RPC Meeting Summary – October 18, 2012

Welcome and Overview
Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, welcomed the RPC and outlined the meeting goals. She noted that feedback from previous meeting evaluations will be incorporated in subsequent meetings.

Deb Marois, Facilitator, Marois Consulting, introduced the work for the day, reviewed all the materials and reminded everyone to honor time and be brief.

Evaluation Next Steps: External Evaluator RFP
Leslie Cooksy, Evaluation Director, Sierra Health Foundation, presented the next steps for evaluation and the external evaluator RFP. Refer to the PowerPoint presentation RPC Evaluation Next Steps for more details. Leslie also referred to the five guiding evaluation questions handout, based on the innovation plan criteria for the learning goals. RPC members provided input into these questions and discussed the difficulty of obtaining accurate data on psychiatric hospitalizations and emergency department visits. Some members also noted that target population and geography are considerations in data collection. Members are invited to send additional feedback about the guiding evaluation questions to Leslie and Myel.

Members discussed whether to include reducing incarceration rates as an outcome. There is concern about the difficulty of evaluating long-term outcomes that are influenced by multiple and complex factors. An RPC member stated that it’s important to measure whether the collaborative has built an accessible continuum of services that will prevent ED visits, hospitalizations, and jail in the community. Leslie suggested adding this element to the quality of services, with a specific outcome question such as: Has the collaborative enabled a range of accessible services to prevent ED visits, psychiatric hospitalizations, and jail?

An RPC member commented on the need to avoid setting up expectations for outcomes that we will not be able to, other than anecdotally, collect information. There are too many variables: many people with psychiatric disabilities go to emergency rooms, often because they are medically ill. So, is that a psychiatric visit or a medical visit?

Members agreed that the draft logic model should be posted on the RPC web site so potential evaluators will see all the outcomes that RPC has identified. This will give a better sense of scope for the external evaluators to consider in responding to the RPC Project Evaluation RFP.

Leslie asked the RPC to provide feedback on the Team Qualifications section while also cautioning the RPC that evaluators will not submit proposals if there are too many
requirements. She encouraged members to add a preferred or desired set of qualifications rather than additional requirements. Members suggested preferred qualifications related to target populations (in all areas, children, TAY, adult and seniors); experience with respite, and experience working with organizations (nonprofit, local government, etc.).

Leslie reviewed the next steps for the RFP, which will be released in November, after a review by an ad-hoc committee, contingent on RPC directive. January would be selection period and by February the external evaluator would be on board. The RPC came to consensus to establish an ad hoc committee to work with Sierra Health Foundation to finalize the evaluator RFP. Five RPC members have volunteered for the ad hoc committee.

**The other RPC decisions on the evaluator RFP were as follows:**
- Non-RPC members can assist with proposal review, similar to the process for the Round 1 RFP respite services review.
- There is no conflict of interest for RPC members who work for agencies that submitted respite RFPs to volunteer on the ad-hoc committee.
- The selected evaluator can have the leeway to make additions based on the lens they bring to the RPC Project.

**Draft Logic Model Refinement**
Leslie provided a brief overview of the logic model and reviewed the “if then” connections between activities and outcomes. To obtain RPC feedback on the draft logic model, Leslie walked through one example to “trace the logic.” Leslie will revise the logic model based on RPC feedback. Once the logic model is ready to distribute, it can be a resource for others.

**Performance Measures (PM)**
RPC members reviewed a compiled list of potential performance measures (PM), extracted from grantee proposals and previous RPC conversations. Leslie explained the next task is to identify a small set of priority PM that will be used by all grantees for accountability. Each program model will have different PM that are applicable and tailored to their work. Additionally, the PM will provide information on RPC priorities to the external evaluator.

Members then “dot voted” to select five priority PM, using the following selection criteria:
- **Clear**: will grantees know what information is being requested?
- **Important**: will the information be useful to you in assessing the funded projects?
- **Feasible**: will the grantees be able to collect the information without undue burden?
- **Relevant**: does the measure relate to an item in the logic model?

**Final Tally: Priority Performance Measures**

**A. Category: Process**
- I. Percentage increase in the number of clients (overall or of a specific group) who access mental health respite resources
- II. Percentage of planned and unscheduled respite services developed and/or supported by consumers and family members
- III. A safe environment, conducive to wellness and recovery, is provided

**B. Category: Output**
- I. Number of people served/month (sometimes specified by type of client and/or length of stay)
- II. Number of peer counselors/community members trained
C. Category: Outcome
   I. Percentage of referrals to respite services from public safety (police), hospitals and other sources
   II. Percentage of participants experiencing an increase in ability to cope and understand mental health-related issues

Discussion/Reflection
RPC members discussed the measures identified in the proposals and found that they do not seem to reflect an understanding of respite. Deb reminded members that what gets measured gets done. Leslie stated that just because some of the performance measures did not rise to the top does not mean that they would not be included. This process drops some things out of the list, but everything that was identified as important will be provided to external evaluator. The RFP identifies cultural appropriateness as a priority.

Next Steps and Meeting Evaluation
Myel walked through the review process of the Round 1 funding and Round 2, which will start in 2013.

Round 1 review process includes an external review committee (ERC) consisting of community members, RPC members and representatives of DBHS and Sierra Health Foundation: Center for Health Program Management. The ERC is a robust committee that is reflective of diverse stakeholder groups: mental health consumers and family members with lived experiences, cultural community representation and system partners (faith-based, respite services, children and families and DBHS). Both the membership of the ERC and the review tool are confidential to protect the integrity of the process. The ERC members participated in an orientation call and are familiar with the vision and process of the RPC. See PowerPoint presentation for more details.

Round 1 Funding Timeline
- October 29, the ERC will discuss the top-rated proposals and develop funding recommendations for the RPC to consider.
- Oct. 31 RPC meeting to select respite service providers is 9 a.m.-4 p.m. (breakfast, snack and lunch included). This will be a confidential meeting to deliberate the ERC recommendations, finalize funding recommendations and is the culmination of Phase I. In regards to any conflicts of interest (COI), once the top-rated proposals are determined, then those RPC members who have a direct COI will be notified. Members with a COI will be asked to recuse themselves from this meeting. Myel will contact any RPC members affected by COI issues between 10/29 and 10/30. To learn more about special considerations for October 31 meeting, see PowerPoint for more details.
- November 7 RPC meeting is cancelled for a well-deserved break.
- December 11 meeting will be a celebration reception from 3 p.m. to 5 p.m.

Phase II: Looking Ahead
- In winter 2013, we will begin planning Phase II-Round 2 of RFP release.
- In January, the RPC will consider the governance and membership structure. Currently, RPC membership is for one year. Based on recommendations for membership structure, some members may continue on and others will join RPC as new members.
- In the spring, the Round 2 RFP will be released to the community.
- Round 1 funding will end in June 2013.
- Year 2 funding cycle will begin July 1, 2013.

**Action Step: Establish Ad Hoc Governance and Membership Committee**
An ad hoc committee will be established to develop recommendations for RPC governance and membership. This group will meet twice between November and January to consider the short-term and long-term development of the RPC. Five RPC members volunteered for the ad hoc committee. Myel will send a follow-up email to coordinate.

**Action Step: Volunteers to help draft agenda for Dec 11 RPC Planning Meeting**
Three RPC members have volunteered to draft the agenda. Myel will send a follow-up email to coordinate. One member suggested inviting the Board of Supervisors’ liaison on mental health issues.

**Action Step: Provide feedback on COI issue; its impact on RPC members**
RPC members were asked to provide suggestions on ways to handle conflict of interest on the evaluation form.