Partnerships For Action: California Health Care & Homelessness Learning Collaborative

REQUEST FOR APPLICATIONS

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<tr>
<th>Issue Date</th>
<th>March 9, 2022</th>
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<tr>
<td>Letter of Intent to Apply Due</td>
<td>March 25, 2022, by 11:59 pm PT</td>
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<tr>
<td>Application Deadline</td>
<td>April 5, 2022, by 11:59 pm PT</td>
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<td>Project Period</td>
<td>June 15, 2022 – June 14, 2024</td>
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# KEY INFORMATION

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<tr>
<th>Purpose</th>
<th><strong>Partnerships for Action: California Health Care &amp; Homelessness Learning Collaborative</strong> is supporting cross-sector teams of California-based health care and homeless service organizations committed to improving health care for people experiencing homelessness. The two-year initiative is led by the Center for Health Care Strategies (CHCS) and made possible by the California Health Care Foundation (CHCF).</th>
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| Informational Webinar for Potential Applicants | March 15, 2022, from 11:00 am – 12:00 pm PT  
This webinar will be recorded and posted to CHCS’ website for those who cannot attend. [Register](#). |
| Questions about RFA due to CHCS | March 16, 2022  
Interested applicants can submit questions during the above webinar and directly to Shannon Mead ([smead@chcs.org](mailto:smead@chcs.org)). Questions and responses will be compiled and posted on CHCS’ website. |
| Frequently Asked Questions (FAQ) Released | March 17, 2022 |
| Non-binding Letter of Intent to Apply (LOI) Due | March 25, 2022, by 11:59 pm PT |
| Applications Due | April 5, 2022, by 11:59 pm PT |
| Interviews with Finalist Organizations | Weeks of May 9 and May 16, 2022 |
| Notification of Team Selections | Week of May 23, 2022 (estimated) |
| Project Period for Selected Teams | June 15, 2022 – June 14, 2024 |
| CHCS Contacts | Meryl Schulman, Senior Program Officer, [mschulman@chcs.org](mailto:mschulman@chcs.org); and Shannon Mead, Program Officer, [smead@chcs.org](mailto:smead@chcs.org). |
Background

More Californians experience homelessness than people in any other state. These individuals have less access to necessary preventive, primary, and specialty health care services and they suffer from poorer health outcomes and lower life expectancy than the general population. People experiencing homelessness also have a higher prevalence of chronic physical health conditions, behavioral health needs, and acute and infectious illnesses —problems that have been exacerbated by the opioid epidemic and, in the last two years, the COVID-19 pandemic. In addition, people of color are more likely to experience homelessness than white individuals due to the effects of historical and present-day structural racism. The complex issues related to improving the health of these individuals require energy, intentionality, and close collaboration among the entities concerned with finding solutions.

In response to California’s housing crisis and its severe health consequences, the California Health Care Foundation (CHCF) developed a project portfolio focused on improving health care for people experiencing homelessness. This includes the 2021 initiative California Health Care and Homelessness Learning Community, a year-long project facilitated by the Center for Health Care Strategies (CHCS) that fostered peer-to-peer learning and collaboration between providers, managed care plan (MCP) staff, and other key stakeholders. The project emphasized the importance of productive partnerships between health care and community-based providers to address the health, housing, and social needs of this population.

Building on the foundation of this project, CHCF and CHCS are launching Partnerships for Action: California Health Care & Homelessness Learning Collaborative. Importantly, these efforts are in line with and support CalAIM (California Advancing and Innovating MediCal), launched in January 2022 by the California Department of Health Care Services (DHCS). The goal of CalAIM is to improve health care delivery for high-need populations, including people experiencing homelessness.

Purpose and Objectives

Partnerships for Action is a two-year learning collaborative that will support partnerships between health care (physical and behavioral) and homeless service organizations to improve care delivery and health outcomes for Californians experiencing homelessness. The goal of the initiative is to strengthen the collaborative capacity of California-based health care organizations, MCPs, and community-based organizations (CBOs) by supporting pilot projects to promote the health of individuals experiencing homelessness. The learning collaborative will run from June 15, 2022 – June 14, 2024.

The objectives of Partnerships for Action are to:

- Build the capacity of health care organizations, MCPs, CBOs, and other stakeholders to collaborate on the creation of a more robust and sustainable support network that meets the health and social needs of 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.
Project Activities

This initiative will support up to six competitively selected teams to participate in a two-year learning collaborative and lead a pilot project to improve and/or develop new approaches to care delivery for people experiencing homelessness in their communities. The selected teams will receive:

- **Grant-Funding for Projects:** Teams will receive **up to $120,000** in grant funding that may be used for a range of activities. These include but are not limited to: staff time and direct funding to support project activities; data sharing tools and other technological investments; and compensation for people with lived expertise of homelessness.

- **Technical Assistance (TA):** Tailored TA will be provided by CHCS staff and an array of state and national subject matter experts. Teams will participate in monthly 60-minute TA calls with CHCS and other relevant experts. Initial calls will focus on developing a project work plan that will be updated every six months and used to support project planning, execution, and accountability. During the project, one TA call will be replaced by a “TA plus” session in which staff from CHCS, CHCF, and other subject matter experts will meet with each team, in-person as possible, to discuss their project in more detail and provide TA.

- **Educational Supports:** To facilitate peer-to-peer learning and connections to others working at the intersection of health care and homelessness, teams will participate in a variety of activities, including:
  
  - **Learning Sessions:** CHCS will host six learning sessions throughout the learning collaborative. These 90-minute, virtual learning engagements will allow teams to discuss and problem-solve their projects with peers, hear from state-level policymakers on relevant policy updates as possible, and connect with subject matter experts on health care and homelessness.
  
  - **Virtual Site Visits:** Two virtual site visits will be held during the initiative. These two-hour visits will allow teams to explore best practices and innovations related to improving health care for people experiencing homelessness by featuring the work of organizations in California and across the country.
  
  - **In-Person Convenings:** Safety permitting, CHCS plans to host two in-person convenings over the course of the project to support networking, learning, and project development.
  
  - **Affinity Groups:** CHCS may convene affinity groups comprised of smaller cohorts of participants to facilitate targeted learning and conversation around specific topics of interest.

- **Virtual Community Platform:** Teams will engage in Collab Community, a virtual platform managed by CHCS. Collab will be used to support project management, cross-organization collaboration, and peer-to-peer exchange.

- **Communications Products:** CHCS will disseminate learnings from the pilot projects to a broader California and national audience through an array of communications products. In support of these efforts, teams may be asked to participate in national webinars and/or have their work featured in blog posts, issue briefs, technical assistance tools, and case studies.

- **Formative Evaluation:** CHCF will be supporting a formative (real-time) evaluation of the learning collaborative by a third party to ensure a high-value, high-impact experience for participants. Teams may be asked to participate in conversations with the evaluation consultant to inform this work.
Eligibility Criteria

Teams of two or more California-based organizations working at the intersection of health care and homelessness are eligible to apply for participation in Partnerships for Action. Teams should be cross-sector in nature and include staff from health care and homeless service provider organizations. While at least two organizations are required to be eligible for participation in the project, CHCS and CHCF are open to and encourage partnerships that include more organizations, as applicable to the proposed project. Teams may already have established relationships with a track record of successful collaboration, or they may be newly committed to the work.

Teams will work collaboratively on a pilot project and will actively participate in learning collaborative activities. Each team will designate a Lead Organization. This organization, if the project is selected, will receive grant funds from CHCF and be responsible for re-granting or distributing funding to other team members as described in the project plan. A representative from that Lead Organization (Primary Contact) will serve as the main point of contact for the participating team members and CHCS/CHCF and will be responsible for ensuring that deliverables are met and submitted.

Examples of organizations that may apply for participation in the initiative and that may be included in a project team include, but are not limited to:

- Health and hospital systems;
- Medi-Cal MCPs;
- Homeless service providers and other CBOs;
- Federally qualified health centers or other health centers/clinics;
- Community mental health centers;
- Health Care for the Homeless programs;
- Medical respite/recuperative care programs;
- Street medicine teams;
- Sobering centers
- Local government agencies that provide health care services; and
- Continuums of Care (CoC).

Given MCPs’ role in administering CalAIM, applicants are strongly encouraged (but not required) to include or involve an MCP in their project activities. Similarly, teams are encouraged (but not required) to include Community Supports and/or Enhanced Care Management providers as part of their team, as relevant. Applicants are also strongly encouraged to meaningfully include the voices of people with lived expertise of homelessness to co-design and provide regular input on their work.
Potential Pilot Projects

Applicants should propose a project focused on partnering to improve health care for people experiencing homelessness. Potential areas of focus include, but are not limited to:

- Providing Enhanced Care Management to people experiencing or people at risk of homelessness;
- Building or strengthening medical respite/recuperative care programs;
- Planning for or expanding sobering centers;
- Developing and coordinating street medicine programs;
- Navigating connection points to housing tenancy and sustaining services; and
- Facilitating data exchange among providers, MCPs, County Homeless Response Systems, CoCs, and CBOs.

Example Projects

These examples have been included to support applicants in better understanding the array of projects that could be proposed for this initiative. Projects and associated partnerships may be new or can build on existing work.

EXAMPLE #1

A team in Southern California is focused on launching a medical respite program in their community. Key team members include a local MCP, federally qualified health center, and a CBO that will house the respite program. Collectively, they propose to use grant funds and participation in the initiative to:

- Strengthen their partnerships and define organizational roles and project goals;
- Develop a budget for the recuperative care program and Memorandums of Understanding;
- Solicit community input on the development of the program;
- Reach consensus on program eligibility, scope of services, and operational and staffing needs; and
- Establish key protocols and procedures.

EXAMPLE #2

A team in rural Northern California is focused on bringing together two county MCPs, the local homeless response system/Homeless Management Information System lead, and the county behavioral health agency to facilitate data exchange in support of people experiencing homelessness. In partnership, they propose to use grant funds and participation in the initiative to:

- Map the data ecosystem and privacy rules;
- Establish governance structures;
- Reach consensus on data that should be exchanged, including those related to race, ethnicity, and language;
- Develop data sharing agreements between partner agencies; and
- Create policies and procedures and universal consent forms.
Selection Criteria and Process

Up to six cross-sector teams will be competitively selected to participate in the initiative. An advisory board composed of individuals with relevant lived and subject matter expertise will select finalists; then, a selection committee from CHCF and CHCS will interview finalists and determine teams that will be awarded funding. Geographic diversity will be considered to ensure representation from regions across the state and from rural and urban areas, and will use the following criteria to assess applicants:

- Compelling and viable project proposal that has the potential for positive impact on the community served;
- Composition of project team, including organizations include and staff;
- Project team’s vision for and ability to share power, collaborate, execute planned activities, and communicate across project partners on the proposed pilot project;
- Project team’s experience and current approach to collaborating and/or providing high-quality health care to people experiencing homelessness in their region;
- Extent to which the voices of people with lived expertise meaningfully inform the pilot project efforts;
- Extent to which the proposed project aligns with and effectively leverages CalAIM and/or other relevant health care policy and delivery system efforts;
- Extent to which a racial equity lens is incorporated into the proposed pilot project;
- Capacity to capture and analyze data to assess project efforts; and
- Opportunities for sustaining the work after the project period ends.

Expectations and Time Commitment for Applicants

By agreeing to participate, selected teams and their individual members commit to the following:

- Having representative staff from each organization participating in a team attend and actively participate in educational supports and monthly TA calls;
- Sharing learnings and non-proprietary resources created under the initiative with fellow learning collaborative members;
- Participating in or being featured in CHCS and CHCF communications products (e.g., being interviewed for an issue brief or blog post, reviewing communications products the organization is featured in, presenting on a national webinar, etc.), as applicable;
- Participating in a quality improvement process led by an external evaluation consultant to ensure a high-value/high-impact experience; and
- Submitting written deliverables including:
  - A project work plan detailing key activities, measures of success, and technical assistance needs (due every six months); and
  - Interim and final financial and programmatic reports for grant management purposes.

In addition to the time spent on pilot project work, CHCS anticipates that teams will spend on average two to four hours each month engaged in learning collaborative activities. This includes learning sessions, virtual site visits, TA calls, in-person convenings, and affinity group meetings.
How to Apply

**Letter of Intent to Apply** *(Due March 25, 2022, by 11:59 pm PT)*

Submit a non-binding Letter of Intent to Apply (LOI) via email to Shannon Mead (smead@chcs.org). Teams should designate a primary contact to submit an LOI on behalf of all participating team member organizations.

Please use this template to submit an LOI. **Applications will not be considered from organizations that did not previously submit an LOI.**

**Application** *(Due April 5, 2022, by 11:59 pm PT)*

Submit the application via email to Shannon Mead (smead@chcs.org). Include the completed application form, line-item budget, budget justification, team resumes/CVs, and letters of support from leadership at organizations applying to participate in a team. Documents should be clearly labeled and submitted as individual PDFs (see Application for more details).

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**ABOUT THE CENTER FOR HEALTH CARE STRATEGIES**

The Center for Health Care Strategies is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We connect people and ideas to spark insights, build expertise, strengthen leadership, and spread innovations. Across sectors and disciplines, we support our partners to make more effective, efficient, and equitable care possible. [www.chcs.org](http://www.chcs.org)

**ABOUT THE CALIFORNIA HEALTH CARE FOUNDATION**

The California Health Care Foundation 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. We work to ensure that people have access to the care they need, when they need it, at a price they can afford. [www.chcf.org](http://www.chcf.org)