



CHCF Board Dashboard  
FY 2022–23 Year-End Report  
(Data as of March 31, 2023)

Gina Martinez and Stephanie Teleki  
CHCF Board of Directors Meeting  
June 15, 2023

## Questions for Discussion

We pull a number of levers (e.g., delivery system, public policy, lived experience/community engagement) in our work. Almost half of our grant funding uses the delivery system lever, and we have highlighted three examples of our delivery system work at the end of this deck.

- ***Recognizing that the amount of spending does not necessarily equate to the level of impact, do you think our focus on the delivery system lever is right-sized?***

This dashboard reflects the complexity of our grantmaking choices — levers for change, geographic focus, racial/ethnic diversity of our partners, etc. Our aim is to make choices that balance competing factors. For example, we made the choice several years ago to increase our grantmaking in Los Angeles, where approximately 30% of the Medi-Cal population live, and we have made substantial progress. This has meant that we have focused less on other regions.

- ***What are your reactions to our current grantmaking choices? Does the current balance make sense to you?***

# Top Insights (retrospective summary of FY 2022–23)

This dashboard is retrospective, summarizing performance during the last FY (April 1, 2022, through March 31, 2023).

## Spending Analysis\*

- CHCF again increased the amount of grant spending this fiscal year (\$45.3 million), compared to last year (\$39.1 million).
- The People-Centered Care goal area had the highest level of spending as several newer bodies of work have matured (Homelessness and Health, Birth Equity).
- Among substate spending (\$10.9 million), almost half (46%) of funding was directed to Los Angeles (\$5.1 million). While funding to the Bay Area (\$2.1 million, 20%) and Other Southern CA (\$1.7 million, 15%) remained high, there is more work to be done in the Central Valley (\$0.6 million, 5%).
- Half of funding this past year had an intentional race/ethnicity focus. The majority of CHCF's grantmaking with a race/ethnicity focus was directed toward the Black community, followed by the Latino/x community.
- Delivery system continued to be the most used lever. Use of the lived experience/community engagement lever increased significantly this year (12% compared to 5%).<sup>†</sup>

\*Excludes President's Fund grants.  
<sup>†</sup>New levers and definitions were developed in FY 2022–23, which may have led to slight variations in the types of projects included.

## Implementation Highlights

All ten of our focus areas were rated as green (*making progress*) in terms of implementation. There are many opportunities to advance CHCF's goals at the state level. Examples include:

- **CalAIM (California Advancing and Innovating Medi-Cal).** We continue to track early implementation progress and provide education and technical assistance, particularly regarding people with complex needs.
- **Behavioral health.** Policymakers have placed a significant focus on behavioral health (BH) including significant proposed changes to mental health programs and how they are paid, and a focus on maternal mental health.
- **Coverage.** With Medi-Cal expansion, we have funded efforts to maximize enrollment for newly eligible families through effective, linguistically and culturally appropriate messaging.

Newly available data on grantee race/ethnicity shows that during FY 2022–23 there was an increase of 37% in the percent of CHCF awarded funds to grantees with Black, Indigenous, and People of Color (BIPOC) project managers compared to FY 2021–22. This reflects our commitment to diversifying our partners and the teams we work with.

## Impact Highlights

Regarding impact, eight out of ten focus areas were rated as green (*making progress*), and two were rated as yellow (*making progress but challenges identified*). Examples of our impact include:

- **Coverage.** In addition to the historic expansion of Medi-Cal coverage, state lawmakers have made many Medi-Cal telehealth policies permanent, and our work has influenced state action to protect people from coverage gaps during the Medi-Cal continuous coverage unwinding period.
- **Primary Care.** After several years of investing, we are seeing the fruit of our labor with significant state support for increased investment and reimbursement rates in primary care.
- **Workforce.** While workforce shortages continue to be a challenge, our efforts have supported the development of several state policies to increase the health care workforce including the new Medi-Cal benefits for community health workers and doulas, Department of Health Care Access and Information (HCAI) workforce investments, and increased provider reimbursement rates from the Department of Health Care Services (DHCS).

# 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.

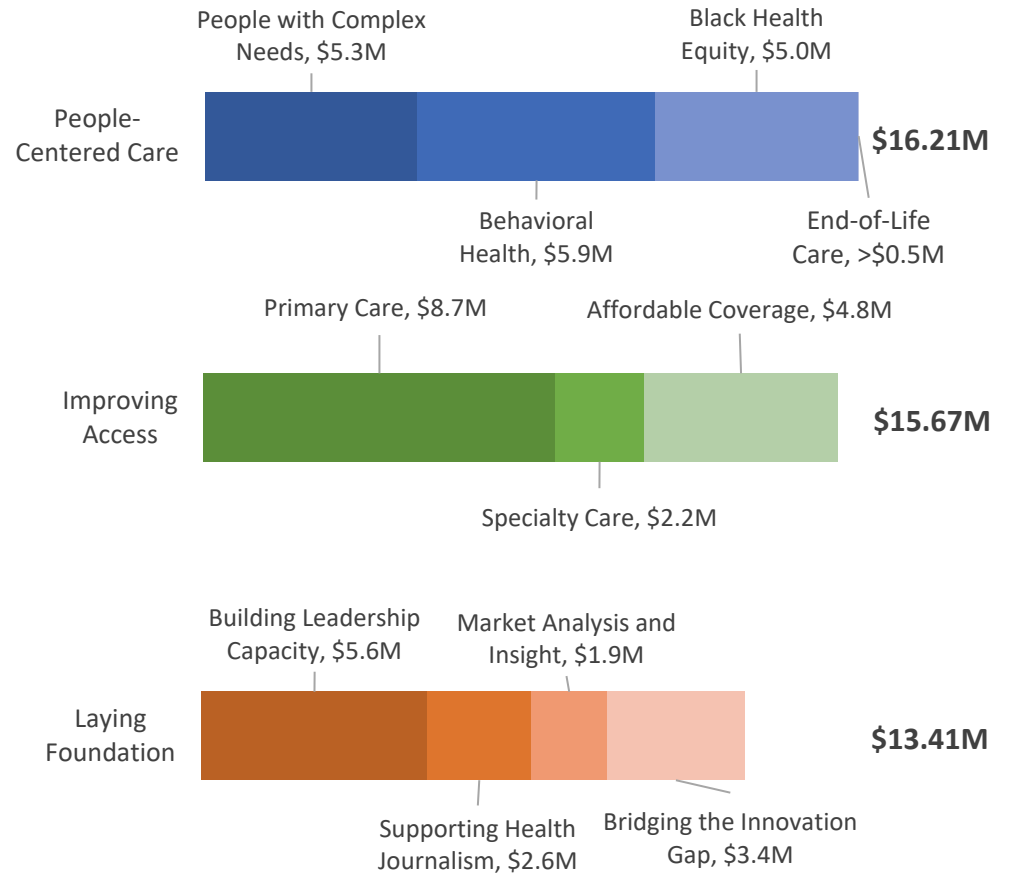
## Goals

FY 2022–23  
Paid

<p><b>Advancing People-Centered Care</b> CHCF aims to ensure that Californians receive responsive, comprehensive, and coordinated care that supports health and well-being, and reduces inequities.</p>	<p><b>\$16.21M</b></p>
<p><b>Improving Access to Coverage and Care</b> CHCF aims to advance state policy reforms and delivery system transformation to improve coverage and care.</p>	<p><b>\$15.67M</b></p>
<p><b>Laying the Foundation</b> 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.</p>	<p><b>\$13.41M</b></p>
<p><b>Total: \$45.28M*</b></p>	

\*Excludes President’s Fund grants.

## Spending by Focus Areas

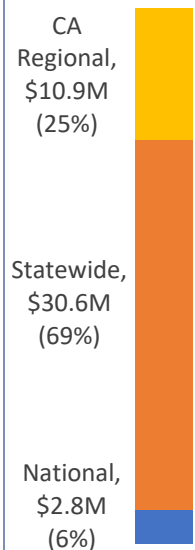


Rounding Disclaimer: Due to rounding, numbers presented throughout this dashboard may not add up precisely to the totals provided, and percentages may not precisely reflect the absolute figures.

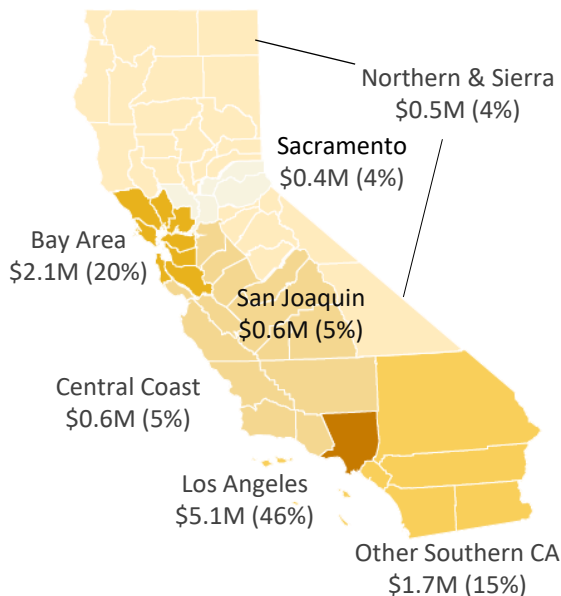
# FY 2022–23 Spending by Population Served\*

(\$ in millions)

## By Geography Served



## By CA Region Served

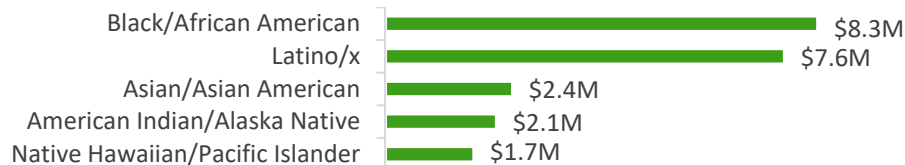


## By Safety Net Served†

**99%** Almost all our grant funding during FY 2022–23 was **mostly (68%, \$30 million) or to some extent focused on the safety net (31%, \$14 million).**

## By Race/Ethnicity Served†

**50%** Half of grant funding during FY 2022–23 had an **intentional race/ethnicity focus (over \$22 million)**. An estimated \$8 million each went to Latino/x and Black populations.



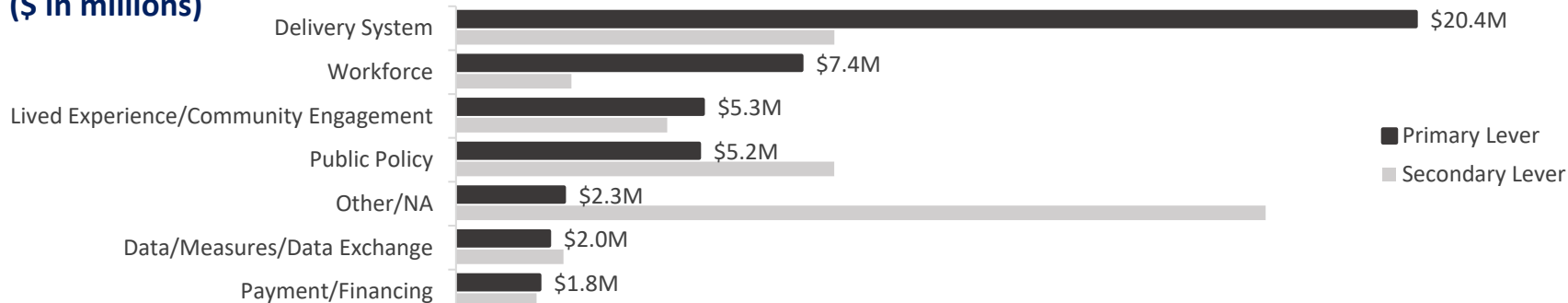
## By Grantee Race/Ethnicity, Awarded Funds‡

**47%** Just under half of grant funding with data available was awarded to a **grant with a BIPOC project manager (over \$24 million)** and 90% was provided to a team with at least one BIPOC member (almost \$42 million).

**37%** Compared to FY 2021–22, there has been an **increase of 37% in the percentage of CHCF awarded funds to grantees with BIPOC project managers** (from 34%, \$13 million to 47%, \$24 million).

# FY 2022–23 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.

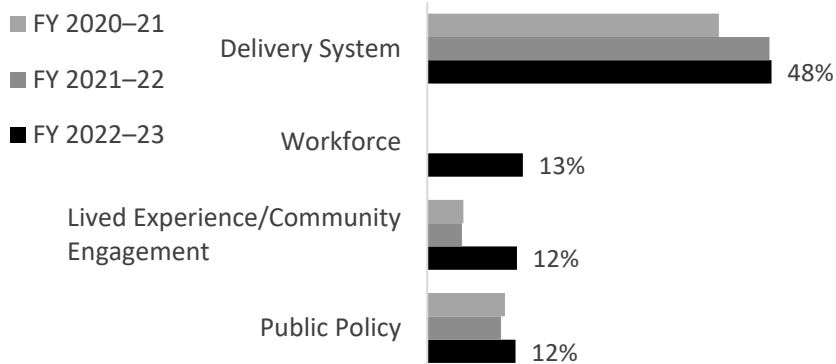
† Grant coding by race and insurance/safety net was updated in FY 2022–23, so it should not be compared to previous dashboards.

‡ 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 2022–23.

\*\*New levers and definitions were developed in FY 2022–23, so data should not be compared to previous dashboards. The single asterisk note also applies here.

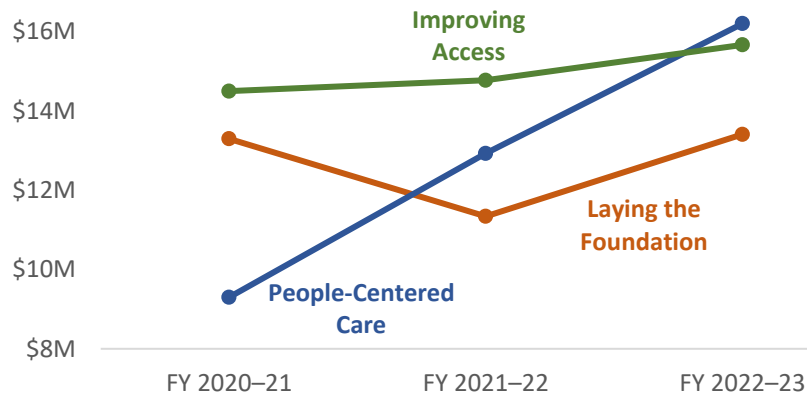
# Trended Spending (\$ in Millions)

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



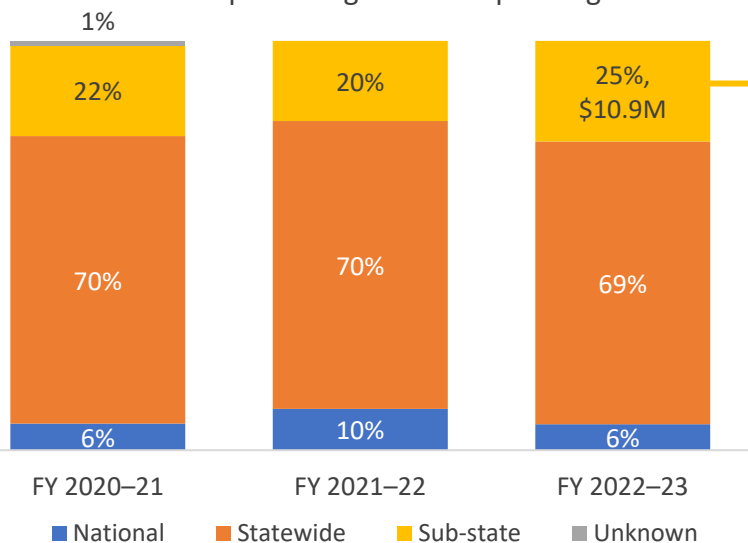
\*New levers and definitions were developed in FY 2022-23, so we were unable to compare all the levers from previous years. We are presenting the most used levers from FY 2022-23, including workforce which was previously included within delivery system. Next year, the dashboard will present two years of data with all updated levers.

### Trended Spending by Goal†

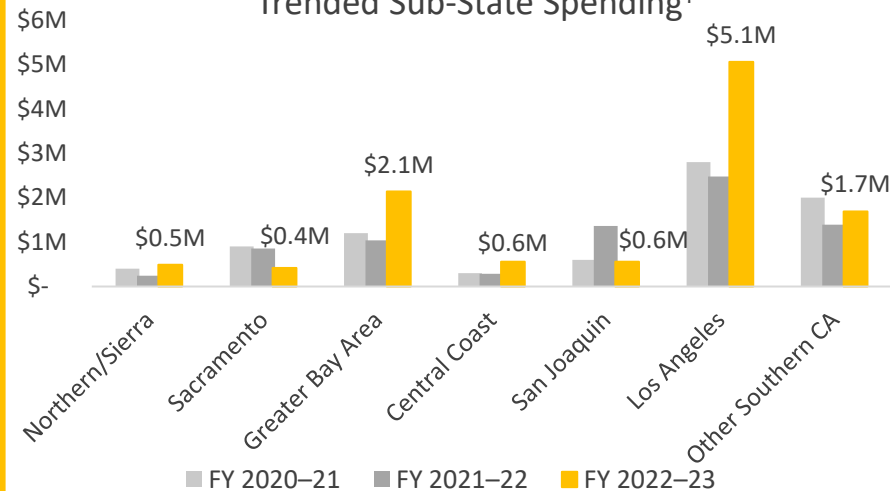


†Two one-time, emergency response grants due to COVID-19 were included in the Laying the Foundation goal area during FY 2020-21.

### Trended Spending by Region‡ as a percentage of total spending



### Trended Sub-State Spending‡



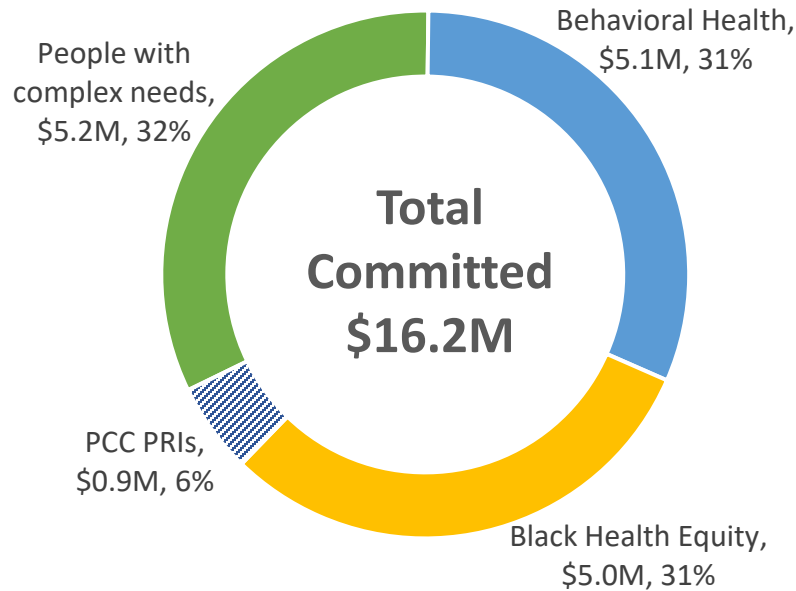
‡ Grant coding by population served is imprecise down to the dollar level. Coding is meant to indicate directionality only. For all fiscal years, President's Fund grants are excluded. For FY 2022-23, conference sponsorships were not included in this analysis.

# Advancing People-Centered Care: What We Did

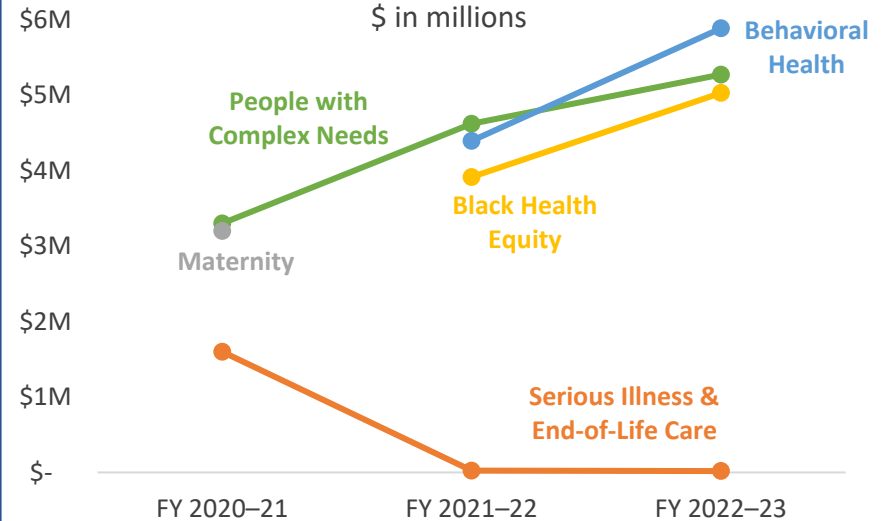
Many Californians receive care that does not meet their needs and/or do not receive any care at all.

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

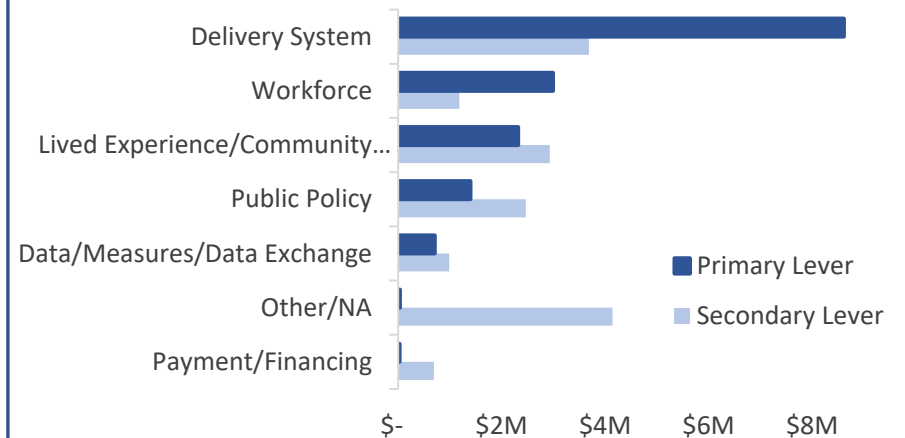
FY 2022–23 — Committed by Focus Area  
\$ in millions



Trended Data — Committed by Focus Area\*



FY 2022–23 Grants Paid/Scheduled 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.

†President's Fund and conference sponsorships are not included in this analysis. New levers and definitions were developed in FY 2022–23, so data should not be compared to previous dashboards.



# 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*

- CalAIM remains a priority within this focus area and we continue to support the effective implementation of CalAIM reforms affecting older adults and people experiencing homelessness (PEH) through [stakeholder education](#), [technical assistance](#), and [learning communities](#). In addition to population-based work, our newly created (FY 2023–24) Complex Care in Medi-Cal portfolio will support CalAIM work across the foundation.
- Our approach to improving care for older adults and PEH continues to focus on [coordination across sectors](#), [integration of services](#) managed by different entities, and enablers such as [data exchange](#). We seek to inform and influence decision-makers through evaluation (e.g., [Project Roomkey](#)), listening work (e.g., [Statewide Study of Homelessness](#)), and synthesizing lessons from evidence-based and promising practices (e.g., [Medi-Cal Managed Care](#)).
- While we have made implementation progress, significant structural challenges to collaboration and alignment have slowed progress on impact due to the cross-cutting nature of this work. We anticipate that additional time and capacity building will bring opportunities for further impact as CalAIM proceeds.

## 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*

- Policymakers are finally focused on maternal mental health and the external environment is ripe for innovation and improvement work, like our recently launched four-year effort to implement the collaborative care model for maternal mental health in LA clinics.
- We are continuing our work to improve equitable access and care for people with serious mental health conditions and addiction with projects to improve and expand tele-BH and BH workforce (e.g., *promotores* and psychiatric mental health nurse practitioners). Additionally, HCAI is using [CHCF-supported research on BH expenditures](#) as a resource for their BH investment work.
- While we have made progress around implementation, the number and complexity of initiatives coupled with the variation across county-based approaches have slowed progress on impact. We anticipate that our work to learn what counties need to improve care and services will bring opportunities for impact.

## 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*

- CHCF continues to share findings from the [Listening to Black Californians](#) survey. Recent focus is on how the care system undermines Black Californians' pursuit of good health; the need for education to effectively navigate care; and the Black Medi-Cal population. Additionally, we supported the release of national [equity quality measurement framework](#); began work on a tool to assess equity as a patient safety issue; and funded the Urban Institute's symposium on "[Unequal Treatment at 20.](#)"
- In our birth equity work, the workforce continues to be a focus. With the launch of the new [Medi-Cal doula benefit](#) in January 2023, we are now supporting implementation activities. We have also continued our work with midwives including funding scholarships for midwives of color at the two schools of nurse-midwifery and the "[Deliver Us](#)" [documentary](#) about Black midwives. Additionally, we are supporting DHCS to develop a Medi-Cal prenatal/postpartum care pathway and are exploring community colleges as a pathway to maternity care workforce careers.

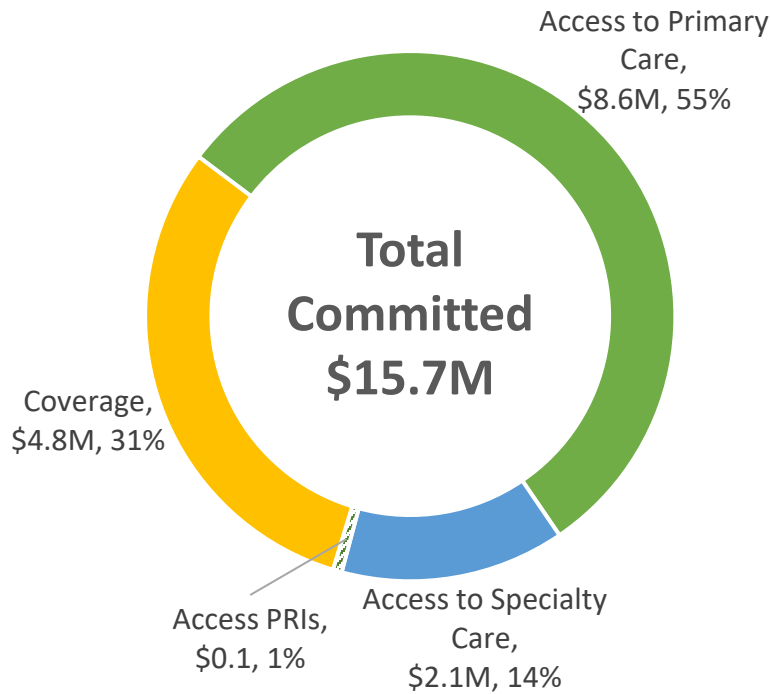


# Improving Access to Coverage and Care: What We Did

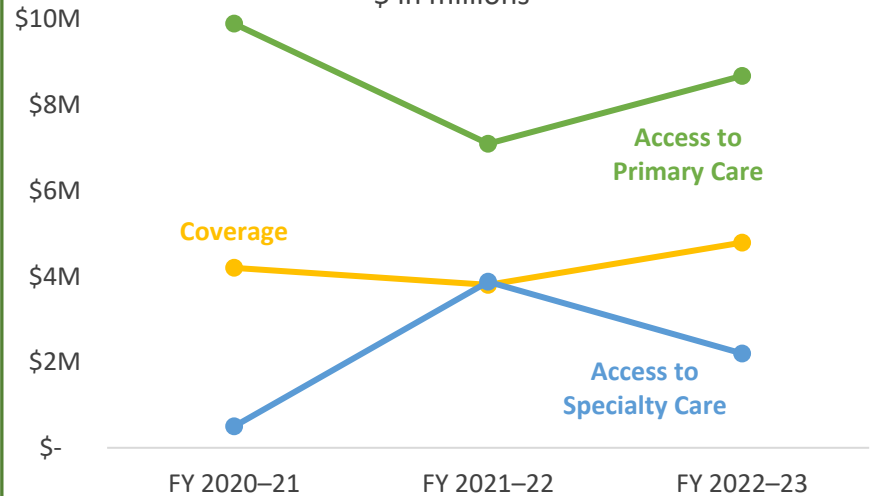
Millions of Californians with low incomes have difficulty getting care that is timely, affordable, and meets their needs.

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

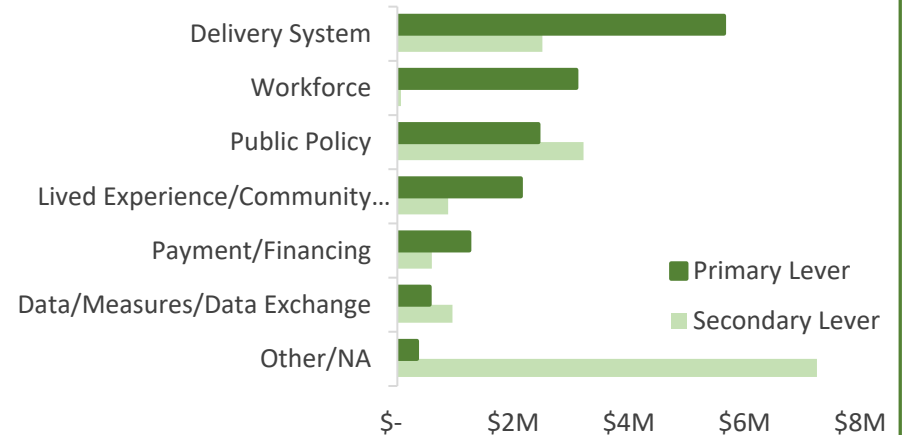
FY 2022–23 — Committed by Focus Area  
\$ in millions



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



FY 2022–23 Grants Paid/Scheduled 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 2021–22, streams of work were regrouped and reclassified to better align with the content and to support how staff members do the work, as such there are shifts in focus area trended data.

†President's Fund and conference sponsorships are not included in this analysis. New levers and definitions were developed in FY 2022–23, so data should not be compared to previous dashboards.

# 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>■ <i>Implementation</i>   ■ <i>Impact</i></p> <ul style="list-style-type: none"><li>• With the federal continuous coverage requirement ending, we have <a href="#">identified opportunities to protect coverage during the unwinding</a>, supported our advocate partners to engage with DHCS — resulting in state action to protect people from coverage gaps, and provided readability feedback on broad messages as well as specific communications to Medi-Cal enrollees in multiple languages.</li><li>• In partnership with The California Endowment, we implemented radio and social media campaigns to reach people newly eligible for Medi-Cal.</li><li>• We also launched multilingual, multi-market message testing for the 2024 Medi-Cal expansion to develop effective, linguistically and culturally appropriate messages to maximize enrollment among the newly eligible and their families.</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>■ <i>Implementation</i>   ■ <i>Impact</i></p> <ul style="list-style-type: none"><li>• CHCF-supported research, technical assistance, and convenings within this focus area have contributed to significant developments across the state:<ul style="list-style-type: none"><li>- DHCS selected the first cohort for the <a href="#">Federally Qualified Health Centers Alternative Payment Methodology</a> and is rolling out the <a href="#">new community health worker benefit</a>.</li><li>- <a href="#">DHCS</a>, <a href="#">Office of Health Care Affordability</a>, and <a href="#">others</a> have committed to supporting increased provider reimbursement rates or investment in primary care and behavioral health.</li><li>- HCAI is deploying <a href="#">state workforce investments</a>.</li><li>- <a href="#">Several hundred nurse practitioners (PDF)</a> have signed up to become certified to practice without nurse supervision.</li><li>- The <a href="#">California Medicine Scholars Program</a> is supporting 200 students across four regional hubs.</li></ul></li><li>• Additionally, we have just launched EQUIP-LA to support quality improvement by small practices that serve Medi-Cal members of color.</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>■ <i>Implementation</i>   ■ <i>Impact</i></p> <ul style="list-style-type: none"><li>• Drawing upon analyses supported by CHCF, state lawmakers have made permanent many of the <a href="#">Medi-Cal telehealth policies (PDF)</a> adopted during the COVID-19 public health emergency, and Medi-Cal will pay parity for audio-only, video, and in-person visits for all Medi-Cal providers.</li><li>• The 22 safety-net organizations participating in CHCF’s <a href="#">Connected Care Accelerator Equity Collaborative</a> continue to implement and spread interventions to increase access to video visits and remove patient barriers, including for patients with limited English proficiency and/or older adults.</li><li>• We completed interviews of Californians with low incomes to learn more about their experiences with telehealth, and our grantee is currently preparing an <a href="#">issue brief</a> (released in May 2023) that will summarize the interview findings.</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 2022–23 — Committed by Focus Area  
\$ in millions

Building Leadership  
Capacity,  
\$5.6M, 42%

Supporting Health  
Journalism,  
\$2.6M, 19%

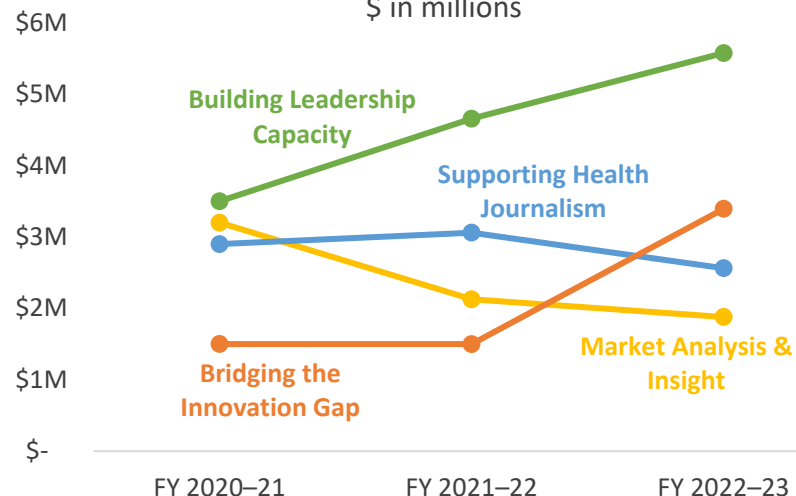
**Total  
Committed  
\$13.4M**

Market Analysis  
& Insight,  
\$1.9M, 14%

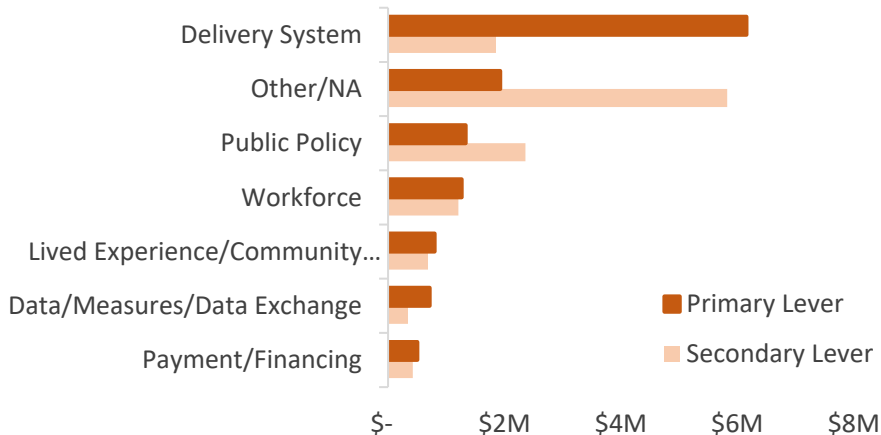
Bridging the  
Innovation Gap PRI,  
\$2.3M, 17%

Bridging the  
Innovation Gap,  
\$1.1M, 8%

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



FY 2022–23 Grants Paid/Scheduled by Lever†  
\$ in millions



\*The Building Leadership Capacity focus area increased significantly in FY 2021–22 due to the creation of the Community Resilience & Disaster Response body of work.

†President's Fund and conference sponsorships are not included in this analysis. New levers and definitions were developed in FY 2022–23, so data should not be compared to previous dashboards.

# 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>■ <i>Implementation</i>   ■ <i>Impact</i></p> <ul style="list-style-type: none"><li>• CHCF published roughly 10 Almanac reports, including <a href="#">mental health in California</a> and <a href="#">health care costs</a>. A number of these reports were cited in legislative bill analyses, advocacy fact sheets, and public speeches and/or testimony from key Sacramento stakeholders throughout FY 2022–23.</li><li>• Our Medi-Cal Explained briefs on <a href="#">alternative payment models (APM)</a> and <a href="#">health center reimbursement</a> provided context for APM 2.0 discussions. Additionally, our insight papers (on topics such as the structure of medical group practice, state-based cost commissions, and improving the identification of PEHs) have shaped ongoing and emerging conversations among key policymakers and industry stakeholders.</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>■ <i>Implementation</i>   ■ <i>Impact</i></p> <ul style="list-style-type: none"><li>• Several CHCF-supported journalists were awarded top prizes across multiple categories by <a href="#">the Sacramento Press Club</a> (Angela Hart and Samantha Young from <i>California Healthline</i>, Kristen Hwang and Jocelyn Weiner from the <i>CalMatters</i> team).</li><li>• Our regional public media grants continue to provide vital coverage of critically important health issues including <a href="#">KVPR's coverage of the Madera hospital closure</a> and <a href="#">KPCC's investigative story about April Valentine</a>, a Black woman who died in childbirth.</li><li>• Our work in community and ethnic media continues to be strong with an anticipated second year of support for the Latino Media Collaborative and a promising partnership opportunity between California Black Media and <i>California Health Report</i>.</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>■ <i>Implementation</i>   ■ <i>Impact</i></p> <ul style="list-style-type: none"><li>• Phase 8 of the <a href="#">California Improvement Network</a> launched in early 2023 and exceeded its goals for organizational and geographic diversity. Four of six former organizations became emeritus members.</li><li>• We hosted two Breakfast on L events, the first events hosted at CHCF's Sacramento office since the beginning of the pandemic. We are also supporting the California Health and Human Services (CalHHS), HCAI, and the Labor Agency to create a governance structure for all of California’s Health Care Workforce Initiative programs.</li><li>• More than \$1.4 million was allocated to 10 organizations working to support resilience and disaster response in communities across California.</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>■ <i>Implementation</i>   ■ <i>Impact</i></p> <ul style="list-style-type: none"><li>• We established three new partnerships with early stage companies led by female and/or BIPOC founders, including companies working on enhanced care management for complex populations and virtual access to reproductive health.</li><li>• CHCF-sponsored accelerator programs continue to offer Medicaid expertise, introductions to potential customers, business development support, and media exposure for diverse health tech founders.</li><li>• Additionally, we continue to support CalHHS and other decisionmakers working on comprehensive policy and regulatory changes for statewide data exchange.</li></ul>

## The problems we are trying to solve:

- Maternal mental health (MMH) conditions (e.g., anxiety, depression, bipolar disorder, psychosis) are the most common medical complications affecting mothers / birthing people during pregnancy and after childbirth. Despite this fact, **only ~20% of mothers / birthing people who need MMH treatment receive it.**
- **Primary care sites have the potential to provide effective care, but they are largely unequipped to identify and treat MMH conditions** (basic protocols for systematic tracking of birthing people are not widely followed, and implementation of team-based care models that improve outcomes is limited).

## Delivery System Solution

The **collaborative care model (CoCM)** is an evidence-based, team-focused, integrated, behavioral health model that relies on population-based tools and principles (e.g., clinical registry, stepped care, systematic case review with a mental health specialist to support the primary care team).

**CHCF is currently funding a four-year (\$4.5 million) CoCM implementation project to address MMH conditions in LA County.** A team from the University of Washington (CoCM developers) and the Community Clinic Association of LA County (CCALAC) are:

- Recruiting high-volume obstetric and pediatric health centers.
- Engaging sites in well-established and tested multifaceted implementation support (e.g., clinical training, coaching).
- Leading provider training sessions using the proven “ECHO” case-based virtual training approach to improve provider capacity.

## Growth, Evolution, and Opportunity for Spread

**The current investment has been six years in the making, always with an eye to spread/scale.**

- In 2017, CHCF funded four community health centers in CA to participate in a national, NIH-funded, 20-site CoCM implementation project focused on MMH conditions.
- We then funded planning and pilot work in 2020–22 to develop and test a robust approach for LA County.

**The current project aims to support the spread of the successfully piloted model throughout LA County by:**

- Building capacity in CCALAC and other LA-based grantee partners to continue the work beyond the project period.
- Collaborating with [Concert Health](#), a CHCF Innovation Fund company, to offer this platform for spreading CoCM to interested sites.
- Developing and providing clinic-tailored financial sustainability models for MMH-focused CoCM.

# Spread in the Delivery System: How an Ad Hoc Stakeholder Network is Helping Redefine Recuperative Care in Los Angeles and across California

## The problems we are trying to solve:

- **People experiencing homelessness (PEH) have more frequent and longer hospitalizations.** Across the state, hospitals struggle daily when trying to safely discharge homeless patients as there are few places where people can safely recuperate and connect to care and services.
- **CalAIM promises to make post-hospitalization recuperative care more accessible, but offering the services through managed care represents a significant change** for both health plans and recuperative care providers.

## Delivery System Solution

- The **recuperative care model** is a means for interrupting the progression of cascading medical events often experienced by unhoused people and offers a path for substantially reducing Medi-Cal costs tied to preventable, prolonged hospital stays for PEH.
- However, in LA, many recuperative care providers are small, nonprofit, grant-funded agencies that **have never worked with managed care.**
- **In 2021, CHCF funded a process to understand what recuperative care providers needed** ahead of CalAIM's January 2022 rollout.
- The process led to the launch of an **initiative known as the Los Angeles Recuperative Care Learning Network (LARC)**, which began with the goal of helping medical respite providers contract effectively with managed care plans.

## Growth, Evolution, and Opportunity for Spread

- **LARC quickly evolved into a broader network** that includes not only providers but also representatives of health plans, hospitals, governmental agencies, and foundations.
- Today, the network serves as an ongoing forum for stakeholders to problem-solve around a range of complex and difficult issues emerging with CalAIM's recuperative care implementation, **functioning as a working laboratory for assessing how the state's policy vision and program requirements are playing out in real-world settings.** Equally important, the network is helping foster accountability among all participants as CalAIM unfolds.
- Participants say the network's collective efforts, including the goodwill it has fostered, have **strengthened and accelerated the recuperative care rollout in LA and statewide.**
- **The network offers a potential model for other California communities interested in pursuing collaborative solutions,** not only for medical respite but also around other elements of CalAIM's vast and complex Medi-Cal transformation.



## Spread in the Delivery System: California Improvement Network (CIN)

### The problems we are trying to solve:

- **Health care systems have historically been siloed and fragmented** leading to less person-centered care that takes care of the whole person.
- A future in which all people experience improved and equitable health care experiences and outcomes that result from **person-centered care requires access to and coordination of health and social services in every community.**

### Delivery System Solution

[CIN](#) aims to **achieve equitable health care experiences and outcomes in California through cross-sector connections, learning, and the spread of good ideas.**

CIN facilitates connections and learning between health care organizations and community-based organizations on the three priority areas in a number of ways including in-person convening, affinity groups, training, newsletters, and action grants.

The current areas for learning and action for the 2023–24 cycle include:

- **Strengthening foundations.** Leading change, strengthening communications, and fostering resilience.
- **Advancing health equity.** Improving racial equity, building anti-racist organizations, and addressing social drivers of health.
- **Evolving roles and care models.** Developing workforce pipelines, new and evolving roles and models, and expanding community-based health care.

### Growth, Evolution, and Opportunity for Spread

Collectively, **CIN partners served 25.6 million patients (2019–22).**

Since 2005, CIN has spread its reach by **doubling the number of organizations, tripling the number of participants** by including roles beyond quality improvement leads, and most recently, including seven community-based organizations.

Each CIN cycle has different focus areas, but all of them have **led to the spread of projects and ideas within the network and beyond.** Examples include:

- A CIN action grant led to the spread of an [improvement project](#) aimed at addressing provider burnout.
- A toolkit to support the [integration of racial health equity](#) into a quality improvement effort that was disseminated nationally.
- A toolkit to guide primary care organizations to [integrate substance abuse disorder treatment services](#) which was adopted by the California Quality Collaborative and used in multiple projects statewide.



# 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.*