RPC Meeting Summary – January 15, 2013

Welcome and Opening Remarks
Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, welcomed the RPC and outlined the progress made by the governance committee in planning today’s meeting. Myel invited Peggy Tapping to provide an overview of the meeting.

Peggy Tapping, RPC Member, shared how much “behind the scenes” work takes place to produce RPC meetings. She described upcoming changes in RPC member roles and responsibilities. For example, members will be asked to take on more of an active role in shaping meetings with the support of partners from the Sierra Health Foundation: Center for Health Program Management (SHF CHPM), Sacramento County, and facilitator Deb Marois. One thing that will remain unchanged is the opportunity to continue learning from each other. Peggy reminded everyone to refer to the ground rules and abide by them during the meetings.

Wall of Wonder and Lessons Learned: Reflection and Analysis of Phase I
Deb Marois, Facilitator, Marois Consulting & Research, welcomed everyone. She introduced the first half of the meeting as a chance to reflect on the last year. During this time RPC members will analyze the efforts of Phase 1, primarily from April to December of last year.

Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, revisited the five elements of the scope of work from the Innovation plan. 1) Formation of RPC, 2) Grantmaking, 3) Leveraging Resources, 4) Evaluation and Outcomes and 5) Communications. Each of the three partners (the Center, Sacramento County DBHS and RPC) is responsible for carrying the five elements forward. A goal of the Innovation plan is to create a community-driven process, which is a commitment that all three partners share. As part of the reflection, the RPC will be asked what it means to be community-driven. Myel highlighted the grant making process from June to October of 2012. As part of this community-driven approach, the model of engaging all three partners is being replicated for the selection process of the external evaluation (RFP).

Deb Marois, Facilitator, Marois Consulting & Research, reviewed the instructions for the reflection and analysis of Phase I exercise (Refer to handout: Wall of Wonder & Lessons Learned: Reflection & Analysis of Phase I). RPC members reviewed the Phase 1 timeline and added key activities that were missing including:
- Kickoff: Welcome message from SHF President: We need you. We need your innovative ideas- we need your respite programs!
- September through October: We did not get the participation we expected
- Decided to keep membership “as is” but form subcommittee for future member outreach/recruitment
- May-August 2012: group discussion on small versus larger providers and who can best leverage the resources, not necessarily larger programs
- Identification of missing stakeholders
To begin the analysis of Phase I, the RPC reflected on the following questions:

- *What are you most proud of from Phase I and what factors contributed most to these accomplishments?*
- *What elements of Phase I were the most community-driven and what activities increased community engagement?*
- *What were the most challenging activities and processes in Phase 1? What do you wish had gone differently, better or resulted in a different outcome?*
- *What lessons have you learned from Phase 1?*

Once responses were collected, members identified common themes and discussed insights. See attachment *RPC Reflections on Phase 1* for details.

**Common Themes**

**Success:** Respectful process, consensus, participation by RPC members “showing up.” [Note: Some members noted that attendance and participation was also a challenge, especially at the funding recommendations meeting due to conflict of interest exclusions].

**Community-Driven Aspects:** Meetings open to the public, allowed people to learn skills, recruitment for RPC, sought for representation of diverse constituencies, media coverage (increase awareness). Going forward we know more about what we’re doing and it will be easier to engage others. Value participation of guests (not just observers).

**Challenges:** Ambitious timeline, felt rushed (maybe we would have done a better job if more time), not receiving the number of and types of proposals we were seeking (especially 24-hour respite services), budgetary understanding, attendance “elephant in the room,” members initially unaware of level of commitment (very big commitment).

**Lessons Learned/Considerations for Phase 2:**

- Continue to go beyond RPC members to include wider community in proposal review.
- Maintain mix between agency and representatives with lived experiences.
- Review meeting schedule and any changes during RPC meetings, include more pre- or post-work that can done outside of meetings (e.g., online surveys or other tools).
- Consider timing of RFP due date. August not favorable to some community members, during midst of federal and other grant deadlines.
- Create a clearer RFP tailored to RPC priorities, and allow more response time. Consider a two-tier review process in Round 2 to sift through and have less volume of proposals to review. Innovation requires more time (planning). One member reminded the group that the *RPC is the innovation*; respite services themselves are not required to be innovative.

**Phase 2 Preview**

*Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management,* reviewed anticipated activities for Phase 2 and discussed the Winter Spring 2013 goals of the RPC. The RPC will help influence and drive the process for Phase 2. The projected 2013 meeting schedule was provided as a handout (note meeting schedule is subject to change, with notice). Refer to the PowerPoint presentation *RPC Meeting 11* for more details.
Information on the Innovation project budget was provided as a handout. Myel presented the RPC budget as projected, this will be adjusted when actual expenditures are confirmed. She explained that SHF operates on a calendar year (which just closed Dec. 31), while DBHS operates on a fiscal year (July 1 - June 30). Myel reviewed the budgeted staff support and gave examples of the type of costs associated with each line item. Consultants include facilitation and graphic recorders. Communications helps with telling the RPC story, such as media relations and white papers. Technology includes the maintenance of the web site, e-blasts and webcasts for proposers’ conference. Other program costs include travel, and support costs for meetings and special events. Year 3 of the Innovation project begins July 1, 2013, and we can anticipate this time when Round 2 funds could potentially be released. Round 1 Year 2 includes those that were awarded grants in Year 1 and will continue with a second year of funding. Round 2 of funding will have two categories: Round 1 Year 2 grantees (grantees with two years of funding), and new grantees would be Round 2 grantees.

Myel presented the expended Round 1 – Year 1 funding budget information. She displayed the Round 1 carry-over (unspent dollars) and available funds for granting in Round 2. The RPC may decide to split this money between Round 2 and 3. Projected Round 2 funding was displayed and the RPC will begin to consider how to structure this during the February meeting.

Q: How much is available in Round 2?
A: A total of $2,003,790 is projected funds available for Round 2.

During the February 19, 2013, meeting (10 a.m.-4:30 p.m.) the RPC will be discussing how to structure Round 2 funding and deciding how to move forward on governance and membership. Review all the information presented tonight, plan on attending the February meeting, and come prepared to dive-in.

**RPC Governance and Membership Recommendations**  
*Peggy Tapping and Suzi Dotson, RPC Members, Ad Hoc Governance and Membership Committee,* provided a brief background on activities of the Ad Hoc Governance Committee since its inception in December. She introduced the committee members and thanked them for their participation. **RPC members will be asked to make a decision on the proposed governance structure at the February meeting.** The committee is requesting an immediate decision on one aspect of the recommendations, that is, to establish a Standing Committee to address Membership and Communication.

Overall, the committee recommends the RPC consider establishing four standing committees: Membership and Communication, Grantmaking, Sustainability, Public Policy and Collaboration, and Evaluation (Refer to handout: **RPC Standing Committee Recommendations** for more information). Membership recommendations were presented, such as expand the RPC to 25 members total, establish attendance and participation requirements, and fill urgent gaps in stakeholder representation (Refer to handout: **RPC Membership Recommendations** for more details). The RPC governance guidelines were presented (Refer to handout **RPC Governance Guidelines** for more information). Many RPC members believe consensus is working well. The committee recommends continuing with this decision-making model, while adding language important to a community-driven process and fostering problem solving when RPC members are unable to reach consensus. If consensus cannot be reached, then a vote would take place and will require a 2/3 majority that includes representation from five major stakeholder groups to proceed.
Q: If I choose to be a part of the grant making committee, does that mean that I do not have a vote or say on decisions made in the other committees?

A: No, each committee will report back and RPC members will have an opportunity to give your opinion. You can serve on more than one committee. Refer to the handout and you will see that committees are bound by the RPC charter and overall guidance of the group. Committee reports will be brought back to the RPC. The idea is to keep moving things forward.

**Working Dinner and Dialogue**
The RPC was asked to consider what they have learned about Phase 1, discuss the recommendations and decide whether to establish a Governance and Membership committee. There is a great need to add members and therefore deciding on this tonight will be helpful to move things forward in the recruitment process.

**Discussion/Initial Response to Membership Recommendations**

Q: About the 80% attendance: as a parent of a child with special needs, my concern is if I fell below the 80% would I be out of the RPC, or is that part of this committee to decide that?

A: Our intent was to identify people who can't make the long-term commitment, but not to punish those who have issues with child care, or crisis. The 80% is a guideline as opposed to a black and white rule and it would be the membership committee that would look at the situation. You would not be automatically out if you do not meet the 80% attendance. The reason we came to this is because of a decline in participation and to have a successful collaborative, you need consistent participation.

- I’m just looking at the time, we meet during the weekday and the standing committees will meet during the weekdays, can we meet early or late in the day to help with my work schedule or weekends. **Committee response:** Standing committees will have to decide for themselves when to meet.
- TAY/LGBTQ have increased crisis and are missing in the recruitment priorities.
- I am struggling with the requirement to be on a standing committee. This go around I signed up for committees, but going forward I don’t know if I could commit to a standing committee and I’m concerned about that being a requirement. **Committee response:** Something we struggled with was the participation, and the time commitments with the standing committees. The collaborative would not work if people did not commit. I get it, as a mom, and working full time, it’s hard but this is why we came to this conclusion.
- Overall this is fabulous. Questions: When consensus fails and 2/3 majority votes must include each of the stakeholders group, how will we operationalize this? What would happen if that group is not present at the meeting? Will that stop us from making a decision? It would be great if one co-chair has lived experience, as long as they’re willing and not overburdened. **Committee response:** We wanted it to be a learning opportunity, not intended to cause issues. Don’t want someone to feel pressured into doing this. Willingness is important in all these factors and it’s ok to share what you are and are not willing to do.
- There are times when a member cannot be here and accommodations be made to help them still vote. And veterans are crucially needed.
- Enjoyed being on the governance committee. About participation, out of respect for members, I know that there are some times when a member cannot be here, and I would like to see some type of accommodation be made so they can actually vote.
- Guest: everyone should not have a two-year term at the same time. Terms should be staggered. Veterans are another group missing from the table. Right now we are getting thousands of young veterans with mental health issues.

- Having been part of other collaborative, they have dwindled as fewer people did most of the work, but this is a unique collaborative. I’m retired, I don’t have a job or kids, and I’m in a different situation from others and I was adamant about putting some standards in. If you don’t think you can make the commitment, then maybe you can find someone who shares your values and can commit. You will have an opportunity to vote and make changes, remember these are recommendations.

- **Question:** The grant making committee, a lot of the tasks have to do with proposals and so on. I would assume we should not be signing up for that committee if we are submitting a grant. But what if that’s where most of our experience is? Will all committees be subject to the conflict of interest rules? **Response:** Yes, all committees will be subject to the COI policy.

- **Question:** Is the evaluation committee the one that decides if a grantee has met its performance measures or not? **Response:** Grantees will be doing performance measure reports and could be reviewed by the evaluation committee. And they could make recommendations to the RPC on whether to fund them or others in the future.

**Does RPC authorize the establishment of a Membership and Communication Committee?**

**Q:** Are we deciding on just the establishment and not the content?

**A:** We are deciding whether to establish the Membership and Communication Committee with the broad goals as outlined in the recommendations. Their scope of work and how that will unfold is to be seen and RPC will give guidance during the February meeting.

**Q:** Are we deciding on all four committees or just one?

**A:** Recognizing there has not been sufficient time to digest all this information, we are only asking you to consider the Membership and Communication committee and the description that goes with it.

**Result:** All RPC members decided yes. Four RPC members volunteered to be on the Membership and Communication committee. As a follow up, all members will be e-mailed in order to give absent members an opportunity to participate and also give those who are here tonight more time to consider their interest.

**Innovation Project Updates**

*Leslie Cooksy, Evaluation Director, Sierra Health Foundation,* provided a brief update on the evaluation RFP submissions. As of Monday, nine applications were received. The review team includes two representatives each from the Center, RPC and DBHS. Leslie will scan all applicants to screen those that are not complete or competitive. All reviewers will be responsible for rating and scoring each application using selection criteria. On February 8, 2013, decisions will be made to select the top two or three and then conduct interviews. It is expected to have an evaluator selected by March.
Leslie Napper, RPC Member, December 11 Planning Committee, shared the lessons learned from the December 11, 2012, grantee celebration event. We learned that the RPC can lead in the development of what we hope will be effective crisis respite programs. We learned that public-private collaboration really works. And a community-driven process is an effective and innovative approach to respite care. The RPC in itself is where innovation lies. Now that we are familiar with the RFP and made our four selections, we can refine the process more as we move forward to see what is missing and fill in the gaps. She highlighted the success of the reception and the great networking opportunity for everyone. As a presenter, it was a great honor to reiterate what the RPC is looking for from grantees, remind them of the standard that we have set, and see if they can raise the bar in respite services.