# Learning Collaborative Application

## Learning Collaborative Application

***How to use this tool:*** *An application process is helpful to help participants weigh the cost and commitment involved in participating. This sample application, particularly the Organizational Capacity questions, should be adopted to suit the community where the Learning Collaborative is taking place.*

### EXECUTIVE SUMMARY

Sample Organization is launching a Learning Collaborative. The goal of the Learning Collaborative is to reduce the length of time households with high-barriers to housing spend homeless. The Learning Collaborative will accomplish this by assisting organizations to adopt and improve rapid re-housing, a strategy that has proven effective in reducing homelessness in many communities. The Learning Collaborative does not include any funding or resources. Instead, they are an opportunity to improve the delivery of rapid re-housing. Rapid re-housing involves helping people quickly move into permanent housing and providing temporary support and financial assistance as needed.

Approximately four to five organizations will participate. Teams from participating organizations will learn from each other and from experts in the rapid re-housing model, while setting bold but achievable goals for themselves. Organizations with all levels of expertise in rapid re-housing are encouraged to apply.

The Learning Collaborative will help participating organizations improve or shift to a rapid re-housing model. Participating organizations, with assistance from their peers and national experts in rapid re-housing, will establish their own ambitious goals for how to improve their rapid re-housing programs. Participants will join in conference calls, in-person meetings, peer site visits, hands on technical assistance, and webinars with experts and other organizations in their collaborative.

### TIMELINE

[Date] Conference call regarding questions on application

[Date] **Applications due**

[Date] Decisions Announcement

[Date] Session 1

[Date] Rapid Re-Housing Challenge Session

[Date] Learning Collaborative completed

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### EXPECTATIONS OF LEARNING COLLABORATIVE MEMBERS

Learning collaborative members must agree to participate in the following learning activities over the period of [Date] to [Date]:

|  |  |
| --- | --- |
| **Date** | **Learning Activity** |
| [Date] | Establish teams, prepare baseline data, and review orientation materials |
| [Date] | Session 1: One-day in-person meeting, and development of action plans |
| [Date] | Implementation of action plans, participation in online forums, peer site visits, and monthly conference calls |
| [Date] | Rapid Re-Housing Challenge Session: One-day in-person meeting, development of action plans |
| [Date] | Implementation of action plans, participation in online forums, peer site visits, and a conference call on day 50 |
| [Date] | Public presentation of results |

Each learning collaborative member agrees to establish a team consisting of approximately three members, depending on the size of the organization. Larger organizations may have other team members. Team members should include:

* An executive director;
* A program director; and
* A frontline staff member.

Each learning collaborative member is expected to actively participate in learning collaborative meetings, monthly phone conferences, and online forums.

### TEAM MEMBER COMMITMENTS

* Attend all sessions;
* Complete pre-work and prepare clear goals before Learning Collaborative Session 1;
* Meet between two and four times a month with your team to share successes, identify challenges, and discuss next steps for practice and system improvements;
* Communicate with other teams and the Learning Collaborative facilitator;
* Participate in conference calls once per month;
* Participate and share learnings on the online forum;
* Use data collected for progress reports to measure progress; and
* Share results on a regular basis with the Collaborative.

### RESOURCES AND SUPPORTS PROVIDED BY LEARNING COLLABORATIVE EXPERTS

Sample Organization is a resource for organizations participating in the Learning Collaborative. Sample Organization will provide materials, expertise, and forums for organizations to accomplish the goals they set out for themselves as a part of the Learning Collaborative. However, organizations must be prepared to provide their staff with the time, flexibility, support, and resources to accomplish these goals. More specifically, Sample Organization will:

* Organize, plan, and implement learning collaborative meetings, conference calls, and online forum;
* Provide expertise in rapid re-housing as well as and organizational expertise related to shifting to a rapid re-housing model; and
* Host a public event to publicize the results of the Rapid Re-Housing Challenge Session.

### WHO CAN JOIN A LEARNING COLLABORATIVE?

* Must have been in operation for longer than one year
* Must have at least two full time staff members
* Must serve people who are at-risk of, or are currently experiencing homelessness

### SELECTION PROCESS

Approximately four to five organizations will be selected to participate in each Collaborative. Sample Organization seeks to be inclusive of all eligible organizations interested in participating. However, selection will be based, in part, on the capacity and ability of the organization to rapidly re-house high-barrier homeless households.

### SUBMITTING THE APPLICATION

**Applications must be received electronically by Sample Organization by noon ET on [Date].** Applications submitted after the deadline will be considered only if space is available. Applicants will be notified in writing of decisions by [Date]. **Submit applications to: example@example.org.** If you have any questions, contact \_\_\_\_\_\_\_\_ by email at example@example.org.

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### Learning Collaborative Application Questions

#### ORGANIZATION BACKGROUND

1. Program/Agency Name:
2. Program/Agency Address:
3. Primary Staff Contact Name:
4. Primary Staff Contact Title:
5. Primary Staff Contact Phone Number:
6. Primary Staff Contact E-Mail Address:

#### NARRITAVE RESPONSE

Please answer the questions below in **three to five sentences**:

1. Describe what your organization hopes to gain from the Learning Collaborative.
2. Describe what your organization will bring to the Learning Collaborative that will benefit the collaborative and your community.
3. Describe how your organization participates with your local Continuum of Care planning.

#### ORGANIZATION CAPACITY

Assessment of Housing Barriers. Rapid re-housing providers must assess the housing barriers of potential program participants with a focus on the immediate, practical barriers to moving into housing. The barrier assessment should be used to help program participants move into housing.

1. Is there a standard process for assessing program participants for their housing barriers? (check one)

* Yes
* No
* Not yet, but we are in the process of developing one

Landlord Outreach**.** Rapid re-housing providers must have—either on staff or through a formal relationship with an organization—a person who recruits landlords and encourages them to rent to homeless households. The landlord outreach function should result in landlords reducing their barriers to homeless households accessing rental units. Organizations should be able to identify specific landlords that they have recruited into the program.

1. Does your organization currently employ Landlord Outreach staff? (check one)

* Our organization employs landlord outreach staff
* Our organization utilizes the landlord outreach staff employed by another organization. (Please list organization(s))\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, nor do we have access to one

Financial Assistance**.** Rapid re-housing providers must provide—either directly or through formal agreement with another organization or agency—financial assistance for housing costs, which may include rental deposits, first month’s rent, last month’s rent, or temporary rental assistance.

1. Which of these types of financial assistance does your organization provide? (check all that apply)

* Short or medium-term rental assistance
* Utility assistance
* Deposit
* First/last month’s rent
* Move in costs (e.g. moving truck, furnishing)
* We do not provide any of these

Case Management**.** Rapid re-housing providers must be able to provide home-based case management services that link program participants with services in the community, such as child care, employment, education, and other services and intervene in conflicts between the landlord and program participant.

1. Does your organization currently provide home-based case management? (check one)

* Yes
* No

1. Please indicate if the following statement is true or false for your existing program:

Housing is not contingent on compliance with services. Instead, participants must comply with a standard lease agreement and are provided the services and supports to do so successfully. (check one)

* True
* False

If you answered “false”, please explain in one to two sentences:

Outcomes and Data Collection**.** We document or plan to document outcomes in the following four areas:

1. Length of time it takes to re-house program participants. The average length of time between when a person is referred to the rapid re-housing program and when they move into permanent housing. (check one)

* Yes
* No

1. Permanent housing success rates. The percent of people who are provided with rapid re-housing assistance who are in permanent housing at program exit. (check one)

* Yes
* No

1. Housing stability. The percent of people who are in permanent housing at program exit who become homeless over a subsequent period of time (typically 12 months). This is typically measured by examining HMIS data to determine whether people who successfully exited to permanent housing returned to shelter within 12 months of moving into permanent housing. (check one)

* Yes
* No

1. Efficiency. The average amount of assistance (including case management and financial assistance) provided to program participants. (check one)

* Yes
* No

#### ORGANIZATION COMMITMENT

Identify the staff member who will serve as the Team Leader for your organization’s team.

1. Team Leader Contact Name:
2. Team Leader Title:
3. Team Leader Phone Number:
4. Team Leader E-Mail Address:
5. Please have your Team Leader and the Executive Director verify the statements below. (Note: this may be the same person, depending on your organization’s size and structure):

As the Team Leader, I commit to:

* Lead my organization’s team in ensuring that the team conversation is genuine and that all voices, including those of consumers, are heard;
* Lead the team in making improvements;
* Serve as the primary team liaison to the National Sample Organization to End Homelessness;
* Coordinate data collection as needed;
* Submit monthly progress reports in a timely manner;
* Ensure that monthly progress reports and lessons learned are shared with team members and organization staff;
* Have influence and authority to make systemic changes and spread these throughout the organization;
* Provide the team with the resources, including time, materials and equipment, access to local experts, and support necessary to implement the selected changes;
* Participate in conference calls on a regular (monthly) basis;
* Connect the Learning Collaborative goals to strategic initiatives of the organization;
* Hold team members accountable for initiating, maintaining, and evaluating the goals and tasks set out for themselves as a part of the collaborative;
* Facilitate the implementation of successful changes throughout the organization; and
* Provide continuing opportunities to disseminate what has been learned and to continue change processes within the organization.
* I agree (check here)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Team Leader

* As the Executive Director, I unequivocally support and endorse the efforts of my staff in this Learning Collaborative and will provide them with the time (including time needed to attend both mandatory sessions), flexibility, support, and resources to accomplish these goals.
* I agree (check here)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Executive Director