

GOVERNMENT-PHILANTHROPY PARTNERSHIPS

to Improve Health and Health Care
in California



Prepared for:
Blue Shield of California Foundation
California Health Care Foundation
The California Endowment
The California Wellness Foundation
The SCAN Foundation

Prepared by:
Patricia E. Powers, MPA
Karen K. Shore, PhD

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Blue Shield of California Foundation (BSCF) (www.blueshieldcafoundation.org). BSCF's mission is to "build lasting and equitable solutions that make California the healthiest state and end domestic violence." It seeks to help improve the lives of those who struggle the most in order to create a California that is full of possibility for all.

California Health Care Foundation (CHCF) (www.chcf.org). CHCF 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 and works to ensure that people have access to the care they need, when they need it, at a price they can afford. CHCF focuses its efforts to address three goals: 1) Improving Access to Coverage and Care; 2) Promoting High-Value Care; and 3) Laying the Foundation, which is advanced through four initiatives: Market Analysis and Insight, High-Quality Health Journalism, Building Leadership, and Bridging the Innovation Gap.

The California Endowment (TCE) (www.calendow.org). TCE's mission is to "expand access to affordable, quality health care for underserved individuals and communities and to promote fundamental improvements in the health status of all Californians." In 2010, TCE embarked on a 10-year, \$1 billion initiative, Building Healthy Communities, that aims to bring health to where people live, learn, work, and play. The initiative is premised on the idea that improving health doesn't begin in a doctor's office and that where people live, learn, work, and play has a profound impact on health.

The California Wellness Foundation (Cal Wellness) (www.calwellness.org). Cal Wellness's mission is "to protect and improve the health and wellness of the people of California by increasing access to health care, quality education, good jobs, healthy environments, and safe neighborhoods." Cal Wellness aims to promote equity, advocacy, and access in part through partnerships with government and others who want to improve health and wellness for Californians.

The SCAN Foundation (TSF) (www.TheSCANFoundation.org). TSF's mission is to support "the creation of a more coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence." TSF pursues this mission by funding projects that are bold, catalytic, and impact-oriented. They focus on Medicare-Medicaid integration, person-centered care, and long-term care financing.

Federal tax law imposes strict limits on how a private foundation may legally influence public policy, and California's Political Reform Act imposes disclosure requirements on certain public policy advocacy activities. The application of these rules to a given activity depends heavily on the specific facts and circumstances of that activity. Before engaging in activities similar to those described in this report, a private foundation should consider the applicable rules carefully, and seek competent legal counsel when appropriate. This report does not constitute legal advice.



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EXECUTIVE SUMMARY

The past eight years made for an opportune and unprecedented era of government-health philanthropy collaborations in California. The state's \$27B budget deficit in 2011 turned into a substantial surplus of nearly \$14B in 2018, and leaders around the state pulled together to lead the country in effectively implementing health reforms. California's health foundations played an important and complementary role to government by supporting innovation, being nimble and responsive to emerging needs, and bringing expert analysis and research to bear on complex problems.

This report is intended primarily for the incoming California Governor and staff in 2019 and provides a sense of the health and health care environment during the Brown Administration and partnerships with health philanthropy. California is home to an unusually robust health philanthropic sector. Both the volume and nature of government-philanthropy partnerships have significantly evolved over time, and the confluence of health policy needs and mutual interests over the past eight years took partnerships to a new level. Philanthropy boards and executives recognize the importance of working with government, and there is an increasing enthusiasm for and attention to partnerships. The foundations sponsoring this report are five of the largest health foundations in the state and among the most active with respect to state government partnerships.

Implementing the Affordable Care Act and Preserving Progress

With the passage of the Affordable Care Act (ACA) in 2010, California moved quickly toward implementation, leading the country in standing up its health insurance exchange that enrolled more than one million Californians, and expanding the Medi-Cal program to cover one-third of the state's population. California experienced the largest decline of any state in its uninsured population to just under 7% in 2017, a nearly 60% drop since federal health insurance expansion efforts started in 2014. Foundations helped to keep the public informed and supported the state as it carved new ground in various ways, including applying for and implementing Medi-Cal waivers to improve health care services.

Recent government-health philanthropy partnerships have focused on preserving the progress made in California on coverage and access. Federal discussions focused on repealing the ACA throughout 2017, and while efforts to completely repeal it failed, several changes weakened the law. Given uncertainties in the federal policy environment, these efforts will likely continue.

While much health-related activity at the federal and state levels related to the ACA over the past eight years, other pressing issues also demanded resources and solutions. These include escalating health care costs particularly for prescription drugs; preventing deaths and effectively treating addiction to opioids; and addressing health care workforce shortages, distribution, and diversity. Additionally, many foundations invested in advancing dimensions of the health ecosystem that comprise and contribute to health and well-being, such as social justice, the environment, safety, and prosperity. As leading innovators, California policymakers and foundation partners will continue to create new ways to improve health and health care and enhance health equity, serving as a model for the rest of the nation.

Lessons Learned

Participants in California government-health philanthropy partnerships during the past eight years reflected on three key ingredients for success in these partnerships:

- Finding alignment among government and foundation leaders and across foundations;
- Engendering a trusted thought partnership; and
- Agreeing on desired outcomes with a shared commitment.

At the same time, top challenges and cautions forging partnerships to include:

- Assessing government bandwidth, timing, and time horizon; and
- Understanding government budget implications and sustainability.

Support Strategies

When it comes to funding government-related initiatives, foundations' consistent philosophy is to serve as a catalyst. Recent philanthropy partnerships involved one or more of six strategies when working with government:

- A. Support statewide strategic and policy planning and implementation,
- B. Provide direct financial support,
- C. Support stakeholder engagement and advocacy,
- D. Provide technical assistance,
- E. Conduct research and evaluation, and
- F. Build capacity of state staff and others.

Exemplars of each strategy are described in the full report and are intended to illustrate the nature and breadth of government-philanthropy partnerships rather than serve as a comprehensive list.

Looking Forward to the Future

California's health philanthropies are eager to meet the new Administration taking office in January 2019, explore commonalities, build relationships, and develop partnerships in areas of mutual interest. The foundations bring expertise and interest within a variety of topics likely to need attention and are open to new priorities of the incoming Administration as well. Topics of concern within health care and in health more broadly include:

- Medi-Cal, including the re-procurement of commercial managed care plans in 2019 and the expiration of two major waivers – the current 1115 waiver in December 2020 and the current 1915b waiver for specialty mental health services in August 2020.

- Universal health insurance coverage, which is of great interest to the California Legislature and many stakeholders. AB 2472 (signed into law in 2018), for example, calls for the establishment of a Council on Health Care Delivery Systems, which is charged with developing a plan with options for achieving a health care delivery system that provides coverage and access through a unified financing system for all Californians.
- With a need for more and different types of health care providers, the multi-foundation supported California Future Health Workforce Commission will have insights to share by the end of 2018 regarding ways to address workforce shortage, distribution, and diversity issues across the state.
- Identifying ways to advance health equity and address the social determinants of health, such as employment, housing, and education, that are significant contributors to health.
- Supporting a complete count of Californians in the [2020 Census](#), since obtaining an accurate count is essential for funding streams and policies that rely on these figures.

Moving forward, there may be opportunities to further strengthen the government-health philanthropy relationship and increase the two sectors' joint impact on increasingly complex issues. Recent articles suggest that potential downsides to partnerships may be avoided by creating more formal channels, such as foundation liaison offices that reside within or proximate to government. California's incoming Administration may want to champion this approach that may lead to lower transaction costs, elevate government's relationship with philanthropy, and ideally result in an even bigger impact on the health and health care of Californians. Regardless of whether this is feasible, opportunities to continue the partnership are abundant. The independent philanthropic sector is a willing partner and, as is evident through the exemplar initiatives cited in this report, has invested much – both in terms of resources and intellectual capital – in California's health.



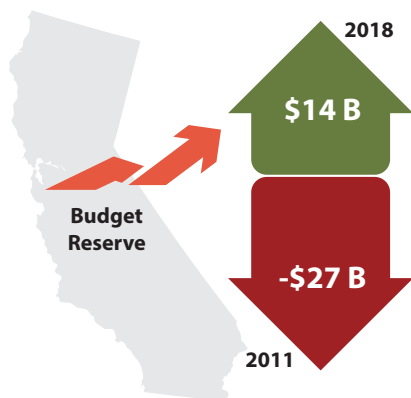
“California has successfully advanced health and health care in part due to the nearly 30-year history of partnerships between government and foundations.”

Diana Dooley, Executive Secretary to Governor Brown and former Secretary of California Health and Human Services Agency

01.

INTRODUCTION

The past eight years made for an opportune and unprecedented era of government-health philanthropy collaborations. As Governor Jerry Brown turned the State of California's 2011 \$27B budget deficit into a substantial surplus and Rainy Day Fund of nearly \$14B in 2018,¹ leaders around the state pulled together to effectively implement health reforms. California experienced the largest decline of any state in its uninsured population, a nearly 60% drop since federal health insurance expansion efforts started in 2014.² Health foundations played "an important and complementary role to government by supporting innovation, being nimble and responsive to emerging needs, and bringing expert analysis and research to bear on complex problems."³



With the passage of the Affordable Care Act (ACA) in 2010, the State of California moved quickly toward implementation, leading the country in standing up its health insurance exchange that enrolled more than one million Californians, and expanding the Medi-Cal program to cover one-third of the state's population. Foundations helped to keep the public informed and supported extensive marketing, outreach, and enrollment efforts, as well as provided technical assistance, as the state carved new ground. The partnerships continued as government conducted strategic planning, enhanced data and performance transparency, and applied for and implemented a Medi-Cal waiver to improve health care services for specific groups of people, notably frail elderly persons, persons with disabilities, and persons suffering from mental health and substance use disorders. Government and health philanthropies also partnered on social justice and equity issues, including trainings for state and local government workers, civic engagement, and empowering people locally to become informed advocates for health more broadly. Further, the Governor's Strategic Growth Council includes a foundation-supported effort to spread and scale Health In All Policies to develop a more equitable allocation of



state funds and programs. The 10-year-old Council's broader agenda encompasses philanthropic partnerships to address disasters and support equitable climate solutions that directly benefit Californians.

In the last two years, government-health philanthropy partnerships have focused on preserving the progress made in California on coverage and access. Given uncertainties in the federal policy environment, these efforts will likely continue. As leading innovators, California policymakers will also continue to create new ways to improve health and health care and enhance health equity, serving as a model for the rest of the nation. The health philanthropy community remains committed to continuing its longstanding partnership on mutually concerning issues.

This report follows a similar paper written in December 2010 that focused on government-philanthropy partnerships on the eve of health reform implementation.⁴ It is intended primarily for the incoming California Governor and staff in 2019 and provides a sense of the health and health care environment during the Brown Administration and partnerships with health philanthropy. Subsequent sections describe key lessons learned, as relayed by top government health leaders and foundation senior staff and the literature, along with examples of successful collaborations. The paper concludes with suggestions for areas of future collaboration and suggestions to strengthen these types of partnerships.

About the Health Foundations

California is home to an unusually robust health philanthropic sector consisting of community, regional, and statewide foundations. This independent sector particularly grew during the 1980s and 1990s when a number of nonprofit health care companies converted to for-profit status or were acquired by a for-profit firm. The proceeds from a given transaction were then transferred into a foundation to maintain the mission of the tax-exempt entity that was sold. Both the volume and nature of government-philanthropy partnerships have significantly evolved over time. The confluence of health policy needs and mutual interests over the past eight years took partnerships to a new level. This may represent a once in a generation opportunity, or it may portend the future. In general, health philanthropy boards and executives recognize the importance of working with government, and there is an increasing enthusiasm for and attention to partnerships.

The foundations sponsoring this report are five of the largest health foundations⁵ in the state and among the most active with respect to state government partnerships. Most maintain staff in or near Sacramento and their respective investments in government-related work ranges from 10% to more than 50% of their portfolios. More important, partnering with government is critical to their missions and strategies to significantly enhance the impact of their work. Table 1 depicts key priority areas by foundation; there are many areas where one or more work jointly with government, such as with respect to the Medi-Cal program, while other issues are unique to a given foundation, such as aging.

Table 1. Priority Areas by Foundation

FUNDER	ISSUE (alphabetical order)										
	<i>Behavioral Health</i>	<i>Delivery System Transformation and Payment</i>	<i>Health Equity</i>	<i>Health Reform, including Universal Coverage</i>	<i>Medi-Cal (including waivers, care coordination and integration)</i>	<i>Population Health and Healthy Communities</i>	<i>Social Determinants of Health</i>	<i>Violence Prevention and Safety</i>	<i>Workforce</i>	<i>2020 Census</i>	<i>Other</i>
BSCF	✓	✓	✓		✓	✓	✓	✓	✓	✓	Fostering population health ecosystems
Cal Wellness			✓	✓	✓	✓	✓		✓	✓	Increasing access to health care, education, jobs, healthy environments, and safe neighborhoods
CHCF	✓	✓	✓	✓	✓	✓			✓	✓	Opioid safety, palliative care, maternal health, populations with complex health needs, telehealth, data, health information exchange
TCE	✓		✓	✓	✓	✓	✓	✓	✓	✓	Nexus of education and health, trauma and healing, justice reform
TSF					✓		✓		✓		Aging, state plan for long-term services and supports

THE HEALTH AND HEALTH CARE LANDSCAPE: 2011-2018

Implementing the Affordable Care Act (ACA) in California...

The ACA, enacted in 2010, promised dramatic changes to the health care landscape across the country. Not only would the uninsured population substantially decline as more people would be covered by health insurance through expansions of public and private coverage, people could no longer be excluded from coverage or charged more due to pre-existing physical or mental health conditions. Major ACA-related programmatic and policy changes resulted in a dramatic drop in the rate of uninsured Californians from 17% in 2013 to just under 7% in 2017, lower than the national rate of 9%.⁶

Other substantial ACA requirements included the elimination of lifetime maximum benefits (i.e., plans no longer can set limits on the amount of benefits they will pay for in an enrollee's lifetime), a set of essential health benefits that plans must cover, zero cost-sharing for preventive services, limits on how much more insurers can charge older people than younger people, and the option for adult children to stay on their parents' policies until age 26. How these changes would be implemented at the federal level and in individual states was unknown in 2010, but the intervening years reveal a complex story of expanded coverage paired with

challenges related to cost (e.g., rates at which premiums have increased, affordability of premiums, cost-sharing) and access.

Excited to begin to realize the ACA's potential, California began planning in 2010 for implementation to commence on January 1, 2014. As part of the coverage expansions allowed by the law, states were authorized to expand the public Medicaid program to include low-income childless adults under age 65 and to offer health insurance through a marketplace for people who did not have insurance through traditional sources such as an employer. California took advantage of the expansion, and today 13.7 million Californians (1 in 3) are enrolled in Medi-Cal, an increase of 6.5 million since 2010.⁷ In the early years of the ACA (through 2016), federal funds covered 100% of the costs for the Medi-Cal expansion population. California has used state funds to expand coverage to immigrant children and pregnant women as well as undocumented children. In addition to Medi-Cal program beneficiaries, 1.4 million people are enrolled in Covered California, the state's health insurance marketplace for individuals and small businesses.⁸ Most enrollees receive federal subsidies for insurance that they likely could not otherwise afford.

...While Addressing Other Pressing Health Issues in the State

While much health-related activity at the federal and state levels related to the ACA over the past eight years, other pressing issues also demanded resources and solutions. As health care costs have escalated, policymakers continue to debate solutions. In particular, the costs of some prescription drugs have skyrocketed, resulting in calls for government regulation of drug prices and increased price transparency. In 2017, California passed a law requiring pharmaceutical companies to notify health insurers and government health plans at least 60 days prior to raising prices by more than specified amounts and to explain the rationale for these price increases. To further advance the discussion about universal coverage in California, AB 2472 (signed into law in 2018) calls for the establishment of a Council on Health Care Delivery Systems, which is charged with developing a plan with options for achieving a health care delivery system that provides coverage and access through a unified financing system for all Californians.

On the prevention front, California took the lead in adopting strategies to improve school meals to help prevent diabetes and obesity, which ultimately were adopted at the federal level. Inroads to advancing dimensions of the health ecosystem that comprise and contribute to health and well-being, such as social justice, the environment, safety, and prosperity, were advanced through the Health In All Policies initiative, Medi-Cal's Whole Person Care and Health Homes programs, a program to train a cohort of public health departments across the state to engage in a "governing for racial equity" process, and more.

Addiction to opioids became a national crisis as communities across the country struggled with how to prevent deaths and effectively treat people who are addicted. California has many efforts underway to address this epidemic, such as increased education of health care providers and patients on ways to reduce opioid use, enhanced availability of treatment for substance use disorders, and use of a statewide database that allows electronic monitoring of the prescribing and dispensing of controlled substances. Further, issues related to health care workforce shortages, distribution, and diversity, which are already problematic in rural and many inner-city areas, are expected to become more pronounced as the population ages. A statewide independent commission with participating government officials is developing a strategic plan for building the health workforce to meet California's future needs and identify solutions to address current and future gaps in the health workforce.



Federal ACA Rollbacks, 2017-present

Beginning with the change in the federal Administration in January 2017, federal health policies were debated – with a focus on repealing the ACA – throughout 2017. While efforts to completely repeal the ACA failed, several changes were implemented to weaken it. For example, the individual mandate, a requirement that every person has health insurance coverage or must pay a financial penalty, was effectively eliminated since the financial penalty for not having coverage goes away as of January 1, 2019. This could result in up to 13 million fewer Americans having health insurance.⁹ While federal funds for outreach/ advertising and enrollment assistance for the health insurance exchanges were substantially reduced and the open enrollment period cut in half to 45 days in 2017,¹⁰ California increased funding for outreach/advertising and enrollment assistance and lengthened the open enrollment period.

The federal government recently expanded the timeframe for which short-term health insurance policies can be offered – these plans are less expensive and do not require the 10 essential health benefits such as prescription drugs, maternity care, or mental health services covered by ACA-compliant health plans.¹¹ In response, three states enacted legislation imposing limits on these policies,¹² and Governor Brown recently signed a bill (SB 910) that would completely prohibit their sale in California.¹³ Short-term health insurance policies also are not required to cover pre-existing conditions, a core component of the ACA that is currently the subject of a lawsuit brought by several states and led by Texas,¹⁴ and can charge more for enrollees expected to need more care.

In addition, a number of federal policy changes have been proposed that would reduce federal funding for critical human services programs, such as SNAP and WIC, or would jeopardize the immigration status of families that take up these benefits.

Along with A Few Bright Spots on the Federal Health Agenda

Despite federal efforts to dismantle the ACA, the Department of Health and Human Services (HHS) is still moving forward on some innovative projects (e.g., alternative payment models, Accountable Health Communities, Integrated Care for Kids). While funding levels may indicate these are not priorities for HHS, its strategic plan includes many areas of interest to California government and philanthropy. These areas include: strengthening and expanding the health care workforce; preventing, treating, and controlling communicable and chronic diseases; reducing the impact of mental health issues and substance use disorders through prevention and treatment; reducing preventable injuries and violence; and maximizing the independence, well-being, and health of older adults and people with disabilities.¹⁵ The federal HHS Secretary also has highlighted the opioid epidemic, prescription drug costs, and value-based care as priorities.¹⁶

LESSONS LEARNED FROM RECENT GOVERNMENT-PHILANTHROPY PARTNERSHIPS

The experts on what has been learned from California government-philanthropy health partnerships during the past eight years are those who directly participated in them. Four current and one former government leader and 11 senior foundation staff participated in semi-structured one-hour interviews regarding their views on partnerships that occurred between 2011 and 2018 (see Appendix 1 for participants). Table 2 depicts the chief government agencies, departments, and offices involved in health-related collaborations with foundations. Interviewees highlighted three key ingredients for success in these partnerships:

- Finding alignment among government and foundation leaders and across foundations;
- Engendering a trusted thought partnership; and
- Agreeing on desired outcomes with a shared commitment.

At the same time, top challenges and cautions to forging partnerships emerged, including:

- Assessing government bandwidth, timing, and time horizon; and
- Understanding government budget implications and sustainability.

Most of these themes are confirmed by the literature; each is briefly described below.

Table 2: Government-Philanthropy Collaborations, 2010-present

<p>In addition to partnering directly with the California Health and Human Services Agency (CHHSA), the majority of partnerships took place with its largest departments:</p> <ul style="list-style-type: none"> ➤ Department of Health Care Services (DHCS) that oversees the Medi-Cal program, and ➤ Department of Public Health (CDPH) that oversees a range of programs and services from protecting Californians from the threat of infectious diseases to ensuring patient safety in hospitals and nursing homes 	<p>Other CHHSA department and offices involved include:</p> <ul style="list-style-type: none"> ➤ Department of Aging ➤ Department of Managed Health Care ➤ Department of Social Services ➤ Emergency Medical Services Authority ➤ Office of Statewide Health Planning and Development ➤ Office of Systems Integration
<p>The Governor’s Strategic Growth Council and Office of Emergency Services also participated in health philanthropy partnerships, as did Covered California, the state’s health insurance exchange that was formed during this period. The Department of Justice is active in a partnership to curb opioid abuse.</p>	

Key Ingredients for Partnerships

Like any successful collaboration, government-philanthropy partners must find common ground, be clear about expectations, and take the time needed to develop the relationship.

➤ **Finding alignment among government and foundation leaders and across foundations.**

Finding common ground is essential for any partnership. California is unusual in its plethora of health foundations, as well as the high degree of alignment among health leaders in general on significant policy issues. Gubernatorial Executive Secretary and former CHHSA Secretary, Diana Dooley, observed that California is different from any other state in terms of its size and scope, as well as the nature and level of engagement of health foundations. She noted that *“California has successfully advanced health and health care in part due to the nearly 30-year history of partnerships between government and foundations. This baton has been passed from Administration to Administration.”*

Other interviewees agreed, with one government department director pointing to the unique nature of philanthropy partnerships over the past eight years, *“post 2010, health leadership has been so aligned that it was more about execution than policy direction.”* A colleague echoed similar thoughts, *“there is a true spirit of collaboration among health leaders.”*

Several years ago, health foundation CEOs formed their own informal network, the California Health Foundation Leadership Group, that allows them to coordinate efforts based on their respective missions and strategic aims. This forum

is a venue to both propose and discuss joint foundation-government initiatives, as well as share individual foundation-government collaborations, thereby avoiding redundant or competing efforts and strengthening their impact. Northern California and Southern California Grantmakers’ organizations also serve as vehicles for foundations to work with each other and exchange information. Finally, foundation staff meet regularly to coordinate their work with each other.

➤ **Engendering a trusted thought partnership.**

In recent years, government and foundation leaders have cultivated their relationships over time, starting at the highest levels where the Secretary periodically attended individual foundation board meetings and individual – and joint-CEO level meetings to share priorities and challenges, and explore solutions. Similarly, foundation CEOs served as co-chairs/participants on various government Task Forces and the Covered California board. CHHSA directors and deputies and key legislative staff meet regularly with foundation senior staff to review progress on specific collaborations as well as identify opportunities for the future.¹⁷ As one interviewee noted, *“You need to build a relationship, understanding the key players and their policy goals, as well as your own ~ it’s about trust on both sides.”* Another person said, *“I provide candid information because I know it will not be used against me.”* In general, each sector views the other as a valued thought partner.

➤ **Agreeing on desired outcomes with a shared commitment**

A report by The Center on Philanthropy and Public Policy focuses on partnerships in which there *“...is a shared commitment between philanthropy and government to work together to solve public problems.”*¹⁸

An interviewee expanded on this by saying, *“Partnerships work best when there is clear agreement on desired outcomes.”*

Interviewees on both sides cited a couple of collaborations that ultimately were not successful largely because of disparate expectations or differences of opinion on methods. While sometimes failure is the price of innovation, which involves some level of risk, such risk can often be mitigated by talking through all options and forecasting *“what ifs,”* or simply not partnering where there is not a good fit.

Challenges and Cautions

Coming from very different worlds, it is essential that each sector understand the other’s demands, limitations, and perspectives for a partnership to succeed.

➤ **Assessing government bandwidth, timing, and time horizons.**

Before entering a partnership, government interviewees emphasized the importance of assessing their internal capacities and capabilities. Given the intensity and breadth of the workload to implement health reform, state government staff were often stretched to capacity. A report on strategic partnerships in public problem solving states, *“...while foundations tend to focus on a few areas of interest central to their respective missions, governments must grapple with*

*a much wider range of issues in order to govern.”*¹⁹ Turnover and timing also come into play; if a critical staff position is vacant or filled by a new person, or there is not capacity to take on a substantial effort, leadership may decline or postpone a partnership that would otherwise be of interest. As one foundation interviewee who formerly worked in government observed, *“The wheels of government turn very slowly....and project approvals may be daunting at both ends.”* Jointly discussing time horizons and building in contingency plans for unexpected delays are important considerations when planning a partnership effort.

➤ **Understanding government budget implications and sustainability.**

Philanthropy partners are well-positioned to play a “venture capital role”^{20, 21} where collaborative efforts may be seeded with foundation funds; over time, however, costs or next phase activities tend to be absorbed by government. Neither party wants external funding to supplant what government should be supporting, and it is critical to project the lifespan of a given collaboration upfront and lay out who will fund what over the duration. One interviewee asserted, *“sometimes a pilot is just that; and sometimes we need to stop things in order to do new things; at other times we just can’t do the shiny new thing ~ this was especially true during the early years of balancing the state budget.”* A key consideration for government partners is the budgetary cycle and the attendant approvals required by executive and legislative branches, as these factor into any initiative that will consume staff time and money.

04.

KEY GOVERNMENT-PHILANTHROPY PARTNERSHIP STRATEGIES AND EXEMPLAR COLLABORATIONS

When it comes to funding government-related initiatives, foundations' consistent philosophy is to serve as a catalyst, or as one interviewee said, "rocket fuel," to spark or leverage other funding and/or an innovative or high-growth initiative. Foundations not only have financial resources but also possess an array of assets including information and knowledge about problems and possible solutions as a result of their work, and connections and networks that enable them to serve as a catalyst for action.²² Depending upon respective interests and agreed upon needs and outcomes, recent philanthropy partnerships involved one or more of six strategies when working with government:

- A.** Support statewide strategic and policy planning and implementation,
- B.** Provide direct financial support,
- C.** Support stakeholder engagement and advocacy,
- D.** Provide technical assistance,
- E.** Conduct research and evaluation, and
- F.** Build capacity of state staff and others.

One funder described these strategies as important tools in the toolbox, with different ones being used depending on the goal. Exemplars of each strategy are highlighted below; while any given initiative may cut across multiple strategies, for illustrative purposes, each is placed within one strategy. The intent here is to show the nature and breadth of government-philanthropy partnerships.

In addition to these tools, many foundations also use their program-related investments (PRIs) to accomplish one or more of their tax-exempt purposes. A PRI is a loan, equity investment, or guaranty made in pursuit of a foundation's charitable mission rather than to generate income. The recipient can be a nonprofit organization or a for-profit business.²³ PRIs are not detailed here because they are not generally used for direct government partnerships, although these types of investments in California often complement and have greatly benefited government programs, such as investments in clinic expansions, technology enhancements, etc.

A Word About Legal Restrictions

Foundations that seek to inform public policy must operate under certain state and federal rules governing their activities. The foundations profiled in this report generally operate under the federal tax law rules that apply to private foundations; therefore, a brief, limited overview of those rules is provided here. The law is complex, and this brief summary is not comprehensive. For more detailed guidance about the rules, contact knowledgeable counsel.

In general, federal tax law prohibits private foundations from engaging in or funding two types of “lobbying” activities: “direct lobbying” (communications with a legislator, or, in some cases, other government official, that refer to and express a view about specific legislation, or communications with voters that refer to and express a view about a ballot measure); and “grassroots lobbying” (communications with the general public that express a view about specific legislation and encourage people to contact a legislator, or, in some cases, other government official).

There are exceptions, however, including:

- *Nonpartisan analysis, study, and research.* Foundation-funded or conducted research may reach a conclusion or recommendation about specific legislation without qualifying as lobbying if it contains a sufficiently full and fair exposition of the pertinent facts to enable readers to draw their own conclusions, is not limited or directed to people interested only in one side of a particular issue, and does not directly encourage the audience to take action on specific legislation.
- *Responding to written requests for technical advice or assistance.* If a legislative committee or other governmental body (but not an individual legislator) sends a written request to a foundation for technical advice or assistance about a policy issue, that foundation may provide opinions and recommendations in response to the request. (Note that many of the activities described in this report were conducted after receiving letters of request from Administration officials and legislative leaders on behalf of the legislature.)
- *Examination and discussion of broad social, economic, and similar problems.* Foundation discussions with policymakers or their staff about a broad social or economic issue, even if it is the subject of legislation, are not considered lobbying so long as the foundation does not discuss the merits of specific legislation.
- *Jointly-funded projects.* Foundation discussions with government officials about projects, or potential projects, that are jointly funded with government are not considered lobbying so long as the foundation does not express a view about specific legislation outside of the jointly-funded program.

Foundation communications that discuss but do not reflect a view on specific legislation do not count as lobbying, nor do communications with the public that reflect a view on specific (non-ballot measure) legislation without a call to action.

Foundations must also comply with state lobbying reporting regulations governed by the California Fair Political Practices Commission under the Political Reform Act. Foundations may need to report activity related to influencing legislative or administrative action, even if it falls under one of the exceptions above, once a certain threshold of activity or expenditures is met. Note that, although the federal prohibition on lobbying by private foundations does not apply to advocacy to influence administrative and executive policy, that activity may still trigger reporting requirements at the state and/or local level.

A. Statewide Strategic and Policy Planning and Implementation

During the past eight years, several foundations and many departments within CHHSA have partnered to develop and then implement a strategic plan and an innovation plan for the state. Foundations not only provided funding for particular initiatives, but also tremendous intellectual and technical expertise, project management, and

communications support. Both the plans and the many efforts resulting from them illustrate how foundations coordinate and collaborate with each other, as well as with the government, academia, nonprofits, private sector leaders, and advocates. A key result has been the creation of overlapping agendas between the two sectors.

Let's Get Healthy California • State Health Care Innovation Plan

Let's Get Healthy California (LGHC), a signature initiative of the CHHSA Secretary under a gubernatorial executive order, started in 2012 as a partnership with TCE and the Service Employees International Union (SEIU). The vision was to make California the healthiest state in the nation by bringing together public and private sector health and health care leaders to develop a 10-year strategic plan with specific goals and measurable indicators. The report produced by LGHC then served as the basis of a State Health Care Innovation Plan, designed to implement strategies under the LGHC goals for three years. Three foundations (BSCF, CHCF, TCE) supported staff (both internal and external) and leadership expertise on the Innovation Plan, and then “adopted”, in partnership with government departments, various long-term initiatives that fit in with – and in some instances preceded LGHC – their respective portfolios. CDPH, in partnership with CHHSA and foundations, hosts an annual meeting to report on state and local progress along the LGHC goals and metrics and showcase innovators. Ongoing partnerships include:

- CHCF-CDPH work, along with Smart Care California (which includes DHCS, Covered California, and CalPERS) and other private-sector organizations, to [reduce the state's c-section rate for low-risk, first-births](#);
- TCE's state matching support (\$50M) for the DHCS [Health Homes Program](#) that is designed to serve beneficiaries with multiple chronic conditions who are frequent utilizers of health care services and may benefit from enhanced care management and coordination;
- BSCF and TCE, along with Kaiser Permanente and the Sierra Health Foundation, and in partnership with CHHSA and CDPH, sponsor the California Accountable Communities for Health Initiative ([CACHI](#)). CACHI aims to transform community health through collective action alignment across local partners and funding streams, and community engagement.
- In line with the Innovation Plan's workforce goal area, establishment of an independent [California Future Health Workforce Commission](#) funded by BSCF, Cal Wellness, CHCF, and TCE, along with The Gordon and Betty Moore Foundation, and supported by CHHSA; and
- The CHCF and CHHSA partnership with the Integrated Healthcare Association to produce several editions of the [California Regional Cost and Quality Atlas](#) that provides cost and quality data for 19 regions.

B. Direct Financial Support

While direct financial support is the least common strategy foundations used to partner with government, it can be the most impactful. As one longstanding foundation executive noted, *“we are not afraid of it as it has been a vital element of what we do, primarily to leverage even more substantial federal funds or to spur innovations.”* TCE committed \$350M to ACA-related activities, 40% of which went to direct state support. This substantial level of direct financial support during ACA implementation was highly unusual. In the rare instances when a foundation provides monies to support the state’s draw down of even larger federal funds for a given program, legislation may be required for the state to receive such funds. In these instances, a foundation may provide monies directly to the state General Fund with the understanding that monies will be used for a mutually agreed to purpose, such as to support implementation of a Medi-Cal program. These monies in turn enable the state to receive more federal matching funds.

➤ **Health Insurance Outreach and Enrollment (\$33M):** Outreach and enrollment through community-based organizations, licensed agents and brokers, and county workers around the state started in 2013. The drive to explain two public programs (Medi-Cal and Covered California) to people whose eligibility fell into various categories required grassroots partnerships, especially with people/ organizations possessing diverse cultural and language competencies. From 2013 through mid-2018, TCE monies to the state matched federal dollars 1 to 1 – totaling roughly \$66M – to support both initial enrollments and renewals. Enrollment was

a time consuming and lengthy process, given that within one family, for example, parents may enroll in Covered California and children may be eligible for Medi-Cal. As one interviewee noted, *“This was a significant undertaking by the state as the program expanded by 40% or so; not many state programs expand or contract on this scale within a few years’ time.”*

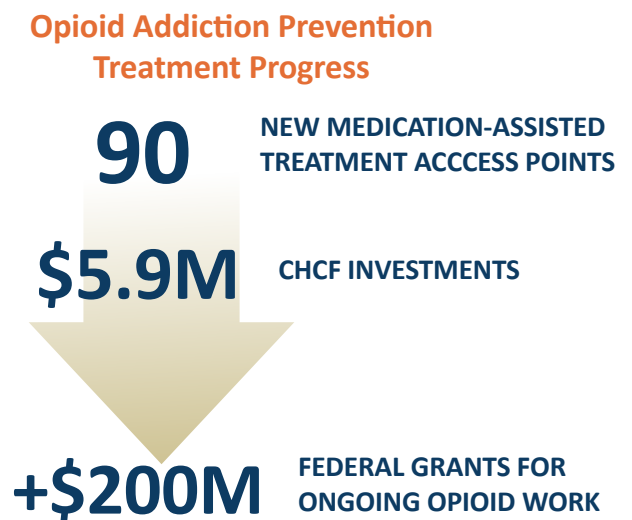
➤ **Workforce (\$80M):** TCE granted the Office of Statewide Health Planning and Development monies to support training and financial aid for primary care health professionals to work in sparsely served areas of the state. Of the total, \$50M went to two programs: the Health Workforce Training Slots/Loan Repayment program and the Health Professions Education Foundation. With the large number of newly insured Californians, ensuring an adequate supply of clinicians to provide health care services is a high priority for the state.

C. Stakeholder Engagement and Advocacy

Significant stakeholder engagement is a hallmark of California government. One government interviewee noted that *“in almost everything we do...stakeholders are thought partners...it’s how we do business.”* Further, many programs statutorily mandate eliciting feedback from stakeholders. In a state as large and diverse as California, philanthropic partnerships have facilitated robust stakeholder input across numerous initiatives. Such input may be obtained with and without government involvement to inform programs, services, and policies.

- **Grants to Grassroots Nonprofits for Health Insurance Outreach, Enrollment:** Complementing the state work to enroll eligible populations into Covered California and Medi-Cal, many nonprofits collectively received millions of dollars in direct support from Cal Wellness to contact hard to reach/underserved populations; grantees ranged from family resource centers and health care clinics, to organizations focused on particular ethnicities, to those serving foster youth or seniors or low-income people in general.
- **Medi-Cal Stakeholder Advisory Committee:** Since 2011, a formal Medi-Cal Stakeholder Advisory Committee received support from BSCF and CHCF to provide input on both the 2010 and 2015 Section 1115 Medicaid waivers²⁴ (respectively called Bridge to Reform and Medi-Cal 2020) during the application process and subsequent implementation. Over the years, several foundations have supported the ongoing neutral agenda-setting/facilitation, space, and food for the meetings.
- **Stakeholder Engagement Focused on Californians Dually Eligible for Medicare and Medi-Cal:** An important component of the Medi-Cal 2020 waiver sought to improve services for Medi-Cal beneficiaries who also qualified for Medicare. Many of these dually eligible seniors and persons with disabilities were enrolled in managed care plans for the first time. TSF supported a learning collaborative with health plans that were managing this population to share best practices, challenges, and solutions, as well as supported meetings between community providers and individual plans.

- **Opioid Addiction Prevention and Treatment:** In 2014, CDPH convened the Statewide Opioid Safety Workgroup, a collaborative of more than two dozen state agencies and other organizations working to address the opioid epidemic in California. In 2015, CHCF collaborated with CDPH to launch the California Opioid Safety Network, which joins together 35 local opioid safety coalitions across 43 California counties. These local coalitions bring together health care and community leaders from many backgrounds to reduce overdose deaths. CHCF also worked closely with DHCS to reach broadly and deeply into the health care system, engaging payers, plans, and providers to adopt a checklist of best practices and launching over 90 new medication-assisted treatment access points ranging from jails to mental health and primary care clinics to hospitals. CHCF's \$5.9M investments in this area helped accelerate work from CDPH, DHCS and other state partners, now with over \$200M in federal grants for ongoing opioid work.



D. Technical Assistance

There are various roles technical assistance (TA) may play, ranging from helping government staff with doing something they have not done before, to providing reconnaissance regarding who is doing what at the community level or in other states that dovetails with their work, to shoring up gaps in knowledge. Approaches to providing TA vary and typically include:

1) supporting consultants/consulting firms to conduct analyses and make recommendations; and 2) lending foundation in-house expertise – especially staff who previously worked in government.

One government interviewee noted in reference to a foundation senior staff person, *“She is our go-to resource on all human services-related policy issues and helps us to identify gaps where people are not being best served, along with actionable remedies.”* A rare but bold example of providing staff TA involved loaning a foundation executive to a nonprofit for one year to help the state apply for and implement Community Transformation Grants from the Centers for Disease Control and Prevention. California received \$22M to help locales advance chronic disease prevention and health promotion efforts.²⁵ Of course, TA can also work the other way, where government staff steeped in a particular topic can provide expertise to a foundation initiative. This was true, for example, where CDPH provided content information on BSCF’s domestic violence initiative that supported community prevention efforts. Exemplar foundation TA initiatives include:

- **Medi-Cal Waiver Planning:** Four foundations assisted DHCS in planning for both the 2010 and 2015 Section 1115 waivers. The nearly year-long application process is a back-and-forth negotiation between the state and federal Centers for Medicare & Medicaid Services agency to determine the degree to which California can shape benefits and services for beneficiaries. California’s unique managed care environment and emphasis on integrating services, especially for the most vulnerable populations, are features of the Medi-Cal program. Foundations supported consultant expertise on issues ranging from actuarial support, to figuring out how persons enrolled in the county-based Low Income Health Program would transition to Medi-Cal or Covered California while ideally keeping their provider, to integration of benefits/services for mental health and substance use disorders.
- **Preparing Clinics for Health Reform:** BSCF, Cal Wellness, CHCF, and TCE funded a package of TA for interested federally qualified health centers (FQHCs) to participate in a proposed pilot designed to test an alternative payment method for FQHCs providing care to Medi-Cal enrollees. The TA helped them to develop new capacities for financial sustainability, quality improvement, and population health management.

E. Research and Evaluation

As described below, pivotal research and evaluation studies funded by foundations can lead to sizeable returns in terms of federal matching dollars for the Medi-Cal program, or in the case of emergency medical services, exploration of approved additional activities for specially trained paramedics. Further, evaluations may be used to provide timely feedback on program innovations.

➤ **Hospital Uncompensated Care Evaluation:**

The Medi-Cal 2020 waiver required an evaluation of uncompensated care financing for California's designated public hospitals, which BSCF and TCE supported in 2016. There was a tight deadline for the information, which was required by the federal government to determine appropriate funding levels for uncompensated care in the waiver; the short timeline precluded DHCS from contracting with a third party to produce the report. Following submission of the rapid turnaround report, the federal government awarded the state \$944M in federal funds for uncompensated care. As a government interviewee stated, *"This study really stands out for its huge impact, which we really did not know would happen when the study was commissioned."*

➤ **Emergency Medical Services Authority (EMSA) Community Paramedicine Pilot Projects and Evaluation:** CHCF worked closely with EMSA on a Health Workforce Pilot Program that was approved by the Office of Statewide Health Planning and Development. Pilot projects across the state were designed to make better

use of paramedic resources to meet community needs; this involved training paramedics in 12 communities to provide more effective and efficient care for certain patients. As physician extenders, paramedics can serve to link patients with behavioral health and social services that are beyond those provided by traditional medical care. In addition to supporting the various pilot projects, CHCF sponsored an evaluation of their impacts. Key findings revealed improved outcomes and potential savings to both the Medicare and Medi-Cal programs within the first two years. Equally important were the systems changes resulting from linkages with mental health crisis centers, sobering centers, and other alternate destinations, as well as providers of hospice and tuberculosis services.

➤ **Rapid Cycle Polling and Evaluation of New Populations Moving into Medi-Cal Managed Care:** From 2014-2018, TSF supported polling of persons eligible for both Medicare and Medi-Cal who moved from fee-for-service care to more integrated capitated managed care plans. Additionally, TSF funded two academic institutions to conduct a three-year evaluation of this state program, called Cal MediConnect, that was piloted in seven counties. The evaluation provides an on-the-ground perspective of enrollees' experience and how this program is changing the state's delivery system.

F. Capacity Building

California's health foundations have supported capacity building of both state and local government staff as well as staff of on-the-ground nonprofit organizations.

- **DHCS Leadership Academy:** In 2012, DHCS leadership recognized the need to foster managerial and health care knowledge skills in the nearly 4,000 employee department. Back-and-forth discussions and preliminary research on the topic with CHCF led to the establishment of an internal training Academy with an external consultant and academic trainers in 2013. The Academy was initially funded by CHCF and subsequently by BSCF, CHCF, and TSF; the state also was able to obtain federal funds to match the funds from philanthropy. DHCS made the Academy a high priority, and after many years of receiving funding from philanthropy, the Academy is now supported using only state and federal dollars. Building on the DHCS Academy, similar leadership academies have been implemented at the Department of Managed Health Care and Covered California.
- **Chronic Disease Prevention Leadership Project:** CDPH and TCE work closely on this effort that convenes regional strategic discussion groups and trains 10-15 local public health department leaders in preventing chronic disease and putting equity into practice. Partnerships are facilitated and supported to advance equity and prevention efforts, including policy agendas, across organizations.



- **Grassroots Nonprofit Policy and Advocacy:** Cal Wellness funded several organizations to stay abreast of and advocate for policies for the state's most vulnerable populations. Recent grants aim to protect existing government health coverage programs, especially for children and young people, and seniors, and to develop policy options to cover the remaining uninsured Californians; legal efforts to protect and improve access to health care, including reproductive health, for low-income persons; and communications and public policy efforts to effectively implement CalSavers for young people (CalSavers is a government-administered retirement program for private sector employers).

05.

FUTURE PARTNERSHIPS: 2019 AND BEYOND

California's health philanthropies are eager to meet the new Administration taking office in January 2019, explore areas of interest, build relationships, and develop partnerships in areas of mutual interest. As shown in Table 1, the foundations bring expertise and interest within a variety of topics likely to need attention and are open to new priorities of the incoming Administration as well.

Health care...

Important upcoming Medi-Cal issues include the re-procurement of commercial managed care plans in 2019 and the expiration of two major waivers – the current 1115 waiver in December 2020 and the current 1915b waiver for specialty mental health services in August 2020. If the state decides to seek new waivers, much work will be needed to gather all of the necessary parties to develop and submit proposals to the federal government. In addition to helping with the waiver processes/content, foundations are interested in partnering with the state on continued efforts to improve the integration of physical and behavioral health through managed care plans, local health plans, and behavioral health providers.

As previously mentioned, AB 2472 (signed into law in 2018) calls for the establishment of a Council on Health Care Delivery Systems, which is charged with developing a plan with options for achieving a health care delivery system that provides coverage and access through a unified financing system for all Californians. Foundations stand ready to assist with this effort.

Given the need for more and different types of health care providers, the multi-foundation supported California Future Health Workforce Commission will have insights to share by the end of 2018 regarding ways to address workforce shortage, distribution, and diversity issues across the state. Additionally, the aging of the population intersects with many issues and affects many state programs, from Medi-Cal's dually eligible population to the licensure and certification of the workforce. The state may want to consider the creation of a comprehensive strategic plan tailored to these needs.



...and Broader Health Issues

Outside of priorities related to health care, a government interviewee observed that *“The greatest health challenges we face are not disease-specific. There are huge social issues that impact health and cause early death but don’t fit neatly in anyone’s world. How do we actually create a framework for moving forward and growing partnerships around these issues?”* Several foundations are piloting ways to advance health equity and fund work to address these social determinants of health, such as employment, housing, and education, that are significant contributors to health. Violence prevention and safety, as well as local level multi-sector community partnerships testing new models of system change, are related areas of foundation interest with policy linkages.

Foundations will continue to support nonprofit organizations, especially those serving the least represented populations, to inform state policy and spread and scale education efforts.

Finally, there is a robust and growing multi-funder collaboration in California to support a complete count of Californians in the [2020 Census](#). BSCF, Cal Wellness, CHCF, TCE, and many other California funders are joining together to fund stakeholder convenings, research, message testing, and community and stakeholder outreach about the upcoming census. Obtaining an accurate count is essential for funding streams and policies that rely on these figures.

06.

CONCLUSION: STRENGTHENING THE PARTNERSHIP

A recent article, *“The Changing Nature of Government Foundation Relationships,”* points to a plethora of new arrangements and states that “the rules of engagement (or disengagement) that have marked foundation/government relations over the past century appear to be changing.”²⁶ This is due at least in part to fiscal stress and increased social needs, leading policymakers to call on the philanthropic sector. The author observes that this posed a challenge to foundations who had to weigh “responsiveness to public needs in difficult economic circumstances against the possibility of encouraging political decision-makers to attempt to shed responsibility for certain public services over the long-run...”²⁷

California’s health foundations have “leaned in”, particularly during the past eight years, and for the most part, have successfully navigated these challenges. This may be attributable to their longstanding history of working with government, the hiring of former government employees, and the longevity of foundation and policy staff, all of which facilitate ongoing trusted relationships. As one interviewee stated, *“The health policy world is a small one.”*

Moving forward, there may be opportunities to further strengthen the relationship and increase the two sectors’ joint impact on increasingly complex issues.

Two recent articles suggest that potential downsides to partnerships may be avoided by creating more formal channels, such as foundation liaison offices that reside within or proximate to government. One article states “Such liaison offices provide an infrastructure to facilitate cooperation ranging from mere information exchange, to coordination of programs, to joint funding and decision-making.”²⁸ As one example, Michigan’s Office of the Governor was an early adopter (in 2003) through its creation of the Office of Foundation Liaison for the State of Michigan. The idea further spread to the federal government,²⁹ as well as other states and locales, including Los Angeles.³⁰

California’s incoming Administration may want to champion this approach that may lead to lower transaction costs, elevate government’s relationship with philanthropy, and ideally result in an even bigger impact on the health and health care of Californians, along with other sectors. Regardless of whether this is feasible, opportunities to continue the partnership are abundant. The independent philanthropic sector is a willing partner and, as is evident through the exemplar initiatives cited here, has invested much – both in terms of resources and intellectual capital – in California’s health.

“Other states are not blessed with this philanthropic backbone. It is a gift that should not be taken for granted, nor inappropriately used.”

Government Leader

APPENDIX 1. INTERVIEWEES

Individuals who participated in interviews for this report are listed below. Email address and phone number are provided for primary contacts at each foundation.

Government

- Diana Dooley, JD, Executive Secretary, Governor Brown, and former Secretary, California Health and Human Services Agency
- Toby Douglas, MPP, MPH, Senior Vice President, National Medicaid, Kaiser Permanente, and former Director, California Department of Health Care Services (DHCS)
- Jennifer Kent, MPA, Director, DHCS
- Karen Smith, MD, MPH, State Public Health Officer and Director, California Department of Public Health (CDPH)
- Nicole Vazquez, Deputy Chief Consultant, Assembly Budget Committee, California State Legislature

Foundations

- Gretchen Alkema, PhD, Vice President, Policy and Communications, The SCAN Foundation
- Fatima Angeles, MPH, Vice President of Programs, The California Wellness Foundation (phone: 415.908.3012, email: fangeles@calwellness.org)

- Richard Figueroa, MBA, Director, The California Endowment (phone: 916.558.6771, email: rfigueroa@calendow.org)
- Megan Juring, Program Officer, The SCAN Foundation (phone: 562.308.2863, email: mjuring@TheSCANFoundation.org)
- Chris Perrone, MPP, Director, Improving Access, California Health Care Foundation
- Kali Peterson, MS, MPA, Program Officer, The SCAN Foundation
- Kelly Pfeifer, MD, Director, High Value Care, California Health Care Foundation
- Sandra Shewry, MSW, MPH, Vice President of External Engagement, California Health Care Foundation (phone: 916.329.4540, email: sshewry@chcf.org)
- Marion Standish, JD, MA, Senior Vice President, Enterprise Programs, The California Endowment
- Richard Thomason, MPA, Policy Director, Blue Shield of California Foundation (phone: 415.229.5292, email: Richard.Thomason@blueshieldcafoundation.org)
- Erin Westphal, MS, Program Officer, The SCAN Foundation

APPENDIX 2. SELECT CALIFORNIA HEALTH FOUNDATIONS

Alliance Healthcare Foundation: <https://alliancehealthcarefoundation.org/>

Archstone Foundation: <http://archstone.org/>

Blue Shield of California Foundation: <https://blueshieldcafoundation.org/>

California Community Foundation (Los Angeles)*: <https://www.calfund.org/>

The California Endowment: <http://www.calendow.org/>

California Health Care Foundation: <https://www.chcf.org/>

The California Wellness Foundation: <https://www.calwellness.org/>

The David & Lucile Packard Foundation: <https://www.packard.org/>

East Bay Community Foundation*: <https://www.ebcf.org/>

Gordon and Betty Moore Foundation*: <https://www.moore.org/>

The Health Trust: <https://healthtrust.org/>

The Henry J. Kaiser Family Foundation: <https://www.kff.org/>

John Muir Community Health Fund: <https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-health-fund.html>

Kaiser Permanente Community Benefit Program: <https://thrive.kaiserpermanente.org/care-near-you/northern-california/eastbay/departments/community-benefit-program/>

Lucile Packard Foundation for Children’s Health: <https://www.lpfch.org/>

Marin Community Foundation*: <https://www.marincf.org/>

The San Francisco Foundation*: <https://sff.org/>

The SCAN Foundation: <http://www.thescanfoundation.org/>

Sierra Health Foundation: <https://www.sierrahealth.org/home>

Silicon Valley Community Foundation*: <https://www.siliconvalleycf.org/>

Sisters of St. Joseph Healthcare Foundation: <http://csjorange.org/resources/healthcare-foundation/>

UniHealth Foundation: <https://www.unihealthfoundation.org/>

W. M. Keck Foundation*: <http://www.wmkeck.org/>

Well Being Trust: <http://wellbeingtrust.org/>

*Community foundations and some other foundations support a variety of issue areas including health

ENDNOTES

- 1 California Governor's website: <https://www.gov.ca.gov/>, accessed August 21, 2018.
- 2 Covered California press release, September 12, 2018. <https://www.coveredca.com/newsroom/news-releases/2018/09/13/californias-uninsured-rate-falls-to-a-new-historic-low-as-the-national-rate-holds-steady/>
- 3 *Government-Philanthropic Partnerships on Health Reform in California*, Barbara Masters, MastersPolicyConsulting, December 2010, p. 7
- 4 *Government-Philanthropic Partnerships on Health Reform in California*.
- 5 See Appendix 2 for a list of California's health foundations.
- 6 Covered California. *Covered California's Health Insurance Companies and Plan Rates for 2019: Preliminary Rates*, August 16, 2018.
- 7 Karen K. Shore and Patricia E. Powers. June 2018. *Medi-Cal Budget: Lessons Learned from a Review of Policy Changes with Significant Budgetary Impact, 2007– 2017*. Center for Health Decisions, Center for Healthcare Policy and Research, University of California, Davis, Issue Brief.
- 8 *Covered California's Health Insurance Companies and Plan Rates for 2019: Preliminary Rates*.
- 9 Shanoor Seervai and David Blumenthal. *10 Ways Health Care in America Changed in 2017*, The Commonwealth Fund, January 2, 2018. <https://www.commonwealthfund.org/blog/2018/10-ways-health-care-america-changed-2017>
- 10 Ibid.
- 11 Robert Pear, "Trump's Short-Term Health Insurance Policies Quickly Run Into Headwinds," *The New York Times*, August 6, 2018. <https://www.nytimes.com/2018/08/06/us/politics/trump-short-term-health-plans.html>
- 12 Ibid.
- 13 SB 910 was enacted on September 22, 2018. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB910
- 14 The case argues that because Congress repealed the ACA's individual mandate penalty in the 2017 tax bill, the mandate is now unconstitutional along with the rest of the law.
- 15 HHS Strategic Plan FY 2018 – 2022, available at: <https://www.hhs.gov/about/strategic-plan/index.html>
- 16 HHS Secretary Priorities, <https://www.hhs.gov/about/leadership/secretary/priorities/index.html>
- 17 Because private foundations are prohibited from lobbying under section 501(c)(3) of the Internal Revenue Code (the "Code"), foundation staff do not engage in any lobbying activity. However, the Code provides opportunities for private foundations to share expertise with government officials without engaging in prohibited lobbying activity, and the foundations in this report exercise those opportunities as appropriate.
- 18 James Ferris and Nicholas Williams. *Philanthropy and Government Working Together: The Role of Offices of Strategic Partnerships in Public Problem Solving*, The Center on Philanthropy & Public Policy, University of Southern California, 2012.
- 19 Ferris and Williams, p. 5.
- 20 Ibid.
- 21 Stefan Toepler. 2018. "Public Philanthropic Partnerships: The Changing Nature of Government/Foundation Relationships in the US," *International Journal of Public Administration*, 41(8):657-669. DOI: 10.1080/01900692.2017.1295462. Toepler states that "Apart from funding intermediation, the societal 'change agent,' 'innovation,' or 'venture capital' role of foundations is probably the most recognized and widely discussed function."
- 22 Ferris and Williams, pp. 3-4.
- 23 Paul Brest. Summer 2016. "Investing for Impact with Program-Related Investments," *Stanford Social Innovation Review*.
- 24 Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.
- 25 PHI Announcements: CDC Funding Opportunities, June 3, 2014. <http://www.phi.org/news-events/633/cdc-funding-opportunities>
- 26 Toepler, p. 666.
- 27 Toepler, p. 662.
- 28 Toepler, p. 663.
- 29 Toepler, see discussion of pros and cons of the Obama Administration Social Innovation Fund, as well as such offices in general, pp. 664-668.
- 30 Ferris and Williams, pp. 8-9. Table 2 profiles three municipal (including Los Angeles), one state, and two federal offices of strategic partnerships.

Photo sources: AdobeStock

Blue Shield of California Foundation
California Health Care Foundation
The California Endowment
The California Wellness Foundation
The SCAN Foundation

Prepared by:
Patricia E. Powers, MPA
Karen K. Shore, PhD

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