



CHCF Environmental Indicators and Program Dashboards

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CHCF Board of Directors
Meeting

June 20, 2024



CHCF Program Dashboard

**Fiscal Year 2023–24 Year-End Report
(Data as of March 31, 2024)**



Implementation Highlights

This dashboard is retrospective, summarizing programmatic work during the last fiscal year (FY) (April 1, 2023, through March 31, 2024).

Implementation Highlights

All ten of our focus areas were rated as green (making progress) in terms of implementation. Our commitment to diversifying our partners and the teams we work with is reflected in the data on grantee race/ethnicity. During FY 2023–24 there was an increase of 61% in the percentage of CHCF awarded funds to grantees with project managers from diverse racial and/or ethnic backgrounds compared to FY 2021–22.

Over the past year, there were many opportunities to advance CHCF's goals at the state level. Examples include:

- **CalAIM (California Advancing and Innovating Medi-Cal).** We have completed three (of four) regions in our Listening to Californians with Complex Needs work and it appears that the services envisioned by CalAIM are largely the ones people need, but there is work to do for them to be offered in a person-centered way. We continue to provide education, technical assistance, and implementation support.
- **Coverage.** We continued to fund Medi-Cal expansion efforts to maximize enrollment for newly eligible families through effective and linguistically and culturally appropriate messaging. With the unwinding of continuous coverage, we partnered with DHCS on a survey of procedural disenrolled Medi-Cal members to understand and improve outreach and education.

Seek to understand my goals.

Recognize what is out of reach for me.

Make it one-stop shopping.

Offer me services with care and empathy.

From CHCF/EVITARUS Webinar — Listening to Californians with Complex Needs: Bay Area Findings

Impact Highlights

This dashboard is retrospective, summarizing programmatic work during the last FY (April 1, 2023, through March 31, 2024).

Impact Highlights

Regarding impact, half of our focus areas were rated as green (making progress), and half were rated as yellow (making progress but challenges identified). The state budget deficit and the uncertainty it brings slowed some of our progress. In addition, newer state efforts (e.g., CalAIM, alternative payment methodology, Medi-Cal doula benefit, Medi-Cal Community Health Worker/*Promotor*/Representative (CHW/P/R) benefit) have hit some implementation challenges delaying impact.

Over the past year, our work has supported important statewide impacts. Examples include:

- **Coverage.** As of January, immigration status is no longer a barrier to Medi-Cal eligibility, and the number of uninsured Californians continues to shrink. CHCF's many years of work in this space have influenced state action to protect and expand coverage.



Mission

The California Health Care Foundation is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

Goals

FY 2023–24
Paid

Advancing People-Centered Care

CHCF aims to ensure that Californians receive responsive, comprehensive, and coordinated care that supports health and well-being, and reduces inequities.

\$15.03M

Improving Access to Coverage and Care

CHCF aims to advance state policy reforms and delivery system transformation to improve coverage and care.

\$15.14M

Laying the Foundation

CHCF aims to build a strong foundation for delivering meaningful change in California's health care system by providing timely research, supporting health care journalism, training leaders, and developing cross-sector networks.

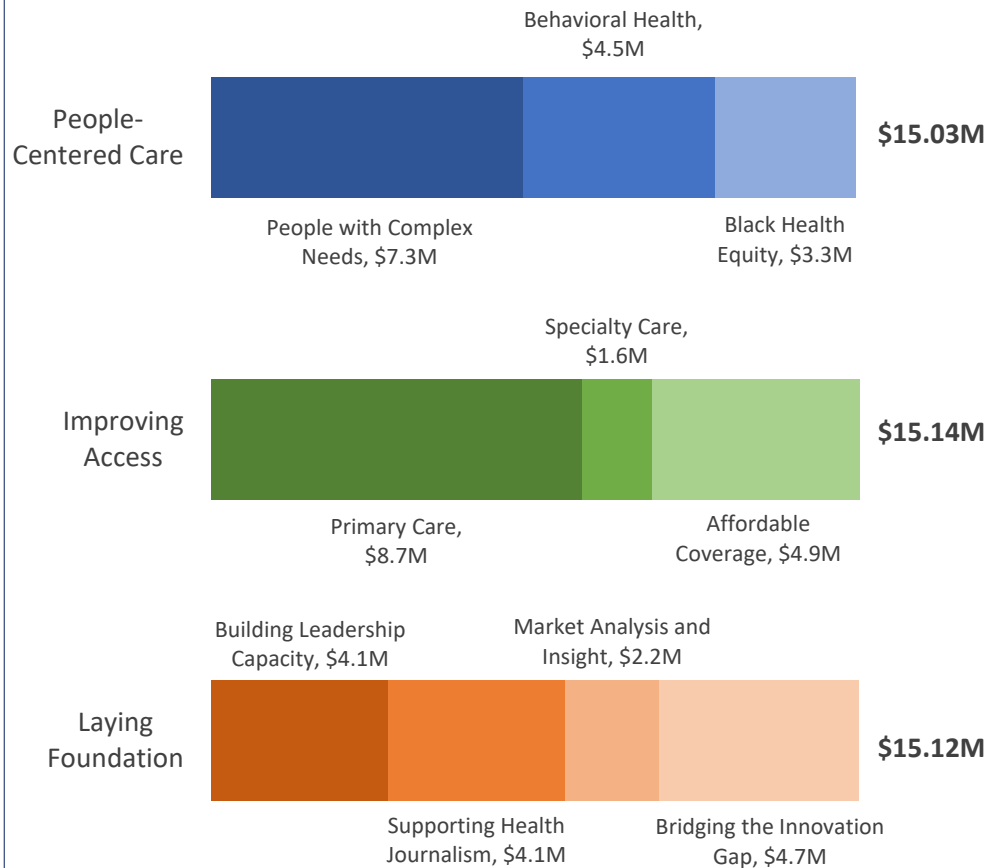
\$15.12M

Total: \$45.29M*

*Excludes President's Fund grants.

California Health Care Foundation

Spending by Focus Areas

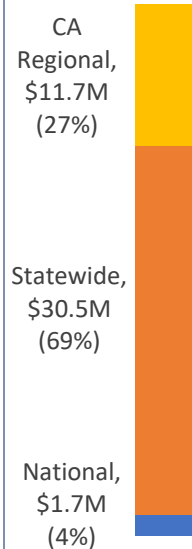


Rounding Disclaimer: Due to rounding, numbers presented throughout this dashboard may not add up precisely to the totals provided, and percentages may not precisely reflect the absolute figures.

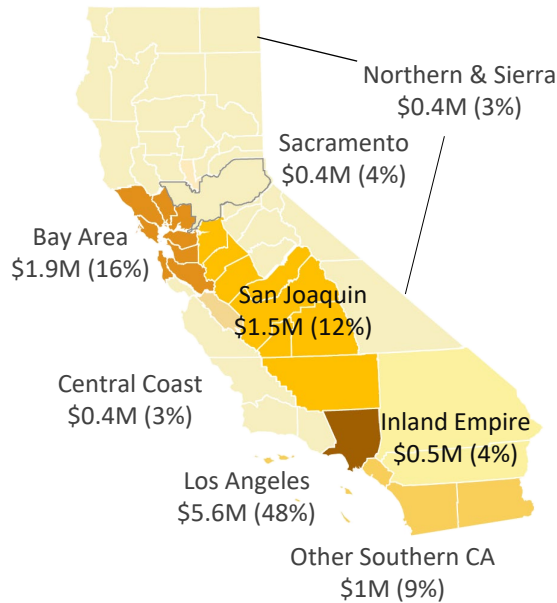
FY 2023–24 Spending by Population Served*

(\$ in millions)

By Geography Served



By CA Region Served



By Safety Net Served†

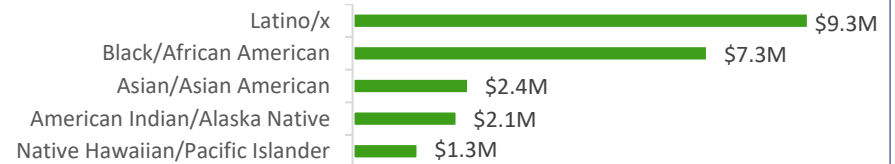
100%

Our FY 2023-24 grant spending was overwhelmingly directed to the safety net (**mostly 74%, \$32 million; to some extent 26%, \$11 million**).

By Race/Ethnicity Served†

51%

Over half of grant spending during FY 2023–24 had an **intentional race/ethnicity focus (over \$22 million)**. An estimated \$9.3 million went to Latino/x and \$7.3 million to Black populations.



By Grantee Race/Ethnicity, Awarded Funds‡

54%

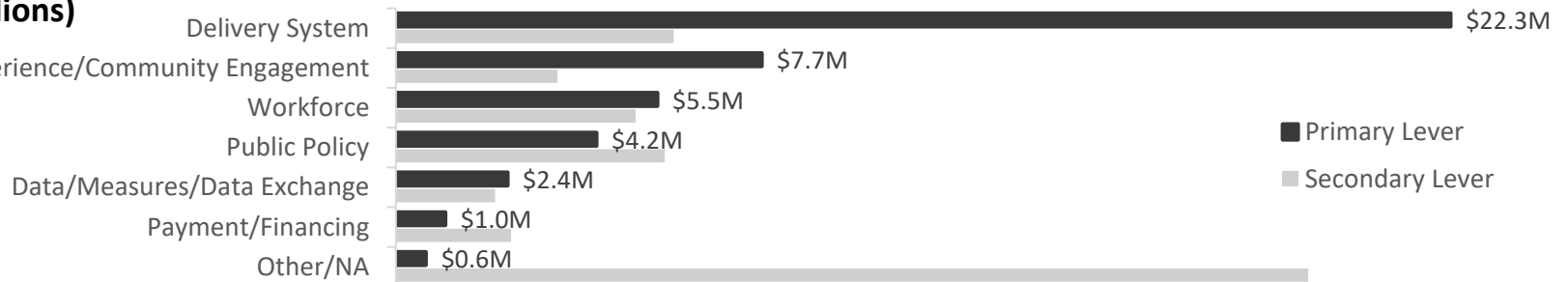
Over half of grant funding with data available was awarded to **grants with project managers from diverse racial and/or ethnic backgrounds (almost \$17 million)**.

61%

Compared to FY 2021–22, there has been an **increase of 61% in the proportion of CHCF-awarded funds to grantees with project managers from diverse racial and/or ethnic backgrounds** (from 33%, \$13 million to 54%, \$17 million).

FY 2023–24 Spending by Lever**

(\$ in millions)



*Grant coding by population served is imprecise down to the dollar level. Coding is meant to indicate directionality only. President's Fund and conference sponsorships are not included in this analysis.

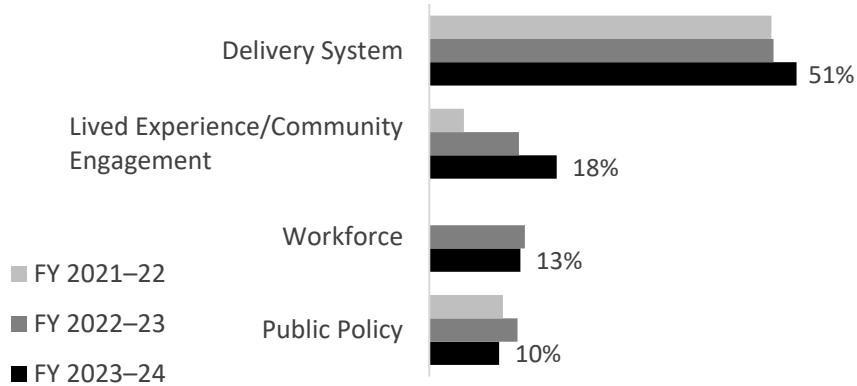
† Grant coding by race and insurance/safety net was updated in FY 2022–23, so it should not be compared to earlier dashboards.

‡ Grantee race coding was not available for all grants. Therefore, race and ethnicity data were reported for only those with available data. Unlike the other analysis presented in the dashboard, this looks at grants awarded during FY 2023–24.

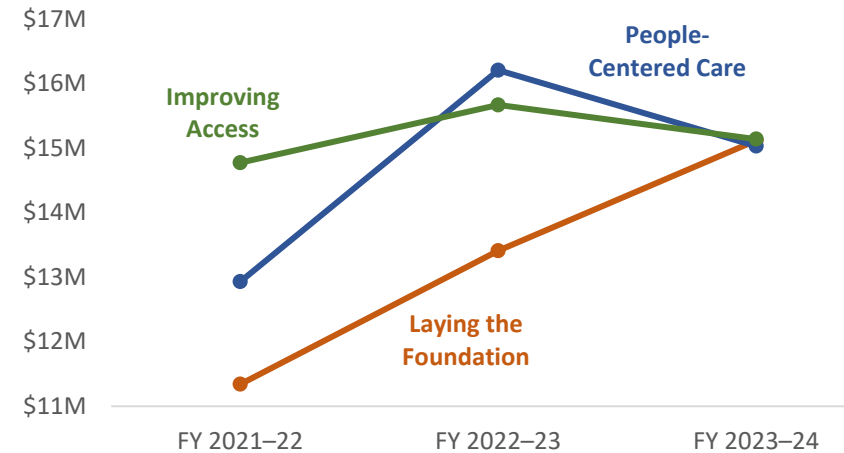
**The single asterisk note also applies here.

Trended Spending (\$ in Millions)

Trended Spending by Most-Used Primary Levers as a percentage of total spending

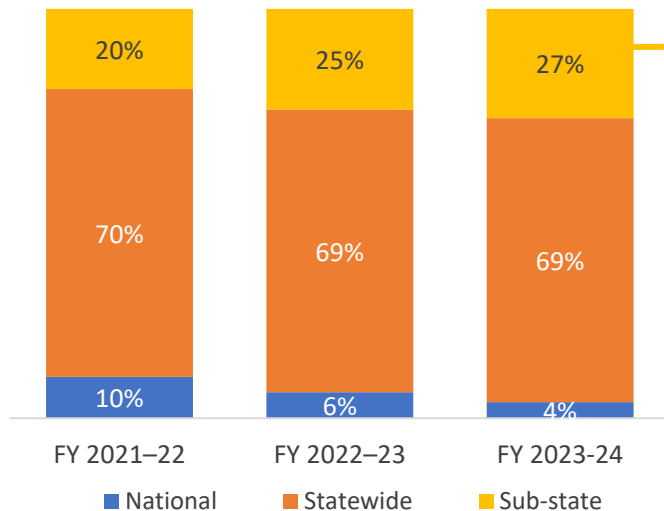


Trended Spending by Goal*

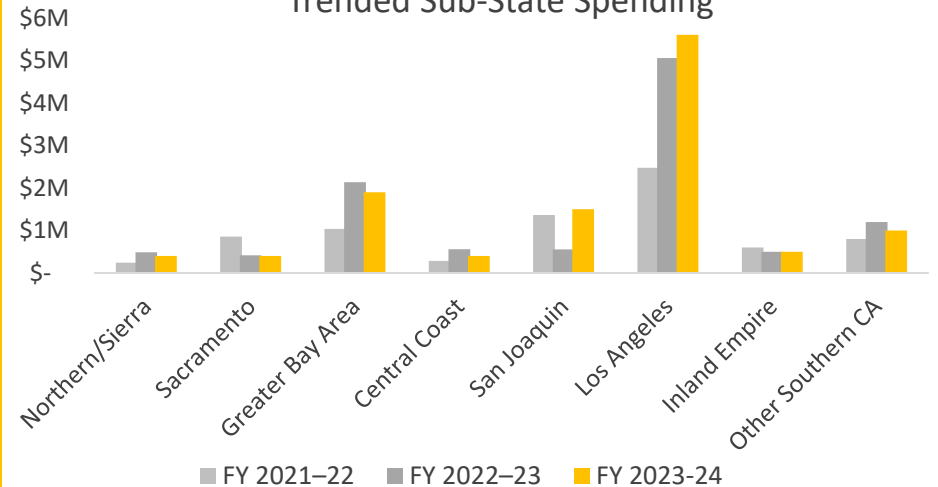


*Our program-related investments (PRIs) were previously included in the focus area/topic that the company worked on. Beginning in FY 2022-23, PRIs are within Laying the Foundation, leading to an increase in that goal and a decrease in others.

Trended Spending by Region[†] as a percentage of total spending



Trended Sub-State Spending[†]



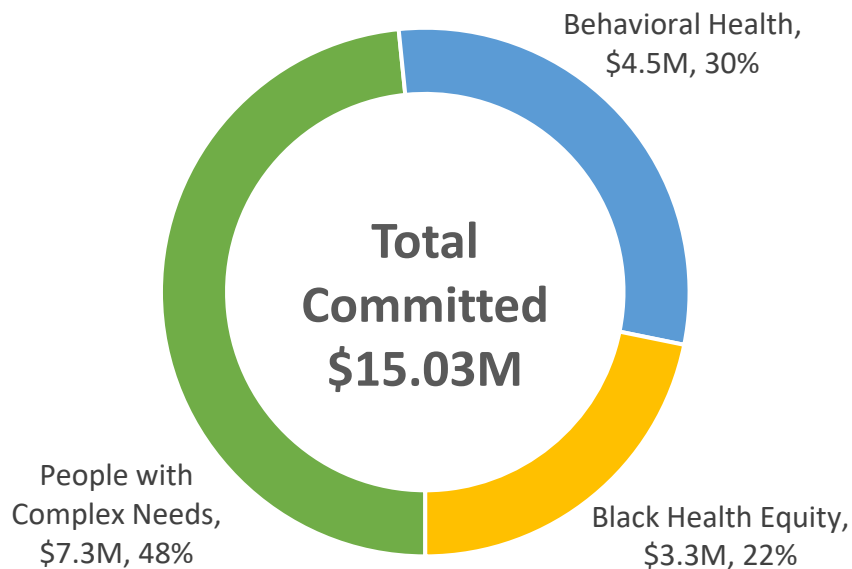
[†]Grant coding by population served is imprecise down to the dollar level. Coding is meant to indicate directionality only. For all fiscal years, President's Fund grants are excluded. For FY 2022-23 and FY 2023-24, conference sponsorships were not included in this analysis.

Advancing People-Centered Care: What We Did

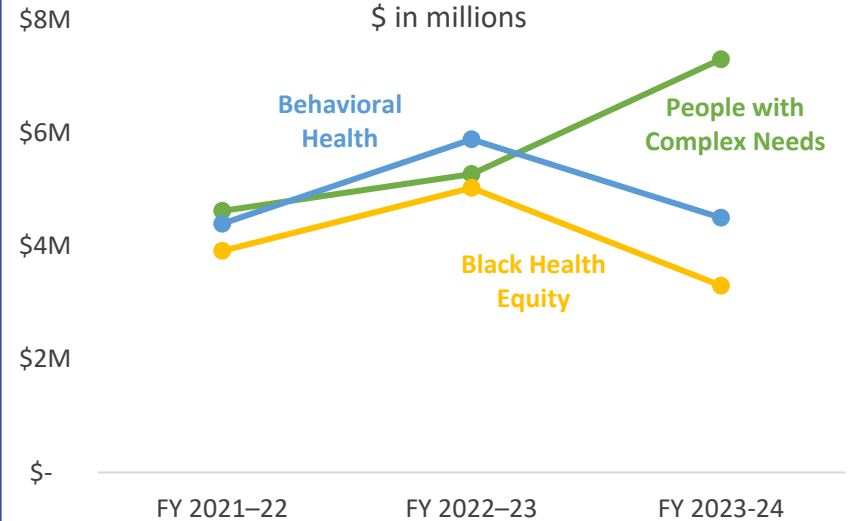
Many Californians receive care that does not meet their needs and/or do not receive any care at all.

CHCF aims to ensure that Californians, especially Medi-Cal members, receive responsive, comprehensive, coordinated care that supports health and well-being, and reduces inequities.

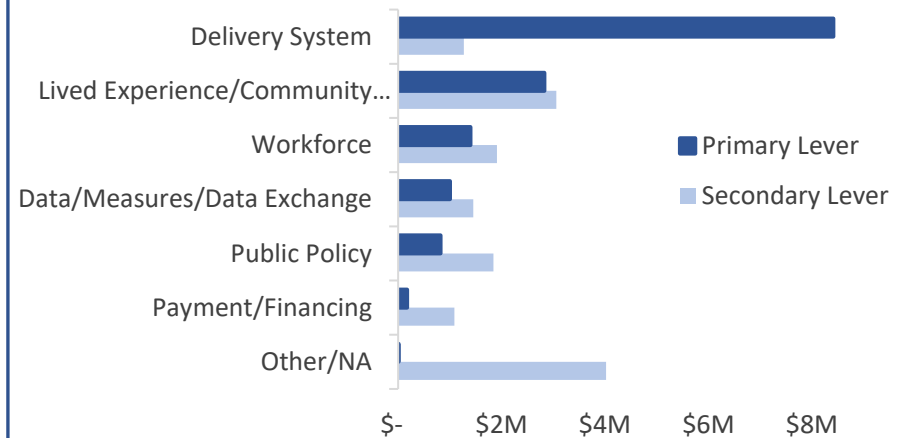
FY 2023–24 — Committed by Focus Area
\$ in millions



Trended Data — Committed by Focus Area*
\$ in millions



FY 2023–24 Grants Paid/Scheduled by Lever†
\$ in millions



*There was an uptick in spending for our People with Complex Needs focus area reflecting that our portfolios in this area are maturing and hitting their stride.

†President's Fund and conference sponsorships are not included in this analysis.

Advancing People-Centered Care: How Are We Doing?

■ Making progress

■ Making progress, challenges identified

■ Serious challenges

■ Too soon to comment

Care for People with Complex Needs

CHCF aims to help Medi-Cal enrollees with challenging health or social circumstances get high-quality medical care and supportive services that improve their lives.

■ Implementation ■ Impact

- The work in complex needs is flourishing. Many projects across the three focus areas (homelessness, older adults, and complex care in Medi-Cal) are focused on coordination across sectors (e.g., housing, social services, and health care), integration of services managed by different entities, and enablers such as data exchange.
- We seek to inform and influence decisionmakers through program evaluation (e.g., [Project Roomkey](#)) listening work (e.g., [CalAIM experiences](#), [dually eligible older adults of color](#)) synthesis of lessons and recommendations (e.g., [spotlight on sobering centers](#), [spotlight on day habilitation](#), [how health care and homeless service providers partner](#)), and implementation support for evidence-based and promising practices for older adults and people experiencing homelessness (e.g., [CalAIM Billing Guide for Housing-Related Community Supports Providers](#)).
- CHCF's monthly CalAIM newsletter, which includes program and policy updates alongside stories to bring CalAIM to life, is wildly popular and has tremendous reach and impact across the state. Work to support CalAIM implementation is progressing, although slowly and unevenly — as expected given such a complex ecosystem.

Behavioral Health

CHCF aims to transform mental health and substance use disorder treatment so that wherever and however the care is delivered, it is effective, appropriate, and accessible — improving outcomes and reducing inequities.

■ Implementation ■ Impact

- We presented an updated behavioral health transformation strategy to the board in September which focuses on improving care for people with serious mental illness and substance use disorders, centered on equitable practices and informed by people with lived behavioral health experience.
- Many new initiatives have been announced by the state ([BH-Connect](#), [CARE Court](#), [Prop 1](#), etc.); we are tracking closely and looking for opportunities to lean in. CalAIM continues to be a major focus and we are also supporting the dissemination of [innovative and person-centered best practices](#).
- In maternal mental health, the emphasis continues to be on implementing the collaborative care model in LA community clinics. This initiative is going well and recruiting cohort 3 now.

Advancing Black Health Equity

CHCF aims to improve care and outcomes for Black Californians by working with health care partners to interrupt racism, build transparency and accountability around equitable care, and diversify the health care workforce.

■ Implementation ■ Impact

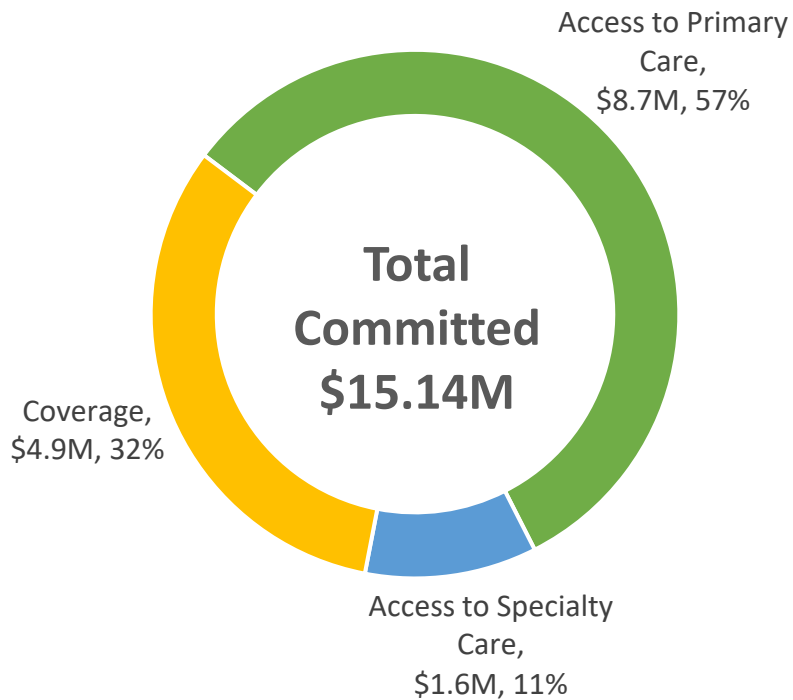
- Anti-Black racism work continues apace. The [“How Do I” campaign](#) launched, reflecting findings from the [Listening to Black Californians survey](#) that Black Californians want support navigating health care. CHCF funded 9 projects ([via Requests For Proposal](#)) to combat anti-Black racism in care delivery. Data work continues with the release of the [National Academy of Medicine's AI code of conduct](#).
- In birth equity, we continue to support DHCS in implementing the [Medi-Cal doula benefit](#) and developing the [Birthing Care Pathway](#). We launched a partnership with [IRTH](#) (Yelp-like app for Black and Brown mothers) and 4 counties and funded a [new tool supporting Senate Bill 464](#) (implicit bias law).

Improving Access to Coverage and Care: What We Did

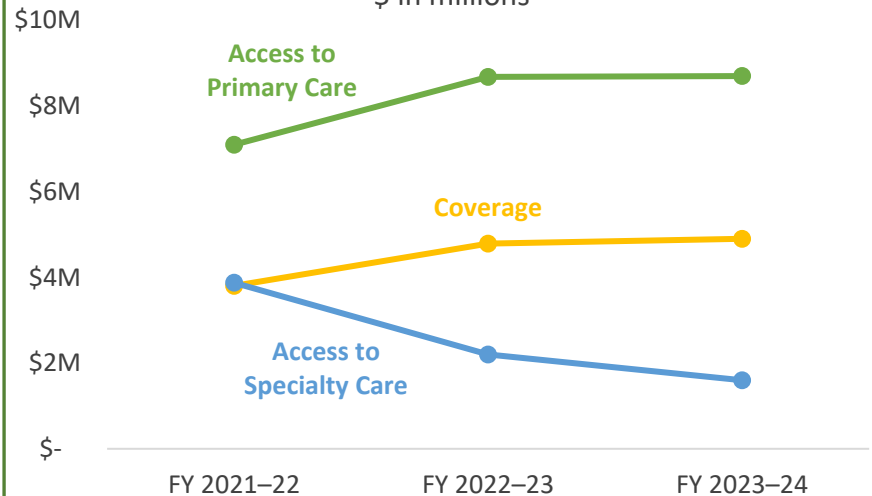
Millions of Californians with low incomes have difficulty getting care that is timely, affordable, and meets their needs.

CHCF aims to advance state policy reforms and delivery system transformation to improve coverage and care.

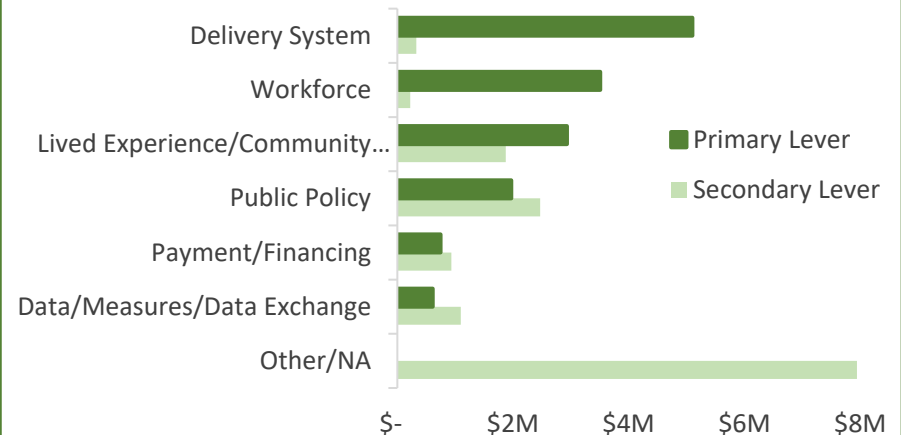
FY 2023–24 — Committed by Focus Area
\$ in millions



Trended Data — Committed by Focus Area*
\$ in millions



FY 2023–24 Grants Paid/Scheduled by Lever†
\$ in millions



*We have begun to wind down our work in telehealth (Access to Specialty Care) and expect a continued decrease in funding over the next couple of years.

†President's Fund and conference sponsorships are not included in this analysis.

Improving Access to Coverage and Care: How Are We Doing?

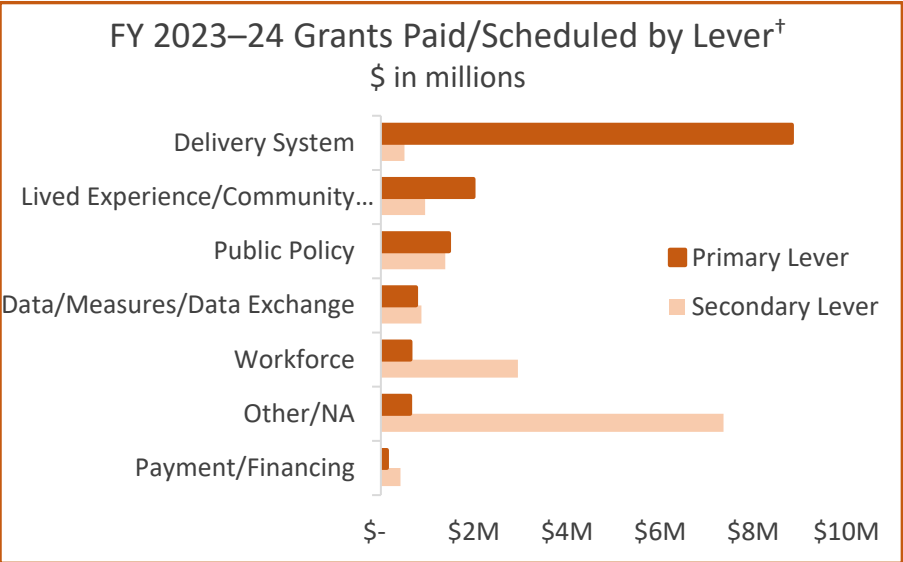
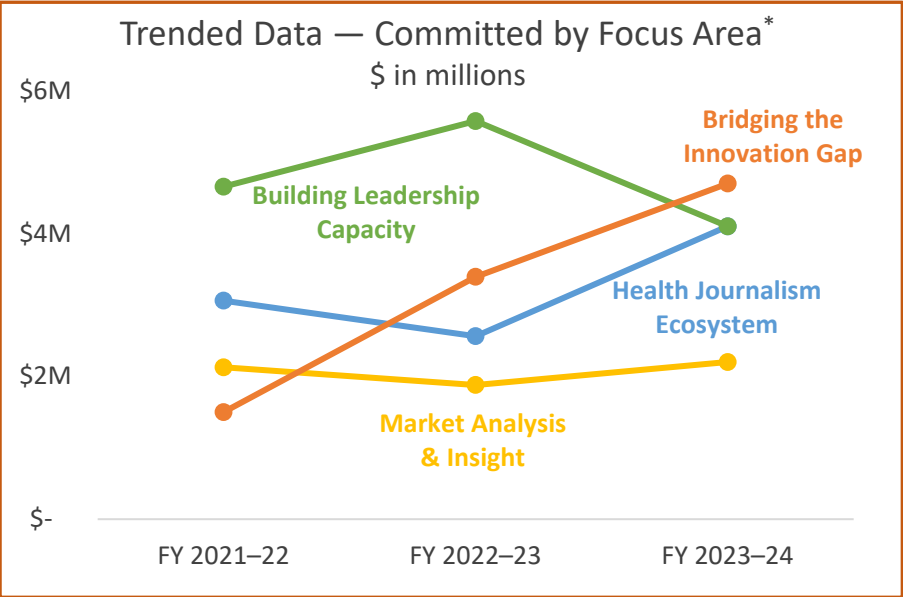
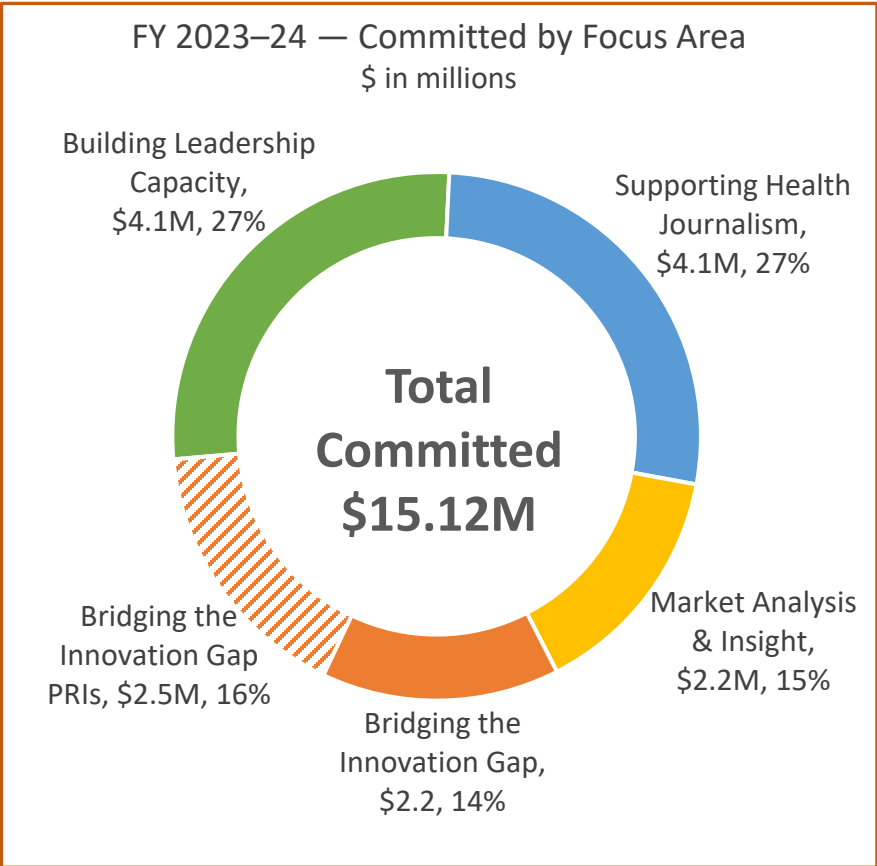
■ Making progress
 ■ Making progress, challenges identified
 ■ Serious challenges
 ■ Too soon to comment

<p>Affordable Coverage</p> <p>CHCF aims to advance state policies and practices that ensure that all Californians with low incomes have affordable coverage and that Medi-Cal enrollees can get the care they need, when they need it.</p>	<p> ■ <i>Implementation</i> ■ <i>Impact</i> </p> <ul style="list-style-type: none"> • We partnered with DHCS to launch a 19-language survey of Medi-Cal members being disenrolled for procedural reasons and to improve outreach, education, and enrollment materials with attention to populations facing systemic barriers. • We supported a multi-market social media campaign on Medi-Cal expansion informed by multilingual message testing. We rallied other funders to join in supporting outreach and education through a network of community-trusted partners. • With support from CHCF, DHCS launched its first-ever Medi-Cal Member Advisory Committee and completed a statewide listening tour of Medi-Cal members. • CHCF-funded research significantly influenced new, recently released Medi-Cal managed care contract requirements from DHCS to improve members' care, the first step in developing a health equity roadmap with Medi-Cal members.
<p>Access to Primary Care</p> <p>CHCF aims to advance policy, payment, and delivery system reforms to improve access by Californians with low incomes to high-quality, linguistically and culturally responsive primary care that includes behavioral health care.</p>	<p> ■ <i>Implementation</i> ■ <i>Impact</i> </p> <ul style="list-style-type: none"> • We launched new investments in health care workforce pipeline and pathway programs and accelerated education and training programs, including two initiatives to increase the number of Latino/x pharmacists from the San Joaquin Valley. • CHCF-supported research, technical assistance, and convenings contributed to significant progress by the state including new investments in workforce; primary care spending targets by the Office of Health Care Affordability (PDF); greater alignment of health plan contract provisions (PDF) among DHCS, HCAI, and Covered California; and better interagency coordination among the Health and Human Services Agency (HHS) and the Labor and Workforce Development Agency. • CHCF's work to advance nurse practitioners, the rollout of the Medi-Cal CHW/P/R benefit, and the Federally Qualified Health Centers Alternative Payment Methodology have hit some implementation challenges due to state budget deficits and staffing challenges. These challenges are likely to be ongoing.
<p>Access to Specialty Care</p> <p>CHCF aims to spread the use of specialty care telehealth in California's safety net and to spur Medi-Cal policy and payment reforms to improve access to specialty care for Californians with low incomes.</p>	<p> ■ <i>Implementation</i> ■ <i>Impact</i> </p> <ul style="list-style-type: none"> • CHCF-funded research indicates that telehealth use among safety-net providers in California appears to be stabilizing at roughly one-quarter of primary care visits and over half of behavioral health visits. As such, and following major advancements in telehealth awareness, use, and experience among patients and providers, CHCF has begun to wind down our work in this area. • As we wind down, we have worked with DHCS and other partners to establish mechanisms for ongoing cross-stakeholder collaboration, consumer engagement, and monitoring of the impact on Medi-Cal members, given known and ongoing disparities in access to and use of telehealth (PDF) for many Medi-Cal members.

Laying the Foundation: What We Did

A high-performing health care system requires constant innovation and educated leaders who can make informed, evidence-based decisions.

CHCF aims to build a strong foundation for delivering meaningful change in California’s health care system.



*Beginning in FY 2022–23, PRIs are housed within our Bridging the Innovation Gap focus area — they were previously included in the focus area/topic that the company worked on. FY 2023–24 provided unique, strategically aligned opportunities for greater engagement and investment from our Jjournalism focus area. During FY 2022–23, the Building Leadership Capacity focus area included multiyear organizational memberships and additional community resilience and disaster response funding. †President’s Fund and conference sponsorships are not included in this analysis.

Laying the Foundation: How Are We Doing?

■ Making progress
 ■ Making progress, challenges identified
 ■ Serious challenges
 ■ Too soon to comment

Market Analysis & Impact

CHCF aims to provide research and analysis on California's market-wide care ecosystem, with a particular focus on how that system is structured and performing for Californians with low incomes.

■ Implementation ■ Impact

- A robust set of Almanac data reports (e.g., [California employer health benefits](#)), quick reference guides (e.g., [California health insurers—enrollment](#)), and quality measure dashboards (e.g., [behavioral health 2023](#)) were published and cited in legislative bill analysis, public speeches, and testimony from key stakeholders. Topical policy (e.g., [utilization, revenue, expenses, and margins in CA's hospitals](#)) and Medi-Cal Explainers (e.g., [Medi-Cal financing and spending](#)), Sacramento briefings and testimony also informed the 2024 policy cycle.
- The [CHCF annual health policy survey](#) and first-ever [Central Valley supplemental survey](#) were successfully fielded, published, and promoted.

Health Journalism

CHCF supports health care journalism so that mainstream and community/ethnic media outlets can provide Californians with access to timely, relevant information about the most pressing health care issues.

■ Implementation ■ Impact

- CHCF-supported journalists provided vital coverage of key health issues including the investigation of [Madera Community Hospital bankruptcy and coverage of the implications of Prop 1](#). CHCF Health Data Fellows produced well-received reports on timely topics including the [financial challenges of rural hospitals](#), the [mental health crisis in LA County jails](#), and the lack of support for [Californians living in mobile homes](#).
- We also supported USC's Center for Health Journalism's [Community and Ethnic Media Collaborative](#) and a cohort of journalists from Univision, the *Sacramento Observer*, *Black Voice News*, *AsAmNews*, *World Journal* (a Chinese-language outlet), and the *Korea Daily* to report on health equity issues facing their communities. Many of their reports have focused on local mental health concerns.

Building Leadership

CHCF aims to support leadership and skill building for California's health care professionals and state policy partners and support learning opportunities for organizations improving care delivery in the safety net.

■ Implementation ■ Impact

- Phase 8 of the CHCF-supported [California Improvement Network](#) continues with engagement from 25 organizations, including social service organizations for the first time. CHCF [Health Care Leadership Program](#) Cohort 23 launched with a diverse (racially, geographically, and professionally) group.
- Our State Health Policy Office hosted two briefings ([CHW/P/R workforce](#) and [Black health equity](#)). We continued our multiyear support of the California Legislative Staff Education Institute, an influential educational program for key legislative staff.
- More than \$1M was allocated across 11 organizations working to support communities across California. CHCF contributed support for two proposals from scholars as part of the [UCLA health equity challenge](#).

Bridging the Innovation Gap

CHCF aims to develop information, networks, and communication platforms that enable safety-net providers and health plans to work with entrepreneurs on delivery system improvement.

■ Implementation ■ Impact

- Our Innovation Fund has six program-related investments ([Pair Team](#), [Mahmee](#), [Spect](#), [Sanarai](#), [Pear Suite](#), [Motivo](#)). We also launched several initiatives offering entrepreneurs access to health care clients, investors, educational resources, and scholarships (e.g., [Making Waves in Health Tech podcast](#), [The Medicaid Sessions](#)). These efforts face limitations due to downturns in public capital markets.
- Data exchange progress includes our support of HHS to establish a [legal framework](#) for statewide clinical data exchange, including systems for [universal consent and identity management](#) and the [inclusion of county public health and social service organizations](#). Challenges persist due to budget constraints and decreasing urgency post-COVID-19.

Community Health Workers/*Promotores*/ Community Health Representatives Coalition

What were the goals of our work:

- Develop a racially and ethnically diverse community health workers/*promotores*/community health representatives (CHW/P/R) policy coalition centered on CHW/P/R lived experience and the people and families they serve
- Advance the work of CHW/P/Rs across California through shared policy solutions

What challenges were encountered:

- **Implementation difficulties.** Including state budget cuts regarding the rollout of the CHW/P/R Medi-Cal benefit.
- **Complexity of the Medi-Cal system.** CHW/P/R community-based organizations must learn an entirely new system (Medi-Cal), understand new payment structures, and work with new partners (health plans). Education and relationship-building take time.
- **Differences across the state.** Both the CHW/P/R workforce and managed care plans vary greatly by region (e.g., a successful process in LA will not necessarily work in the Central Valley).

What happened and what did we learn:

- **The policy coalition was instrumental** in bringing together individuals who never coalesced before and developing a shared CHW/P/R policy strategy at a critical time for this workforce.
- **The coalition enabled the CHW/P/R workforce to speak for themselves.**
- **It is important to push forward with the most integrity possible rather than waiting for a “perfect” solution.** We work in complex systems without easy fixes.
- **CHCF's support of CHW/P/Rs has continued to move the needle and advance this critical workforce.** We have successfully served as an advisor to CHW/P/Rs and the state by providing technical assistance, conducting research, and disseminating examples of success.



What were the goals of our work:

- Support the successful implementation of Medi-Cal's doula benefit in ways that respect the perspectives of the state, California doula stakeholders, and the doula workforce
- Enable effective and respectful engagement within the DHCS doula stakeholder workgroup, with special attention to the power imbalance between the state and community doulas (including the need for doulas to be appropriately compensated for their expertise and time)

What challenges were encountered:

- **Lack of upfront investment in deep relationship building between DHCS and the doula stakeholders.** DHCS staff were inexperienced in navigating community dynamics, resulting in tense initial interchanges.
- **Time!** Making progress has required more time than originally foreseen for building relationships between DHCS and doula stakeholders.
- **Implementation difficulties.** Including determining a livable wage/payment rate for doulas and the application process.

What happened and what did we learn:

- **CHCF's role as a neutral partner and listener for both DHCS and doulas has provided an objective perspective that has helped move the work forward.** CHCF's staff's ability and willingness to use their voices to have hard conversations with state agencies has been impactful.
- **CHCF funding for a skilled facilitator helped DHCS and doulas work through conflict, build trust, and develop a co-design process.** Interpersonal dynamics matter!
- **CHCF's attention to fair doula compensation was critical.** It enabled doulas to participate in the DHCS stakeholder workgroup and helped significantly increase the DHCS reimbursement rate for doula care.
- **Other funders have sought out conversations with CHCF.** Funders want to understand how our staff engagement and funding effectively supported deeper relationships between the state and the doula community.

Glossary of Terms

IMPLEMENTATION: Were we successful in carrying out the work/projects we set out to do?

IMPACT: Did the work/projects make a difference? Did we make progress toward achieving our goals?

GOAL: CHCF's overarching strategic goals (Advancing People-Centered Care, Improving Access to Coverage and Care, and Laying the Foundation).

FOCUS AREA: Subgoals, areas, or themes within strategic goals where we are choosing to focus our attention, expertise, and dollars.

BODY OF WORK: Groups of grants or projects around a topic and under a focus area.

LEVER: Levers are the vehicles we use to drive systemic change (i.e., HOW we do our work).

- **Delivery System:** Work to develop and spread efficient and effective ways that organizations in the delivery system operate to improve access to and quality of care.
- **Workforce:** Work to support, improve, and/or expand the health care workforce.
- **Data/Measures/Data Exchange:** Work to acquire improved data and/or measures to help health care stakeholders (including providers) better understand care quality and costs; improve transparency; and/or improve care delivery.
- **Public Policy:** Work to change or inform the development of statute, executive branch policies (i.e., regulations, federal waivers, state plan amendments, all plan letters), or government contracts. Includes support for advocacy organizations.
- **Payment/Financing:** Work to change how health care services are reimbursed/paid for.
- **Lived Experience/Community Engagement:** Work to understand, synthesize, and communicate at scale the feelings, ideas, and experiences of individuals and/or communities that are the ultimate focus of our work. Also includes work to motivate and educate communities/individuals.

PROGRAM-RELATED INVESTMENT (PRI): Investments in health care technology and service companies with the potential to significantly improve quality of care, lower the total cost of care, or improve access to care for Californians with low incomes.

BUDGET TERMINOLOGY:

- **Paid:** Grant payments that have already been paid.
- **Scheduled:** Grant payments within awarded grants that are in Scheduled status (includes scheduled payments in the past due to late grantee deliverables).
- **Approved/Not Awarded (ANA):** Project dollars that have been approved to be used in a project but have not yet been awarded through a grant to a specific grantee; calculated quarterly.
- **Committed:** The total of Paid, Scheduled, and ANA project dollars.
- **Planned:** High confidence/budget placeholder project dollars that are not yet approved; calculated quarterly.

Rounding Disclaimer: Due to rounding, numbers presented throughout this dashboard may not add up precisely to the totals provided, and percentages may not precisely reflect the absolute figures.