



Central California
Alliance for Health

STRATEGIC PLAN

2022-2026





Elsa Jimenez

Director of Health Services
Monterey County Health Department
Alliance Board Chair



Michael Schrader

Chief Executive Officer
Central California Alliance for Health

MESSAGE FROM THE ALLIANCE'S BOARD CHAIR

In 2020, the Alliance set forth a bold and simple statement of its vision: "Healthy People. Healthy Communities." By this, we envision a world where our members and our communities are experiencing the best health possible. This vision of working towards holistic wellness—and having the physical, social and emotional resources to achieve our healthiest selves and communities—requires focused, purposeful action.

This 2022-2026 Strategic Plan sets the Alliance on an important and ambitious journey. We intend to make considerable systemic changes that can significantly improve the health and well-being of all members, particularly those who historically and/or currently experience inequities.

As the Alliance was developing this plan, the COVID-19 pandemic further illuminated the gaps in our public health infrastructure, the siloes in the existing Medi-Cal delivery system, and the grave health disparities that Black, Indigenous and people of color (BIPOC) experience in our region and across the country. The Alliance's Board of Commissioners (the board) recognized tremendous opportunities to improve health by prioritizing equity and transforming the delivery system to put our members' goals and needs at the center of health care.

As we act to reduce disparities and transform the system, we are unwavering in our commitment to operate an efficient and effective Medi-Cal program and to continue collaboration with our provider and community partners. Over the next five years, the Alliance will build on its history of improvement and innovation, relying on member voices to inform and guide our actions. The Alliance will maintain its focus on delivering excellent core services, while ensuring sustainable financial performance. We will continue to value and rely on the partnerships that are so critical to this work.

The board thanks the community partners who contributed to the development of this plan and looks forward to the work ahead.

ABOUT THE ALLIANCE

Central California Alliance for Health (the Alliance) is a county organized health system and currently serves over 456,000 Medi-Cal members in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. Over its 28-year history, the Alliance has successfully improved quality and access to health care for people with Medi-Cal through innovation and partnerships with local providers and organizations.

The Alliance is governed by an 18-member board with representation from each county and has over 500 employees in five regional offices (Mariposa, Merced, Salinas, San Benito and Scotts Valley). The Alliance spends approximately 95 cents of every dollar on member care and only 5 cents on program administration.

To promote better health for members, the Alliance provides enhanced payments to providers, provider incentives for best practices and wellness rewards for members' healthy behavior. The Alliance also invests reserves in the community to expand Medi-Cal capacity through its Medi-Cal Capacity Grant Program.



VISION

**HEALTHY PEOPLE.
HEALTHY COMMUNITIES.**

MISSION

**Accessible, quality health care
guided by local innovation.**

VALUES



Collaboration:

**Working together toward
solutions and results.**



Equity:

**Eliminating disparity through
inclusion and justice.**



Improvement:

**Continuous pursuit of quality
through learning and growth.**



Integrity:

**Telling the truth and doing
what we say we will do.**





MEMBERS

The Alliance primarily serves people with Medi-Cal in each of its five counties (Mariposa, Merced, Monterey, San Benito and Santa Cruz). Medi-Cal is the state's health insurance program for Californians with low incomes. Medi-Cal provides health coverage for children and their parents, pregnant women, seniors and nonelderly adults, including people with disabilities.

THE ALLIANCE SERVES:

1 out of every 3
Mariposa County
residents.



1 out of every 2
Merced County
residents.



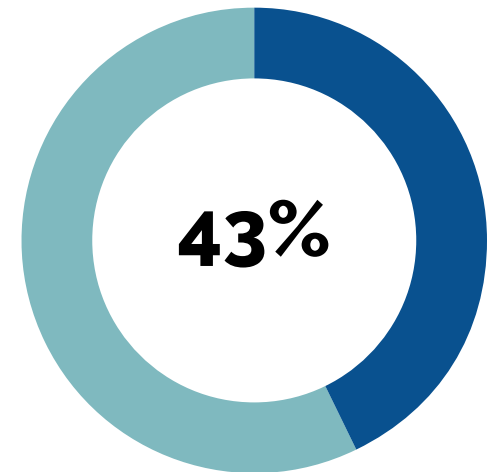
1 out of every 3
Monterey County
residents.



1 out of every 3
San Benito County
residents.



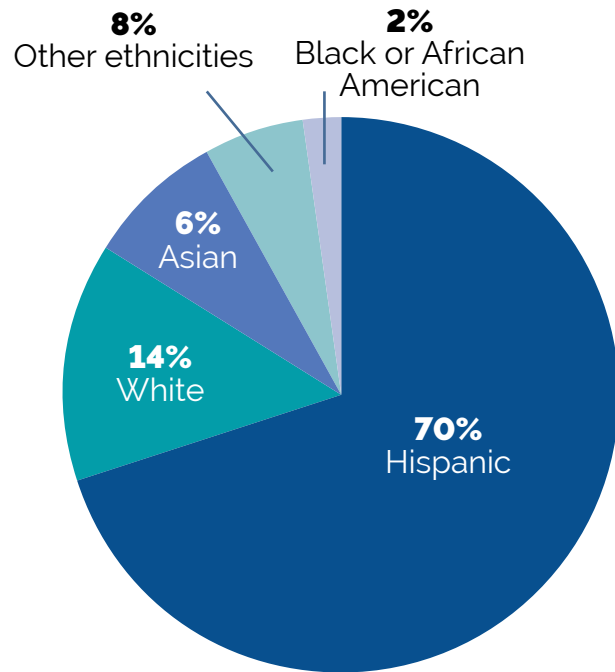
1 out of every 4
Santa Cruz County
residents.



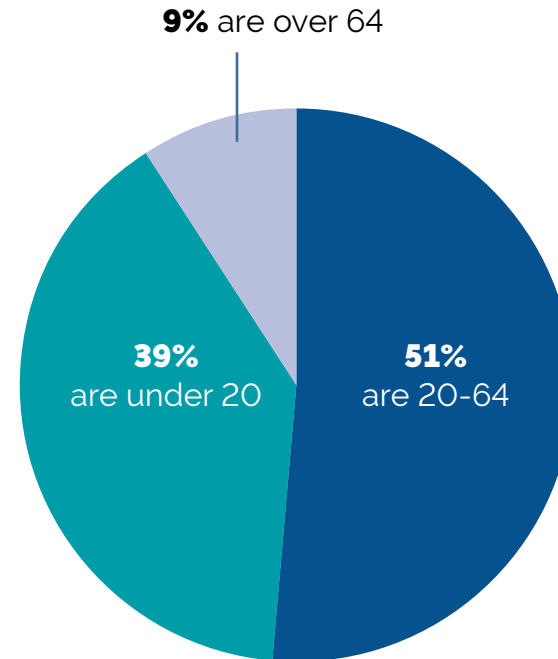
Alliance members represent **43 percent** of the population in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.

MEMBERSHIP STATS

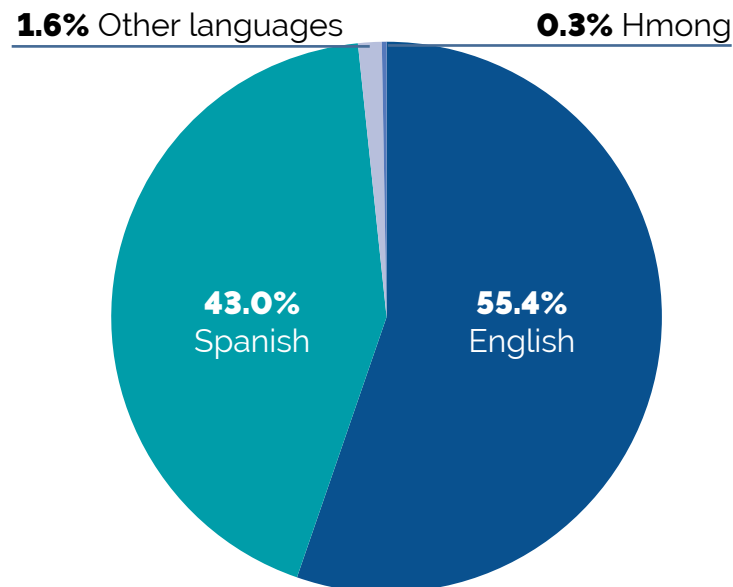
RACE/ETHNICITY



AGE GROUP (IN YEARS)



PREFERRED LANGUAGE



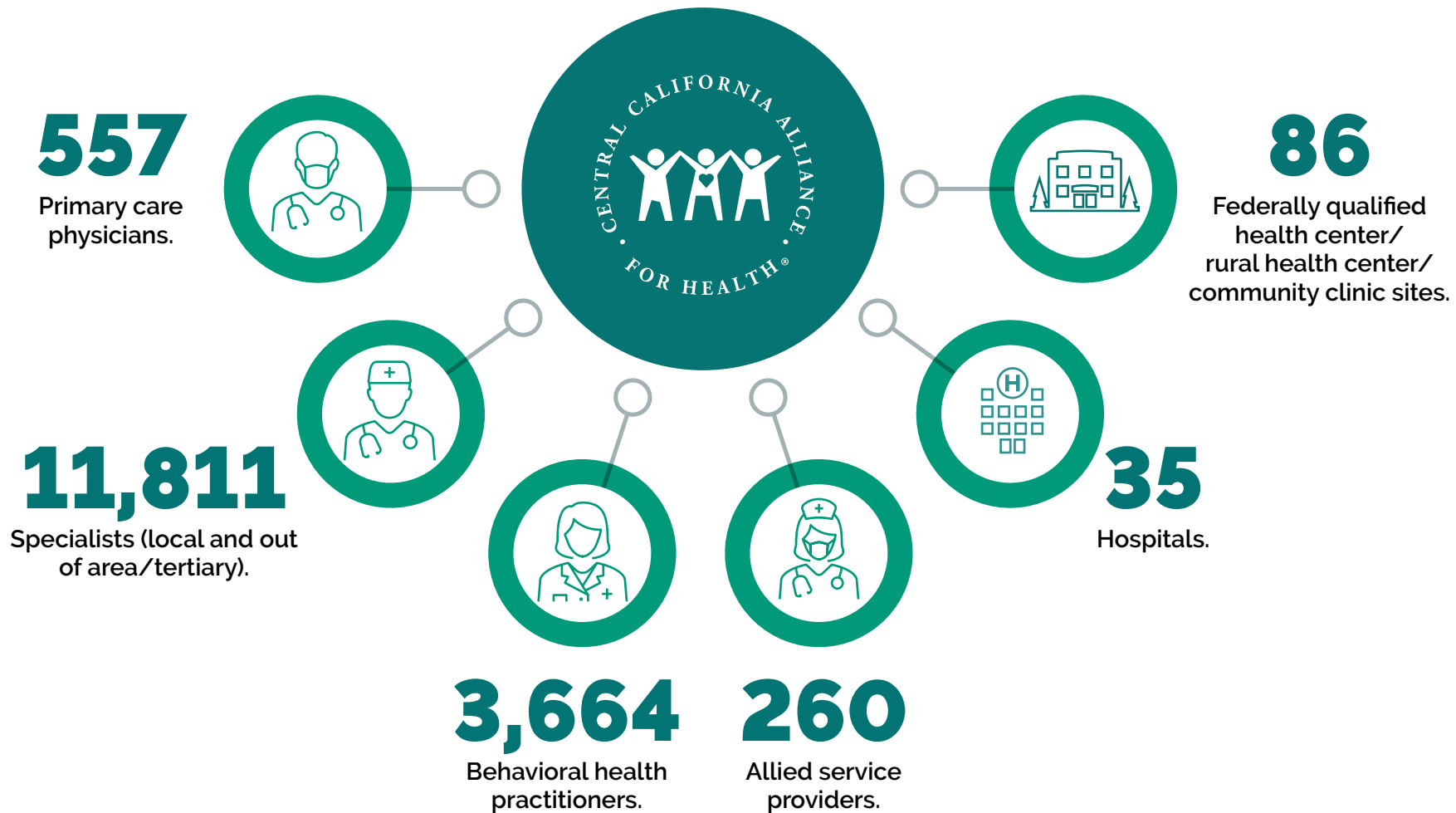


PROVIDERS

The Alliance's provider network includes more than 12,448 providers. The Alliance has successfully partnered with providers to earn the participation of 87% of primary care physicians and 85% of specialists within its service area. The Alliance also partners with more than 3,617 providers to deliver behavioral health and vision services. The Alliance's network includes broad participation from safety net providers as well as private practice providers.



THE ALLIANCE'S NETWORK INCLUDES:



PLANNING IN CURRENT LANDSCAPE

The Alliance developed this plan in the midst of significant changes in the health care, social and political landscape at the county, state and federal levels. A wide variety of stakeholders contributed to the development of this plan, which included a review of the organization's internal data, as well as publicly available community data. Stakeholders who provided input include:

- **Community residents who are members of the Alliance.**
- **Community partners.**
- **Alliance Board of Commissioners and advisory committees.**
- **Alliance staff.**



The Alliance used the information gathered to determine the organization's internal strengths and weaknesses and external threats and opportunities. The Alliance's board, advisory groups and internal Strategic Planning Committee then engaged in a facilitated process to identify the Alliance's strategic priorities for the next five years to advance member and community health.

Key points of context across the federal, state and regional landscapes include:

NEW FEDERAL ADMINISTRATION

The election of Joe Biden as the 46th President of the United States brought several changes to federal health care policy and the Medicaid program. The Biden administration committed to protecting and strengthening Medicaid and the Affordable Care Act (ACA). The administration directed federal agencies to reexamine actions taken by the previous administration that reduced coverage or undermined Medicaid and/or the ACA and proposed plans that would bring more people into the program.



COVID-19 PANDEMIC

The COVID-19 pandemic significantly impacted household finances, jobs, health care, housing, transportation, caregiving and well-being. While the pandemic impacted every person around the world, not everyone was impacted in the same way. For example, COVID-19 disproportionately impacted Latino, Black and Native American communities with high rates of cases, hospitalizations and deaths, while residents in rural communities faced distinct challenges accessing health care. The pandemic highlighted and exacerbated weaknesses in the health care system and the unconscionable health disparities that exist in our region.

In addition to the broader impacts of the pandemic, Alliance operations and health care delivery changed dramatically during the pandemic. Many people delayed or avoided medical care during the pandemic because of concerns about COVID-19. We are now seeing increases in utilization as the world returns to normalcy. It's clear that the pandemic will have long-term implications for the health care system and the members the Alliance serves.



MEDI-CAL DELIVERY SYSTEM, PROGRAM AND PAYMENT REFORM

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative led by the Department of Health Care Services (DHCS) to improve the health outcomes and quality of life of Medi-Cal enrollees. CalAIM includes broad delivery system, program and payment reforms across the Medi-Cal program. Included in CalAIM are new services designed to better integrate the physical, behavioral and social needs of Medi-Cal members with complex conditions. CalAIM also simplifies the rate-setting process and allows for regional managed care plans to have more capacity to implement outcomes-based and value-based payment structures. It is anticipated that CalAIM and other state-mandated programs will shift more responsibilities to Medi-Cal managed care plans, which will further demand health plan resources and attention.

DATA SHARING AND HEALTH INFORMATION EXCHANGE

Achieving the goals of CalAIM will require information exchange among health plans; physical, behavioral, community-based and social service providers; and county agencies. The CMS Interoperability and Patient Access final rule that took effect in 2021 also requires that members have increased electronic access to their health care information and will ultimately improve electronic exchange of health information among payers, providers and members. This will continue to be an important focus for the Strategic Plan.



BEHAVIORAL HEALTH ACCESS, INTEGRATION AND COORDINATION

Expanding access, integration and coordination of behavioral health services, including mental health and substance use services, will remain a high priority among Medi-Cal delivery system stakeholders. The state plans to address critical gaps across the behavioral health continuum and to enhance access to behavioral health services to improve the mental well-being of children and adolescents.



INTEGRITY AND IMPROVEMENT IN CORE OPERATIONS

The Alliance recognizes that the integrity of its core operations is foundational to the organization's ability to advance its vision and strategic priorities. The Alliance remains committed to member access to quality health care, guided by local innovation. The Alliance will maintain effective operations and meet all regulatory program requirements while advancing its strategic goals.

During the execution of this Strategic Plan, the Alliance has identified a few key areas of operational focus that will guide the scope and pace of its strategic efforts:

- First, the Alliance will maintain focus on strong financial performance, ensuring that strategic activities contribute to a financially sustainable delivery system.
- Second, the Alliance recognizes the imperative to continue to attract and retain a skilled, mission-driven workforce capable of meeting the Alliance's business objectives. The Alliance will provide an environment that supports staff performance and well-being and embraces diversity, inclusion and belonging for every employee.
- Finally, the Alliance will continue efforts to advance its data sharing and technology capabilities to realize operational efficiencies, both internally and externally.

The Alliance will account for core operational requirements and any needed improvements through its annual strategy execution process.

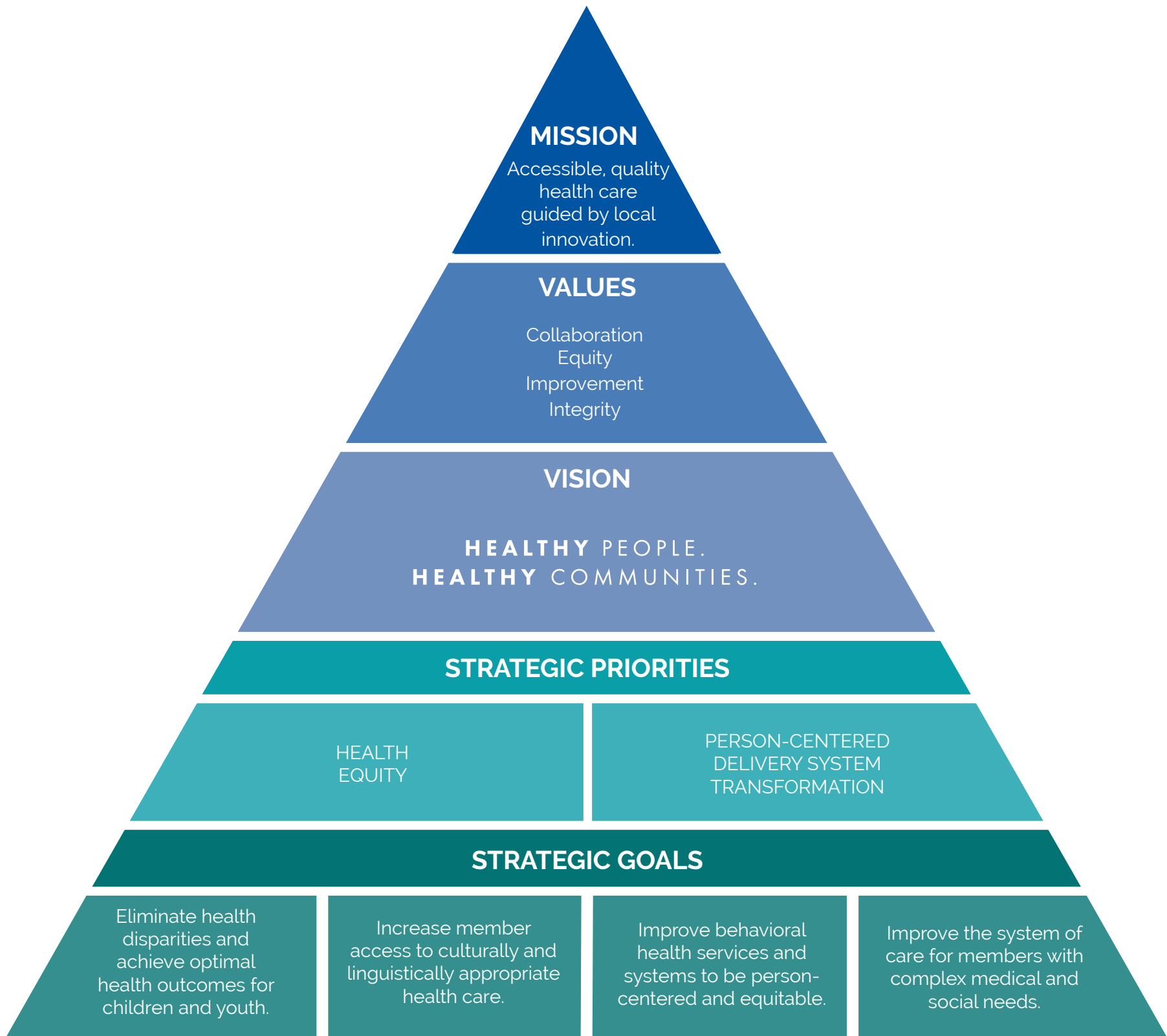
This process identifies opportunities to maintain or improve operations (ongoing objectives), stretch in new ways to advance the Strategic Plan (breakthrough objectives), and manage the scope and pace of the Alliance's efforts across all objectives to ensure achievability.





STRATEGIC PRIORITIES AND GOALS

Throughout this five-year period, the Alliance will pursue two strategic priorities: Health Equity and Person-Centered Delivery System Transformation. The Alliance will align internal resources and leverage external opportunities to make measurable progress in these areas. The long-term goals within these two priorities are presented in the following pages. Staff will identify measurable outcomes and develop strategies and tactics to achieve those outcomes. Staff's execution of this plan will account for any and all actions to maintain the Alliance's fiscal health and, as noted above, to maintain excellence in core operations.





HEALTH EQUITY

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care (Robert Wood Johnson Foundation).

To fully address health inequities, the health care system will need to shift practices and policies that have traditionally benefitted some groups of people and left others out. The Alliance will seek to understand root causes of health disparities, particularly those experienced by members who identify as Black, Indigenous and people of color (BIPOC).

The Alliance will take an inclusive approach to ensure equity in Alliance policies, processes and results. This will be accomplished by embracing diversity, inclusion and belonging in its workforce, partnering with providers and engaging with members to inform and guide its actions. This approach includes creating opportunities for member inclusion in the Plan's decision-making processes to improve organizational policies to yield health equity.

Goal 1

Eliminate health disparities and achieve optimal health outcomes for children and youth.

Almost half of Alliance members are children and youth. Action to ensure the health and wellness of this population is a key step towards health equity for the communities the Alliance serves. The Alliance will partner to identify and act to eliminate barriers to children's preventive and clinical care and will consider upstream strategies to improve children and youth's long-term health and wellness.

The Alliance recognizes that not all children and youth experience the same opportunities to reach their full health potential. The Alliance will emphasize early action to close disparities in utilization and/or outcomes for those members most impacted by racial inequity. Simultaneously, the Alliance will work towards an overarching goal of increased delivery of screenings, preventive services and clinical care, so all children and youth achieve optimal health.



Goal 2

Increase member access to culturally and linguistically appropriate health care.

The Alliance is committed to ensuring that members receive health care services that are high quality, culturally competent and guided by cultural humility. Alliance members speak more than 29 different languages and represent a wide variety of cultures from all over the world. Individuals have better experiences and outcomes when health care is provided with a person-centered approach, when the provider understands and respects the individual's culture and beliefs and when information is provided in the individual's preferred and/or primary language.

The Alliance is committed to strengthening the cultural competency of the provider network and the Alliance workforce and will work to expand the provider network to include more providers who reflect the diversity of the Alliance's membership. The Alliance will operate with cultural humility and will amplify member voices and lived experiences to understand community needs and assets. The Alliance will also partner with members, providers and community-based organizations to better understand and meet member needs.





PERSON-CENTERED DELIVERY SYSTEM TRANSFORMATION

Throughout the planning process, the Alliance identified the need to center on the people it serves rather than the health care services it delivers. Such a shift requires a transformation to honor the dignity and self-determination of members and to focus on their health as the intended result, rather than the delivery of health care services alone. This idea represents an evolution towards a system that yields member health through shared decision making and action, rather than a system that simply delivers health care services.

The state's CalAIM initiative holds promise to reform programs and payments to improve the quality of life and health outcomes for Medi-Cal members. The Alliance's five-year goals are in alignment with the goals of CalAIM, and will help the Alliance focus on transformative actions to meet member needs, with members' improved health and well-being as the long-term goal.

Goal 1

Improve behavioral health services and systems to be person-centered and equitable.

The Alliance will seek to improve the quality and increase member use of behavioral health services through improved coordination, integration and expanded capacity of the behavioral health delivery system. Currently, people with Medi-Cal receive behavioral health services through a complicated, siloed system that requires the member to seek services through different systems depending on severity of mental health or behavioral health diagnosis. The system is not designed to address the member's expressed need for support or to emphasize prevention, nor does it harness the power of empathy to combat the stigma that prevents healing and recovery. The Alliance seeks to address key impacts of this design, including poorly managed mental health and disparities in utilization across race, age and geographic populations.

The Alliance will engage members and partners to identify and co-create solutions to address barriers to behavioral health services, with an emphasis on providing a culturally sensitive, individualized approach based on a member's expressed need for support. The Alliance will also work to improve coordination across systems and increase integration of behavioral health services in clinical and non-clinical settings.

Goal 2

Improve the system of care for members with complex medical and social needs.

Many Medi-Cal members rely on multiple siloed systems to address complex medical and social needs, often without coordination or collaboration across overlapping systems. Social and environmental factors, including a lack of housing, nutritious food and transportation, also have a profound impact on health. There are gaps in delivery system capacity to address those factors because such services are not Medi-Cal benefits or because they fall within shared responsibilities between siloed programs in the delivery system.

To support members with complex medical and social needs to achieve better health outcomes, the Alliance will rely on a population health-based approach and will increase data sharing with providers and community-based organizations to more effectively collaborate and coordinate patient care. The Alliance will also partner with providers and community-based organizations to improve the capacity for community-based care coordination (where members live, work, learn and play). In order to avoid long-term poor health and to improve member health outcomes, the Alliance will partner with community stakeholders to identify and address gaps in services that could support member health. The Alliance will also seek to integrate supportive services that address health-related social needs into the health care delivery system.





WHAT'S NEXT

The Alliance is committed to advancing the strategic priorities and goals outlined in this plan. Environmental factors will influence the pace of the work, the strategies to advance the work and the scope of change achieved. The health care and political landscape will undoubtedly shift over the next five years. The long-term public health and economic impacts of the COVID-19 pandemic remain uncertain. Change is a constant in health care and the Alliance anticipates the need to monitor the impact of future changes and to adjust the execution of this plan accordingly.

On a periodic basis, the Alliance will assess the results of this plan and any significant changes to the environment and may make necessary adjustments. The Alliance will announce progress and any significant changes through updates to the board and on the Alliance website.



HEALTHY PEOPLE. **HEALTHY** COMMUNITIES.

www.thealliance.health