RPC Meeting Summary – April 2, 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 meeting. She highlighted the progress made in the Phase 2 implementation over the past three months. The active convening of the Grantmaking, Membership, and Communication committees since March 5 was instrumental in presenting products for RPC consideration. The committees and their work is another demonstration of the RPC community-driven process. Myel pointed out that the RPC membership application was released last week. Other progress to date includes the second grantee learning community meeting on March 26, where RPC members and grantees shared and learned from each other.

Iffat Hussain, RPC Member, reviewed the agenda and meeting goals of the day.

Introductions and Warm Up
Deb Marois, Facilitator, Marois Consulting & Research, reviewed the materials for the day.

RPC members introduced themselves and their stakeholder perspectives. Each RPC member shared one thing they want the external evaluation team to know about the RPC as they begin their work:
- Committed to process/consensus – √√√√
- Diversity of stakeholders – √√√√
- Innovative and collaborative process – √√
- This is a great learning opportunity – √√
- We’re passionate re: respite care – √
- Want to learn and improve, even better – √
- Excited – how to develop effective programs – √
- It’s about people, not just numbers
- Proud of our work so far
- Already a successful process
- Committed to process improvement as we progress
- Dealing with people who have extreme stress levels, including poverty
- Collaboration is key to address problems
- Diversity includes cultural, spiritual and linguistic differences
- Fantastic ability to work together and create products
- Members have ownership of process and outcomes
- Positive outcomes from a seed of an idea
- More in-depth with RPC and grantees
- Independent perspective
- Evaluate learning goals
- Share learning widely
- Periodic briefings; recommendations based on findings
Innovation Project Evaluation Components

Leslie Cooksy, Evaluation Director, Sierra Health Foundation, differentiated the roles of the internal (the Center) and external evaluator (American Institutes for Research – AIR). The internal evaluator’s role is to coordinate and facilitate the working relationship with the external evaluator and the RPC. The external evaluator is responsible for helping the RPC gauge the extent to which the learning goals from the innovation plan are met: 1) The community-driven process of the RPC, 2) increase coordination and quality of services, and 3) outcomes for people who need the services.

The candidate selected was American Institutes for Research (AIR) because they displayed a great deal of respect for consumers and a genuine interest in hearing their stories. Leslie introduced Grace Wang from AIR.

Grace Wang, American Institutes for Research, introduced her organization, a firm specializing in evaluation research. She will be evaluating how a public-private partnership works and delivers services. Grace asked the group if they had any questions.

Q: Will there be an opportunity to communicate back to the (grantee) programs for a chance to improve without being cut off immediately?
A: Yes, we will work with grantees on the evaluation design and report back findings on how to improve.

RPC members are encouraged to contact Grace Wang if any additional questions or comments come up, gwang@air.org or (650) 843-8191.

Myel Jenkins acknowledged the leadership of Leslie Cooksy in facilitating the recruitment and selection process for the external evaluator.

Funding Release Documents Review

The RPC was provided two draft documents for review and discussion today: 1) RFQ for 24/7 Mental Health Crisis Respite (Request for Qualifications), and 2) RFP for Mental Health Services (Request for Proposals).

RPC members were invited to refer to the March 5, 2013, presentation on the RFQ and RFP for clarity on the differences between the two, should that be helpful. The development of both drafts was informed by the RPC’s consensus and discussion points from the February 19 and March 5 meetings. Please refer to the light blue document titled Round 2 Funding Structure Consensus and Decision Points for reference.

The RFP template from Round 1 was used to develop the draft RFQ and RFP templates. The Grantmaking and Evaluation Committee was instrumental in the refinement of both drafts. In preparation for today’s meeting, the Grantmaking and Evaluation Committee held two meetings between March 5 and March 26 to clarify RPC vision, refine language and ensure decision points were articulated.
This review opportunity is a chance for the RPC to inform and provide further clarity on the collaborative vision for Round 2 funding and may shift the timeline by a few days. The Center will incorporate comments into the RFP/RFQ and send out a final draft to the committee and the RPC. The projected date of announcement and release is (subject to change) Friday, April 12 for the RFQ with a deadline of April 29. The RFP is scheduled to be released on Friday, May 10 and responses are due on June 24.

Myel described the available funding amounts for each round. Refer to the handout titled Projected Outline for Three Rounds of Funding for more information. Consideration for Round 3: projected funding may not allow full funding for 2nd round of grantees in year 2.

Q: Can/will an organization submit for both the RFQ and RFP?
A: This point has to be clarified by the RPC, and could be a decision point to discuss today. In the RFP, it is written that only one proposal from an organization will be accepted.

Q: With the RFP in Round 2, if we thought that we would have very successful grantees applying for two years of funding that round, would it be possible not to allocate the whole $1M in year 3 to round it out in year 4?
A: We have options on how this is done; it is not decided yet.

A comment was made in support of sustaining programs because starting and stopping programs causes a lot of stress and damage to consumers. There is some flexibility with these decisions and with input from the Sustainability Committee, the RPC can work on this to leverage ways to fund and support the (existing) programs.

Deb provided instructions to review the funding documents for the RFP and RFQ. RPC members reviewed the documents.

### Suggestions for changes for both RFQ and RFP documents

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<tr>
<th>Topic</th>
<th>Suggestion</th>
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<tr>
<td>1) Page 5, definition of crisis respite; non-clinical conflicts with professional support</td>
<td>1) Take out “non-clinical” and replace with “home-like/holistic approach” or “non-treatment.” The goal is to clarify that this is a non-treatment center.</td>
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<td>2) How will sustainability be demonstrated and/or addressed?</td>
<td>2) This topic is addressed in pieces of the RFQ that is provided in today’s documents. <strong>This is and will be addressed.</strong></td>
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The RPC engaged in a rich dialogue regarding the definition of crisis respite. Some members stated that it is acceptable to take out “non-clinical” and use “non-treatment” to emphasize this is not a treatment center. Another member stated that to say non-treatment excludes those clinical services that respite care could offer, like having a clinician come in and run a group and this is important to have in a proposal.

**Consensus: Remove “non-clinical” and leave as is with remaining language.**
Suggestions for changes for RFQ

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<tr>
<td>1) RFQ: firm $1 million limit</td>
<td>1) Rephrase to say “up to $1 million”; <strong>will be updated</strong></td>
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<td>2) Wrong deadline date – says April 15</td>
<td>2) Will be corrected to April 29</td>
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<td>3) Clearer explanation of 1st stage for those qualified/then better explanation of 2nd stage</td>
<td>3) Remove language about deadline and restate the statement of qualifications and ensure that the process is laid out in depth in the final product</td>
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<td>4) Duration of stay, what does residential imply?</td>
<td>4) Confusion is the residential, change residential to home-like, no need to clarify duration of stay</td>
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<td>5) Are for profits eligible?</td>
<td>5) Answer: No</td>
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The RPC engaged in an in-depth discussion regarding the suggestions for the RFQ. Abiding Hope program offered by Turning Point is a drop-in and voluntary respite care service. In part of the triage process, consumers have to have a place to return to after their crisis is alleviated. They have the option to stay for a few days. Consumers want to have a “home-like setting” for people to go to. Many consumers will not go to a place that looks like an office or medical center; they feel more comfortable in a home-like setting than in a business-type setting. This term was referred to often in the Innovation Plan. RPC would like to stay true to the “home-like setting” term; there is a need for drop-in services where a person can get rest and support. As a result of changing residential to home-like, it will erase the confusion, there is no longer a need to clarify the duration of stay and what drop-in means.

Suggestions for changes for RFP

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<td>1) Page 7, include statement to identify and alleviate co-occurring MH/SA crisis</td>
<td>1) See item H on the RFQ</td>
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Refer to handout titled *Round 2 Funding Structure Consensus and Decision Points* item h. under the RFQ for clarification.

By majority consensus, the RPC will consider funding a range of programs that include both planned and crisis respite.

**Straw poll: Will the RPC consider funding grants in the range of $15,000-$100,000?**

Yes-2  Maybe-3  No-9

Given the new information about the total budget, RPC members believe it would be more realistic to fund up to $300,000 to fund the type of services the RPC would like to see. Some RPC members feel that $15,000 is too low and the minimum should be at least $25,000. The RPC would like to keep the minimum and maximum limits flexible: it could serve special events in the $15,000 and some programs could be in the $425,000 range.

By majority consensus, the RPC set the minimum range at $15,000 and the maximum at $300,000.
Straw poll: For the RFP and RFQ, will the RPC consider requests for funding to expand existing respite services?

Yes-10  Maybe-3  No-1

Re-poll: Yes-12  Maybe-1  No-0

Clarification was made that this question applies to existing services in the community, not grantees who are currently funded. For example, if there are organizations serving children they would be eligible to apply.

Straw poll: Will the RPC consider applications from lead agencies for both the RFP and RFQ (excluding Round 1 grantees)?

Yes-2  Maybe-5  No-6

The RPC considered the implications of this decision, which would allow the lead agency to apply and potentially be funded for both. Both review processes will be going on concurrently and the same agency could rise to the top in both reviews. This would allow currently funded grantees the opportunity to apply as well. Concern about agency capacity to serve the 24/7 and current programs was discussed and there would be less diversification of funding if this route is selected.

Options for Consideration:
1) Current grantees able to/not able to apply for RFQ (fairness) ➞ Can collaborate
2) Lead agency: able to apply to both RFQ and RFP: only able to be selected for ONE
3) Lead agency: able to apply for RFQ or RFP only (Note: RFQ is invited to apply)

The discussion included many reasons why RPC members do not support dual applications, such as the need for more clarity; avoid sending mixed messages in the community; progress and growth considerations for lead (big) agencies or smaller ones (so they can learn and grow). Concern about agency capacity was continuously raised. Some RPC members were in favor of allowing agencies to apply for both, but selected for only one.

Re-straw poll: Can lead agency apply for both RFP and RFQ?

Yes-10  Maybe-1

Straw poll: Can they only be selected for one?

Yes-7  Maybe-2  No-2

Straw poll: Are current grantees eligible to apply for RFQ?

Yes-4  Maybe-3  No-5

Re-poll: Yes-7  No-6

Due to that fact that consensus was not reached, this decision point will be deferred to the Grantmaking and Evaluation Committee to make the final determination on behalf of the RPC.
Working Dinner/Updates
RPC Member Susan McCrea provided an update on the grantee learning community meeting highlights from March 26. All RPC members are encouraged to attend a future meeting. Additional updates were provided by RPC members Lyn Corbett and Frank Topping on their experience attending the Homeless Consortium Conference in Washington, DC.

Susan King, Public Affairs and Communications Director, Sierra Health Foundation provided an update on creating visibility and responses for the membership, RFP and RFQ outreach and to spread the word about the opportunities. Flyers are in today’s packets and extras are available at the registration table.

RPC Member Michaele Beebe provided an update from the Membership and Governance Committee on the membership recruitment strategies and the number of vacancies on the RPC. Membership applications have been released and are due on Friday, April 26. Michaele emphasized the commitment level of being an RPC member and clarified the absence policy.

Michaele thanked and acknowledged Myel’s leadership in working with the RPC.

Next Steps and Closing
Myel encouraged all RPC members to actively use the flyer to promote the RFQ and RFP and membership vacancies (the front and back, 3-in-1 flyer). The Communications Committee did a great job with the flyer.

Save the date: Tuesday, May 7 for the combination meetings of the Membership Orientation from 1 p.m. to 3 p.m. followed by the standing RPC meeting. Everyone is encouraged to participate in the celebration reception during the RPC meeting.

June 5 is the first meeting of the newly seated RPC members who will be on board.

Each RPC member wrote on a sticky note their position on the issue and what made them get stuck and what decision they would like the committee to consider regarding whether or not current grantees can apply for the RFQ.