and ideas for improvement.

Academy Logistics

- All calls are recorded (not breakouts)
- Accessing resources
- End of Program Feedback Survey
- Continuing Education Credits
 - Expect ACHE & BRN certificates by end of April

EDUCATION & WORKSHOPS

Roundtables, Webinars, Podcasts, Workshops

View All



Education and Workshops



October 2, 2025 – Save the Date! Supplier Diversity Conference

Education and Workshops



CalAIM Academy – Session 2: Hospital's Role in CalAIM Leadership

Education and Workshops



CalAIM Academy – Session 3: Building the CalAIM Infrastructure

<https://communities.hasc.org/education-workshops/>

Our Six-Session Arc

1

Introduction &
CalAIM Overview

2

Hospital's Role in
CalAIM Leadership

3

Building CalAIM
Infrastructure

4

Coordination in
Community-Based
Health Care

5

Payment Models
for the Future

6

Bringing It All
Together

Today's Objectives

- Envision how CalAIM can be optimized to advance equity and population health outcomes for complex patients.
- Reframe the development of delivery systems for CalAIM to be scaled to benefit other populations.
- Distill how leadership, incentives, workforce, and workflows can align to support investments in CalAIM.
- Connect the learnings from the CalAIM Academy into actionable steps for advancing their work.



Today's Agenda

Welcome to Session 6

Bringing It All Together

Breakouts

Moving Forward

Closing Announcements

End of Program Evaluation





Bringing It All Together

Our Six-Session Arc

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Bringing It All
Together

A Paradigm Shift in Building Ecosystems

Culture

- Mission
- Executive sponsorship
- The external environment

Incentives

- CalAIM funding
- Appropriate utilization
- Quality improvement
- Value-based care



Structure

- Organizational Infrastructure and developing new service lines
- Building a system of care in partnership with community
- Data

Competencies

- Staff and team roles
- Integrating workflows to address high utilizers and ED challenges
- Integration of social and clinical care



CalAIM 101 For Hospitals

When Systems Fail, Hospitals Step In



Unsplash via [Miguel Aulsejo](#)

- **Homelessness** → ERs as shelters of last resort
- **Food insecurity** → Malnourished mothers & babies showing up in labor & delivery
- **Lack of primary care access** → Overuse of ER for preventable complications
- **Mental health crises** → Inpatient psych holds due to lack of outpatient care
- **Racism & chronic stress** → Higher rates of preterm birth & maternal morbidity

CalAIM Overview: Goals

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory.



Implement a whole-person care approach and address social drivers of health.



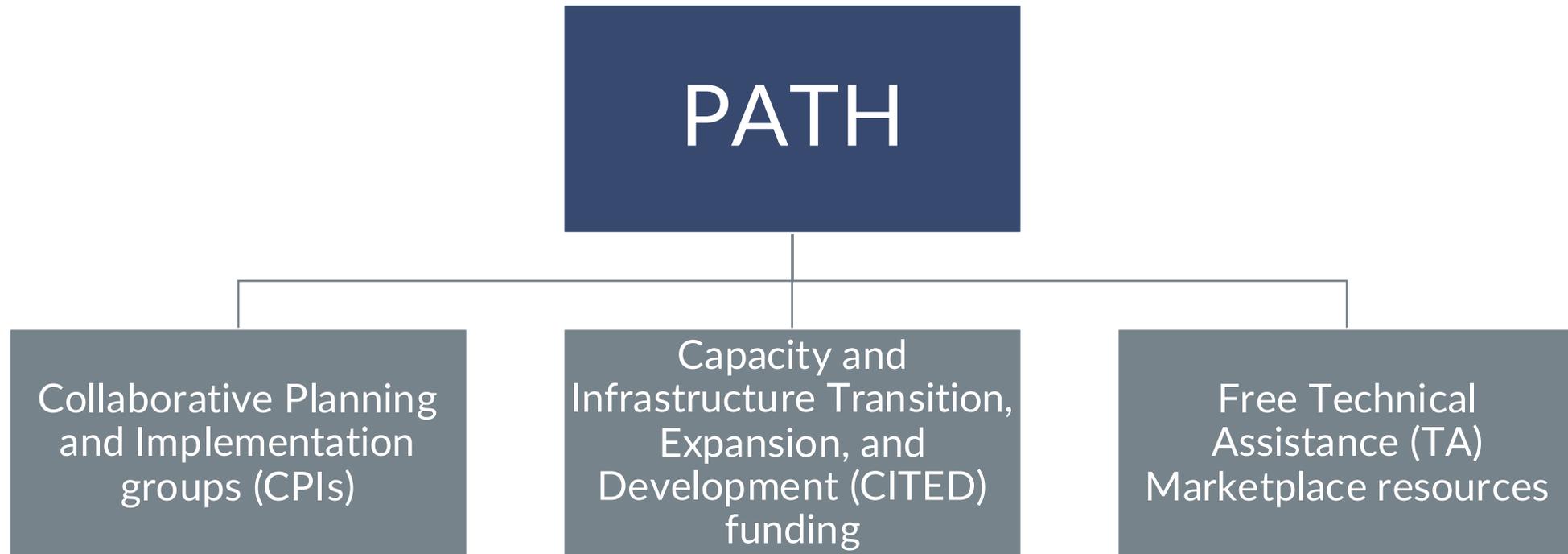
Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

Our journey to a healthier California for all

Providing Access and Transforming Health (PATH) Supports CalAIM Implementation



Building Infrastructure with CalAIM



What are you already doing that you can bill for via CalAIM?



What services do your patients (members) need that you could expand to provide?



What additional funding sources are available to create a sustainable infrastructure?



What level of care coordination/integration can be created with community partners to benefit your patients?

Strategic Advantages of Engaging with CalAIM

Improve utilization and care for Medi-Cal patients, laying the foundation for all payers.

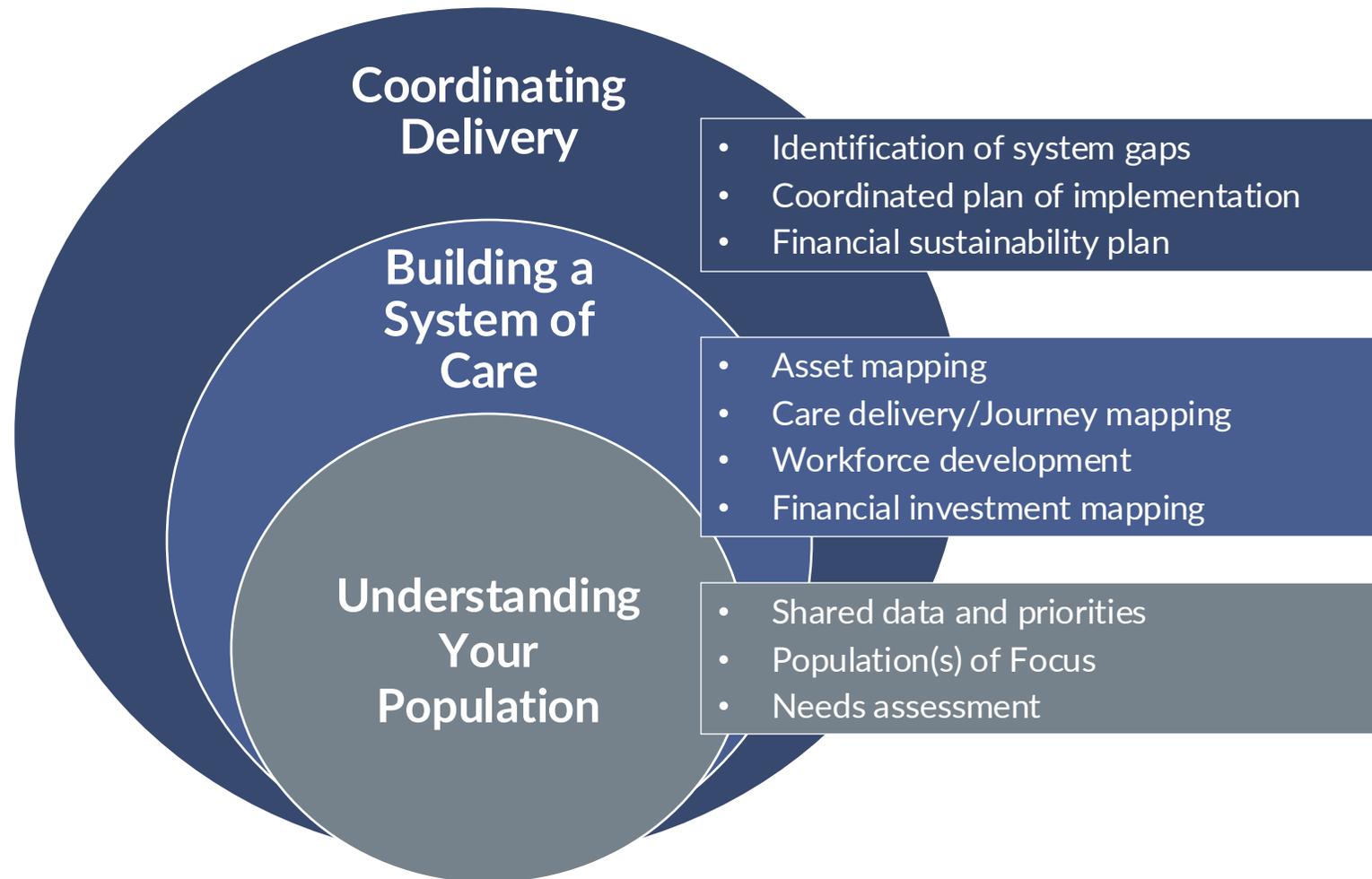
Develop an integrated care system with community partners.

Create new sustainable revenue opportunities for CalAIM services developed and operated by the hospital.

Develop an infrastructure of care that can be deployed to other populations.

Building a Connected Community of Care

CalAIM as a Community of Care for Socially Complex Communities



<https://pubmed.ncbi.nlm.nih.gov/34524769/>

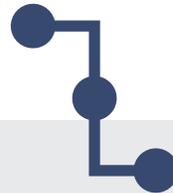


Hospital's Role in CalAIM Leadership

The Roles of a Hospital in CalAIM



Contract as an
ECM and/or
Community
Supports provider



Make referrals
into the CalAIM
ecosystem



Co-create a
communitywide
delivery system

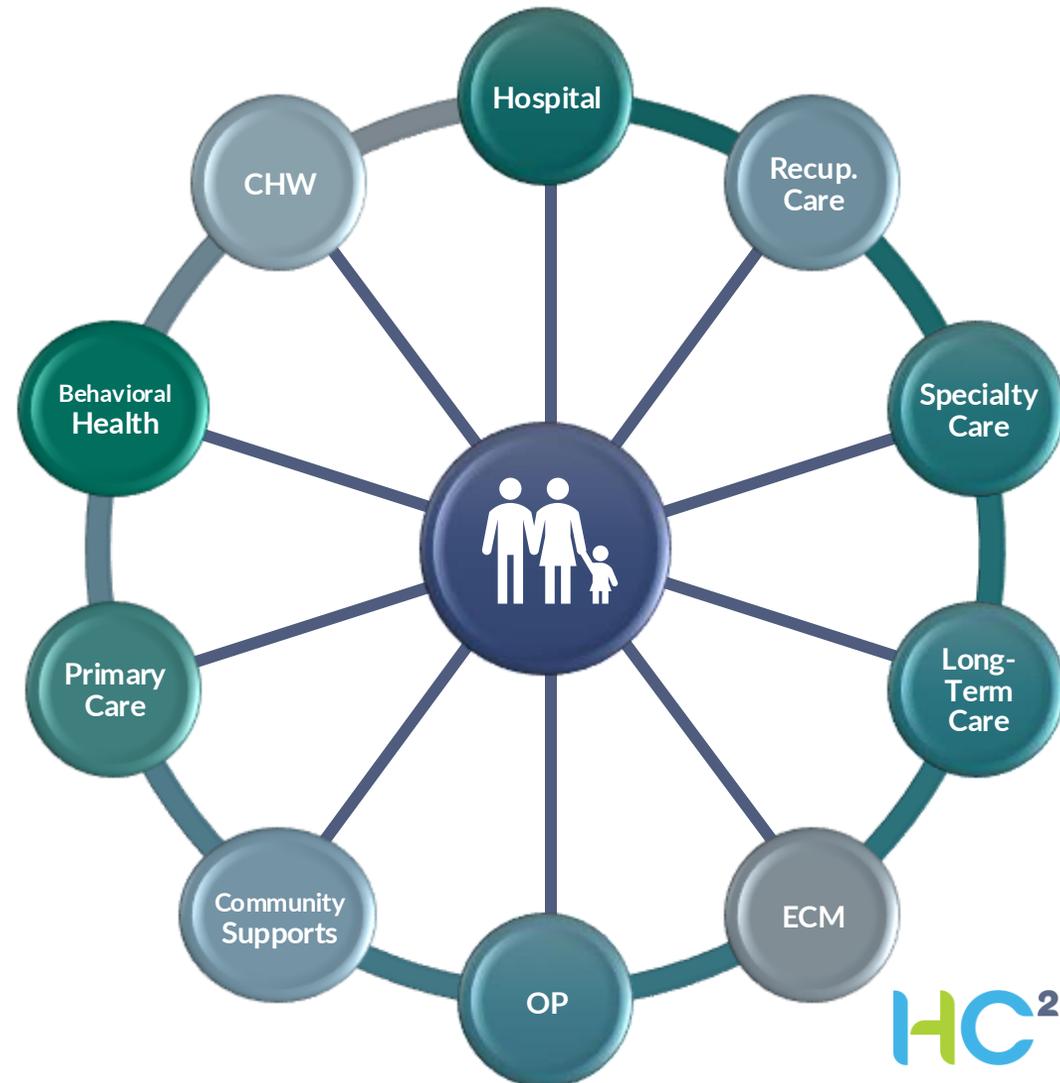
Every hospital has a role in Medi-Cal transformation!

System Integration as a Pre- and Post-Acute Care Strategy

Person-Centered Integrated Model

- Alternative, person-centered, intentional transitions and post-acute care strategies integrated into systems
- Value case: saves money and keeps members at home
- Build relationships to ensure successful transitions of care for patients.

[Transitions of care policy](#)



Roles of Key Players



All roles connect to the same strategic imperative

Generating Buy-in for CalAIM



Speak their language



Present the key benefits



Use data and metrics



Address their concerns



Create a clear implementation plan



Leverage support from partners



End with a call to action

The Hospital's Role in CalAIM

- 1 **Contract** as an ECM and/or Community Supports provider.
- 2 **Make referrals** into the CalAIM ecosystem.
- 3 **Identify** frequent inpatient and ED utilizers.
- 4 **Educate** clinics and physicians on CalAIM services.
- 5 **Train** providers and **develop** workforce

- 6 **Align** financial and administrative functions.
- 7 **Integrate** data sharing and care.
- 8 **Advocate** for Medi-Cal infrastructure in your community—partner with MCPs, county leadership, and CBOs.
- 9 **Send** a representative to join local PATH CPIs to connect to information and supports.
- 10 **Integrate** systems with other initiatives (i.e., transitions care policy).

Session 2 Bright Spot



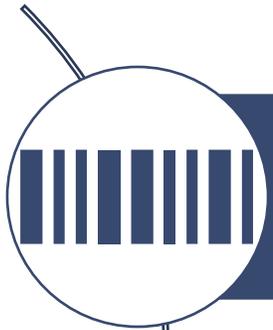
Keri Carstairs, MD MBA

VP of Network Operations
& Clinical Integration, Chief
Population Health Officer

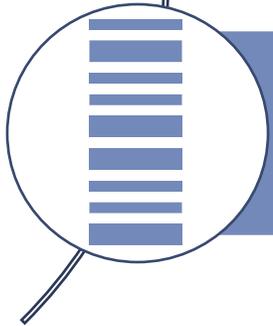


Building the CalAIM Infrastructure

Alternative Approaches to Integration



Set up a care delivery system with community partners
(Horizontal Integration)



Contract and deliver services under CalAIM
(Vertical Integration)

Vertical Integration

Develop ECM Services for targeted Populations of Focus (POF)

Identify POF and develop services

Contract with Managed Care Plans



Develop Community Supports aligned with your members' needs

Identify and develop community supports

Contract with managed care plans



Coordinate with community partners for other services not provided internally

ECM services for POF not provided by hospital

Community Supports needed by members but not provided by hospital

Getting Started: Contracting and Delivering CalAIM Services

1. Governance/Leadership
2. Assessment
3. Partnerships
4. Financing
5. Operations



Session 3 Bright Spot



Yesenia Mock

System Administrative Director
for Value Based Care

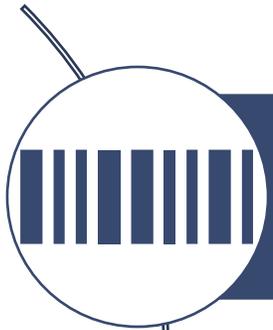
Ashten Phillips

System Director for CalAIM

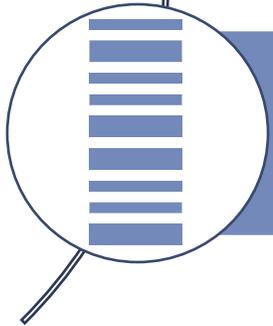


Coordination in Community-Based Health Care

Alternative Approaches to Integration



Set up a care delivery system with community partners
(Horizontal Integration)



Contract and deliver services under CalAIM
(Vertical Integration)

Getting Started: A Care Delivery System with Community Partners

1. Understand Patient Needs

- What services are available through CalAIM that meet the needs of your patient population?

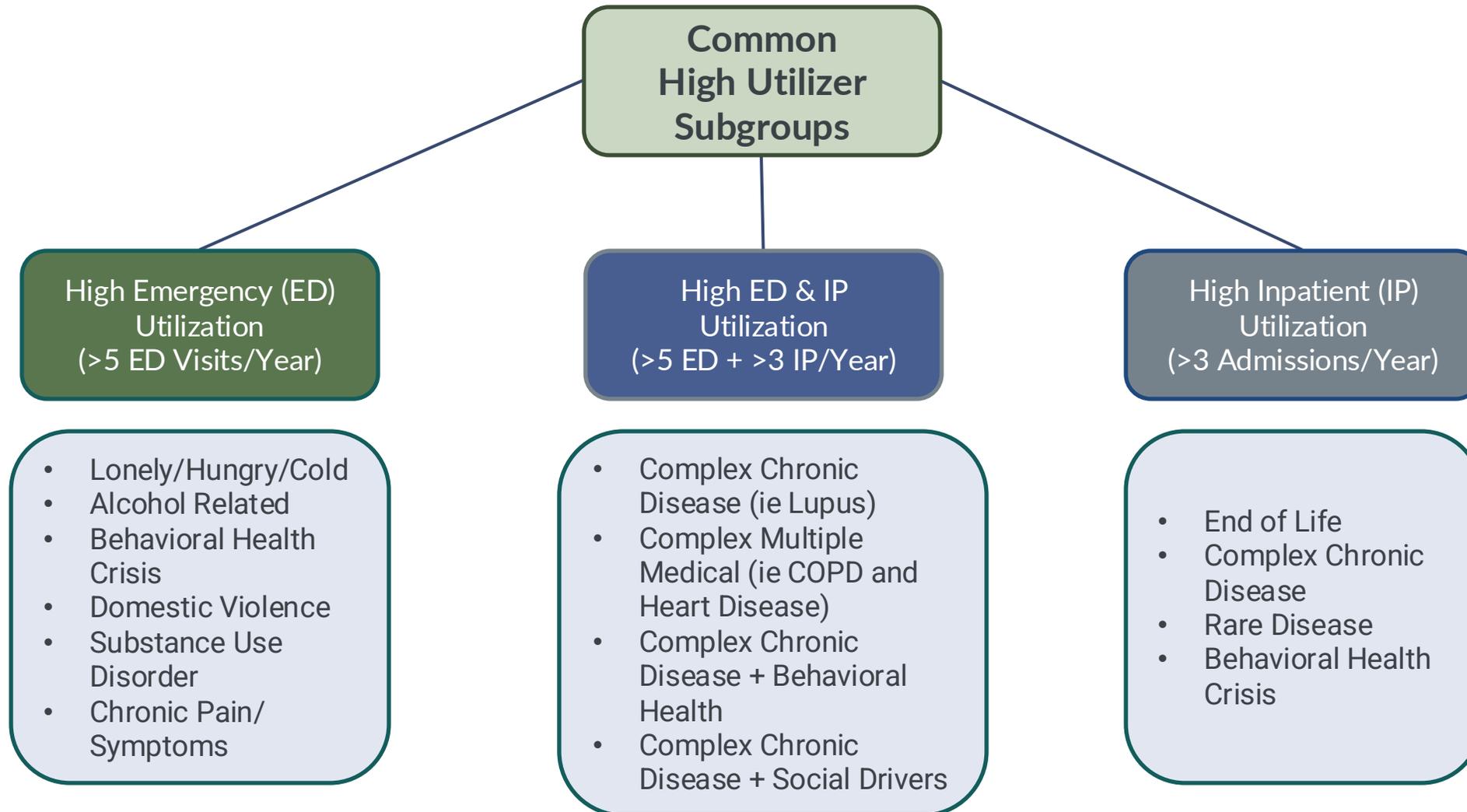
2. Assess Your Environment

- Conduct an inventory of providers who are providing ECM and Community Support services in your service area.
- Understand what new services have been funded and how you make referrals to them.
- Learn how your region is building new systems of care with CalAIM funding streams.

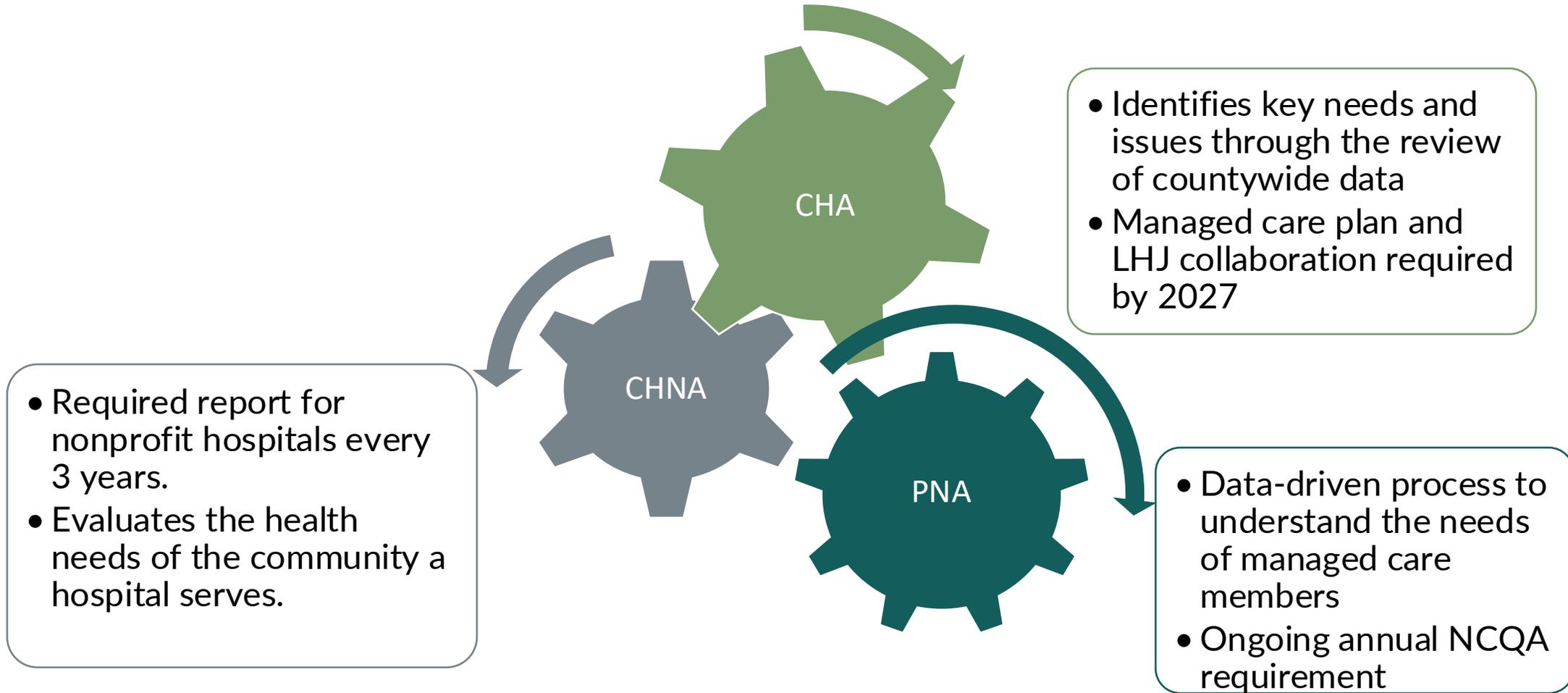
3. Build Partnerships with ...

- Your county on behavioral health and substance use disorders.
- Your county and managed care plans on a regional community health needs assessment.
- Providers who are serving your local community and integrate their services.

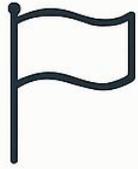
Sub-Populations That Stem from Data on High Utilizers



Integrating Assessments for Collective Action



Strategic Roles in Addressing Community Needs



LEAD

Take primary responsibility for initiatives aligned with your core strengths and resources

- Care coordination for chronic disease
- Preventive screenings
- Health education programs

PARTNER



Collaborate with community organizations where shared responsibility and expertise are key

- Behavioral health integration with local clinics
- Food access programs with food banks
- Maternal health coalitions

SUPPORT



Offer resources, data, or advocacy for initiatives led by others

- Housing stability programs led by local housing authorities
- Workforce development led by local colleges
- Transportation access with city transit services

Session 4 Bright Spot



Bridget Henderson, MSW
Medical Social Worker
Sharp Coronado Hospital



Mathew Mahdian, MHA
ECM Operations Manager
Serene Health



Ronni Duncan, LCSW
Manager of Care Management
Adventist Health Clear Lake



Payment Models for the Future

Start Up Funding

Funding Sources

- **IPP** – Provider capacity, infrastructure, quality
- Apply through MCP – ENDED June 2024 but some MCP's still have selected availability

1

- **PATH CITED** – workforce & infrastructure
- Round 4 (final round) applications now open through May 2.

2

- **TA Marketplace** – Funds to purchase TA
- Apply here – ENDS December 2025

3

- Philanthropy

4

- Grants

5

Support for
Your Services:
Funding Opportunities Cheat Sheet (ca.gov)

Financial Model Considerations

- When performing financial feasibility or pro-forma – focus on **incremental revenue and expenses.**
- **Combine all cost centers** providing services to the market.
- Revenue should **combine all revenue sources:**
 - ECM
 - Community Supports
 - Other adjacent services you want to combine in the model (i.e. CHW, etc.)
 - Include both service reimbursement as well as grant supported revenue.
 - Any quality related reimbursement collected related to these services (QIP)
- **Combine all direct costs** incurred to provide services:
 - Labor Costs – including Benefits
 - Supplies, equipment, space, sub-contractors, etc.
- **Focus on Contribution Margin**
 - Avoid confusion and impact of overhead calculations
- **Value assumptions on indirect financial benefit** (but report separately)
 - Clinic visits/revenue
 - Improved utilization/reduced L.O.S.



Cost/Expense Considerations



- Salaries should include the direct wages and benefits of staff providing and supervising the services
- Include incremental overhead staffing costs:
 - Additional billers
 - Marketing costs
- Include incremental equipment and space costs
- Include supplies, transportation, and other costs directly related to the provision of services.

Additional Considerations



Incentive payments from managed care plans (e.g., based on engagement or health outcomes).



Shared savings if participating in value-based payment arrangements.



Subcontracting to CBOs (can shift part of costs, adjust accordingly).



Focus on Contribution Margin (should be clear how the service contributes to organizational overhead allocations).

Session 5 Bright Spot



Joanna Garneau
Program Manager



Breakouts

Reminder: Academy Norms

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We'll Now Open Breakout Rooms

The group will be split into three rooms for a discussion

What is sticking with you from the program?

What is still circling for you?

What did you take from this program to your team?



Moving Forward

A Paradigm Shift in Building Ecosystems

Culture

- Mission
- Executive sponsorship
- The external environment

Incentives

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Reflection and Action

1. How do we seize this moment and use these opportunities to create a better system of care?
2. How can we use these services and relationships to improve the effectiveness of our hospitals in meeting our communities needs?
3. How do we develop a sustainable financial and operational model to make our hospitals more successful and resilient?
4. How do we provide leadership to support and empower a community-based care model.

Actions for Moving Forward

Review	existing committees and teams in your organization to see where CalAIM fits—or build an internal CalAIM team. Start talking internally about how to effectively integrate the CalAIM work at all roles/levels.
Assess	the current ecosystem for CalAIM in your community. <ul style="list-style-type: none">• Identify needs and what services resonate most for your patients?• Identify key partners in your community
Connect	with the managed care plans in your county
Join	the PATH CPIs to gain access to coaching/support and timely updates
Consider	applying for PATH CITED Round 4 by May 2
Identify	the biggest needs in your current infrastructure or anticipated infrastructure and browse the TA Marketplace for support
For Non-Hospitals:	
Explore	<i>partnerships with your local hospitals</i>



Closing Announcements

Submit Interest In Continued Supports

We are in the exploration and design of continued/deeper supports for hospitals and health systems on their CalAIM journey, all of which would be free to join.

Please [fill out this form](#) to indicate your interest and to receive more information in the coming weeks and months.



<https://forms.office.com/r/n7NsDUqz8X>

PATH Collaboratives



Every county is designated to a local PATH Collaborative, where participants can engage in:

- In-person and virtual meetings
- Local networking and market awareness
- Best-practice sharing
- Escalating issues to DHCS

PATH = Providing Access and Transforming Health



Learn more here: <https://www.ca-path.com/collaborative>

Find your local PATH Collaborative [here!](#)

Join the Next CalAIM 101 Webinar

*Are you or a colleague new to CalAIM?
Could you use a refresher on the basics of CalAIM?*

We welcome you to join our quarterly CalAIM orientation, which includes an opportunity to ask questions.

The next CalAIM 101 is being held on May 8, 2025
[Register for the quarterly series here.](#)

CHCF's Health Care Leadership Program

Applications are now open for the CHCF Leadership Program Cohort 25!

The CHCF Leadership Program is for clinician leaders across California who are ready to expand their leadership capacity and catalyze transformative healthcare improvement for all communities.

Through an interactive cohort model, fellows...

- broaden their management skills
- sharpen their organizational leadership capacity
- gain insights into the trends and challenges facing health care in California
- join an alumni network of visionary health care leaders upon graduating

[Learn more and apply here!](#)

Additional Resources

- Tune into California Health Care Foundation's [CaAIM in Focus newsletter](#)
- Access DHCS resources: <https://www.dhcs.ca.gov/calaim>
 - Webinars
 - Office Hours
 - Online resources
 - Managed care plans' gap-filling plans
 - [PATHways Success Stories website](#) and [story submission form](#)
- Review the [PATH On Demand Resource Library](#) for more support.
 - Refer to the “Policy Guides” for detailed information on addressing ECM and Community Supports



Please fill out our survey

Feedback will be incorporated into future iterations of the CalAIM Academy and other supports for hospitals

We invite you to stay on the line and take the survey now! Click the link in the chat or scan the QR code.

The survey will also open as you exit out of the Zoom, and we will include the link in our follow up email.



<https://forms.office.com/r/hvG14HtsBT>



Thank you!