RPC Meeting Summary – March 5, 2013

Welcome and Opening Remarks

Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, welcomed the RPC and provided an overview of the framework for today’s meeting. Since the last RPC meeting, which took place two weeks ago, the work has continued to move forward in preparation for the Round 2 funding structure. Myel invited Evaluation Committee member Suzi Dotson to provide an overview of the meeting goals and agenda.

Suzi Dotson, RPC Member, reviewed the agenda and meeting goals of the day.

Leslie Cooksy, Evaluation Director, Sierra Health Foundation, provided an update on the external evaluator review process. Out of the nine proposals received, two were selected for interviews. An evaluation team is expected to be on board by April 2013.

Myel Jenkins mentioned that the external evaluation team will be analyzing the effectiveness of the public/private partnership, the effectiveness of the community-driven collaboration, and the newly funded grantees. Myel provided a brief recap of the funding mechanisms discussed during the February 19 RPC meeting. Refer to PowerPoint presentation titled “RPC March 5, 2013” for more details.

Continuing Development of Phase 2: Grantmaking and RPC Member Recruitment

Deb Marois, Facilitator, Marois Consulting & Research, reviewed the materials for the day. She referred attendees to the pink handout titled “RPC Round 2 Funding Structure Discussion and Decision Points: Summary from February 19, 2013.” RPC members were asked to note any edits or corrections to be made.

Q: I don’t remember allocating dollars towards RFQ. If this is a screening process, I’m not sure what this would look like.
A: The RFQ would lead to 24/7 services for adults. This would be for those who meet the qualifications, and they would be putting forth their scopes of work and budget. Applicants would go through the RFQ process and would be applying for funding. We talked about giving an example: Sierra Health Foundation filled out a request for qualifications to be the administrative entity for RPC. There are two examples on the RFQ table for reference.

C: Be mindful that it is very difficult on consumers if programs are not sustained.

Q: We’re starting Round 2, defined as entailing two years. Does the $2 million cover both years?
A: *The way we structured Round 1, for the two years of funding, came from one pot of money (Round 1). So Round 2 would cover two years of funding. The RFP would be requesting a two-year budget. Round 3 is for $1.83 million. Part of today’s decision making is to look at the $2 million dollars and decide how to structure the allocation of these funds.
**Update:** The $2 million in Round 2 is allocated for the first year of funding for any granted services. If a Round 2 project is funded for two years of funding, the second year will be allocated from Round 3.

The RPC will have to set aside the second year of funding for Round 2 funded projects from the Round 3 allocation. That is the practice the RPC used for allocating two years of funding for Round 1 awards. Please refer to the document titled “Projected Outline of Funding Cycles” for a break-out of the three funding rounds.

C: It’s challenging to make funding decisions while Round 1 is just starting. **Discussion:** Thank you for sharing your anxiety while making funding decisions. Keep in mind that Round 1 grantees put their contracts in place in January of this year. As a collaborative, we are in the start-up process and so are grantees. The **next grantee meeting is March 26** and **RPC members are encouraged** to attend. A website is currently being developed to share and learn from RPC members and grantees.

Deb reviewed data from Sacramento County; refer to handout titled “Summary of Acute Hospitalizations for Fiscal Years 10-11 and 11-12” for more details.

C: There is a remarkable difference between older adults and children. I’m noticing the gap in funding children service providers, there are no grantees serving this population and it is significant for me to fund this group in Round 2. **Discussion:** United Iu-Mien has a program that serves youth (high school youth) as well as California Adoptive Families Alliance.

C: The 26 to 64 age group is the biggest group experiencing hospitalizations.

**RPC Group Discussion: Decision Points and Next Steps**

The RPC participated in three rotating, small group discussions. The topics were Request for Proposal Development, Request for Qualification Development and RPC Membership Recruitment. After the small groups, members came together to reach consensus and determine next steps. Please refer to document titled “RPC Phase 2 Roundtable Discussion Notes” for reference to the small group discussions.

**Round 2 Funding Structure Dialogue**

**Request for Proposals (RFP) Consensus**

- Address sub-populations: TAY priority
- More specifics on “respite” model – make the case for why it’s important
- Less emphasis on organizational background
- Include/draw on logic model
- How will collaboration support respite services/sustainability?
- Two year funding – keep focused on reducing hospitalizations
- Specific amounts per target population
RFP Considerations:
- Borrow from year 3*
- Which population will you target? How much?
- Reallocating $600,000 from Round 3 ($300/year)*
- 4-5 projects up to $100,000
- 2-3 smaller, specialized projects up to $50,000
- Language in RFP to clarify what we are seeking: events, scholarships/vouchers

Request for Qualifications (RFQ) Consensus
- Peer model incorporated
- 18 and older
- Up to $1 million, two years of funding
- 24/7 drop-in/residential
- Must provide stabilization
- Sacramento-based agency, early intervention and prevention
- Access is key (info/transportation)
- Collaboration required

RFQ Considerations:
- Ability to refer for AOD assessment
- How will $1 million/year for two years affect Round 3?

RFQ Qualifications Summary
- Awareness of co-occurring disorders
- Ask how co-occurring disorders will be addressed in program design: Co-occur= MH + AOD + physical health
- Distinguish: ensure this is not an AOD detox/treatment focus on MH
- Do not require AOD treatment/do require triage – could be a collaborative effort
- Ask for supportive data, if it exists – DBHS will investigate and follow up
- Up to $1 million a year for two years
- Crisis is most often in evening

Round 2 Funding Recommendations
1) RFQ: 24/7 up to $1 million/year for two years
2) RFP: other projects up to $100,000 dollars
   - Would be dependent on number of awards
   - Re-allocating $600K from Round 3. $300K/year
   - Open-ended amount is challenging
   - 4-5 projects up to $100K and 2-3 smaller, specialized projects up to $50K
   - Language in RFP clarifies what we’re seeking: events, vouchers
   - Minimum amount: $15-25k; need to check with Sierra Health Foundation

Round 3 Funding Considerations:
- Round 3 may support existing projects; the RPC may choose to not request additional proposals
- Existing grantees must finish current grant before reapplying
- What happens in year 3? Will grantees need to reapply?
Next Steps and Closing Remarks

- *Electronic vote: solicit RPC members’ feedback and get consensus to move forward. SurveyMonkey yes/no. If no, ask them why not? Explain why pull funds from round 3? Offer an alternative.
- Myel determines minimum amount to request in RFP based on Sierra Health Foundation guidelines
- Emphasize what will be done with the money – approach to respite
- *Up to $100K for RFP (two years), reallocate $600,000 from Round 3 ($300/year)
- Grantmaking committee meeting scheduled for Friday March 8 is postponed
- Conference call – explore as possibility or hold emergency RPC meeting
- Ask which target population to prioritize: TAY, adults/grandparents with dependent children
- Membership recruitment: committee will meet on Monday, March 11 and will continue to push the work forward and refine the application. Committee has a projected timeline for May to June.
- There are two timelines taking effect simultaneously: one for funding release and the other one for membership recruitment.

*Update: The information provided at the meeting that funding for two years of Round 2 grant awards would be allocated from the available $2,053,790 was incorrect. The members present at the meeting recommended reallocating funds from Round 3 to Round 2 based on the information provided.

The correct information is that the $2,053,790 available for grant funds in Round 2 is allocated for the first year of services. Any second year of service would be allocated from Round 3.

Providing an opportunity for RPC members to vote on the funding allocation is no longer relevant with this updated funding information.

The RPC put forth consensus points at the March 5 meeting on funding structures for both the RFQ and the RFP. The consensus points at the March 5 meeting would be for one year of 24/7 services up to $1,000,000 and awarding other mental health respite up to $650,000 for one year. The funding structures are outlined for your reference in the document titled “Projected Outline of Funding Cycles.”

The Grantmaking and Evaluation Committee is meeting on Tuesday, March 19 to move the draft RFQ and RFP forward. The draft RFQ and RFP will incorporate the consensus points from the February 19 and March 5 RPC meetings. The committee will report on their progress at the April 5 RPC meeting.

See document titled “Projected Outline for Three Rounds of Funding” for more information.