

Frequently Asked Questions | Partnerships for Action: California Health Care & Homelessness Learning Collaborative

1. Can individuals be part of a team, or are only organizations eligible to be part of a team?

Yes, individuals who are not affiliated with an organization can be included as part of a team. Teams should still include at least one homeless services organization and one health care organization as part of a team.

2. Are agencies able to participate in multiple applications? For example, if a Lead Organization included us on their team, can we then submit other applications as the Lead Organization?

Yes, agencies can participate in multiple applications. However, we encourage applicants to put forth their best idea for a project that they can commit time and resources to. We also strongly encourage organizations to submit no more than one application in which they are the Lead Organization.

3. Are community-based organizations (CBOs) limited to participating in a team with only one managed care plan (MCP) or are they allowed to be a part of several MCPs applications?

Yes, CBOs can participate in multiple teams. We encourage organizations that are considering being part of multiple teams to keep in mind the anticipated time commitments associated with participating in the learning collaborative and pilot project activities.

4. Is there a required funding breakdown between the Lead Organization and the other organizations participating in a team? In addition, are organizations partnering on a team required to split funding evenly?

No, there are no requirements related to funding between the Lead Organization and the other organizations participating in a team. However, we encourage teams to think about how to equitably distribute funding, and which organization on a team may benefit from receiving financial support to carry out pilot project activities.

5. Can funding be used to support direct care services, or can it only be used to support collaboration between organizations (e.g., time spent on developing MOUs and referral pathways, supporting ongoing communication between organizations, etc.)?

Funding can be used to support direct care services and/or collaboration between organizations. We invite applicants to think about how to best maximize use of these dollars, and how future funding streams (e.g., PATH funding, MCP incentive dollars) could be used to sustain work piloted under this project.

6. Can funding be used to hire staff that would eventually be paid by future Enhanced Care Management (ECM)?

Yes, funding can be used to hire staff to support the pilot project that may eventually be supported through ECM dollars after the pilot period ends.

7. Is there potential funding for the post-two-year collaborative period to incorporate that information to create a sustainable framework for the work going into the future?

Currently, there is not funding available to sustain this work after the pilot period ends, but CHCS will consider this closer to the end of the initiative.

8. If during the two-year period our team determines that a change is needed, are we required to prolong the pilot project over the two years as part of the funding requirements? Are there any consequences for concluding a pilot project earlier than the two-year duration?

Applicants should propose pilot projects that have a viable vision and can be executed during the two-year project period. We understand that projects sometimes need to evolve, and CHCS and CHCF will be amenable to adjustments so long as project objectives align with the goals of the initiative.

9. Do pilot projects need to be new projects, or can projects be already existing and with an existing partner?

Pilot projects can be new and/or pilot projects can build off existing projects with existing partners.

Applicants should consider how participating in *Partnerships for Action* would strengthen, scale, and/or transform the existing work and partnerships beyond their current state.

10. Does the project need to be regional?

Yes, projects should be focused on a specific region. However, CHCS and CHCF are not singularly defining what constitutes a region. A region might be a neighborhood, city, county, group of counties, or a geographic area of the state (e.g., Inland Empire). We encourage applicants to keep in mind the criteria that will be used to select teams for participation, including the impact of the proposed work on a defined community or population of people experiencing homelessness. Statewide projects will not be considered.

11. Our organization is a permanent supportive housing (PSH) provider that works with people recovering from long-term homelessness. Since your focus seems to be on Californians experiencing homelessness, would our residents fit into your objectives?

Yes, organizations providing PSH are eligible to participate in teams applying for *Partnerships for Action*. While PSH residents may not currently be experiencing homelessness, we recognize that past experience of homelessness is the greatest predictor of future homelessness. We would encourage organizations providing PSH to consider how a potential project aligns with CalAIM, how the physical and behavioral health care needs of residents will be improved, and what organizations need to be on a team to meet the cross-sector partnership requirements of the initiative.

12. We are partnering on a project with a homeless service provider that may have limited bandwidth, which may make it difficult for them to attend all monthly technical assistance (TA) calls, but our team would be able to attend on their behalf. Is there flexibility in the scheduling of the TA calls, and is it possible for our team to join on their behalf, if they are unable to attend?

TA calls will be held monthly and it is expected that there is representation from each organization participating in a team. We will be having a third-party vendor conducting a real-time evaluation of the impact and value of the learning collaborative for participants, so if we learn that there are changes that need to be made to the structure and frequency of TA calls, we will adopt those. However, teams should anticipate participating in monthly TA calls with representation from each organization on a team.