



BRONX PARTNERS FOR
HEALTHY COMMUNITIES

**Innovation Fund Informational Webinars
(December 21 and 22)
Q&A**

1. Are you interested in supporting projects that address the child population that include the development of technology/tools that support analytics of performance and metric measurements?
 - ✓ *Yes we are interested; however, it does depend on how you frame your project. We support ideas with the pediatric population, especially as it relates to the populations of interest that we indicated in the concept paper. Children are a part of families that have issues that we have identified and it is a way you can frame your proposal. Make sure the population, program area and metrics align with the project idea.*
 - ✓ *For technology development, please show the gap in technology that prevents you from doing care transitions or connecting patients to care, i.e., align the pilot idea with the population, program and metrics of interest.*

2. Are there any budget requirements, besides the cap of \$250K?
 - ✓ *As a budget line item, please explain how you plan to spend the money on the pilot implementation. This includes breaking down your OTPS. We will not fund indirect or overhead costs, unless it is explained specifically how it will support the pilot work. General line items such as “office rent” will not be considered. We also ask that you include a budget narrative. Key: please make sure your budget is created to support the pilot, not the organization’s general operation.*

3. Can we resubmit proposals that were submitted during the last round of the Innovation Fund? Can we get feedback on them?
 - ✓ *Yes; we have spoken to 20+ applicant organizations from the last round and have given them feedback. If you would like to be considered again while making sure that your proposal aligns with our current population and areas of interests, we are happy to give you feedback. Please contact Bronte Kastenberq (bkastenberq@sbhny.org) to schedule a 30-minute call.*

4. Can you please explain scalability and spreadability?
 - ✓ *We want to understand how the pilot can be scaled up. We envision that your pilot will look at a focused segment of the population of interest that you want to pilot your best practices on. Scaling it up allows BPHC and you to have the opportunity to increase the size of the population that you serve through the program that you will have just piloted,*

if the pilot is deemed successful. Spreadability, on the other hand, speaks to the ability to expand the pilot program – again if it is successful – to the rest of the eligible population within our BPHC network. Pilots that are demonstrated to be successful should have the opportunity to be spread to other organizations that have similar populations and could benefit from this best practice. We would like to get an idea of what that spread strategy would look like and how another organization could take advantage of your successful experience. If the idea is specific and unique to your organization only and is not applicable/transferrable to other organizations that serve similar populations and/or with similar program(s), then we would not consider the pilot spreadable.

5. Is this a one-time grant? Will it be renewed?

✓ *This is a one-time grant, although the pilots that prove to be successful will have the opportunity to scale up and BPHC will support that. Beyond that, we are looking for these pilots to be sustained beyond DSRIP because DSRIP is a time-limited program and funding will end.*

6. If we do collaborate, how will the money be distributed?

✓ *Each proposal can receive up to 250K. Within each proposal, you may work with as many organizations as you see fit. The lead organization will be in contract with BPHC and will be receiving the grant. It is up to the lead organization to distribute the money to organizations it is collaborating with.*

7. Who can we email our questions to?

✓ *Please email Robin Moon (jrmoon@sbhny.org).*

8. Is this only for the behavioral health population?

✓ *The metrics are not limited to the behavioral health population, but we are making the populations of interest for this round behavioral health, medically homeless and justice-involved. You can choose one or more population from these options to work with.*

9. Do proposals need to focus on care transitions and re-connecting patients to care? What if the proposal is not about care transitions or re-connecting patients, but focuses on patients that have chronic diseases that are not controlled for various reasons?

✓ *Many of these the patients who need to be re-connected to services have chronic diseases. If you are interested in working with patients with chronic diseases, make sure the patients are also one of the populations outlined in the concept paper. Your proposal can focus on re-connecting or connecting patients better to services.*

10. Will you be able to share the information you know about this re-entry and recidivist population?

✓ *We do not have information to this level of specificity. We are looking for those individuals and those populations who have been underserved and would benefit from re-connecting to services. If we can find some more generalized information, we will provide it for everyone.*

11. All of our funding goes through the research foundation, which charges an indirect cost or we cannot request a grant. Would a note in the budget narrative explaining this suffice?

✓ *A note in the budget narrative would not suffice. In principle, we will not fund indirect or overhead costs. We are looking to provide support for the implementation of the pilot, not for the institution. If you need additional support that is not part of PS or OTPS, you may describe it to us in a line item budget, but we need to understand it as a required part of your service delivery.*

✓ *If you are unable to provide a budget that does not include indirect or overhead costs, we suggest you collaborate with someone else so you are not the lead agency.*

12. Would technology, including remote patient monitoring, telehealth equipment, interactive voice response, be considered?

✓ *Yes, if it is part of your (direct) implementation costs.*

13. If an organization has a particular expertise in addressing the needs of a special population, but is not part of the PPS, can they be a collaborator?

✓ *Yes.*

14. If we submit more than one proposal, do we need to fill out the application on Form Assembly more than once?

✓ *Yes. You need to fill out one application on Form Assembly for every proposal submitted. For example, if you want to submit five proposals, you need to fill out Form Assembly five times.*