



# CHCF Board Dashboard FY 2021–22 Year-End Report (Data as of March 31, 2022)

Gina Martinez  
CHCF Board of Directors Meeting  
June 23, 2022

# Top Insights (retrospective summary of FY 2021–22)

This dashboard is retrospective, summarizing performance during the last FY (April 1, 2021, through March 31, 2022).

## Spending Analysis

- CHCF paid significantly more this fiscal year (\$39.1 million)\*, compared to prior years (≈\$30 million).
- The Access goal area continued to have the highest spending, followed by People-Centered Care.
- Grants with a statewide focus continued to make up the majority of CHCF's portfolio (70%), compared to substate or national focus. Among substate spending, CHCF increased funding directed to San Joaquin from \$0.6 million (8% of total substate spend) to \$1.4 million (18%). Funding to Los Angeles remained high at \$2.5 million (32%).
- In FY 2021–22, 94% of our portfolio focused on the Medi-Cal population.
- Over one-third of funding this past year had a strong race/ethnicity focus, compared to one-fourth in FY 2020–21. The majority of CHCF's grantmaking with a race/ethnicity focus was directed toward the Latino/x community, followed by the Black community.
- As in prior years, delivery system was the most used lever.

\*Excludes President's Fund grants

## Implementation Highlights

- California is no longer in crisis mode due to the COVID-19 pandemic and that has unlocked many opportunities to advance CHCF's goals at the state level. Examples include:
  - California Advancing and Innovating Medi-Cal (CalAIM): Implementing reforms related to older adults with complex needs, people experiencing homelessness, and partnerships with community-based organizations,
  - Behavioral health integration: Launched learning collaborative regarding telehealth and equity in the specialty behavioral health delivery system,
  - Data exchange: Produced a series of resources to guide policy and regulatory changes needed to create a statewide health information exchange, and
  - Workforce: Focused on training and effectively deploying community health workers, doulas, midwives, and behavioral health care providers.
- CHCF remains committed to advancing health equity for Black and Latino/x Californians. Examples of FY 2021–22 projects include listening to the experiences of Black Californians and supporting entrepreneurs of color through the innovation seed fund.

## Impact Highlights

- Coverage: In the historic \$300 billion budget, Governor Newsom has proposed expanding Medi-Cal coverage to all income-eligible adults under 50, regardless of immigration status. The California Department of Health Care Services (DHCS) projects that Medi-Cal will cover approximately 14.5 million Californians in 2022–23, over one-third of the state's population.
- Medi-Cal Transformation: CHCF's recommendations to advance quality improvement and health equity for Medi-Cal enrollees are reflected in Medi-Cal's managed care procurement RFP and its Comprehensive Quality Strategy.
- CalAIM: CHCF supported the background work leading to CalAIM's January 2022 launch. This initiative could dramatically improve care for people with complex needs.
- Listening: CHCF's portfolio of listening research helped to ground state policy in the experiences of ordinary Californians. Listening to Californians with Low Incomes and the California Health Policy Survey work has been used and cited widely, by the Healthy California for All Commission and by legislators and advocates working to make care more affordable. Dual diagnosis listening research helped make the case for reforms like CalAIM.

# Mission

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

## Goals

FY 2021–22  
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.

\$12.95M

Improving Access to Coverage and Care  
CHCF aims to advance state policy reforms and delivery system transformation to improve coverage and care.

\$14.77M

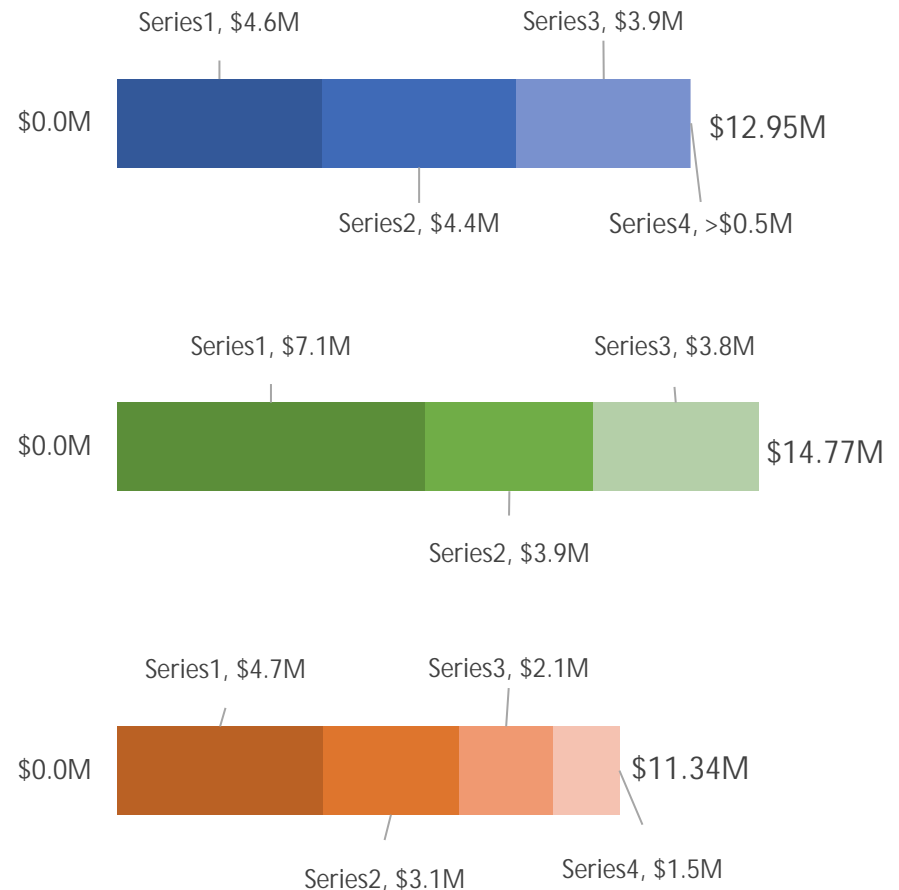
Laying the Foundation  
CHCF aims to build a strong foundation for delivering meaningful change in California's health care system by providing timely research, supporting health care journalism, training leaders, and developing cross-sector networks.

\$11.34M

Total: \$39.07M\*

\*Excludes President's Fund grants

## Spending by Focus Areas



# FY 2021–22 Spending by Population Served

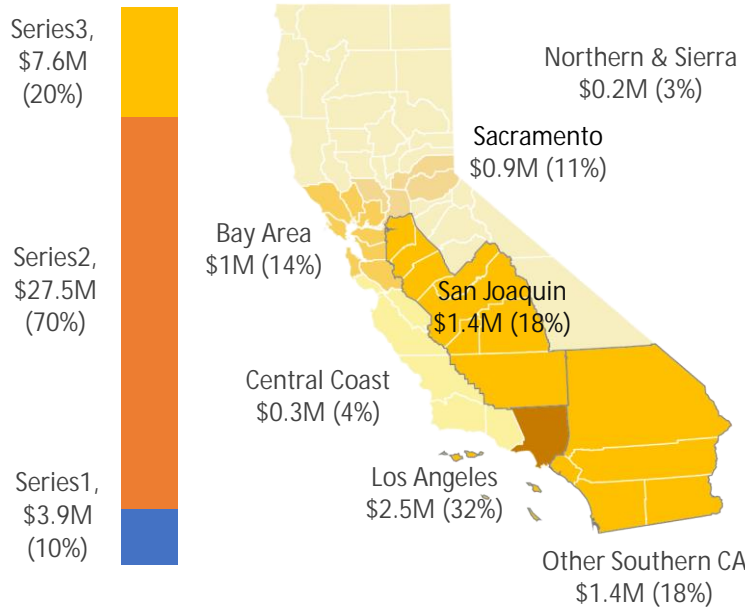
(\$ in millions)

## Grantee Partners

- CHCF continues to diversify our grantee partners and/or encourage the diversification of their teams to better align with state demographics and communities served.

### By Overall Geography

### By CA Region



32%

Of the organizations awarded grants in FY 2021–22, an estimated 32% were new organizations to CHCF. This represents \$7.2 million (15% of the total awarded funds).

64%

About 64% of awarded grants were led by a White project director (\$24.7 million or 65% of awarded funds with available data\*).

80%

CHCF's grantee teams had greater diversity than project directors with 80% of awarded grant teams including at least one BIPOC member (\$27.6 million or 85% of awarded funds with available data\*).

- See additional grantee partnership highlights at the end of this deck.

### Populations Served

- In FY 2022–23, CHCF is implementing new grant coding to better capture insurance and race information about populations served. These data will be shared in next year's dashboard.

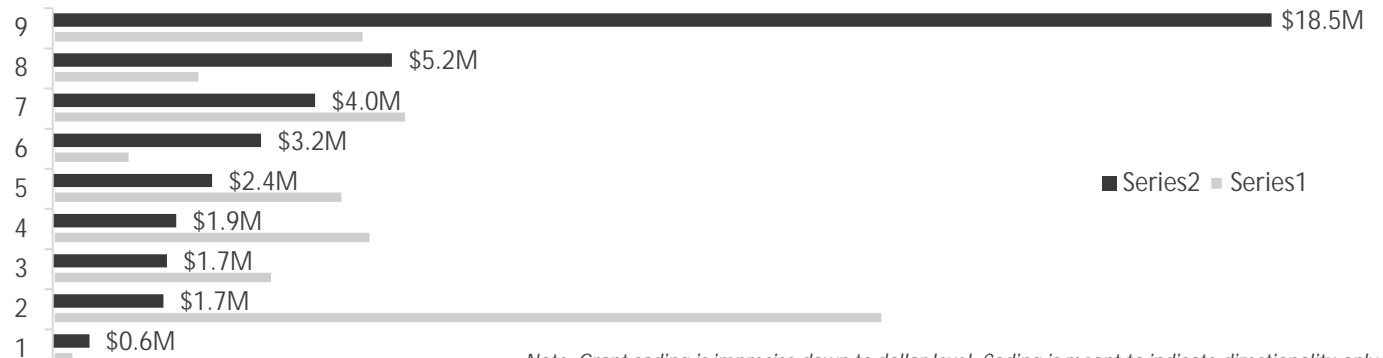
34%

Using current grant coding, over one-third of funding this past year had a strong race/ethnicity focus (34%, over \$13 million). Most of these grants were directed toward Latino/x and Black communities.

*\*Grantee race coding was not required for all grantees during FY 2020–21 as it was the first year of implementation. Therefore, race and ethnicity data of directors and teams was only available for a subset of grants.*

# FY 2021–22 Spending by Lever

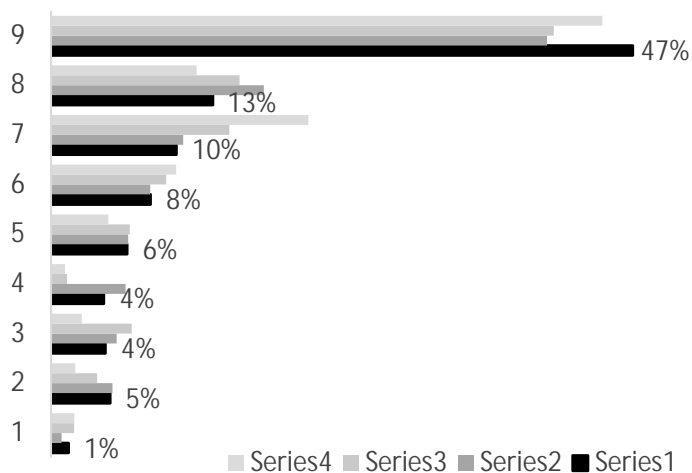
(\$ in millions)



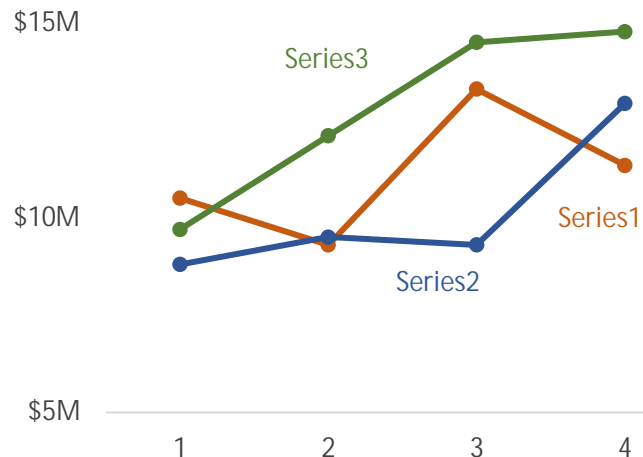
*Note: Grant coding is imprecise down to dollar level. Coding is meant to indicate directionality only.*

# Four-Year Trends by Population (\$ in Millions)

Trended Spending by Primary Lever, as percent of total spending

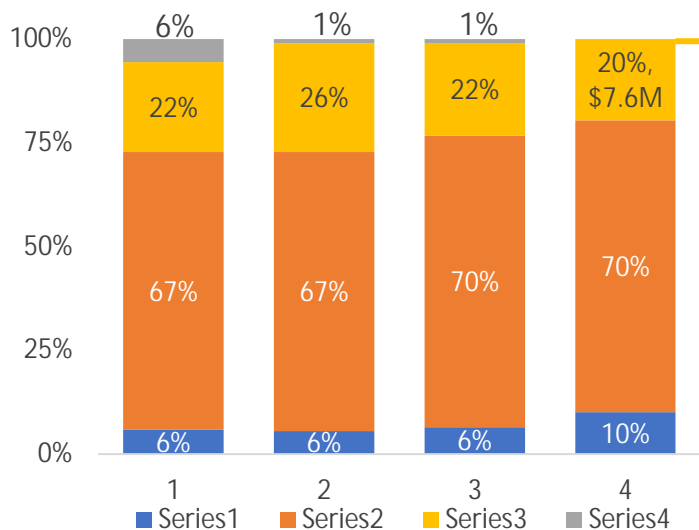


Trended Spending by Goal

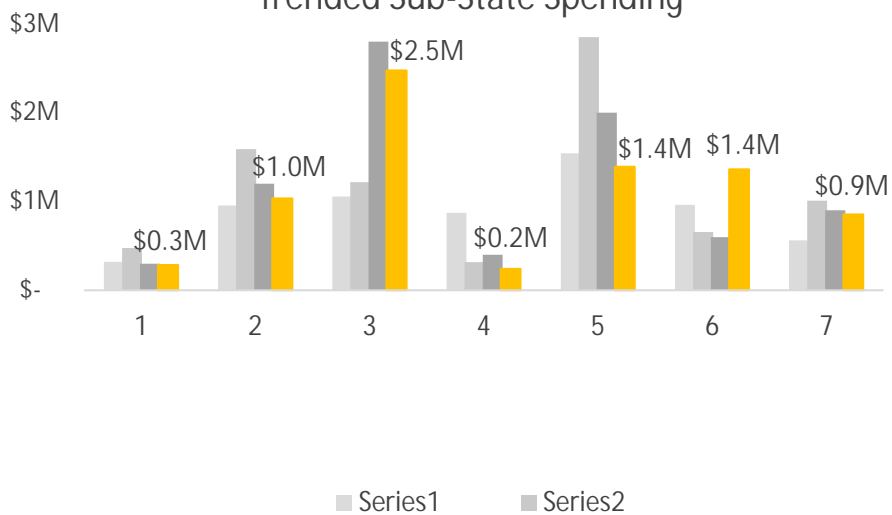


Note: One-time, emergency response grants due to COVID-19 were included in the Laying the Foundation goal area during FY 2020-21.

Trended Spending by Region, as percent of total spending



Trended Sub-State Spending

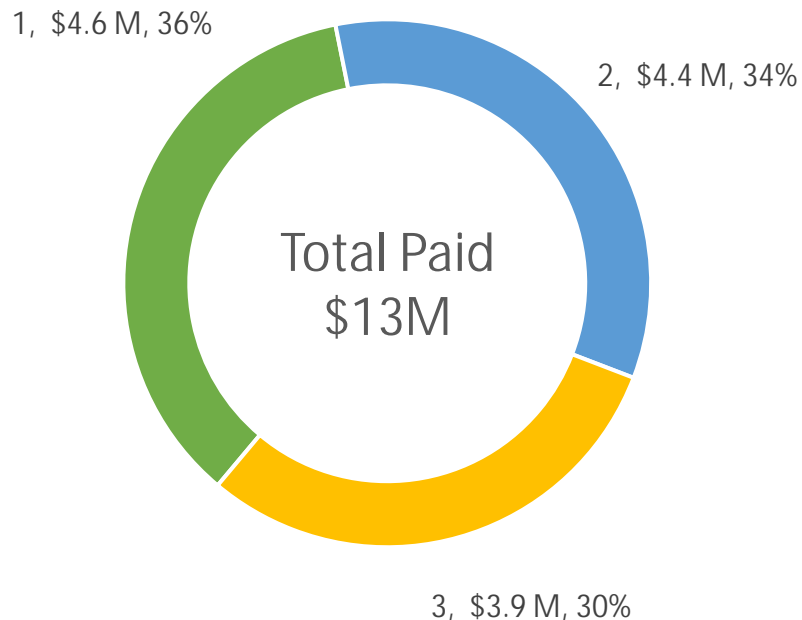


# Advancing People-Centered Care: What We Did

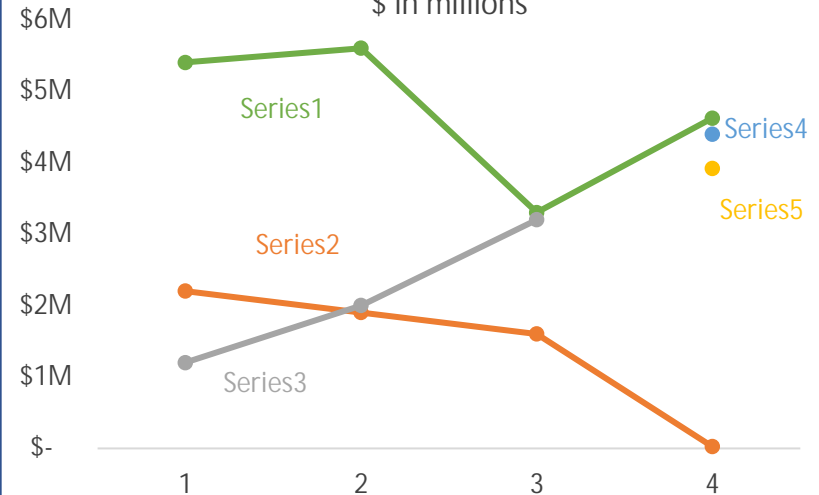
Many Californians receive care that does not meet their needs and/or do not receive any care at all.

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

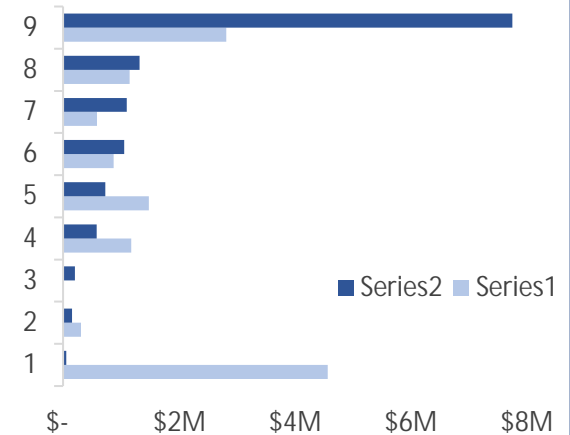
FY 2021–22 — Paid by Focus Area  
\$ in millions



Trended Data — Paid by Focus Area  
\$ in millions



FY 2021–22 Grants by Lever  
\$ in millions



\*Effective FY 2021–22, we have exited significant parts of the Serious Illness & End of Life focus area and re-focused allied work to be part of People with Complex Needs. The Maternity Care focus area was split across Behavioral Health and Black Health Equity to leverage synergies with that work.

# Advancing People-Centered Care: How Are We Doing?

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

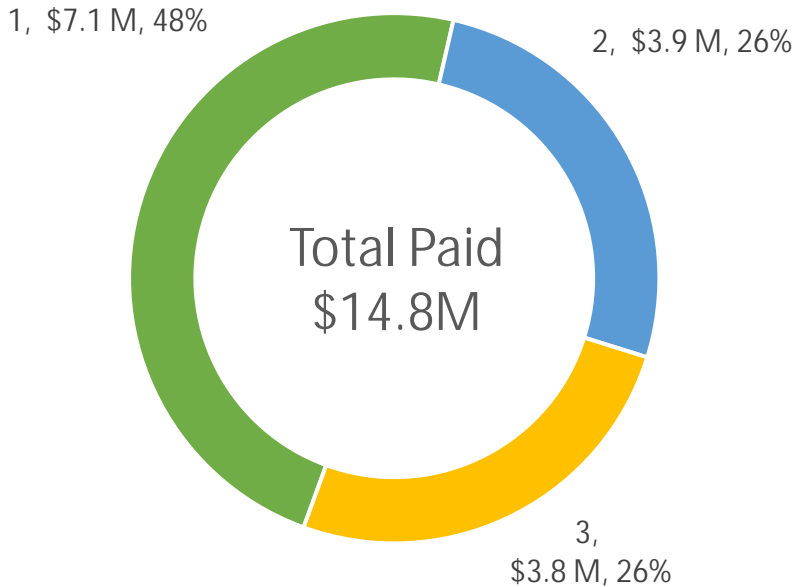
<p><b>Care for People with Complex Needs</b></p> <p>CHCF aims to help Medi-Cal enrollees with challenging health or social circumstances get high-quality medical care and supportive services that improve their lives.</p>	<p> <span style="color: green;">■</span> <i>Implementation</i>                                <span style="color: yellow;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• We continue to capitalize on the unique opportunity provided by the launch of CalAIM by supporting efforts to ensure there is a statewide whole person care approach for people with complex needs through grantees like Justice in Aging and the Corporation for Supportive Housing.</li> <li>• Our approach to improving care systems for older adults with complex needs and people experiencing homelessness (PEH) included a focus on coordination across sectors (health care, social services, long-term care, housing), integration of services managed by different entities, and enablers such as data exchange.</li> <li>• We supported effective implementation of CalAIM reforms impacting older adults and PEH through stakeholder education and engagement with foundational papers, webinars, and learning communities.</li> <li>• We seek to inform and influence decisionmakers through an evaluation of Project RoomKey, a statewide survey of PEH, and synthesizing lessons from previous care integration efforts for older adults.</li> </ul>
<p><b>Behavioral Health</b></p> <p>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.</p>	<p> <span style="color: green;">■</span> <i>Implementation</i>                                <span style="color: yellow;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• Implementation of CalAIM behavioral health (BH) changes continues to be both exciting and difficult. CHCF is working to explain and influence both directly and indirectly through grantees like National Health Law Program and California Pan-Ethnic Health Network.</li> <li>• We launched a new learning collaborative focused on telehealth and equity in the specialty BH delivery system which promises to provide significant lessons to the field.</li> <li>• We are working across the foundation to align our efforts in primary and specialty BH and share lessons.</li> <li>• Regarding perinatal mental health, we launched an effort to implement the collaborative care model for maternal mental health in LA community clinics. Also, national advocate Maternal Mental Health Leadership Alliance released a series of well-received fact sheets. Finally, CHCF provided co-funding to seed the establishment of a maternal mental health funders group nationwide.</li> </ul>
<p><b>Advancing Black Health Equity</b></p> <p>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.</p>	<p> <span style="color: green;">■</span> <i>Implementation</i>                                <span style="color: gray;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• The Listening to Black Californians project launched with a topflight advisory group. The grantee (EVITARUS) produced its first publication in January 2022 and the final report is expected this summer.</li> <li>• The National Commission for Quality Assurance (NCQA) published a white paper that inventoried measurement efforts and highlighted several states' approaches. Currently, NCQA is working to build a measurement framework that balances measurement burden with creating meaningful change.</li> <li>• We continue our work on implicit bias, patient safety, and health equity in public hospitals. One highlight: Urban Institute's report on strengths and gaps in pathway programs for health care professionals of color.</li> <li>• We responded to pressing COVID-19 needs by funding the public vaccine information campaigns The Conversation/<i>La Conversación</i>, featuring Black and Latino/x providers as messengers. The messages and associated toolkits have been well-received and are being widely used.</li> <li>• Work to support Black birth equity is ramping up focus on doulas and midwives, especially pipeline challenges. The Conversation effort released a COVID-19 + pregnancy/fertility series; the first full season of the Birthright podcast wrapped and we launched a second season.</li> </ul>

# Improving Access to Coverage and Care: What We Did

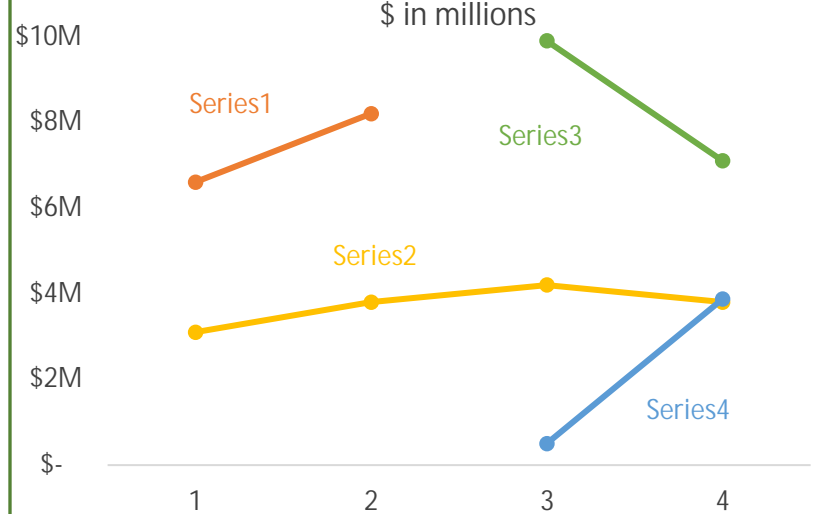
Millions of Californians with low incomes have difficulty getting care that is timely, affordable, and meets their needs.

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

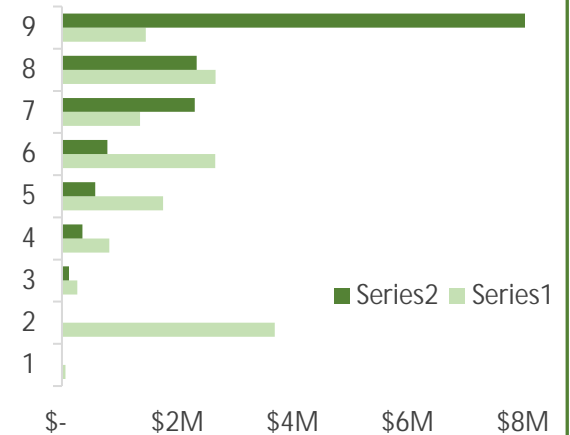
FY 2021–22 — Paid by Focus Area  
\$ in millions



Trended Data — Paid by Focus Area



FY 2021–22 Grants by Lever  
\$ in millions



\*Effective FY 2020–21, the Safety-Net Capacity focus area was split into Access to Primary Care and Access to Specialty Care. During FY 21-22, streams of work were regrouped and reclassified

to better align with the content and support how staff do the work, as such there are shifts in focus area trended data



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

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

<p><b>Affordable Coverage</b></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> <span style="color: green;">■</span> <i>Implementation</i> <span style="color: green;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• Significant gains on Medi-Cal coverage and accountability continue to be made. Governor Newsom has proposed eliminating immigration status as a barrier to Medi-Cal for income-eligible adults of all ages, and DHCS and its partners have been preparing to support continuous coverage when the Public Health Emergency (PHE) ends.</li> <li>• Both Medi-Cal's managed care procurement RFP and its Comprehensive Quality Strategy reflect CHCF's work over the past three years, including many of the approaches and activities CHCF has recommended to advance quality improvement and health equity for Medi-Cal enrollees.</li> </ul>
<p><b>Access to Primary Care</b></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> <span style="color: green;">■</span> <i>Implementation</i> <span style="color: green;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• As reported to the Board in March, California lawmakers continue to make significant investments in the health care workforce aligned with the Workforce Commission's recommendations. Among those where CHCF has provided analysis and technical assistance, the governor has proposed spending \$350 million in state FY 2022–23 to increase the pipeline of CHWs and <i>promotores</i>, and DHCS is preparing a State Plan Amendment for approval by CMS that seeks to secure Medi-Cal reimbursement for these workers.</li> <li>• CHCF launched the Primary Care Matters Resource Center highlighting recommended actions from California's largest health care purchasers and new research on the variation and impact of primary care investment.</li> <li>• Despite some delays, progress was also made on implementation of scope expansion for nurse practitioners (AB890); CHCF is supporting the California Association of Nurse Practitioners (NP) to strengthen their infrastructure and has cultivated research to inform the implementation of NP scope expansion.</li> <li>• Our work to support Alternative Payment Methodology for FQHCs continues; we are now working with partners on an implementation guide and technical assistance approach.</li> </ul>
<p><b>Access to Specialty Care</b></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> <span style="color: green;">■</span> <i>Implementation</i> <span style="color: green;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• In February, DHCS issued post-PHE telehealth policy recommendations for Medi-Cal, which would extend or make permanent many telehealth policies that were adopted during the PHE; these include: coverage for synchronous video and audio-only telehealth across services and systems, and a Prospective Payment System for FQHCs and rural health clinics across telehealth modalities.</li> <li>• Response to CHCF's launch of the Connected Care Accelerator Equity Collaborative has been positive: 51 applications were received from health centers throughout the state, and co-funding from Cedars-Sinai will allow us to support 22 health centers to participate in the learning collaborative.</li> </ul>

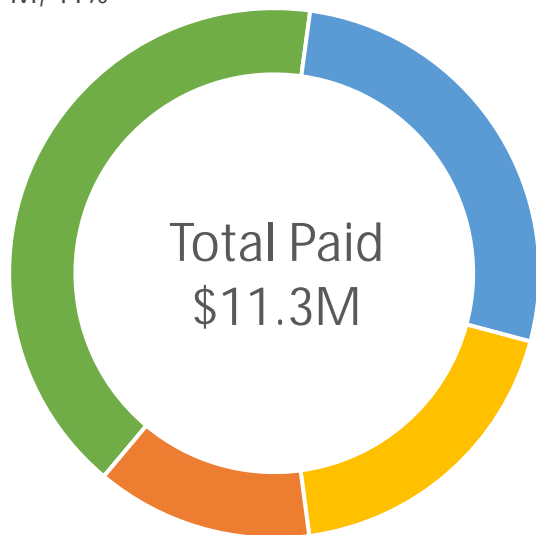
# Laying the Foundation: What We Did

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.

FY 2021–22 — Paid by Focus Area  
\$ in millions

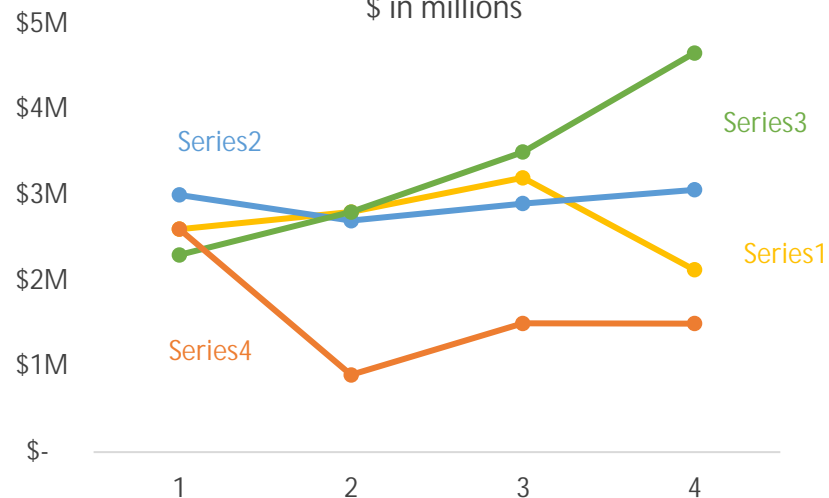
1, \$4.7 M, 41%      2, \$3.1 M, 27%



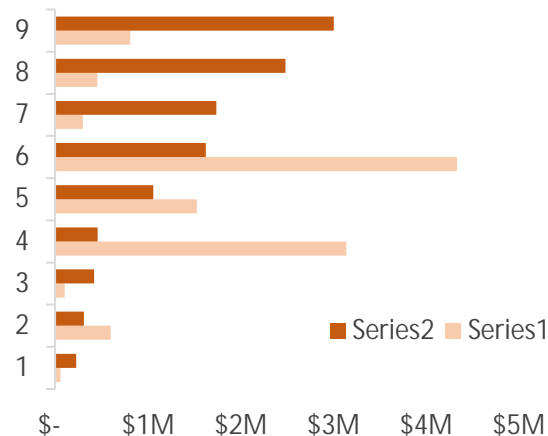
4, \$1.5 M, 13%

3, \$2.1 M, 19%

Trended Data — Paid by Focus Area  
\$ in millions



FY 2021–22 Grants by Lever  
\$ in millions



\*The Building Leadership Capacity focus area increased significantly in FY 21-22 due to creation of the Community Resilience & Disaster Response body of work.

# Laying the Foundation: How Are We Doing?

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

<p><b>Market Analysis &amp; Impact</b></p> <p>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.</p>	<p> <span style="color: green;">■</span> <i>Implementation</i> <span style="color: green;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• In the last FY, CHCF published 14 Almanacs; 2 regional market reports, 2 reports on behavioral health services and FQHCs, and 2 Medi-Cal Explained briefs. We also published several in-depth analyses (e.g., physician practice; network adequacy laws in CA), and fielded a health policy poll.</li> <li>• Impact of these publications remains strong. In the past year, several (e.g., physician practice, consolidation) were cited in bills and testimony, and others (e.g., poll) were highlighted in numerous media outlets.</li> </ul>
<p><b>Health Journalism</b></p> <p>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.</p>	<p> <span style="color: green;">■</span> <i>Implementation</i> <span style="color: green;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• CHCF's <i>California Healthline</i> was honored by the Sacramento Press Club for our Medi-Cal Makeover series which continues to have significant uptake.</li> <li>• Latino Media Collaborative launched its English language news outlet CALÓ News and has produced its first health stories (e.g., Medi-Cal expansion, Latino/x doctor shortage).</li> <li>• Media in Color is on track to reach its goal of training/coaching 25 community and media outlets.</li> <li>• Conversations are underway with Center for Health Journalism on a possible new community and ethnic media reporting project, and the center will be recruiting for another cohort of its Data Journalism Fellows program this fall.</li> </ul>
<p><b>Building Leadership</b></p> <p>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.</p>	<p> <span style="color: green;">■</span> <i>Implementation</i> <span style="color: green;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• The California Improvement Network (CIN) concluded its current 2- year phase, with the evaluation showing impact in all three content areas and among all partner organizations (n=20), despite COVID-19 challenges. CHCF completed a robust, redesign effort to better align CIN with CHCF's overall strategy and center equity. Cohort 21 launched and recruiting for Cohort 22 is underway.</li> <li>• Support for the legislative institute was renewed for 2 years; it will focus on improving collaboration across cohorts and on professional development opportunities to strengthen and diversify health legislative staff.</li> <li>• CHCF's new official body of work in Community Resilience and Disaster Response granted funds to 5 organizations to support community infrastructure and rapid action in disasters. A 2-year project to continue supporting this work is on the June Board docket.</li> </ul>
<p><b>Bridging the Innovation Gap</b></p> <p>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.</p>	<p> <span style="color: green;">■</span> <i>Implementation</i> <span style="color: green;">■</span> <i>Impact</i> </p> <ul style="list-style-type: none"> <li>• CHCF both invested and provided grant funding to 6 early-stage companies with founders that share lived experience with the Medi-Cal population, specifically Black, multiracial, and female founders. We also partnered with mission aligned accelerators to support underrepresented health tech founders' capacity and understanding of Medi-Cal.</li> <li>• CHCF continues to support California Health and Human Services Agency and other decisionmakers working on comprehensive policy and regulatory changes to enable statewide data exchange. We have played a significant role establishing an unbiased and transparent approach to statewide governance through our advisory seat and several related publications.</li> </ul>

# Grantee Equity Case Study: EVITARUS



**SHAKARI BYERLY**  
PARTNER, EVITARUS

[EVITARUS](#) is a Black-owned and -led public opinion research and public policy consulting firm based in Los Angeles. Shakari Byerly, partner and principal researcher at EVITARUS, and Rodrigo Byerly, MPA, president of EVITARUS, have deep experience conducting research on race and racism in California's diverse population, as well as expertise in assessing racial bias in public attitudes.

Since March 2021, CHCF has partnered with EVITARUS on [Listening to Black Californians](#), a first-of-its-kind study that listens to Black Californians via in-depth interviews, focus groups, and a statewide survey. The goal of the study is to understand Black Californians' experiences of racism and the powerful influence it yields over their health care and outcomes. EVITARUS also manages the [Listening to Black Californians Advisory Group](#), comprising 10 experts from academia, policy, health care, and advocacy who provide input on the direction of the study.

The [Phase I report](#) was published in January 2022. Key findings from in-depth interviews with 100 Black Californians include:

- Respondents held a holistic view of health and prioritized it in their everyday lives.
- Experiences with racism in health care were widespread and negatively impacted participants' health.
- Participants envisioned health care as patient-centered and proactive.

This May, EVITARUS finished fielding the statewide survey of over 3,300 Black Californians. The final report, covering the second and third phases of research, is expected in late summer 2022.

# Grantee Equity Case Study: Kimberly Seals Allers



[Kimberly Seals Allers](#) is a journalist; author of three books on pregnancy, childbirth, and breastfeeding; and a technology entrepreneur. She is also a Black mother who felt disrespected and voiceless in the hospital while giving birth and who later experienced postpartum depression. She is now channeling her journalism chops into empowering mothers, especially mothers of color.

Narrative change is key to Seals Allers' work because narratives play a central role in decision making — shifting collective thinking on a topic is necessary to bring about change in the world. To shift the Black maternal health narrative away from the oft-cited troubling statistics and headlines of high-profile deaths, Seals Allers is centering the positive stories of Black mothers and highlighting solutions in two complementary projects supported by CHCF.

In March 2021, Seals Allers launched her podcast, *Birthright*. The inaugural season of *Birthright* included 10 episodes celebrating Black birth experiences, with Seals Allers acting as interviewer and narrator to provide context and highlight solutions from the maternal health world.

*"For some time, I've been increasingly concerned about the narrative around Black maternal health," she told [The CHCF Blog](#). "There is a 'doom and gloom' theme in the way the mainstream media talk about Black maternal health. . . . I wanted to start the podcast to put joy into the narrative and lift up positive Black birth stories as a tool for learning."*

Each episode was downloaded between 270–500 times\*, with Los Angeles and the Bay Area being the most-engaged regions. The Commonwealth Fund has joined CHCF in funding the second season of *Birthright*, which launched in March 2022.

Seals Allers also created an app called *Irth* ("birth" without the "b" for bias), which is supported by CHCF, the Tara Health Foundation, and the Grove Foundation. *Irth* is a Yelp-like platform for Black and brown women and birthing people to find and leave reviews of their ob/gyns, birthing hospitals, and pediatricians.

*\* The average podcast episode garners 140 downloads in the first 30 days after release.*

# 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 overreaching 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:** Tools, actions, or tactics deployed to effect change.

1. Delivery system interventions: Work aiming to make changes on the ground in delivery system; includes workforce
2. Transparency/monitoring/data: Work that is about helping systems or the policy environment understand facts/data of a given topic/situation
3. Public policy: Work aiming to change/inform laws, regulations, or government contracts, or to improve knowledge of health policy and politics, and/or to help; includes advocacy work
4. Payment/financing (public or private): Work aiming to change how health care services are reimbursed (e.g., value-based payment)
5. Consumer engagement: Work aiming to engage consumers directly or focused on consumer behavior specifically
6. Evaluation and learning: Work to formally evaluate grants or whose purpose is to learn about/engage in the field of philanthropy
7. Conference support: Funding solely to support a conference
8. Media: General media grants (NPR, etc.); mostly External Engagement

**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.

*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.*