RPC Meeting Summary – February 4, 2014

Welcome

Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, opened the meeting. This is the first formal meeting of the 2014 year for the collaborative as there was a January 16th Community Stakeholder meeting. February's meeting is an all day meeting to plan for Round 3 funding with consideration of the Respite Partnership Collaborative project goals and in context of evaluation and with a dialogue on sustainability.

Implementation Progress: Debrief/Discussion of Stakeholder Meeting

Ebony Chambers, Co-Chair, Respite Partnership Collaborative, welcomed everyone to the February meeting and reviewed meeting goals and ground rules. Ebony debriefed the January 16th Community Stakeholder meeting which included a dialogue on individual and systems stressors with panel presenters from a variety of areas including: hospital system, law enforcement, community college and family member of a consumer with lived mental health experience. Ebony participated in the panel as a family member of a consumer with lived mental health experience. Ebony’s takeaways from the event included a need to build supports for college and transitioning age adults, and a need for additional training and support for law enforcement. Ebony also noted the need for a way for hospitals to be able to divert people from the emergency room to respite services.

Deb Marois, Facilitator, Converge CRT, welcomed everyone to the February meeting and asked members to share any additional insights gained from the January 16th community stakeholder meeting. Important discussion points included:

- Repeatedly full services with no availability means law enforcement is less likely to refer individuals.
  - Law enforcement wants similar outcomes; a safe place to bring people in crisis.
  - Law enforcement training is happening; it takes a long time to educate officers to use and refer to services.
  - More presentations to law enforcement re: stigma.
  - DBHS: working with law enforcement to educate on mental health issues. Sheriff’s Department has received federal funding for crisis intervention trainings.
- 20 navigators funded for crisis triage – 3 to 5 years. It includes peers, emergency departments, hospitals, Loaves and Fishes and jail.
- Round 2 grantees introduced.
- Thank you to Sustainability and Policy Committee members who participated in planning and implementation of the event.
**Articulating The Big Picture: Hopes for Round 3 and Innovation Project/RPC Fact Sheet Review**

*Deb Marois, Facilitator, Converge CRT,* provided an overview of the all-day meeting, and asked people to respond to the statement: *“One way you hope Round 3 respite funding will impact the community”*. RPC members’ responses included:

*Stickers indicate RPC members individual votes as priorities*

**Encourage Collaboration’s Creativity:** 1 sticker*

- A light on creativity and collaboration

**Sustaining Current Funding for Round 1 / Existing Grantees:** 9 stickers*

- Continued funding for Round 1 grantees
- Hope the funding can be sustained
- Maintain the services that have been made available
- I hope we will uncover an innovative sustainable model that will have wide-reaching impact
- Permanent, sustainable respite care

**Broaden Cultural Outreach:** 5 stickers*

- More outreach and availability of respite to ethnic under served
- Broaden cultural outreach

**Focus on un/underserved diverse communities:** 5 stickers*

- Continue to greatly impact unserved and underserved communities
- Increase culturally diverse services
- Reach a diverse group of people (fill in the gaps). Decrease stigma

**Focus on Parents/Caregivers of Children with Mental Health Needs:** 5 stickers*

- Hope to impact parents/caregivers of county mental health services.
- Inclusive of respite for all parents/caregivers of children with complex mental health needs.

**Fill the Gaps:** 3 stickers*

- Hope to make a difference in ensuring continuity of care in mental health disorders.

**Increase Community Awareness:** 7 stickers*

- Communication plan to raise awareness of respite
- Awareness: if the community is unaware of respite services and providers.
- Reduce Emergency Department visits and psychiatric hospitalizations due to mental health crisis

Following exercise, Deb asked members to review the RPC Fact Sheet. Deb encouraged the submission of any written comments at the end of the meeting. Members reviewed the Fact Sheet in small groups, and discussed their findings with the group. Important discussion points included:

- Focus on learning versus providing service.
- Comprehensive, a lot of information but good order.
- Terminology may be difficult for people to understand, especially for media.
- Focus is on history rather than RPC.
- Visual of RPC structure instead of current graphic.
- Sounds like RPC is providing services versus deciding what organizations should be funded.
- Graphic doesn’t capture the full entity of the RPC.
- Important to have target audience read this.
- Confusing – who is the RPC – graphic on 1st page.
- Lack of explanation of how evaluation will be done.
- More concise – good pull out.
- Need a compelling statement – what will this project do – concise.
- Refer to additional information.

**A Pivotal Conversation: Transitioning to the Final Phase of the Innovation Project**

*Kathryn Skrabo, Program Planner, Division of Behavioral Health Services* discussed the transition into the final phase of the Innovation Project. The RPC role is shifting from grantmaking to information gathering. The RPC is learning from grantees and needs to share learning with the community. Learning from the project has been on a variety of levels; collaborative, grantees, and partners. As partners, the Division of Behavioral Health Services and Sierra Health Foundation: Center for Health Program Management meet regularly to discuss the project; and at the last project the partners determined the need to engage in a pivot conversation with the RPC.

Since the Innovation Project is a time-limited project to test a new approach or process, it is important to thoughtfully plan for the conclusion of this project in order to fulfill our commitment to the community and the state. The RPC can continue to explore sustainability and advocacy but also needs to be thoughtful about a beginning, middle and end to the project.

*Robert Phillips, Director of Health Programs, Sierra Health Foundation: Center for Health Program Management* discussed other aspects of the transition into the final phase of the Innovation Project. Saying goodbye to grantees is an inescapable part of the grant maker’s role. To do it well, it’s important to think upfront about setting up our exit in a way that advances the aims of the grantees, our partnership, and the larger field of interest around mental health respite. Putting the exit on the table keeps it there as a predictable phase in our efforts.

For a grantee, the exit of funding is always bad news, even when it’s planned in advance. However, we can set a positive tone by communicating consistently — over the course of the grant and as the end approaches. When everyone sends the same message, that’s even better.

At the bottom line, what grantees really want and need is help with funding. Our efforts can work well in the right situation, and if positioned well to put our grantees in a position to pursue realistic new funding prospects when our funding ends.

An exit can be an occasion to look back on what was accomplished, distill lessons, and disseminate what was learned. To do these things, as well as let the grantees do these things, this is the time to think through how our own efforts to strengthen the field can also extend the value of our investment.
Question: Is there an opportunity for an extension of funding from Sacramento County or Sierra Health Foundation based on results we have seen or evaluation data?

Answer: The discussion has been centered around creating a situation for the RPC and grantees to connect them to funding opportunities. There have been discussions around stopping the abruptness and encouraging the transition.

Question: Would it be possible for triage workers to be located at respite sites?

Answer: It's not clear at this point.

Members discussed the question: “How does this help your thinking about the next phase of the Innovation project?” Important discussion points included:
- Importance of informing community about respite services – communications.
- Can we help grantees locate funding to sustain program – is that our role?
- $11 million coming in for Mental Health Services Act funding for Sacramento County; if some projects are fulfilling CSS mandates, is there a possibility to fund them?
- Need to hear voices at MHSA Steering Committee’s community planning process.
- Opportunity to influence decisions.
- RPC needs information on CSS components
- RPC could help provide space for grantees to dialogue about sustainability – link with Sustainability and Policy Committee.
- RPC members can attend Grantee Learning Community meetings.
- DBHS/SHF will provide information on upcoming MHSA Steering Committee meetings; community planning process.

**Implementation Progress: Logic Model Refresh and Status of Grantees**

Leslie Cooksy, Evaluation Director, Sierra Health Foundation reviewed the Innovation project learning goals and other Evaluation information. Please refer to the *Meeting Slides* on the RPC web page ([http://www.sierrahealth.org/assets/RPC_Presentation_020414.pdf](http://www.sierrahealth.org/assets/RPC_Presentation_020414.pdf)). There were no questions from RPC members.

Jane Ann LeBlanc and Michelle Johnston, Grantmaking and Evaluation Committee, Respite Partnership Collaborative presented information from Round 1 Year 1 End Year Report and Round 2 Year 1 Field Visit Reports. Peggy Tapping has stepped down from the RPC. The Committee thanked her for her tireless work in the RPC and on the committee. Please refer to the *Meeting Slides* on the RPC web page ([http://www.sierrahealth.org/assets/RPC_Presentation_020414.pdf](http://www.sierrahealth.org/assets/RPC_Presentation_020414.pdf)). For the Round 1 Year End Report Summary please refer to the *Round 1 Year End Report Summary* on the RPC web page ([http://www.sierrahealth.org/assets/RPC_Round_1_Final_Report_Summary.pdf](http://www.sierrahealth.org/assets/RPC_Round_1_Final_Report_Summary.pdf)). For the Round 2 Field Visit Summary please refer to the *Round 2 Field Visit Summary* on the RPC web page ([http://www.sierrahealth.org/assets/RPC_Field_Visit_Report_Summary.pdf](http://www.sierrahealth.org/assets/RPC_Field_Visit_Report_Summary.pdf)). There were no questions from RPC members.
Innovation Project Budget

Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, reviewed the Innovation Project Budget. Four meeting handouts outlined the project budget in detail. The first handout outlined the overall five year budget in a pie chart, the second handout outlined funding that has been spent and funding that is currently unspent, the third handout outlined respite funding by funding round and fourth document was a roll up budget document that shows exact funding per area.

Myel discussed the handouts individually. In the first handout, with the overall five year budget of $8.3 million, 62% of overall Innovation Project budget is dedicated to respite grants. 6% of the budget is dedicated to Evaluation, which is a requirement of the MHSA Innovation component. 14% of the budget is personnel and benefits, which includes a Program Officer at 100% FTE, a Program Assistant at 100% FTE, a Communications Director at 25% FTE, a Program Director 20% FTE and an Evaluation Director at 35% FTE. Staff supports six meetings a month for the implementation of the RPC Innovation Projects which includes developing agendas, minute taking, collaborative communication, two Planning Committee meetings, 1 RPC meeting, and three to four committee meetings a month. Additionally, the Program Officer manages and participates in the grantmaking and evaluation processes and has a role in all Partner discussions. Consultants are 3% of the budget, and includes the graphic facilitator and Deb Marois, the RPC meeting facilitator. The facilitator is involved in partnering with partners for Planning Committee meetings as well as the facilitation of RPC meetings. Program Costs are 2% of the budget, and include technology, travel, communication and other program costs. This can include computer hardware and software, staff mileage, email communications, and other meeting expenses including binders, meals and office supplies as well as gift cards for RPC members with lived Mental Health experience. Indirect costs are 13% of the budget and include support for implementation of the Innovation Project budget.

Question: What are indirect costs?
Answer: Indirect costs are a calculation of the total direct costs and support the implementation of the project. In this case, indirect costs support other staff that are not budgeted into the project.

Question: What does grants spent and unspent mean?
Answer: These numbers indicate funds spent in Round 1 and Round 2, funds committed for Round 2 / Year 2 and remaining funds for Round 3. We are currently in Fiscal Year 3 which will end on June 30th. The MHSA Innovation Project will end in Fiscal Year 5 on June 30, 2016.

Myel reviewed the second document, which illustrates funds spent and unspent by budget area, and discussed each area briefly. It is important to note that some of the budget areas, such as evaluation, are committed, even if the funding is technically unspent. However, other areas of unspent resources may present some flexibility to consider for future costs savings and available for future RPC activities. However, it is also important to consider the potential project impact of holding back resources in different areas.

Myel reviewed the third document; a table that outlined respite funding by funding round and noted the fourth document; a roll up budget document that shows exact funding per area.
Question: Why is there a large variance for some budget areas? Is that funding that will be spent in that budget area later or is it really funding savings?

Answer: It is really funding saving; currently it is parked in carryover funds and it is not specifically designated for any purpose.

Deb asked the RPC to consider the budget and discuss the questions: What questions do you have? What needs to be taken into consideration as the budget evolves? What insights are beginning to emerge? What learning can be applied to this final phase? Important discussion points included:
- Appreciate clarity.
- Year 1 program/personnel costs are less than Years 4 and 5 – why the discrepancy?
- What are the options DBHS and the Center recommend for unspent funding?
- Is there flexibility for the funding?
- Costs for communications – what’s been planned, what do we need to do?
- What funding is needed for RPC activities in Year 4 and 5? We need to look forward and get specific? Some recalibration has been done.
- Concerns about engaging cultural communities – conversation about need to capture learning, gather information about why we weren’t successful.
- Think about who’s missing and consider dedicating funding to specific outreach – also can draw on Membership and Governance Committee.

Structuring Round 3

*Kathryn Skrabo, Program Planner, Division of Behavioral Health Services* discussed insights regarding the structuring of Round 3. The past work of the RPC has been focused on grantmaking; and the RPC has successfully funded seven programs across the age spectrum. Through collaborative efforts, the community has new mental health resources, which will contribute to an evaluation that will further define what is respite as well as promote the concept of respite in the field of mental health.

Round 3 funding is an opportunity to focus on the whole project, and it is important to be strategic about this funding cycle. Even with the parameters specific to this project, there are competing and serious needs within the mental health system, some of which are underfunded and some of which are not funded. Respite services came up at the last MHSA Steering Committee as a possibility for funding for growth dollars; but to be funded with growth dollars, respite services need to show effective outcomes. If Round 1 grantees do not receive extended funding, we will only have limited outcomes; but if Round 1 grantees were refunded there is the opportunity for additional outcomes that would make the programs more feasible for funding in the future.

*Robert Phillips, Director of Health Programs, Sierra Health Foundation: Center for Health Program Management* outlined the five primary ways of funding:
1. Dissemination Support – story about what was accomplished.
3. Sustainability of an idea.
4. Research – additional exploration
5. Continuation – when more time is needed to mature or gather more information.

The RPC should determine which way of funding it is interested in pursuing for Round 3 funding. The way funding is structured communicates a statement to the community; and we need to consider how to best position our efforts and our folks to be practice and move forward in a positive way. There were no questions from the RPC.

Deb divided the RPC into three small groups to develop a funding proposal for Round 3. Deb asked each group to consider the following guiding questions:

Guiding questions:
1) How does continuing to fund Round 1 contribute to RPC goals and desired impact? What are the benefits, drawbacks, risks, and tradeoffs of this option?
2) What other options if any do you want to consider for Round 3? What are the benefits, drawbacks, risks, tradeoffs?
3) How can we structure Round 3 to best achieve our goals and desired impact?
4) What have we learned to apply to our decisions?

Following the small group discussion, the groups reported out their proposals to the RPC.

Proposals discussed by the small groups included:
- Refund Round 1 based on performance***
- Competitive bid with Round 1 to expand services (refund at a higher level)
- New RFP focus on unserved/underserved cultural communities***
- Possible include parents/caregivers
- Examine which unserved/underserved groups are coming to Emergency Departments – focus RFP to those groups
- What about Round 2? – Give a bit more time?

The RPC unanimously supported additional funding for Round 1 grantees. Additionally, the RPC agreed on a new funding opportunity for respite services for un/underserved communities. The RPC considered but voted against funding Round 1 grantees for an increased amount of services based on performance measures. However, most members did not support this idea.

Next Steps

Preparing for March RPC Meeting Evaluation Focus
Leslie Cooksy, Evaluation Director, Sierra Health Foundation discussed the evaluation steps. Please refer to the Evaluation Slides on the RPC web page (http://www.sierrahealth.org/assets/RPC_Evaluation_Presentation_020414.pdf). There were no questions from the group.

Membership & Governance: Member Participation & Recruitment
Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, discussed the upcoming 2014-2015 Membership Survey that will be sent to RPC members. Myel encouraged all RPC members to review the survey and provide information to the Membership
and Governance Committee. This information will be used to develop a recruitment strategy for the 2014-2015 Membership Term.

**Closing Remarks & Meeting Evaluation**

*Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management,* acknowledged the work of the RPC. The upcoming March RPC meeting will focus on further refining the details of Round 3 funding. Myel invited all RPC members to attend the February Grantee Learning Community on February 28th from 8:30 a.m. to 12 p.m. at Sierra Health Foundation. Please note, the May Grantee Learning Community date has changed and is now May 20th. Myel also noted that the May RPC meeting has changed and is now Wednesday May 14th from 3 p.m. to 6:30 p.m.

The next RPC meeting is March 11th from 3 p.m. to 6:30 p.m.