



6.11.25 | Can California's CalAIM Medicaid Transformation Initiative Achieve Systems Integration? Webinar

Presented by S4A investigators Caroline Fichtenberg and Rohan Rastogi at the University of CA, San Francisco with commentary by Ajira Darch and Joanna Oboza

- **Can community based organizations in Uganda benefit/participate in the CalAIM services like Racial Health Equity or its for only US organization? Joseph from Uganda.**
 - No, unfortunately CalAIM is a program that is only available in California.
- **What advice might you have to serve as a “bridge” between MCPs and providers that are implementing Cal AIM, to build a common narrative about Cal AIM as a “transformative justice” intervention, that addresses SDOH, and therefore are a racial health equity strategy? I am asking as an implementation research scientist and health service psychologist that provides consulting services to MCPs and Cal AIM service providers.**
 - Our research suggests that both MCPs and providers could benefit from better understanding how CalAIM could be helpful for helping to reduce racial inequities. Even though CalAIM has a focus on SDOH, how it is implemented will determine whether it reduces racial inequities. E.g., Do MCPs and providers understand the difference between equality and equity? Do they understand the barriers that minoritized communities face in accessing services, finding trustworthy providers, etc. Are MCPs making concerted efforts to contract with trusted community-based culturally competent providers? Are MCPs and TA providers/CPI collaborative leaders focusing substantial effort to help build the capacity of smaller minority led or focused organizations who face more barriers to participating. Those are just some suggestions.
- **How are the MCPs engaging/selecting the CBOs that they partner with, and about how long (on average) has it taken CBOs who are ready to contract with the MCPs?**
 - My sense is that the MCPs first tried to contract with organizations that they already knew about from previous work. I think they also likely asked around and looked online for organizations that could provide the services they wanted.
 - I think the time it takes to contract depends on the CBO and the MCP (e.g. how quickly they are able to submit the documents and how quickly the MCP reviews them, etc.). My guess is that the minimum time is at least a few months, but in some cases I think it can take more than 6 months.
- **Why are we naming these orgs as CBOs, when clearly they were not representative of community?**
 - That's a great question. We have gone back and forth about what to call these organizations. Sometimes we call them social services organizations and your questions is making me think that she should probably stick to that label.
- **Why aren't we supporting research around interventions, for example, decreasing barriers for CBOs who are actually from the community to engage in the work of CAL AIM?**
 - Great question! In some ways we are studying an intervention since CalAIM is an intervention. And we hope that our research and the recommendations that will come from it can help spur changes to how the program is being implemented to remove barriers that CBOs are experiencing.