



request for applications
safety net integration 2014: advancing
primary care and behavioral health
integration through community
collaboration

frequently asked questions (FAQs)

As of February 26, 2014

eligibility

Q: Will rural communities, given our smaller population size, be competitive?

A: Yes. Rural communities will be competitive and are encouraged to apply; if these communities have a small population size and fewer providers, they should tailor the size of their grant request accordingly. Rural communities may also want to consider regional proposals.

Q: Would you consider a proposal that included multiple rural counties that are all working on similar efforts?

A: Yes.

Q: Can one organization submit more than one application for different counties?

A: Yes.

Q: We are a regional community health center consortium that is fiscally sponsored by a nonprofit 501c3. Do we qualify to apply, as the application would come from our fiscal sponsor and not from one health center entity?

A: Yes, regional community health center consortia are eligible to apply.

program

Q: What are you looking for in terms of measurable outcomes?

A: There are two long-term outcomes for this work: 1) improving the delivery of whole-person care from the perspective of the patient (for those with mild to moderate behavioral health conditions and those with serious mental illness) and; 2) improving the clinical, financial and structural integration between primary care and behavioral health providers at the community level. In the short term, the Blue Shield of California Foundation (the "Foundation") expects to see *changes in organizational culture, policies and procedures within and across organizations that enhance or streamline access, and reduce or eliminate barriers to needed services by target populations* (i.e. systems change). Specifics regarding short-term outcomes will depend on the community's stage of development in terms of systems integration.

Q: Does the Foundation have an interest in "unusual" strategies, such as Chronic Disease Self-Management programs, as a community connection point for the more traditional behavioral health system?

A: Yes. The Foundation is interested in promoting system-wide innovations or "unusual" strategies. Cross learning and spread of innovations between the primary care system and the traditional behavioral health system is encouraged. There does need to be agreement among the systems that this is right intervention or innovation to spread.

Q: Will it be acceptable to focus on a specific population, such as the disabled or veterans, for this grant?

A: No. The entire focus of the grant should not be on a specific population; it should be on improving systems of care for the whole population of low-income, underserved residents in the community. If key partners in the community have already come together to assess system-wide gaps and barriers, and a population focus is identified, then a sub-focus of the grant could be on testing and/or spreading innovations with a focus on a specific population. One exception may also be specific systems of care that are population-centered, such as the Indian Health Service.

Q: Since the preference is a county-wide proposal submission, are formal memorandums of understanding (MOUs) required in the application submission?

A: Formal MOUs are not required. We encourage applicants to name their partners in the grant and to submit any supporting documents, including MOUs, letters of support or joint planning documents, that convey buy-in from key partners. Strength of partnership is one of the key factors that will be assessed in the due diligence process. The Foundation will reach out to the partners listed and inquire about their commitment to the proposed project.

Q: Is inclusion of mental health consumers a key component?

A: Yes. Patient engagement is a priority for the Foundation and we encourage applicants to incorporate the patient perspective into their integration work and their proposals.

Q: It's preferred that only one proposal per county is submitted. However, in a large county like Los Angeles, how would we know who else is applying?

A: The Foundation recognizes that large, urban counties may need to submit more than one proposal. We strongly encourage applicants to do outreach among key partners in their own communities to identify who else may be applying.

Q: Is there a list of potential applicants to work together on collaboration?

A: There is a list of key partners in the powerpoint that applicants should consider engaging. They include: patients, primary care providers, behavioral health providers (including mental health and substance use), county agencies, payers, hospitals, social service providers and advocates. Key partners should be reaching out to each other at the community level to identify opportunities to work together through this Request for Applications.

Q: Will the Foundation share a list of attendees and/or orgs who participated in this webinar for those who may be interested in seeing who else in their county might be interested in partnering?

A: Yes. The Foundation will post a list of those who registered for the webinar by Wednesday, March 5 on its website. In the meantime, we encourage interested applicants to get in touch with key partners in their community to develop collaborations and determine together who is best suited to serve in the lead applicant role.

Q: How many grants are expected to be awarded?

A: The Foundation has not identified the number of grants that will be awarded. This will depend on the number of proposals submitted, the amount requested and the number of proposals ultimately deemed worthy of support.

Q: What is the total amount that Blue Shield has earmarked for this RFA?

A: There is not a fixed amount earmarked for this RFA. The total amount awarded will depend on the number of proposals deemed worthy of support and the amounts requested.

Q: Are there any plans to continue funding similar projects in subsequent years?

A: Since this is the first RFA the Foundation has issued in this area, we plan to monitor the outcomes of these initial investments and use this information to determine whether to commit to future funding in subsequent years.

Q: Are there any specific geographic areas?

A: The Foundation funds throughout the state of California.

Q: Is there a set percentage allowance for the fiscal agent/lead agency?

A: No, there is not a set percentage allowance for the fiscal agent/lead agency. Allowances for the fiscal agent/lead agency should be commensurate with associated roles and activities.

Q: What are the allowable and non-allowable costs?

A: See the Use of Funds section in the RFA. For more information about what the Foundation does not fund, please visit our [website](#).

Q: Do exclusions include direct services such as costs for behavioral health clinicians in a mentorship role?

A: Behavioral health clinicians operating in a mentorship role would not be considered as a direct services related cost. However, this component should be deployed system-wide (across organizations), not within the four walls of one organization.

application/technical questions

Q: When will the grant start? What is the term of the grant?

A: Final announcements of grant awards will be made June 2014. The grant terms for all grants in this cohort will be from July 1, 2014 to June 30, 2015.

Q: Where can I find the RFA link?

A: Link is available on our [website](#).

Q: Will the recording and presentation webinar be made available?

A: Yes, recording, webinar PPT and FAQs will be posted to our [website](#) February 26.

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