



Wednesday, September 20, 2013 Portfolio Review Committee Meeting Minutes

1:00 p.m. – 3:30 p.m.

520 Mendocino Ave, Santa Rosa, Laurel Room

Members (listed alphabetically)

Alfredo Perez, First 5 Sonoma County
 Carlos Ayala, Sonoma State University
 Carol Simmons, Child Care Planning Council
 Dan Blake, SCOE
 Jennifer O’Donnell, United Way
 Julie Sabbag-Maskey, Human Services Department
 Katie Greaves, Human Services Department
 Monique Chapman, Sheriff’s Office
 Rob Halverson, Probation Department
 Stephen Jackson, SCOE

Staff (listed alphabetically)

B.J. Bischoff, Bischoff Performance Improvement Consulting
 Joni Thacher, Human Services Department
 Oscar Chavez, Human Services Department

Not Present (listed alphabetically)

Leo Tacata, District Attorney’s Office
 Robert Judd, Community Foundation
 Serena Lienau, City of Santa Rosa
 Susan Castillo, Department of Health Services

Topic	Discussion	Decision	Next Steps
Welcome, Introductions, Minutes, Updates	<p>Introductions. B.J. welcomed everyone. The committee reviewed the minutes from the last meeting.</p> <p>Robert motioned to pass the minutes.</p> <p>Discussion:</p> <ul style="list-style-type: none"> We need to revise the minutes. Several of the inputs are actually outputs. <p>One program has been added to the Portfolio. MAYi was approved as a Tier 3 program.</p> <p>We also have two outstanding applications.</p> <p>Could we add a section to the Update report to reflect programs approved in the last month?</p>	<p>Motion: Robert</p> <p>Second: Carlos</p> <p>Yes: 10</p> <p>No: 0</p> <p>Abstain: 0</p>	<p>Staff will revise the minutes.</p> <p>Staff will add a new programs section to the report.</p>
Renewal Process	<p>Staff updated the committee on the renewal process. All programs expiring before August 31, 2014 have been given a six month grace period. They have been called and sent a follow-up email with application documents.</p> <ul style="list-style-type: none"> Dan noted that he had heard that one or two organizations were surprised and had concerns about the renewal process. It may not have come through clearly that they 		

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	<p>could cut and paste from their previous application.</p> <ul style="list-style-type: none"> • Another organization was concerned because they had hired a temp to help with their first application. They probably won't be able to do this again. • Early applicants won't be able to cut and paste. We have changed our forms significantly. The process may get easier as we go and our process is more firmly established. • We've really stepped up our rigor over the years. • As a committee we need to balance the effort that these organizations are putting into these applications with the benefit they are getting out of it. • What do we want to do about this? Do we want to change our policy? Do we want to grandfather people in? • How do the clearinghouses do it? • The research we've done to date reflects that most clearinghouses monitor current research and review programs when relevant research requires. We don't have the staff to monitor the research. • Is three years the magic number for renewal? For Tier 3's it is. They have always known they would need to renew in three years. What about T2 and T3? • That will lead to a discussion we are going to have later today. Do Tier 2 programs need a local evaluation to remain on the Portfolio? • T1 is really about fidelity and is a program still on the clearinghouse. If an organization's budget is cut can they still maintain fidelity? • Won't we still have the same question if we give them 4 or 5 years? They may still decide it's not worth their time. • The issue isn't the amount of time, the issue is if there should be a renewal process at all. If we stretched it to 4 years it would give them extra time. • As a Tier 3 having the deadline has pushed us to do things a little differently. Knowing our goal has pushed us to do things sooner. <p>Tier 1</p> <ul style="list-style-type: none"> • Do we establish a different renewal system for Tier 1 programs? Maybe we just ask them if anything has changed? • If you're a Tier 1 someone is already monitoring you through the clearinghouse. • Maybe we have a different plan for Tier 1 and 2 than for Tier 3. • Clarification – the clearinghouses do not monitor local fidelity. From our Tier 1 programs we need to know if they have made adaptations and if they are still on the clearinghouse. 		

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	<ul style="list-style-type: none"> • There could be an easier way for Tier 1. Maybe we could waive the prerequisites and program description. Their renewal process could be simpler. • What if we up the value to programs to stay on the Portfolio? We haven't done a lot in terms of public recognition. • Cradle to Career is creating a web site that is searchable. • The issue around Tier 2 and Tier 3 is a different issue. Tier 3 is just a plan. Tier 3's are beginning their evaluation. They are committed to continual quality improvement. Increasing the time period may be a disadvantage. At three years they may need to rework their evaluation. Katie has a Tier 3 that may fall off. • Do we want to keep it the way it is? • Let's just ask them to complete the fidelity chart. They don't need to do the rest. All Tier 1 has to complete is the fidelity chart. • They would still need to indicate they are on the clearinghouse. • We will revise the renewal process – Tier 1 programs don't have to submit an entire application. <p>Carol motioned that we revise the adopted renewal process for expiring Tier 1 programs. Their renewal will only require a Tier 1 application. How can we make the process less painful? Who are we reaching with this message? Our board has said we need to get Tier 3 programs to Tier 2. Who are we having conversations with? Could we offer incentives? Is there any possibility of finding funding for a stipend for programs when they get on the Portfolio? This is a decision for the Policy committee. Oscar joined us.</p> <p>Tier 2</p> <ul style="list-style-type: none"> ○ This issue will still come up. We've never stated a local evaluation is necessary. Most have had an evaluation in another city/state/etc. ○ Do we want to require a local evaluation? ○ Even if their evaluation is local it may be out of date. Do they need a new evaluation altogether? ○ I wonder if we will keep too many groups off the Portfolio if we require a new evaluation. ○ New evaluations are costly and time intensive ○ What are the resources and timeline necessary? ○ We're getting a good deal and it's around \$18,000 per year plus 1.5 staff people. 	<p>Motion: Carolos Second: Jennifer Yes: 10 No: 0 Abstain: 0</p>	<p>Upstream staff will call all Tier 1 programs.</p>

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	<p>We've been doing it every year for 3 years. That cost doesn't include staff time. It's probably closer to \$75,000 if you include staff time.</p> <ul style="list-style-type: none"> ○ For organizations that don't have a funder to pay for the evaluation, is it worth it? ○ What are our goals? What do we want from this? ○ As long as the evaluation is a good quality, even with Tier 2, we take a step back. What we want to know is, is their program still the same? Have there been changes? If so have you evaluated those changes? ○ Most of the Tier 2 issues involved cohorts not locality, their demographics were off. I think we can go longer than three years. They need to renew but could use an older evaluation. I think we want to know that they are making some sort of an impact. Are they getting to the outcomes they said they would? <ul style="list-style-type: none"> ● We envisioned the Institute would be able to help with local reports. ● Maybe we ask for outcome reporting? ● How would we do that without an evaluation? ● It's just a different level of reporting. ● Is that what we're all about? ● We want to move the needle on our Indicators. We're relying on research done elsewhere for Tier 1 programs. Tier 2 programs have never had that quality research. Are people really better off because of these programs? ● It seems like a big jump between Tier 2 and Tire 1. ● It seems like we're addressing a flaw by adding another hoop for them to jump through. ● I feel that it is sufficient that we have organizations at Tier 2 with a really robust evaluation we could let them use the same evaluation. But for how long? That is the question. ● It makes sense with Tier 3. They are emerging. It seems weird that the rigor has increased for Tier 2 reapplication. ● We need to set the bar for Tier 2. ● Tier 3 has to come up with an evaluation plan. Tier 2 has never had to write an evaluation plan. It's much harder to become a Tier 3 than a Tier 2. ● It's about the big picture. Not the burden on the organization. Tier 2 has shown that they are doing no harm. We don't know what Tier 3 has to offer. ● I think we could add that initially Tier 2 can have any evaluation. But they have to have a local evaluation down the line. ● We need to avoid a double standard. The standard needs to be the same for all Tier 2 		

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	<p>programs.</p> <ul style="list-style-type: none"> • How about a Tier 2 and a Tier 2 with a gold star? • It doesn't matter if there are no incentives. All that matters is that you are on the Portfolio. • It would be better to move the standard for the entire Portfolio. • We will continue this conversation later. • What if we reject an evaluation that was accepted before? How do we deal with that? There will be some people that won't pass the second time around. • Tier 2 could bypass the prerequisites and program description. • We could streamline the process by allowing them to send in their original application and articulate if it's the same or changed. • What we want to know is if the program is the same. • Is there a reason why they should submit a new application? • If there are things we have added to the application form, couldn't we just create a form that includes changes? • They could use the same literature review. What if it's past 15 years now? • What is the intent of this process? <ul style="list-style-type: none"> ○ The intent is to improve the quality of existing programs to have greater local impact. It's to provide information to funders and identify evidence informed programs. ○ For the review committee the purpose is to ensure that programs that claim to be high quality really are high quality. ○ Carol read definition for this committee from the by-laws. • We want to ensure there is no malfeasance. • We want to enhance evidence based practice • We want to encourage continual improvement. • For Tier 3 I have to show an evaluation plan, for Tier 2 I can use someone else's evaluation, for Tier 1 I don't have to show an evaluation. This seems backwards. • We know as a fact that clearinghouse programs will have positive outcomes. We don't know what Tier 3 is going to throw into the ring. • For some domains there is no way to become a Tier 1. I would think that even Tier 1 programs should have to do something to show that they are moving in the same direction. I don't believe we can say that if an organization follows a plan they will get an unwavering set of outcomes. • A lot of Tier 1 programs do have an ongoing evaluation. For example, AVANCE, has an 		<p>Upstream staff will add this discussion to a future agenda.</p>

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	<p>ongoing national evaluation that shows they are implementing with fidelity. Nurse Family partnership has the same. There should be data that could assure this group that there is fidelity.</p> <ul style="list-style-type: none"> ○ This may not be the case for all Tier 1 programs. Tier 1 is expensive. ● It does seem backward in terms of the local data we're asking people to provide. I don't know if this is our scope. This may be better suited for the Policy Committee. ● This committee is about implementation. We need some clarity about our goals from the Policy Committee. Do we have mixed purposes? ● The portfolio shouldn't stifle grass roots movements. But we still need to verify the effectiveness of programs. We already know that Tier 1 programs are effective. ● It seems that Tier 3 is set at the highest bar and Tier 1 the lowest. ● Perhaps with Tier 1 we might want to ask if they can show us local results. ● But what are we going to do with that? What if they're negative? Why would an organization share negative results? ● Maybe we bring this conversation back to another meeting? ● Some of these programs are expiring soon. We need some quick direction. ● If nothing has changed all they need is an application form. And the literature review needs to be within 15 years. We can just pull their original application. ● We can only deny them if they have an expired literature review or adaptations. Let's give them a fidelity chart like Tier 1 programs. ● Can staff review the dates on the literature review and let them know if it's expired. ● Are you all in favor of giving them an adaptation chart? We need to make sure we only have them submit what we can judge. ● What if they get new reviewers and they slide off? ● I think they have to meet the new standard. That's part of the process. ● We could change the form. ● What is the purpose of our renewal process? ● Either as long as you haven't changed anything you can stay on or you have to submit a new application because our rigor has increased ● There may not be value for people to reapply if they think they won't be able to stay on. Until we set a date in the future that everyone has in front of them for a more rigorous application we can't require a more rigorous application. ● What if the changes don't correspond with the old evaluation? ● We need to consider the merit of their outcomes. How are they changing our community? 		<p>B.J. will create a new form for Tier 2 renewal.</p>

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	<ul style="list-style-type: none"> • We can only show short term or intermediate outcomes. • We could include a recommendation to review the logic model. • We need to incentivize people to raise the bar. • I don't understand why they have to prove a Tier 1 program is effective locally. They paid for it and we have to accept the evidence that shows the program is proven to work. • What if that Tier 1 program isn't moving the needle in our community? • Could we all see a copy of the Indicators report? • Can we make connections between the programs and the needle being moved? • Yes, but how can we show that they're effecting the entire community? Maybe they only helped three people? • Is evidence based practice the solution to our problems? There is a holistic picture of a combination of factors. There are many things that go into fixing issues. Evidence informed practices are part of our tool box. • Schools alone won't solve the achievement gap. But we still focus on good quality instruction. • How do you evaluate the impact of something that is multi-layered? • We need to understand what we are doing on multiple levels. We are trying to help programs understand the levels and where they fit. <p>Tier 3</p> <ul style="list-style-type: none"> • Three years is appropriate. People knew it was time limited. We don't need to make any changes to the process. 		<p>Joni will send the committee a link to the copy online.</p>
<p>Logic Model</p>	<p>The committee reviewed the revised logic model. Dan motioned to approve the logic model.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • First two bullets in the outputs are actually outcomes. • I don't see anything that references the outcome for the Portfolio itself. – For example it will be seen as a trusted source for evidence informed practice in Sonoma County. This would be under short term outcomes. • What about third bulled under outputs? • Is increasing knowledge an outcome? • No it's a transformation. • The output is that as a committee you participate in ongoing learning activities. • Why do we have four new indicators? As Health Action and Upstream seek to align their efforts we accepted four of their indicators and they accepted four of our 	<p>Motion: Dan Second: Stephen Yes: 10 No: 0 Abstain: 0</p>	<p>B.J. will add this as the third bullet under outcomes.</p>

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	<p>indicators.</p> <ul style="list-style-type: none"> • Why are hip fractures on the indicators? Is this really something Upstream will help change? • Hip fractures are included because Upstream isn't only about children. Can we improve senior health and see a reduction in hip fractures? 		
Fidelity	<p>What do we expect in terms of fidelity?</p> <ul style="list-style-type: none"> • Look at the Tier 1 fidelity chart. It's an off the shelf evidence based program. We asked the organization to identify their adherence to the model including activities, does/exposure, quality of program delivery and participant responsiveness. They have to show how it is implemented. B.J. summarized the Tier 1 fidelity chart. • The committee reviewed <i>What Works</i>. On page 2 the language about acceptable adaptations is notable. This is the original source for the language used on our instructions. • Some of the adaptations that we think are risky may not be and vice versa. • We sometimes deny an application based on cultural mismatch? For example, juvenile delinquency programs as cited in <i>What Works</i>. What we don't know as reviewers is this level of nuance. We don't have this body of knowledge. • Adding material is acceptable, but taking material away isn't. • Fidelity is very complex. That's why we get different reactions from different reviewers. • The committee got into groups and scored the Tier 1 applications. • Discussion: <ul style="list-style-type: none"> • What was not acceptable for <i>adherence</i>? <ul style="list-style-type: none"> ○ In the first application changes to staff training and participant engagement were not acceptable. • We need more information on equality. What make an adaptation equal to the model? • Format is important. The fidelity charts are much clearer than paragraph format. • We need to be careful that organizations are not confusing outcomes with participant responsiveness. • Are fidelity standards were developed by First 5 and LFA. Are they the right ones? • <i>Dose</i> is how much a program is offered. • We need to better articulate engagement on our forms. We should give examples that include attendance, motivation and feedback. 	None	Staff will update forms.
Public Comment	None	None	None

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Next Meeting	<p>The next meeting will be on October 16 at 520 Mendocino Ave.</p> <ul style="list-style-type: none"> • We will have a Tier 2 evaluation discussion in October. <ul style="list-style-type: none"> ○ Can we also talk about Tier 2 or Tier 1 plus? ○ Katie’s request for a discussion on Tier 3 evaluations moving to acceptable Tier 2 evaluations will also be included in October’s discussion. 	None	None
Adjourn	Adjourned at 3:30 pm.	None	None