California Accountable Communities for Health Initiative
Frequently Asked Questions as of 3/03/16

Background and Overview

1. What is the California Accountable Communities for Health Initiative?

Accountable Communities for Health bring together key sectors and partners in order to collectively advance a common health goal. A consortium of funders (The California Endowment, Blue Shield Foundation of California, and Kaiser Permanente), are collaborating to jointly support a three year, California Accountable Communities for Health Initiative (CACHI). Community Partners released the Request for Proposals to support up to six Accountable Communities for Health in California in California.

2. What support is available?

Initial support provided under this RFP will be for up to $250,000 for one year. With substantial progress on year one milestones, grantees will be eligible for two additional years of implementation support of up to $300,000 per community per year.

3. What is the benefit to my community of an Accountable Community for Health (ACH)?

Most health care delivery reform efforts have been conducted separate from community-based efforts. To achieve sustainable health improvements, all sectors need to work collaboratively to address the spectrum of contributors to ill health. By coordinating and aligning activities to address particular health issues in a community, ACHs can achieve meaningful and lasting improvements in personal and population health.

4. What is the definition of an ACH?

An ACH is a multi-payer, multi-sector alliance of major health care systems, providers, and health plans, along with public health, key community and social services organizations, schools, and other partners serving a particular geographic area. An ACH is responsible for improving the health of the entire community, with particular attention to achieving greater health equity among its residents.

An ACH aims to 1) improve community-wide health outcomes and reduce disparities with regard to identified health needs; 2) reduce costs associated with the health care and, potentially, non-health sectors; and, 3) develop financing mechanisms through a self-sustaining Wellness Fund, to sustain the ACH and provide ongoing investments in prevention and system-wide efforts to improve population health.

5. What are the goals for the initiative?

The goal of CACHI is to assess the feasibility, effectiveness, and potential value of a more expansive, connected and prevention-oriented health system that links together the health care sector, public health, community resources, and a range of other sectors. This is an innovative type of system transformation, which will likely take years to achieve all of its goals. Therefore, it is critical that ACHs supported by this initiative be able to demonstrate outcomes and progress toward those goals in the timeframe of this grant in order to learn what elements, activities or milestones are most important. To that end, it is highly desirable that proposed ACHs have a high degree of readiness.

6. What are the definitional elements of an ACH?

- Shared vision and goals: A common set of goals and vision, based on a shared understanding of the problem.
- Partnerships: Meaningful collaboration among the health care, social services, and various community agencies and sectors dedicated to achieving the vision and goals.
- Leadership: At least one, but ideally several, champions from individuals and organizations among the core entities of an ACH.
- Backbone: The agreed upon entity that will serve as the collaborative facilitator and convener.
- Data analytics and capacity: Infrastructure, capacity and agreements for collecting, analyzing and sharing financial, community and population-level data among providers and organizations.
- Wellness fund: A vehicle for attracting resources from a variety of organizations and sectors to support the goals, priorities and strategies developed by the ACH.
- Portfolio of interventions: A set of coherent, mutually-supportive interventions that address a particular health need, chronic condition, set of related conditions, or community conditionacross five key domains: clinical care, community programs and social services, community-clinical linkages, environment, and public policy and systems.

7. How is a portfolio of interventions designed?

An ACH program begins with a long term vision, goals and identified health need, chronic condition, set of related conditions or community condition for the focus of interventions. Explicit in the design of the ACH is the coordination of a portfolio of aligned and mutually reinforcing interventions that span five key domains – clinical, community, clinical-community linkages, policy and systems, and environment—in order to improve community health. Making sure the interventions are implemented with sufficient capacity and breadth to produce improvements across the population and close the gap on disparities is a key consideration in planning for a particular geography.

A number of resources are available to assist in exploring interventions that can match the needs, assets and impact identified for the local ACH.

- Centers for Disease Control: http://www.cdc.gov/chinav/database/index.html.
- Healthy Dose: A Toolkit For Boosting The Impact Of Community Health Strategies: Center for Community Health and Evaluation www.chce.org
- Resource Guide for California Accountable Communities for Health (ACH) A Review of Emerging Evidence On Interventions for Asthma, Diabetes, and Cardiovascular Care:http://www.chhs.ca.gov/PRI/ResourcesforACHsReportFINAL.pdf

8. Can you provide an example of what is meant by a portfolio of interventions?

Click here for a sample portfolio of interventions for diabetes.

Sample data sources:

- http://www.diabetes.teithe.gr/UsersFiles/entypa/STANDARDS%20OF%20MEDICAL%20CARE%20IN%20DIABETES%202015.pdf
- http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20RoleOfCommunityPharmaciesInDiabetesCare.pdf
- http://www.ahrq.gov/professionals/prevention-chronic-care/improve/community/index.html
- http://bjsm.bmj.com/content/45/6/473.full.pdf and http://www.kpihp.org/kaiser-permanente-policy-stories-v3-no-5-exercise-as-a-vital-sign/
- http://www.cdc.gov/nationalhealthyworksite/docs/fighting_diabetes_at_the_worksite_final_2_8_13.pdf
- http://www.cdc.gov/healthyplaces/transportation/promote_strategy.htm andhttp://saferoutespartnership.org/healthy-communities and http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals
- http://cafreshworks.com/ and http://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/healthier-food-retail-guide-chapter-2.pdf

9. Is there a list of preferred conditions or health needs?

Although the vision of the ACH is to improve the overall health of the population, it is essential that any such effort initially focus on a specific health issue. Communities are encouraged to select a health need, chronic condition, set of related conditions, or community condition that has broad support among collaborative partners and residents and with which members already have experience. Communities often characterize their chosen priority in different ways - the examples below are one approach:

- A health need priority: tobacco use, obesity
- A chronic condition priority: asthma, diabetes, depression
- A community condition: family and community violence, lead
- A set of related conditions: cardiovascular + diabetes; air quality + asthma; diabetes + depression
- Suggested criteria for selecting any selected issue should include being:
- Amenable to having interventions, which are evidence-based to the greatest extent possible, across the five domains, and
- Inclusive of a variety of populations within a community, not just high need, high cost populations.

[Updated] 10. There are several other health system transformation funding opportunities that have recently been announced. How can communities interested in them ensure that they are complementary?

CACHI is aware of the recent announcement by CMS of a new $157 million initiative to support a new Accountable Health Community model that seeks to connect health care delivery systems to health-related community and social services. In order to provide communities with more time to assess their interest in and potentially develop proposals for both the AHC and ACH funding opportunities, CACHI has pushed back the due date to April 29.

In addition, CACHI has reviewed the AHC model and has developed a side-by-side comparison chart to help communities assess their interest in these programs.

Moreover, because announcements of AHC awards won't be made until the fall of 2016 and the potential for synergy between the federal AHC initiative and CACHI, should an applicant receive awards from both solicitations, CACHI would provide flexibility to the grantee to adapt the workplan under this grant to ensure it minimizes duplication and complements the federal initiative.

Application Requirements

11. How does a community apply for CACHI support?

The funders' consortium is supporting Community Partners as the single grant-making and operational structure to implement the CACHI. Applications will be submitted directly to Community Partners. In addition, technical assistance and learning community activities will be coordinated through Community Partners. Support is intended to be flexible to meet local needs depending on existing capacity and work already underway. Although it is expected that the first year will involve significant planning activities, including establishing the Backbone and Wellness Fund, formalizing governance, and aligning and identifying the portfolio of interventions, some implementation-related activities will likely already be underway and could be supported by the grant.

12. What are the requirements for evaluation?

CACHI will sponsor an Initiative-wide evaluation of the six grantee cohort. The California Department of Public Health is developing an evaluation framework for the initiative with funding from the Center for Medicare and Medicaid Innovation State Innovation Model grant. Sites will participate in the development of the final evaluation design. The goal of the evaluation is to document the development and operations of ACHs, assess the impact of implementing a portfolio of interventions to address a particular health need, identify the structural and programmatic elements for success, and strategies for sustainability to spread and scale the ACH model.

A formal local evaluation plan is not required. However, sites will be will be required to participate in the initiative evaluation, including timely data collection. Sites will be responsible for tracking outcomes of their interventions using readily available data. Applicants should consider budgeting up to 3-5% toward participation in the initiative evaluation.

13. Is technical assistance or support available for grantees during the funding period?

The CACHI will provide technical assistance to grantees on key aspects of the initiative, including developing ACH structure and governance; data analytics and sharing; developing a sustainability plan; and aligning interventions, including assessing how various combinations of interventions can complement one another to enhance both the strength and reach—or "dose"—of their efforts (Schwartz et al 2015). In addition, the Initiative will support research on key topics to inform longer term sustainability, such as the development of a Return on Investment (ROI) methodology or other means of assessing the financial impact and potential savings of the ACH model both within the health care sector and across other key sectors. The CACHI will sponsor annual convenings of all grantees as well as small meetings among specific stakeholders within each ACH. For example, leadership from Backbone organizations or Wellness Funds may be brought together to learn from each other as well as outside experts. In addition, CACHI is exploring the potential to bring grantees together with similar initiatives from around the country to share experiences and promote cross-site learning.

14. Can there be more than one applicant from a county?

In most instances, one applicant is preferred; however, more than one application will be considered for very large counties. Only one application for a particular geography will be considered.

15. What are the roles and responsibilities of the Backbone organization?

Ideally a Backbone organization will perform the following functions:

- Guiding development of a common vision, goals and strategy safeguards
- Ensuring the engagement of community residents in the process
- Facilitating development of agreements across collaborative partners
- Coordinating and supporting implementation of aligned activities
- Managing the budget of the Backbone
- Serving as convener, including facilitating conflict resolution and problem solving and maintaining a culture of learning and collaboration
- Facilitating data collection, quality assurance, analysis and evaluation
- Mobilizing funding through the Wellness Fund
- Ensuring transparency of goals, activities and outcomes
- Some of these responsibilities may rest in different organizations, based on capacities and historical roles in a community. While the Backbone organization is most likely the applicant for supporting, a rationale for another applicant will be considered.

16. What are the roles and relationships between ACH structures or entities?

The Backbone organization, the Wellness Fund and the collaborative governance should establish formal relationships, such as through MOUs. Applications should propose roles, responsibilities and formal relationships among partners, as well as offer a rationale for the particular local structure proposed. For example, the Backbone entity may be an existing local organization that supports collaborative decision-making and governance, data sharing and monitoring progress toward the health improvement benchmarks. The Wellness Fund may be operated by the same or a separate organizational entity to accept funding from multiple

sources and distribute it to address programmatic goals. A formal MOU would outline the agreed upon roles and how decisions about funding are to be made and implemented.

17. How much flexibility will the Initiative consider with regard to the roles and responsibilities of ACH Collaborative, Leadership team, Governance structure, Backbone Organization and Wellness Fund?

Best practices related to the roles and responsibilities among key ACH operational entities are still emerging. The Initiative seeks to balance local flexibility and statewide consistency, as well as gain understanding about how various elements within an ACH might operate successfully. Therefore, the RFP does not prescribe details about the organizational entity that may be proposed as the Backbone or Wellness Fund and does not require a particular governance structure or set of relationships among the various entities. However, an ACH must have a collaborative structure with broad representation of health, health care, community and social services organizations that also ensures authentic and diverse representation of residents. The collaborative members must establish sufficient governance to oversee the implementation of the ACH.

18. How should the application demonstrate readiness?

Communities are encouraged to present an honest appraisal of readiness and gaps. Support may be directed to developing new infrastructure, assessing service capacity, governance or other building blocks to address the identified gaps. Readiness criteria include a history of collaboration with broad community and stakeholder engagement; experience working across the portfolio of interventions to impact a health need or condition; commitment to advancing equity as core to success; and, a vision, designated geography and plan to build the infrastructure for long term success. The funders are committed to geographic diversity and are seeking applicants from all regions of the state. Proposals are encouraged from San Joaquin Valley or other rural communities, which may have a moderate level of readiness, but can, nevertheless, demonstrate a commitment to the vision of an ACH and the portfolio approach described.

19. What are the important considerations related to geography?

Many similar initiatives around the country have supported projects in communities of between 100,000 and 200,000. Although there is no prescribed size of the community, in general, the geography for an ACH should:

- Include sufficient partners and services to reach the majority of the population
- Include areas of significant disparities with respect to the selected health issue
- Be large enough to demonstrate impact
- Be small enough to ensure that the scale of the interventions proposed can address the identified health issue(s).

20. What types of data capacities should be identified in the proposal?

Data and data sharing systems will be key to a fully developed ACH. It is recognized that few, if any communities, have comprehensive data infrastructure or data sharing platforms in place at this time. Ultimately, these systems will need to be able to:

- Collect and analyze **population health data** for assessing need and progress at population level.
- Collect and analyze **individual data** across all organizations for referral and tracking purposes.
- Collect and analyze **financial data** for aggregating financial data from clinical and nonclinical services and programs to measure the cost and potential cost avoidance/reduction of the portfolio of interventions.
- Support **data sharing** so that multiple agencies and systems can share data based on common metrics to assess progress toward outcome goals. Ideally, the ACH would have some type of platform such as a Health Information Exchange a data warehouse or registry with systems to incorporate community service providers.

Applications should put forward a plan to assess data capacity as well as a vision for how to address and problem-solve data needs in the short and long term. To assist with data capacity assessment and implementation, the California Health and Human Services Agency (CHHS) has contracted for an environmental scan of current data sharing strategies and a toolkit that outlines options for data sharing assessment and recommendations for next steps to advance information sharing to meet the needs of an ACH.

21. Will we need to demonstrate an ROI within a set period of time?

There is no requirement for individual grantees to demonstrate an ROI within the grant period. However, developing a business case for an ACH is a critical goal of this initiative. Therefore, the initiative will be sponsoring research to develop an appropriate Return on Investment methodology or other means of assessing the financial impact and potential savings of the ACH model. One of the challenges of prevention is that savings or cost avoidances often accrue to entities that don't necessarily bear the cost of the interventions. In order to develop an optimal long term financing model, it will be important to be able to identify savings in the health care sector from improved health, which could be a potential revenue source for Wellness Fund. The research project will also incorporate mechanisms to assess the impact of a multi-intervention set of activities.

22. Are there matching requirements?

No. There are no requirements for matching funds. However, applicants will be asked to describe whatever in-kind resources, including time, logistics and actual dollars, they are providing to the effort, as a demonstration of commitment. Moreover, beyond contributions to the ACH, fundamental to the ACH concept is the blending and braiding of existing resources, services and capacities into an organized system of interventions with sufficient breadth and scale to impact the chosen health need. Therefore, applicants should identify potential resources that could be braided to support the portfolio of interventions.

23. Can I submit questions during the application process?

The RFP was released on January 22, 2016, and Community Partners will host a bidder's conference to answer applicant questions on February 18, 2016 at 11 am PST. Potential applicants are invited to submit questions prior to the bidders' conference.

We will not be available to discuss individual applications; however, we welcome questions to clarify the RFP or ACH information. **We will continue to update the FAQs as we identify areas for additional information.**Questions may be submitted to:

Barbara Masters, Project Manager
California Accountable Communities for Health Initiative
Community Partners
CACHImgr@CommunityPartners.org

24. Deadlines and Timelines

- **Request for Proposal Released:** January 22, 2016
- **Bidder's conference call:** February 18, 2016 at 11 am PST. Register here
- **Application Due Date:** April 29, 2016
- **Site Visits for Finalists:** Mid-May, 2016
- **Notice of Awards:** June 10, 2016
- **Start Date:** July 1, 2016

Additional Questions - Added February 17, 2016

25. Must the applicant be a local or California-based organization? Who is eligible to apply?

The targeted geography must be in California. However, there is no requirement that the applicant organization be located within the geography targeted for the ACH. The applicant must have fiscal and reporting capacity and be able to facilitate the locally-driven ACH collaborative. Funders understand that the capacity and resources in local communities vary across California and there may be a compelling rationale for an applicant with the necessary fiscal, administrative and other capacities which is not located in the ACH geography. In those cases, the roles and relationships between the applicant and other ACH entities should be clearly described in the application.

26. Is an ACH proposal with a geographic area that touches multiple jurisdictions eligible?

Yes. The RFP document includes a number of considerations for determining the geographic target area. The ACH geography should be determined by the collaborative partners, based on such factors as the population size affected by the identified health issue, the presence of populations that experience disparities, and the service areas of partner organizations.

27. Can a service provider apply with more than one coalition as a partner? Can there be more than one applicant from a county?

Yes. Multiple applications from a county or other geographic area will be reviewed. However, only one grantee/ACH collaborative serving a particular geography will be funded. Funding for more than one grantee/ACH collaborative will be considered for large counties if they address distinct geographies within the county. A scoring rubric is included in the RFP document and will form the basis for application review.

28. How is an ACH different than other initiatives such as the CMMI Accountable Health Communities, Medi-Cal initiatives (Health Homes Initiative State Plan Amendment; Medi-Cal 2020 1115 Waiver Whole Person Care Pilots)?

These initiatives have many aspects in common, however they also use a variety of approaches and may target different populations, geographic areas, and systems of providers.
The funders of CACHI encourage the braiding of multiple funding sources and system transformation efforts to accomplish the goal of a more expansive, connected and prevention-oriented health system. In order to help applicants assess potential areas of alignment and how parts of some—or all—of the initiatives could be integrated within a community, CACHI has prepared a template, which you can download here. The matrix may help potential CACHI applicants identify how different revenue streams could be braided together as well as how various interventions that are being implemented through the WPC or AHC, for example, could also be part of a mutually reinforcing portfolio of interventions under the ACH.

29. Is an ACH proposal that focuses on a specific segment of the population (e.g. age 0-5) within a particular geographic area eligible for funding?

The RFP does not set forward a requirement to focus on everyone within the geographic area. The foundation of an ACH is the selection of a health issue or condition based on an assessment of community needs. The target population is one consideration that flows from the selection of the health issue or condition. The portfolio of interventions should, to the greatest degree possible, include approaches to address varying stages of the health condition (e.g., already present, at-risk, not yet developed) across different populations. In addition, ACH partners should encompass a full range of upstream and downstream activities to address all stages and aspects of the issue across all populations.

30. Does the initiative have to focus on a particular health problem (e.g. asthma) or can it address a number of co-occurring conditions?

The RFP specifies "a set of related conditions" as a potential issue for the focus of an ACH. A set of related conditions should be either co-occurring or otherwise strongly linked. Communities often characterize their chosen priority in different ways. The examples below demonstrate one approach:

- A health need priority: tobacco use, obesity
- A chronic condition priority: asthma, diabetes, depression
- A community condition: family and community violence, exposure to lead
- A set of related conditions: cardiovascular + diabetes; air quality + asthma; diabetes + depression
- Communities are encouraged to select a health need, chronic condition, set of related conditions, or community condition that has broad support among collaborative partners and residents and with which members already have experience.

31. Is poverty an eligible health issue? Is homelessness an eligible target?

The RFP does not specify a list of health issues or conditions eligible for funding so that communities can select a priority where there is interest, capacity and partnership to implement a portfolio of interventions. The health issue chosen should be amenable to interventions from

all five domains listed in the portfolio of interventions, and the proposed interventions should be able to meaningfully address the health need and demonstrate a measurable impact within the three year grant period with the resources provided.

The CACHI is also not intended to focus primarily on high cost, high utilizer populations, but rather is inclusive of a variety of populations; the ACH partners should encompass a full range of upstream and downstream activities to address all stages and aspects of the issue.

32. How well developed must the portfolio of interventions be at the time of application?

There is no expectation that all planned interventions are in place or operational at the time of application. The proposal should describe a long term vision for the selected health issue and a plan to identify gaps and implement the full portfolio of interventions over the next three years. Funders recognize that the specific approaches or programs listed in the application may change as the ACH becomes operational. The application should propose efforts in the first year across a minimum of three of the five possible domains—clinical, community, and clinical- community linkages—and begin to address at least one, preferably both, of the policy- systems and environmental domains.

33. Does the ACH collaborative have to include all partners identified in the RFP?

Yes. The collaborative must include all of the required partners. However, the funders recognize that the applicant, in building on a pre-existing collaborative, may not have relationships or experience working with every partner. Therefore, the proposal should describe the current status of the relationship and the commitment of the new partner(s) to the ACH collaborative.

34. Can you provide an example of equity-related strategies or interventions?

The California Department of Public Health, Office of Health Equity was established to provide a key leadership role to reduce health and mental health disparities in vulnerable communities. Its website provides a wealth of resources on equity-related strategies. In addition, the Centers for Disease Control and Prevention, Office of Community Health produced the Practitioner's Guide for Advancing Health Equity. Information about successful strategies can be found at:

- https://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProjectPhaseII.aspx
- http://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf

35. Will award decisions take into consideration the particular challenges faced by rural communities? What do the requirements regarding population size and impact mean for rural communities?

The funders are committed to geographic diversity and are seeking applicants from all regions of the state, including rural communities. Recognizing the diversity of California, the RFP allows the flexibility to design a portfolio of interventions to address a selected health issue in a way that recognizes the particular populations, density, distribution of services and other local specifics. Proposals should outline an approach that is sufficient to demonstrate meaningful impact for the geography and health issue selected.

36. Is the award of $250,000 per organization or for the entire collaborative?

Grant dollars will be provided to the applicant on behalf of the entire ACH collaborative. It is up to the collaborative to determine how to use or allocate funding, which should be described in the proposal. Year one funding is $250,000 per community. Grantees that have substantially met their milestones will be provided with the opportunity for two more years of implementation funding of up to $300,000 per ACH collaborative per year. Total funding available is $850,000/community.

[Updated] 37. Is there a directory of those interested in participating in applying for this grant?

In response to several requests for assistance in identifying other organizations that may be interested in partnering together as part of a proposal, CACHI is creating an online searchable directory of potential applicants and collaborative partners. A survey to the CACHI list serve was sent out on March 2 to collect information for the directory. Participation in the directory is entirely voluntary. The directory should be available by March 10.
It may be also possible to identify local interest in developing an application by contacting entities listed in the RFP as required partners for the ACH collaborative (see below).

The ACH collaborative must include:

- Health plans, hospitals, private providers or medical groups and community clinics serving the geographic area. Although not all health care organizations in a geographic area need to be part of the ACH, please indicate the degree to which the health care sector partners collectively provide services to residents of the proposed geographic area.
- Government health and human services agency/public health department
- Grassroots, community and social services organizations that include authentic and diverse representation of residents, particularly from underserved communities

Additional Questions - Added March 3, 2016

38. How does CACHI address social determinants of health?

Although CACHI funding is for three years, ACHs will develop a long term vision and plan, which includes interventions that will extend beyond the three year grant period. One of the explicit goals of an ACH is to develop a Wellness Fund to support this long term vision and achieve greater health equity for the entire community. The Wellness Fund provides a mechanism for ongoing investment in prevention and other population health improvement activities, including engaging the social determinants of health. Often, initiatives funded to address upstream activities have not been sustained. Conversely, other initiatives have targeted high cost individuals to obtain short term return on investments. CACHI's explicit integration of both short term and long term interventions with a sustainability vehicle addresses those challenges.

39. Is pediatric obesity eligible and competitive as the selected health issue, if it targets different stages of impact and is addressed through a connected portfolio of interventions across the five domains focused on families with children under age 5?

In order to provide communities with flexibility, the funder consortium intentionally did not identify a specific set of health issues or community conditions that are preferred or eligible/ineligible. Therefore, there is no definitive answer we can provide to the question. However, as indicated in the RFP and FAQs, proposals should address how the interventions collectively will improve the population health of the community. For example, in the case

suggested by the question, how would the portfolio of interventions across the five domains reach the families and other family members of children 0-5 and potentially other populations within the community? Two additional considerations are important: 1) the health issue has broad support from collaborative partners, and they have experience with it; and 2) the population size is large enough to be able to demonstrate impact and small enough to ensure the interventions can reach sufficient penetration to address the issue.

40. What's the difference between LEAD APPLICANT and BACKBONE organization?

The Backbone organization should be able to perform the duties outlined in FAQ #15 and elsewhere in the RFP related to convening, governance structure and implementation of the portfolio. Although for many communities, the Backbone organization may also serve as the Lead Applicant, in some instances, the best entity to perform the duties of the Backbone organization may lack the fiscal and contracting capacity or nonprofit designation necessary to be the applicant. Therefore, the RFP includes the flexibility to provide a rationale for separate Lead Applicant and Backbone entities. There are no requirements for what type of agency should be the lead applicant, except that it must be a public or non-profit organization.

41. Can one Lead Applicant organization apply for two different communities?

Each ACH proposal should describe distinct collaborative partners, portfolio of interventions, etc as outlined in the RFP. The Lead Applicant should describe its capacity and support from partners to meet the roles and responsibilities described in the RFP. In the case of a single Lead Applicant that may be applying for two different ACH proposals, the proposals should also provide a rationale for the benefit/risk (and mitigations) associated with the lead applicant organization serving those roles.

42. May a 'Backbone" organization collaborate with partners across five counties to target a specific population and/or health condition?

It is possible to develop a successful ACH across multiple jurisdictions although there may be additional complexity to consider in this approach. For example, considerations related to ACH collaborative partners and ACH population size should be addressed. As described in the RFP (Proposal Narrative section), the ACH collaborative must include the required organizations for the geography targeted and should consider additional partner representation related to the selected health issue. Population size affected by the identified health issue should be large enough to demonstrate impact and small enough so that the interventions can address the health issue. In addition, capacity of the Backbone, governance of the Wellness Fund and data sharing may involve additional complexity in a multi-county ACH. To address these issues, the proposal should also provide a rationale and the benefit/risk (and mitigations) for taking a multi-county approach.

43. Will all applicants be site visited or will there be an initial cut?

There will not be site visits for all applicants. An applicant pool will be chosen for site visits after initial review and scoring.

44. Can CACHI funding be used for policy and advocacy activities? Will it cover lobbying activities?

CACHI funding may be budgeted for policy development, research, and education. CACHI funding may not be designated for lobbying activities. Grantees will be responsible for ensuring compliance with legal restrictions outlined in grant award documents.

45. Are there page limits for either the budget or appendices?

There are no specific page limits for these sections. Proposals should provide only the requested information. As indicated during the Bidders' Conference Call, letters of support and appendices should provide meaningful additional information to the application. Reviewers will be looking for quality, not quantity, of the materials to inform the decision making process.

46. How will you determine whether awardees have met the year one milestones and be approved for year two and year three funding? Will the contracted evaluator assess progress? Will awardees have to submit a progress report near the end of year one or will they have to submit a full proposal for the second and third years?

Grant monitoring activities will be required for funded organizations, including periodic phone calls and progress reports. Funders may request information specific to progress reaching the milestones prior to a decision on year 2 funding. Grantees will not submit a full proposal for year two funding although a new work plan and budget will be required. The focus of the evaluation is primarily across grantees, at the initiative or cohort level. The full evaluation plan is in development.

47. Is the Wellness Fund required to include a Pay for Success strategy?

No. The Wellness Fund is the vehicle for attracting, pooling or braiding resources to sustain the ACH infrastructure and support interventions for which there is limited funding. It is up to the ACH to develop a sustainability plan, which may include Pay for Success as a strategy. However, it is up to the ACH to determine which strategies and funding sources to pursue. Significant progress toward the development of the sustainability plan is a key milestone for year one. It is anticipated that CACHI will provide technical assistance on options for a sustainability plan early in year 1.

48. On the "Proposal Submission" tab of the website I noticed that there are file uploads for "Proposal Narrative", "Budget Narrative", "Budget" and "Support Letters" but it is my understanding that the Portfolio of Interventions Matrix, Workplan, and submission of Audited Financials are also required with submission. I was wondering how we would go about including the Portfolio of Interventions, Workplan and Audited Financials with our application? I am not seeing an additional file upload on the application submission page for these documents.

Thank you for your question. To make it easier for applicants, we will be creating separate upload fields for the Portfolio of interventions Matrix, Workplan and Audited Financials.