Welcome and Overview
Robert Phillips, Director of Health Programs, Sierra Health Foundation, provided a welcome and his appreciation for RPC members’ time. He reviewed the agreement reached at the July 17 meeting and the goals for this meeting. He reminded RPC members that their role is to develop an RFP structure for the organizations to respond to and to use the Innovation Plan as a guide for moving forward.

Robert introduced Leslie Cooksy, Evaluation Director, Sierra Health Foundation, who will help to shape the evaluation of the RPC work, and Fatima Malik, Program Assistant, Sierra Health Foundation, who will help to move the RFP process forward. He thanked Melissa Guajardo for her service through this process.

Deb Marois, Facilitator, Marois Consulting, walked members through the goals of the meeting and the materials for the meeting.

RFP Outreach Ideas
Each RPC member shared one organization to notify of the RFP upon release, including: Turning Point Community Programs, foster family agencies (Liliput), Center for Fathers and Families, Wellness and Recovery Center for Adults, Mental Health of America, Community Champions Network, Del Oro Caregiver Resource Center, Interfaith Service Bureau, Relationship Skills Center, Nonprofit Resource Center, Gender Health Center and Native American Health Center, as well as the MHSA distribution list.

Funding Strategy Recommendations
Deb explained that the RPC needed to finalize their recommendations to Sierra Health Foundation for how the RFP funding should be structured. She introduced a list of points of consensus from previous meetings and asked the group to review it for accuracy. The group agreed with the list except for items discussed and clarified below.

Discussion
Q: Want to clarify that one agency can only apply one time? Don’t want to limit innovation.
Decision: One proposal per organization. Applicants may address multiple target populations.

Q: Will we allocate a minimum amount to each of five areas and then have another pot for other innovations? Discussion: The group agreed they did not want to be forced to fund a proposal that is not strong just because they have made a commitment to fund programs serving all five target populations. Decision: We will attempt to fund all five target populations, depending on the strength/quality of each proposal.
Q: *Collaboration is encouraged and incentivized. What is the incentive?*  
**Decision:** Collaboration will be listed under the RFP Selection Criteria (heading: Competitive proposals will exhibit the following). The group also agreed that collaboration will be encouraged and incentivized through extra points in the review process, and that the definition of collaboration will be based on discussions at previous RPC meetings.

Q: *Will we fund two-year grants or one-year grants and then continuation based on that?*  
**Decision:** Applicants will apply for two-year projects with two-year budgets, but year-two funds are contingent on satisfactory completion of year-one goals and objectives.

Robert then presented items for consideration within the funding strategy options (see PowerPoint). The options presented were based on RPC discussions to date. Robert then introduced two possible scenarios from which to begin the conversation. The first option invests largely in one effort (up to $1 million for a large project) with limited funds available for additional programs. The second option provides more flexibility by distributing the funds into multiple categories to expand the options for achieving RPC goals. The funding scenarios presented incorporated incentivized collaboration and discretionary funds for unexpected opportunities. He reminded the group that funding decisions for years two and three did not need to be decided during this meeting. RPC members discussed several possible scenarios that may influence how they distribute funds in subsequent years.

Deb facilitated a question-and-answer session to provide clarity before the group began to discuss and make decisions.

**Questions and Answers**

Q: *How much are the discretionary funds?*  
**A:** Sierra Health Foundation proposes 20% be set aside for discretionary funds outside of the defined grant structure.

Q: *How do you determine how to disburse discretionary funds?*  
**A:** The RPC decides. This decision could be based on a number of factors, such as to fund gaps that arise after year one, to expand very successful programs, or to pursue other unforeseen opportunities that arise.

Q: *If discretionary funds are not used, what will happen to those funds?*  
**A:** That would be up to the RPC. It could be rolled over to next year or a small RFP could be released to use those funds.

Deb then led a discussion about the areas of the Funding Structure Options. She asked the group to work in pairs to identify major concerns and areas that members could not live with. She then led a discussion around those points in order to reach consensus.

Members shared that they could not live with small agencies with fiscal sponsors being limited to $15,000 as this could limit applicant’s capacity, especially when a fiscal agent has to be paid within that amount. Members were also concerned that small agencies with fewer financial resources at the ready would need funds at the outset to offset start-up costs. There was agreement to make the maximum amount for smaller grants higher and to reward smaller-budget projects that are good projects so that the RPC can fund more grants. The RPC also agreed to set the minimum budget amount for proposed projects at $15,000.
Members were concerned that there was no place in the scenarios for planning grants or start-up time, especially for 24/7 or residential programs. Some members were concerned that there were no discretionary funds built into scenario A, while others wanted the amount of discretionary funds in Scenario B reduced to 10%. It was agreed that any funds not distributed to grantees in the first year would roll into the next year. It could be used to augment year-one grantees or for a new RFP.

There was much debate about the grant size to provide 24/7 respite crisis services and the target population served by the large grant to provide 24/7 respite services. Some members could not live with $1 million going to just one group. Members were concerned that the RPC not make the assumption that only a large agency with a very large project budget can provide 24/7 respite crisis services. They offered up the idea that 24/7 services could mean many things and that any sized agency could offer some type of 24/7 respite services. It also was suggested that any sized agency should be able to propose a 24/7 respite project at any budget level – even a large project may not cost $1 million. It was pointed out that 24/7 respite crisis services aren’t limited to drop-in; it could be call-in or other options. Members inquired about the resources needed to run a 24/7 drop-in crisis center. Figures shared in previous meetings suggest that a 24/7 respite crisis center could be run for approximately $1 million based on a comparison of the operating costs of Turning Point and the Crisis Nursery.

Some members were supportive of a large 24/7 respite crisis program serving solely adults in crisis. One member stated that the specific intent of the project is to reduce emergency room visits and in order to do that, 24/7 respite crisis services are needed for adults. That same member also informed the group that emergency room staff are advocating for a 24/7 respite crisis center serving adults in crisis that can be up and running as soon as possible. Some members could not live with the agreement that the large 24/7 respite crisis center be targeted to adults in crisis only; they wanted to ensure that other populations had access to 24/7 respite services. Members pointed out that children, transitional aged youth and their parents need respite. This is especially important for children and parents of children that are not eligible for the crisis nursery. They suggest not restricting this large project to adults, but instead see what gets proposed.

RPC members also discussed the idea that funding based on agency budget size does not allow for larger organizations to apply for smaller-sized projects. It was clarified that the grant amounts were meant to be upper limits and applicants could request “up to” the maximum amount. Another member inquired as to how a budget size is factored in when the proposal includes collaboration – is the proposal categorized based on the budget size of the lead agency or a combined budget of the partners? One member suggested that grants not be categorized by agency budget size, but rather by project size. This suggestion came with the caveat that applicant agencies show their capacity to manage the project budget, including providing information about their accounting/bookkeeping practices, recent financial audits, etc. Members inquired about the number of grants that Sierra Health Foundation could manage successfully and the minimum amount a grant should be to make it worth the foundation’s costs to administer. Sierra Health Foundation staff stated that the minimum amount should be at least $5,000 and that 30 or more grants are too many. They also encouraged the RPC to keep in mind that the more grants awarded, the higher the cost of administration and technical assistance to grantees.
There was discussion about the relative importance of offering 24/7 services. It was suggested that the most competitive programs will offer 24/7 services, however some members disagreed and offered that while 24/7 services are important, it is not the only important strategy. Services should be offered when the various populations most need them. It was suggested that funds for 24/7 services need to be carved out so that there is not competition between proposals for 24/7 and non-24/7 services. There was disagreement about whether or not proposals should be prioritized for providing 24/7 services. One member expressed concern that agencies will not be valued if they are not perfect or “golden.”

Robert reminded the group that a second round of funding would not have to wait an entire year; that the RPC could decide to release a second-round RFP sooner if necessary. He also suggested that what the group decided to fund would communicate to the larger community the group’s priorities and who the RPC is targeting for change. One suggestion was to award one grant for $1 million and the rest of the projects for up to $300,000. The group was reminded that if it selected this option, then it would limit the number and type of remaining projects that could be funded. The desired range of projects would need to be carefully communicated. Another asked about the types of projects that could be successful for the range between $300,000 and $1 million.

Guests wanted to ensure that funds were available for the development of systems to facilitate collaboration, that there was time to plan, since agencies will experience permitting challenges and NIMBYism from neighboring residents to proposed sites. Guests also suggested a requirement to search for other funding to sustain programs. One RPC member suggested that the county be asked to declare a shelter crisis, which would enable service providers to work around the NIMBY issues.

In the end the RPC reached this consensus: The RFP will solicit grants for programs in the range of $15,000 to $1 million per year. Applicants must justify the project budget and the agency’s capacity to manage the proposed budget. The RPC wants to fund one large project of up to $1 million for 24/7 respite crisis services. All proposals will be reviewed and awarded based on merit. Applicants can apply for any budget amount to serve any one or more of the five target populations and can include planning time in their workplan/deliverables. The RFP will request two-year proposals, with the understanding that year two is contingent on successful completion of year-one deliverables. Awarded agencies may be invited to resubmit for a third year of funding based on performance.

RPC Launch and Respite Services Bidders’ Conference
Members will receive an e-mail to announce the bidders’ conference and launch and are asked to distribute the announcement to their networks. Members also received hard copies of the announcement with a reminder that more are available from Sierra Health Foundation. Robert asked for volunteers to speak at the bidders’ conference and encouraged all RPC members to attend.