

Organizations on Team:

Partnerships for Action: Action Plan

Purpose: To help pilot teams outline and track progress under the *Partnerships for Action: California Health Care & Homelessness Learning Collaborative* and to support the Center for Health Care Strategies (CHCS) in better understanding the teams' project and technical assistance needs. CHCS will also use these action plans to understand synergies across the pilot teams and opportunities to disseminate learnings for the field more broadly. For reference, the objectives of *Partnerships for Action* are to:

- **Build the capacity of the participating teams** composed of health care organizations, managed care plans, community-based organizations, homeless service organizations, and other stakeholders to collaborate on the creation of a more robust support network for people experiencing homelessness;
- Foster peer-to-peer learning through virtual and in-person learning sessions, convenings, site visits, and affinity groups; and
- Spread best practices related to health care and homelessness across California and nationally.

List organizations in your project team.					
Team Members: (please add more lines as needed)					
Name	Title	Organization Project Role (Role each person will play			
Project Description:					
Insert a high-level description of your project.					
Overall Project Goals: List the project goals determined by your team.	1.				
	2.				
	3.				

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Strategies are the approaches you are taking to accomplish your project goals. **Activities** are specific tasks needed to complete the strategy. For example, if a goal is to increase access to street medicine in the community, then a strategy might be to hire and onboard new staff, and an activity might be for one of the partnering organizations to provide training to the newly hired staff. This template lays out room for three strategies with three related activities each. Please add or delete rows of strategies and activities below to fit with your team's project.

Strategy 1 [INSERT DESCRIPTION OF STRATEGY]				
ACTIVITY	START DATE / END DATE	POINT PERSON/ORG.	END GOAL(S)	METRIC(S) TO EVALUATE SUCCESS
1: [ENTER ACTIVITY HERE]	[ENTER THE ANTICIPATED START AND END DATE FOR THE ACTIVITY]	[INDICATE THE POINT PERSON(S) AND ORGANIZATION(S) OVERSEEING THE ACTIVITIY]	[DESCRIBE THE END GOAL(S) YOU HOPE TO ACHIEVE WITHIN THE ACTIVITIY]	[LIST THE METRICS YOU WILL USE TO ASSESS PROGRESS TOWARDS COMPLETING THE ACTIVITY]
Anticipated Technical Assistance Needs:				
2:				
Anticipated Technical Assistance Needs:				
3:				
Anticipated Technical Assistance Needs:				

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Strategy 2	[INSERT DESCRIPTION OF STRATEGY]				
	ACTIVITY	START DATE / END DATE	POINT PERSON/ORG.	END GOAL(S)	METRIC(S) TO EVALUATE SUCCESS
1:					
Anticipated Technical Assistance Needs:					
2:					
Anticipated Technical Assistance Needs:					
3:					
5.					
Anticipated Technical	Assistance Needs:		1	I.	<u> </u>

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Strategy 3	[INSERT DESCRIPTION OF STRATEGY]				
	ACTIVITY	START DATE / END DATE	POINT PERSON/ORG.	END GOAL(S)	METRIC(S) TO EVALUATE SUCCESS
1:					
Anticipated Technica	L Assistance Needs:				
Anticipated Technical Assistance Needs:					
2:					
Anticipated Technical Assistance Needs:			<u> </u>	<u> </u>	<u> </u>
3:					
Anticipated Technica	I Assistance Needs:				