

## **Community Provider Advisory Group**

## Heard and Noted from CPAG Members

Area	Challenges	Opportunities/Ideas
Access to Care	<ul> <li>Lack of awareness among clients of available services</li> <li>Limited workforce capacity to conduct outreach and serve eligible individuals</li> <li>Consistent Medi-Cal enrollment</li> <li>Lack of adequate resources to support the community (e.g. housing)</li> <li>Persistent health disparities along race/ethnicity and socioeconomic status</li> </ul>	<ul> <li>Community Health Worker benefit can support outreach and education activities</li> <li>Partnerships between Managed Care Plans and providers are growing</li> <li>HealthPAC strengthens the whole system</li> <li>Make it easier for clients to really have no wrong door</li> </ul>
Coordinated Service Delivery	<ul> <li>Lack of understanding of full spectrum of services and partners</li> <li>Insufficient infrastructure to follow an individual client that many organizations are serving</li> <li>Lack of infrastructure and funding to support required reporting, collaboration, and coordination</li> <li>Difficult to evaluate impact of systems and policy changes without shared metrics and roadmaps</li> <li>Some communities have low trust with the traditional system of care</li> </ul>	<ul> <li>Mapping organizations' services across the system to understand landscape</li> <li>Leverage State's Medi-Cal and data transformation initiatives to increase collaboration</li> <li>Expanding service/provider mix could increase capacity</li> <li>Pick something to work on together and work on core competencies model</li> </ul>
Data Exchange	<ul> <li>CalAIM billing requires significant infrastructure</li> <li>Data systems and platforms are often not interoperable or connected</li> <li>Not feasible for small CBOs to each build infrastructure for data/reporting, Medi-Cal billing, quality improvement, etc.</li> <li>Different requirements across funding streams</li> <li>Data is only collected for those connected to a system already—may be missing important information for people not connected</li> </ul>	<ul> <li>Leverage resources already developed (e.g. Social Health Information Exchange and the Community Health Record)</li> <li>Could leverage Data Exchange Framework requirements for data sharing across sectors</li> <li>Support CBOs with billing and capacity building</li> </ul>

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Optimizing Funding and Contracting	<ul> <li>Braided funding often comes with different goals and policies</li> <li>Challenging to manage low reimbursement rates and previously funded services that are no longer funded</li> <li>Provider organizations need infrastructure to administer and access funding</li> <li>Not all providers can bill for all types of services</li> <li>Increasing number of funding streams increases overhead, delays, and operational/administrative challenges</li> </ul>	<ul> <li>More collaboration and coordination to maximize funding</li> <li>CalAIM Housing Supports model is promising way to support CBOs</li> <li>Explore private philanthropy to incubate and innovate, but then shift to policy that supports sustainable funding</li> <li>Explore multi-year contracts, as well as flexible contract caps</li> </ul>
Partnerships Within and Across Sectors	<ul> <li>Different language and vocabulary across sectors</li> <li>Insufficient coordination across providers for behavioral health (mild to moderate vs serious illness)</li> <li>Need timely information sharing across sectors regarding upcoming policy changes and impacts</li> <li>Challenges navigating federal political and administration changes</li> </ul>	<ul> <li>Relationships are helpful in reducing barriers, adding capacity, and coordinating care</li> <li>Alignment of Population Health Management requirements for Managed Care Plans and Public Health Department</li> <li>Aligning assessments, goals, strategies, plans, etc. across sectors</li> <li>Leverage current collaboration spaces: Community Health Needs Assessment, Community Health Improvement Plan, and upcoming Prop 1 Integrated Plan</li> <li>Coordinating advocacy across sectors to affect policies</li> </ul>
Workforce	<ul> <li>Funding and training for administrative and technical skill development</li> <li>Workforce concerns: Burnout, competitive salaries, retention, and career ladders</li> <li>Support for training community health workforce</li> </ul>	<ul> <li>Focus on training across sectors</li> <li>Leverage mobile and telehealth services</li> </ul>