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Placing Bets in a Complex Environment: One Foundation's Approach to the Opioid Epidemic

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Introduction

In 2015, opioid use resulting from overprescribing was just becoming understood as a problem that was reaching epidemic proportions: Opioid prescribing was skyrocketing, the toll of overdose deaths was growing, and billions of dollars in costs were attributed to prescription opioid misuse and addiction (Elitzer & Tatar, 2017). In response, the California Health Care Foundation (CHCF) — a statewide foundation focused on improving California's health care delivery system, particularly for those with low incomes or whose needs are not met by the status quo — created a new grantmaking focus area.

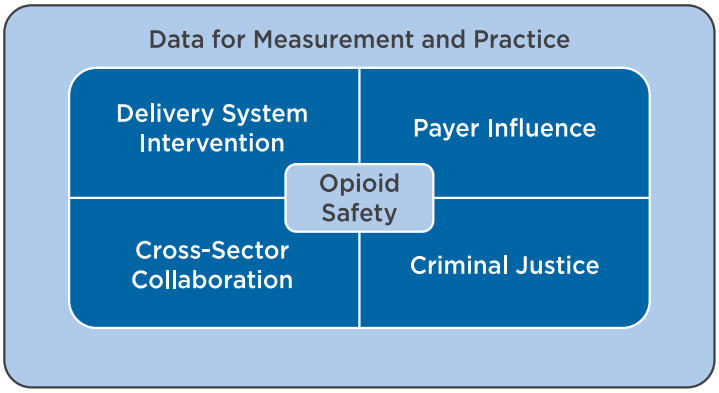
Under the leadership of Dr. Kelly Pfeifer, a passionate clinician and director of the high-value care program who was determined to stop overdose deaths and prevent new addiction by using the tools and resources of philanthropy,[1] the CHCF funded an array of opioid safety projects totaling $7 million between 2015 and 2019. Approximately $4 million of the total funded several "big bets" placed during the first three years. That early investment had dramatic returns, laying the groundwork for scaling pilot projects statewide as hundreds of millions of dollars in government funding became available to address the crisis. Based on review of foundation strategy, data on investments and results, and interviews with foundation staff, partners, and grantees, this article describes the grantmaking strategy and results of the body of work, highlighting the key factors contributing to impact and lessons learned for foundations working to address this and other complex social issues.

Key Points

- Across the globe, foundations grapple with how to tackle complex, cross-sector societal problems. A major effort by the California Health Care Foundation to reduce opioid-related morbidity and mortality, launched just as opioid use was becoming understood as a problem that could reach epidemic proportions, presents an instructive case study of impact.
- Starting in 2015, the foundation placed several "big bets" on initiatives aimed at stopping overdose deaths and preventing new addiction. That early investment had dramatic returns, laying the groundwork for scaling pilot projects statewide as hundreds of millions of dollars in government funding became available to address the crisis.
- This article, based on review of foundation strategy, data on investments and results, and interviews with foundation staff, partners, and grantees, identifies key strategic elements that contributed to impact: bridging across sectors, resources beyond dollars, and co-creation with grantees. It also highlights lessons learned for foundations working to address this and other complex social issues.

[1] Pfeifer, CHCF's director for high-value care, transitioned in 2019 to a new role as deputy director at the California Department of Health Care Services with responsibility for behavioral health services provided or paid for by the state.

FIGURE 1 Strategic Levers for CHCF Opioid Safety Portfolio



Opioid Safety in California: Vision, Levers, and Targets

A key driver of the national opioid epidemic was overprescribing; physicians were encouraged to treat pain as the "fifth vital sign," and patients who started on opioids for pain often became addicted. In many respects, opioid use disorder was an iatrogenic condition — induced unintentionally in a patient by a physician. In response, the CHCF laid out a vision of a linked, coordinated ecosystem of care focused on safe prescribing practices to prevent "new starts" on opioids and to manage pain safely; treating addiction effectively at all points in the health care system; and stopping overdose deaths. To realize the vision, the foundation pursued four strategic levers: delivery system intervention, payer influence, cross-sector collaboration, and criminal justice. (See Figure 1.) Data for measurement and practice served as a foundational element across the portfolio.

Lever 1: Delivery System Intervention

Medication-assisted treatment (MAT) uses medication, often alongside behavioral treatment and social supports, to treat addiction to opioids as a chronic condition similar to diabetes (Strugar-Fritsch, 2019). However, despite strong evidence of effectiveness, only 10% of those who might benefit were receiving it (Elitzer & Tatar, 2017).

The CHCF pursued a "no wrong door" approach, identifying the pathways an individual with opioid use disorder might take that would intersect with the health care system (e.g., clinic, emergency department [ED]) and working to establish MAT availability at all entry points. Specific initiatives were undertaken in the primary care setting, EDs, and hospitals. In addition, a steady stream of publications, toolkits, videos, and convening opportunities aimed at a broader audience of health care delivery systems and providers across the state complemented the major initiatives.

Lever 2: Payer Influence

Health plan payment for medical services and prescriptions that support safe opioid use and effective treatment of addiction is a key contributor to addressing the epidemic of overuse, and it can lower health care costs by reducing ED visits and hospitalizations (Elitzer & Tatar, 2017). Through payment policies and drug formularies, health insurance plans and other purchasers have tremendous influence over what services are provided to patients. For example, they can eliminate prior authorization requirements for addiction treatment medications and make them available at zero cost to patients, increasing access. They can also support contracted physicians to undertake the training required to prescribe MAT, increasing availability.

The CHCF worked with health plans to identify specific changes to policies that would be most impactful, and developed information and tools to support implementation of the recommended

changes. A key partner was Smart Care California, a public-private partnership of health care purchasers, health insurance plans, and providers representing 16 million Californians that adopted opioid safety as a major priority.

Lever 3: Cross-Sector Collaboration

Changing the culture of opioid overprescribing and addressing the stigma associated with opioid addiction were essential to the success of the foundation's vision. The CHCF supported community coalitions that brought together leaders from health care, addiction treatment, law enforcement, health plans, and other sectors to create collective solutions relevant to the local context. In the initial cohort of 16 coalitions, about half were led by organizations in health care; others were led by independent entities or county government agencies (e.g., public health departments). They represented 23 counties (of 58 in California) and 20.7 million people — over half of the state's population (Max, Garrow, & Willis, 2017).

The coalitions agreed to embrace three priorities to anchor their work: safe prescribing guidelines for opioids, availability of MAT, and access to naloxone, a medication that reverses overdoses. Within those constraints, the coalitions had substantial flexibility. The CHCF provided coaching, information, and connections to experts, peer learning opportunities, and regional convening.

Lever 4: Criminal Justice

With the fourth lever, the CHCF moved outside its comfort zone. The foundation is firmly grounded in delivery-system improvement with a focus on Medicaid; program staff is deeply knowledgeable about California's enormous and complex health care system, but much less so when it comes to criminal justice and corrections. Grantmaking to drive change in jails, courts, and law enforcement felt distant from the core delivery-system mission, and risky given the complexity of the criminal justice system. But given the high likelihood that people with opioid use disorder will intersect with the criminal justice system, it became apparent that the absence of addiction treatment and support for transition back to the community created a large gap in the foundation's "no wrong door" strategy to improve access to harm reduction and addiction treatment.

The first grant in correctional health was firmly grounded in learning from best practices: site visits to the correctional health systems across the country with the most innovative and effective models for addressing opioid use disorder. The CHCF then provided bridge funding to a collaborative of county jails interested in implementing MAT to enable an immediate start rather than waiting six months for government funding, which was committed but not yet available. Farthest afield from the CHCF's core care-delivery focus was a project to identify leverage points for MAT across the criminal justice system, incorporating child welfare; dependency court; and public defenders, district attorneys, and probation officers. According to both program staff and grantees, just the process of talking with leaders in the criminal justice field about shifting to a treatment mindset started the culture change process.

The foundation's funding for major projects between 2015 and 2018 totaled about $4.3 million. (See Table 1.) The largest investment, $2 million, went to cross-sector collaboration as two rounds of funding for the regional coalitions and network. The three main pathways for delivery-system intervention — primary care, EDs, and hospitals — accounted for an additional $1.3 million. The payer influence lever accounted for about $700,000, including targeted resources to influence adoption of new prescribing guidelines and other change strategies. The foundation invested about $300,000 in the fourth lever, criminal justice.

Foundational Element: Data for Measurement and Practice

Data serve as a building block across the CHCF's program work, incorporated into strategy development, monitoring of portfolio progress, and as a key element of initiatives. Data for measurement and practice were embedded across all the grants rather than pursued as a distinct funding pathway. For example, each coalition received

TABLE 1 Opioid Safety Big Bets Based on Initial Strategy, by Lever

Focus Area	Project Description	Grantee(s)	Amount	Award Year(s)
Lever: Cross-Sector Collaboration ($2M)				
Regional Coalitions Round 1	Safe Prescribing Coalitions: Grants to 16 coalitions in 23 counties focused on opioid prescribing, use of medication-assisted treatment (MAT), and access to naloxone, with additional support for project management, communications, convening, and analytic activities	12 coalitions* plus consulting support	$1M**	2015, 2016
Regional Coalitions Round 2	California Opioid Safety Network: Accelerator program to increase the impact of coalitions in 36 counties across California in a learning network	Public Health Institute	$1M**	2017
Lever: Delivery System Intervention ($1.3M)				
Primary Care	Treating Addiction in the Primary Care Safety Net: Tailored technical assistance to 25 federally qualified health centers funded by the federal government to increase access to MAT	Center for Care Innovations	$1M	2016
Emergency Department (ED)	Medication-Assisted Treatment in the Emergency Department: Pilot projects to make MAT available in 8 hospital EDs (4 urban and 4 rural), with additional support for project leadership and project management	8 hospital EDs plus consulting support	$250,000	2016, 2017
Hospital (Inpatient)	Support for Hospital Opioid Use Treatment: Based on one hospital's success making MAT available to patients, create a change package and spread to other hospitals	University of California, San Francisco plus project management support	$58,000	2017
Lever: Payer Influence ($675,000)				
Health Insurance Plans and Purchasers	Support for Smart Care, multistakeholder work group on reducing overuse (opioid safety was one of 3 focus areas)	Integrated Healthcare Association	$500,000	2015, 2016, 2018
	Smart Care: Creation and dissemination of toolkits and change packages to assist in the implementation of opioid safety and addiction treatment initiatives aimed at health plans and provider organizations	Pacific Business Group on Health; Manatt, Phelps & Phillips LLP	$175,000	2018
Lever: Criminal Justice ($285,000)				
Correctional Health Systems	Ensuring Access to MAT in County Jails and Jail Transitions: Learn from best practice nationally and apply to a learning collaboration for jails in California	Health Management Associates	$185,000	2017, 2018
	Ensuring Universal Access to MAT Across Criminal Justice and County Welfare: Identify leverage points across the criminal justice system and beginning the culture change process	Health Management Associates	$100,000	2018

*Partnership HealthPlan of California funded three additional coalitions and Santa Clara County funded its own coalition, bringing the total to 16 (Max et al., 2017, p. 33).

**Additional funds contributed by other sources, including the California Department of Public Health and Partnership HealthPlan of California.

TABLE 2 Indicators and Targets for CHCF's Opioid Safety Portfolio, 2015

Indicators	**Targets** (statewide)
Total opioids prescribed	15% decrease
Prescribing of medication (buprenorphine) for addiction treatment	Increase 3-fold (300% increase)
Prescribing of medication to reverse overdose (naloxone)	Increase 3-fold (300% increase)
Opioid-related emergency department visits	10% decrease
Opioid-related deaths	10% decrease

funding to create its own data dashboard populated by local data, along with technical assistance to support coalitions in using the data to drive change. In addition to using data to inform program commitments, monitor progress, and track results, the CHCF invested in public availability of valid data on key indicators, contributing to the design of the state's new Opioid Overdose Surveillance Dashboard and commissioning tailored, county-level reports to support local decision-making. Given California's size and diversity, comprehensive data were critical to facilitating initiative implementation and monitoring.

In the initial proposal for the board of directors, Kelly Pfeifer laid out five specific, ambitious targets as markers of success for this vision that balanced boldness with realism and served as the "true north" for the body of work. The CHCF set its sights on statewide impact, a major challenge in a state of almost 40 million residents. Metrics chosen were total opioids prescribed; prescriptions for buprenorphine, a key medication in MAT for addiction; prescriptions for naloxone, a fast-acting medication used to reverse opioid overdose; opioid-related ED visits; and opioid-related deaths. (See Table 2.)

Much has been written about the double-edged sword of indicators. Metrics that serve as proxies for desired outcomes can support discipline and flag the need for course correction, but what Patrizi, Heid Thompson, Coffman, and Beer (2013) call "indicator blindness" (p. 56) can result in a "compliance mentality" that truncates creativity and adaptive thinking both among foundation staff and grantees (pp. 58).

The opioid safety initiative, more than many, lent itself to concrete, measurable indicators that were also meaningful — particularly death rate due to overdose. Those indicators helped galvanize collective effort toward a common goal.

Early Results

The CHCF's early investments focused on launching pilot projects that could demonstrate practical progress on opioid safety, particularly in delivery-system settings. Testing feasibility, demonstrating proof of concept, and tracking relevant metrics were emphasized over formal evaluation. Early indications of effectiveness laid the groundwork for promising interventions to be scaled up or to "fail fast" when tracking metrics showed lackluster results or unintended consequences.

Delivery System Interventions

In the primary care setting, the CHCF-funded initiative Treating Addiction in the Primary Care Safety Net supported a learning collaborative for 25 federally qualified health centers (FQHCs) in implementing or expanding MAT programs. The initiative resulted in expanded availability of addiction treatment in participating community health centers and a three-fold increase in the number of patients on addiction medication; facilitated identification and sharing of promising practices in MAT implementation; and supported the changes in language and culture required to eliminate stigma and shift toward a harm reduction perspective (Newman, Fisher, & Brouwer, 2018).

In the inpatient setting, when patients with opioid use disorder are admitted to the hospital

While the coalitions were shown to be very effective, the assessment informed the CHCF's decision not only to fund a second round of the coalitions, but also to dedicate expert resources to strengthening the coalitions.

due to a medical condition, they may go into opioid withdrawal and leave without completing medical treatment. The CHCF funded Support for Hospital Opioid Use Treatment — Project SHOUT — to increase the number of hospitals in California able to start and maintain MAT treatment, allowing patients to be treated for withdrawal and supported in transitioning to outpatient addiction treatment upon discharge. The project team produced a webinar series, developed a website and toolkit to support MAT implementation at hospitals, delivered multiple presentations, and offered group and one-on-one coaching.[2] The program ultimately engaged with over 200 hospitals nationally.

The emergency care setting, one grantee said in an interview, provided a "golden opportunity to reach people — a 24/7 setting that could provide incredibly convenient always-on access for people in crisis who need help." But a proof of concept was required to demonstrate that it could work. The project team worked with eight EDs to develop an effective approach to implementing MAT, laying the groundwork for scaling the intervention and distilling key findings into an article published in the *Annals of Emergency Medicine* that provides guidance to EDs across the globe (Herring, Perrone, & Nelson, 2019).

Cross-Sector Collaboration

Following the initial "big bet" to support 16 opioid safety coalitions, the CHCF funded an assessment of their effectiveness. The Public Health Institute conducted key informant interviews, reviewed CHCF documentation, and performed a comparative analysis of California counties with CHCF training and support and those without. The assessment found that the coalitions had made substantial progress in their local areas after only 18 months: 90% facilitated adoption of safer prescribing guidelines, more than 75% increased access to naloxone to reverse overdoses, and more than 50% expanded use of MAT (Max et al., 2017).

The assessment also made a series of recommendations to enhance the effectiveness of the coalitions, including providing more comprehensive wraparound support for the statewide network and focusing on the organizational health of the coalitions. While the coalitions were shown to be very effective, the assessment informed the CHCF's decision not only to fund a second round of the coalitions, but also to dedicate expert resources to strengthening the coalitions.

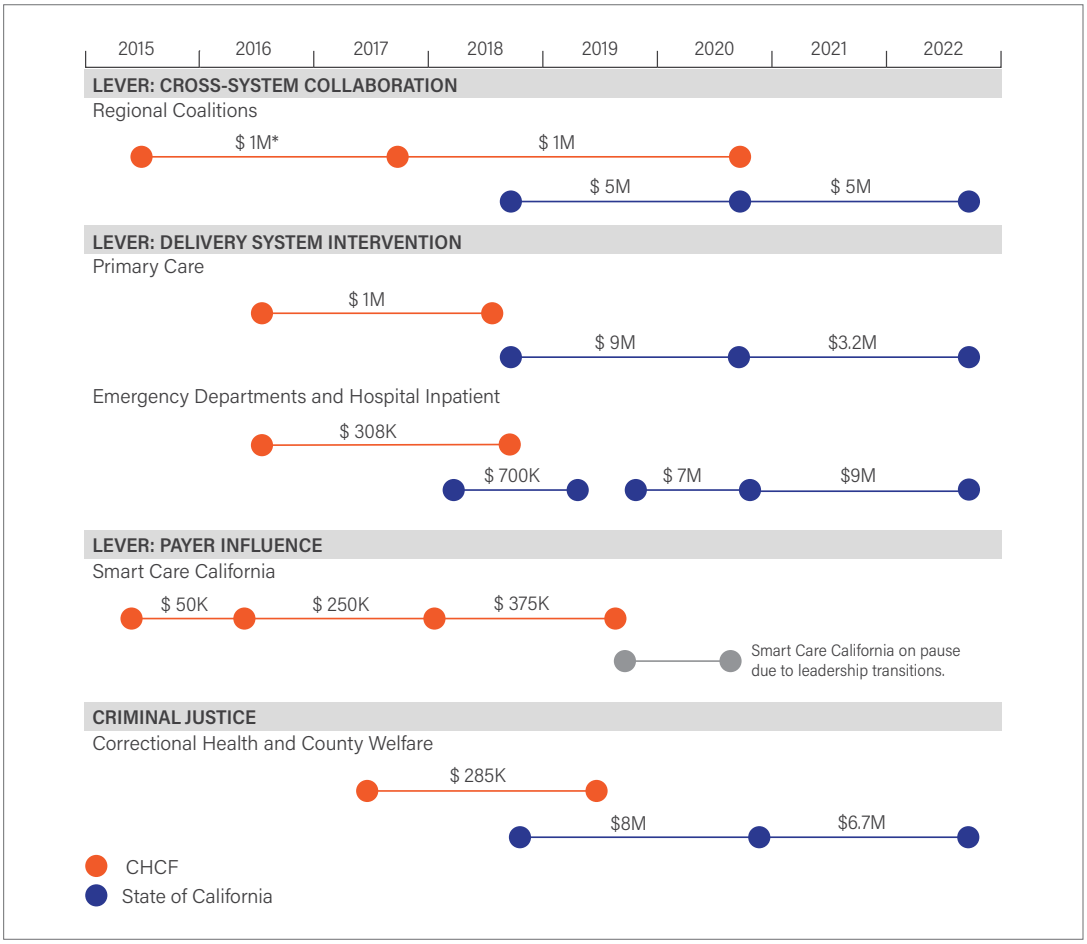
Payer Influence: Unintended Consequences

With guidance from the CHCF-funded Smart Care California, health insurance plans created barriers to opioid prescribing through formulary changes, authorization requirements, and pay-for-performance metrics. However, the initial emphasis on reducing overprescribing backfired when physicians became reluctant to continue to care for patients addicted to opioids due to administrative hurdles and/or loss of compensation.

In addition, physicians prescribing high-dose opioids could trigger investigation from the California State Medical Board. Patients cut off from continuing care often turned to street drugs such as fentanyl, and the rate of ED visits and deaths due to overdose spiked. Indicator tracking identified the increase, and an investigation surfaced the problem. In response, the

[2] See https://www.chcf.org/collection/webinar-series-support-hospital-opioid-use-treatment-project-shout/

FIGURE 2 CHCF-Funded Initiatives Scaled Through State Funding



*Additional regional coalition funding provided by other sources, including the California Department of Public Health and Partnership HealthPlan of California.

Sources: California Health Care Foundation and California Department of Health Care Services

message to physicians became more nuanced: Keep treating patients already on opioids but avoid new starts where possible.

Pivot: From Building to Scaling Through Partnership

The environment in which the CHCF was operating shifted significantly when national attention to the growing opioid epidemic resulted in a large influx of federal funding to support state efforts to address the burgeoning crisis. Beginning in 2017, hundreds of millions of dollars in federal grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) flowed to California's Department of Health Care Services (DHCS). The 2017 State Targeted Response to the Opioid Crisis program granted California $90 million, and the State Opioid Response programs followed with $176 million in 2018 and $211 million in 2020.

Beginning in 2018, the coalitions, delivery-system interventions, and criminal justice efforts that the foundation had invested in all transitioned to DHCS funding and scaled up. (See Figure 2.) The $2 million investment in cross-system collaboration generated an additional $10 million; the $1.3 million investment in

TABLE 3 Results of CHCF's Opioid Safety Body of Work, by Lever of Change

Focus Area	**2020 Results** (includes investment from other funders)
Lever: Cross-Sector Collaboration	
California Overdose Prevention Network (formerly California Opioid Safety Network, regional coalitions)	Coalitions are active in more than 40 of 58 counties, representing over 85% of Californians (California Overdose Prevention Network, n.d.).
Lever: Delivery System Intervention	
Medication-assisted treatment (MAT) in: • Hospitals • Emergency departments (EDs) • Primary care	• California Bridge sites at 52 hospitals across 35 counties offer MAT. (California Department of Health Care Services, 2019) • 208 EDs awarded California Department of Health Care Services grants for behavioral health navigators (California Department of Health Care Services, 2020b) • Primary care: MAT available in over 100 federally qualified health centers. (California Primary Care Association, personal communication, 7/13/2020)
Lever: Payer Influence	
Smart Care California	Smart Care California works with health insurance plans covering 40% of covered lives in California. Achieved adoption of best practices to enhance prescribing safety and reduce barriers to addiction treatment. (Smart Care California, 2018). As of 2020, Smart Care is on pause due to leadership transitions.
Lever: Criminal Justice	
MAT in correctional health and county welfare	• MAT available in jail systems of 29 counties, covering over 80% of California's population. (California Department of Health Care Services, 2020a) • County Touchpoints: More than 700 stakeholders trained on importance of maintaining MAT in justice settings (e.g., public defenders, district attorneys, probation officers, courts). (California Department of Health Care Services, 2020a)

delivery-system interventions resulted in subsequent funding of $29 million; and $285,000 in seed funding for criminal justice projects was followed by $14.7 million. One of the four levers, payer influence, did not receive follow-on funding due in large part to leadership transitions underway with the central initiative, Smart Care California.

Collectively, the projects the CHCF launched with around $4.3 million have received funding of over $53 million from DHCS, about $25 million of which was committed for the two-year period starting in fall 2020. By building on the pilot projects started by the foundation, the state of California was able to move much more quickly to allocate the new resources and implement major initiatives than would otherwise have been possible. Moreover, the investments were more strategic due to the years spent incubating ideas, cultivating collaboration, and road-testing concepts. As Marlies Perez, the DHCS lead, noted, the "CHCF wasn't the only organization we spoke to, but CHCF was so far ahead in innovation and so dedicated to making a real difference in that space. There were so many things we could leverage that they did."

The foundation's ability to gain the attention of the state of California and to effectively partner with the DHCS during a window of opportunity for federal investment depended on relationships and trust. From the early days of the foundation's opioid safety grantmaking, it made small grants in support of related work at state agencies such as grant writing to obtain federal funding, staff trainings, and user experience testing for the statewide opioid dashboard. The CHCF's willingness to fund gaps in government funding to enable more robust projects and deep

subject matter expertise made the foundation a valued partner, able to complement the government's enormous resources with agility and creativity. "It may seem like a small amount of money and a small project — but some links make big things happen," Perez of the DHCS said. "It's gratifying to be able to leverage each other to achieve great results for people in California."

One area of the DHCS's efforts, the Tribal MAT Project, is indirectly attributable to the foundation — not because it funded tribal MAT work that subsequently transitioned to the DHCS, but because it had previously funded DHCS staff to learn about substance use in American Indian and Native Alaskan populations and to make connections with the tribal health system as part of the development of the Drug Medi-Cal Organized Delivery System pilots, a restructuring and expansion of addiction services available through California's Medicaid program (Brassil, Backstrom, & Jones, 2018). The Tribal MAT Project includes a tribal needs assessment with a focus on opioids, creation of tribal coalitions (connected to the statewide network of coalitions launched by the CHCF), distribution of naloxone for reversing overdoses, and addiction treatment. According to Perez, "That never would have happened if CHCF hadn't funded that work on the Organized Delivery System. They ... were the spark that lit that fire."

Cumulative Results

The CHCF's investment of $7 million — about $4.3 million of which was allocated to a handful of big bets aligned with the four strategic levers — yielded strong returns from the perspective of access to treatment and services provided. (See Table 3.) The infusion of $53 million in funding from the DHCS allowed the initiatives to scale across the state and to undertake much more rigorous evaluations than was possible during the CHCF-funded pilot phase. For example, California Bridge — combining the CHCF-funded ED and inpatient efforts into a single integrated initiative — is conducting the California Bridge Outcomes Study, a series of investigations across the 52 participating hospitals on topics including dosing, longitudinal patient experience, and rates of incarceration.

As of 2020, coalitions were active in more than 40 of California's 58 counties; over 85% of California's population resides in counties with an active coalition (California Overdose Prevention Network, n.d.). Through a partnership with AmeriCorps' Volunteers in Service to America (VISTA), 40 VISTA members serve one-year terms in coalitions across California, amplifying the coalitions' capacity and impact. The website[3] for the California Overdose Prevention Network (rebranded from the California Opioid Safety Network in 2020 as part of a shift toward building a national network based on the success of the California experience) features an extensive resource library, stories about the work of the coalitions on the ground, and opportunities to learn from experts and connect with peers through regular events.

California Bridge is supporting 52 participating hospitals in 35 counties with adoption of the California Bridge Model, which features three core elements: evidence-based substance use disorder treatment available in the ED and in all other hospital departments; culture change that does not stigmatize substance use and that builds trust; and connecting people to ongoing care and active support after discharge, coupled with community outreach and partnerships focused on harm reduction. The program website[4] provides extensive, publicly available resources ranging from clinical protocols and best practices to patient-facing materials and reimbursement information. In August 2020, the DHCS awarded an additional $20 million from the California state budget to 208 participating hospitals for behavioral health counselors in over half of California's EDs; California Bridge will provide grantees with training and technical assistance with data collection (California Department of Health Care Services, 2020b). Medication-assisted treatment is now available at

[3] See www.nopn.org/california

[4] See www.bridgetotreatment.org

TABLE 4 Change in Indicators Compared With CHCF Targets (set in 2015 based on 2013 data)

Indicators	CHCF Target	2013	2018	Change
Total opioids prescribed (MME*) per resident	15% decrease	603	349	-42%**
Prescribing of buprenorphine (for MAT) per 1,000 residents	Increase 3-fold (300% increase)	11.2	14.5	+29%**
Prescribing of medication to reverse overdose (naloxone)	Increase 3-fold (300% increase)	489	13,849	+2,732%***
Opioid-related emergency department visits (per 100,000 residents)	10% decrease	17.6	21.4	+22%**
Opioid-related deaths (per 100,000 residents)	10% decrease	4.8	5.8	+21%**

*Morphine milligrams equivalent

**12-month moving average for Q4 of 2013 and 2018 (California Department of Public Health, n.d.)

***Naloxone prescribing based on Medi-Cal claims data (California Health and Human Services Agency, 2020).

over 100 FQHCs, and the learning collaboratives the CHCF initially funded to support expansion of addiction treatment have expanded to behavioral health and community partnerships as well as primary care.

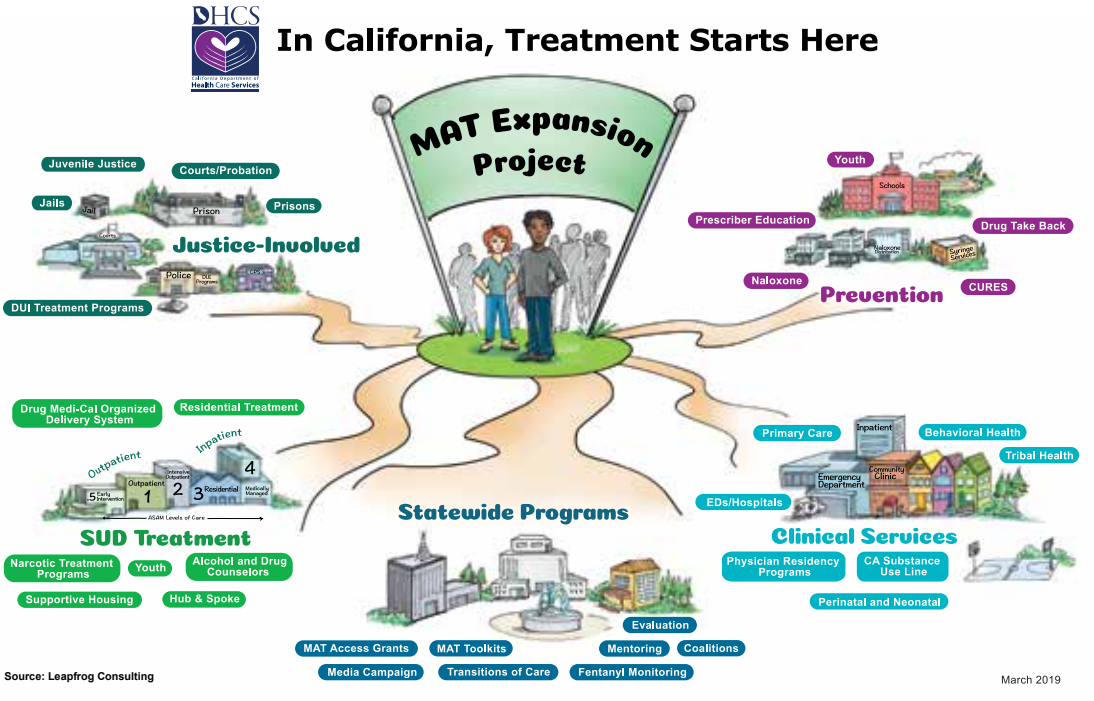
The California MAT Expansion Project (2020) website4 serves as a centralized source of information about the many projects underway and their impact — both those originating with CHCF funding and others. Collectively, results include 36,000 new patients receiving MAT, 19,000 overdoses reversed, 650 access points available for MAT, and 450,000 units of naloxone distributed.

Returning to the "true north" metrics the CHCF set at the beginning of the initiative, results show that intermediate outcomes (prescribing measures) are strong, but the overdose death rate in California has not improved. (See Table 4.) Total opioids prescribed statewide have dropped by almost half, far outperforming the 15% target and an unequivocal success. Buprenorphine prescribing, an indicator of the spread of MAT, is up by about 30% — healthy growth, though short of the three-fold target. Increase in naloxone prescribing to reverse opioid overdose exceeded all expectations; the number of prescriptions for Medi-Cal enrollees in 2018 was 27 times the number in 2013. Despite the positive trends in prescribing (opioids down, addiction treatment up), opioid-related ED visits have increased by 22%. More disappointing is mortality, with a 21% increase. However, national data provide some perspective: The opioid-involved overdose death rate for the U.S. almost doubled between 2013 and 2018, from 7.9 to 14.6 age-adjusted per 100,000 population (National Institute on Drug Abuse, n.d.). Taken in context, California's results may indicate that the multipronged approach, while not yet reducing the death rate, is preventing an increase on par with that observed at the national level.

Strategy Elements Contributing to Statewide Impact

The dramatic results achieved by the CHCF's opioid safety grantmaking effort relied in part on the unanticipated allocation of $265 million in federal funding to California in 2017 and 2018. In turn, the state was only able to leverage the CHCF's early investment in opioid safety because the foundation had developed a set of innovative projects that showed promise in early results. How did the foundation create such a robust portfolio? Based on interviews with grantees and partners, several aspects of the CHCF's grantmaking strategy contributed.

FIGURE 3 California's MAT Expansion Project: Treatment Starts Here



Bridge Across Sectors

The CHCF acted as a connector between health care providers, payers (health insurance plans and other health care purchasers), and government agencies to enhance grantee effectiveness. The foundation has credibility with health care providers across the state, such as community health centers and hospitals, based on over two decades of program work on California's health care delivery system and the staff's deep expertise — including, in the case of Kelly Pfeifer, clinical expertise. The foundation also has long-standing relationships with Medicaid health plans and funded a multistakeholder effort, Smart Care California, to engage the broader payer community. To increase the effectiveness of the opioid safety portfolio, the CHCF invested substantial effort in intentional, strategic connections on behalf of grantees. Pfeifer "knows everybody in the state," one grantee commented; "she has her pulse on what is happening in hospitals, who could be a champion." Another grantee said Pfeifer "seeded the professional network that I tapped into to make the program successful."

One specific example of bridging across sectors is the Treatment Starts Here group, a learning and coordination forum that CHCF launched — and was still funding at the end of 2020 — for all grantees working on aspects of California's MAT Expansion efforts. (See Figure 3.) The DHCS leadership creates the agendas and runs the meetings, providing a forum for leaders of major initiatives across all sectors to come together to share updates, identify points of connection, and learn from each other. Most recently, the forum has been used for brainstorming about COVID-19 and implications for the shared work on opioid safety. In interviews conducted for this project, this group was mentioned multiple times as a valuable forum.

The first lesson is to incorporate intentional learning and co-creation into portfolio development and implementation. The CHCF conducted extensive planning up front, including defining desired outcomes, identifying levers, selecting key partners, and setting targets on "North Star" metrics.

Beyond Dollars

The CHCF provided an array of resources to grantees beyond funding, identifying knowledge gaps, skill-building needs, and opportunities to improve effectiveness. Coaching to enhance leadership, communication skills, and self-awareness was among the resources on offer. One grantee remarked on the "conscientious strategy to develop me as a leader," noting that "typically grants don't come with a coach."

Other grantees mentioned communications and dissemination support, such as learning how to tell the story of the project so that it would be of interest to the media. According to one grantee, "I got lots of questions about financing MAT and didn't know the answers, but knew it was important. CHCF got me an expert to learn about financing and a consultant with expertise to write about it."

Co-Creation

Within the bounds of the CHCF's focus and desired outcomes, grantees had wide latitude to execute their projects. Likewise, the coalitions formed independently and created their own agendas within the opioid safety framework. Comments from grantees highlighted the sense of partnership: One observed that it was "so nice to be asked to help create a vision with a funder, co-create the vision; it's not a funder telling me, 'Here's the vision, now go execute it.'" Another said the CHCF "recognized that I know how to do this and let me go get it done."

A grantee noted that the process involved more than simply giving a grant: "Rather, you felt like you had a partner and mutual advocate, using whatever connections and opportunities she had access to, to see if you could run with it." Another reported that the CHCF "was very welcoming, comfortable, understanding of our process in a way that some funders wouldn't be. That allowed us to grow this work in the way we needed to."

Lessons Learned for Foundations

The CHCF's investment in opioid safety generated two overarching lessons for future bodies of work, and for philanthropy more broadly.

The first lesson is to incorporate intentional learning and co-creation into portfolio development and implementation. The CHCF conducted extensive planning up front, including defining desired outcomes, identifying levers, selecting key partners, and setting targets on "North Star" metrics. Structured planning activities require disciplined thinking and incorporation of feedback from colleagues and other stakeholders with diverse perspectives at the outset of a major initiative — core elements of a thoughtful approach, though care should be taken to ensure that they do not evolve into a rigid blueprint for execution. Throughout, the foundation created space for grantees and project participants to lead, acknowledging their expertise and providing thought partnership and tailored support to maximize effectiveness. This flexibility within the constraints of the broad goal reflects the central tenet of emergent strategy:

> [T]o create the conditions for emergence, funders need to distinguish between the goal (the "what") and strategies (the "how"), and allow grantees the freedom to bring their own best thinking to how to achieve their shared goal. (Darling, Guber, Smith, & Stiles, 2016, p. 62)

The second lesson is that culture change requires commitment and staying power. Underpinning the CHCF's approach to opioid safety is a paradigm shift from stigmatizing individuals with opioid use disorder to viewing them as individuals with a chronic condition that requires treatment. Sustainable change requires that physicians, hospitals executives, corrections officers, police, judges, and many others adopt a new perspective. One grantee noted that the clinicians participating in a learning collaborative about MAT experienced a shift in attitude from viewing patients with addiction negatively to "the patient on drugs has had many challenges in life; it is a privilege to treat them." But the process of change is slow, and subject to setbacks and reversals along the way. Another grantee advised that "foundations need to be willing to stay the course. The 'shiny penny' tendency is a real problem. Complex social issues are sticky. If … you can't stand up and take the heat, you shouldn't be funding in that area."

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The Path Forward

California has continued to broaden and deepen work on opioid safety across the state, with medication-assisted treatment available at hundreds of access points statewide (California Department of Health Care Services, 2020a). In September 2020, California received its next tranche of $211 million from SAMHSA for two additional years of initiative funding. The grantees continuing to work on the projects launched by the CHCF several years ago are optimistic that by the end of 2022, the efforts will be institutionalized and sustainable over the long term.

In light of the sustained engagement on opioid safety from the state of California, the CHCF has ramped down its opioid-specific funding and turned attention to the treatment needs of people with co-occurring mental illness and substance use disorder and to the health care needs of those experiencing homelessness. The factors that contributed to the impact of the opioid safety portfolio are evident in the strategy for this new work, including cross-sector engagement, consideration of resources beyond the dollar, and co-creation with grantees. The unfolding COVID-19 pandemic and intertwined recession has already influenced the CHCF's funding trajectory and will continue to do so; the foundation is actively monitoring the environment and engaging with key stakeholders to ensure that funding decisions align with changing needs.

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