Welcome

Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, welcomed everyone to the meeting. The Grantmaking and Evaluation Committee has presented four times in recent months on grantee activities. These reports provide information from grantees on the number of unduplicated clients served and program successes and challenges. Reviewing these outcomes and grantees' challenges provides the RPC information to develop Round 3 funding strategies. Myel encouraged the RPC to utilize learnings from Round 1 and Round 2 for Round 3. Round 3 funding will contribute to what is currently being done. St. John’s Shelter Program for Women and Children will have a grand opening on Friday at their new site, with the expansion of their respite services. The TLCS Executive Director was on KVIE this week discussing mental health and respite services. Myel congratulated the RPC on their progress to date.

Myel discussed the RPC presentation to the Mental Health Services Act Oversight and Accountability Commission. The presentation team was Ebony Chambers as a RPC Co-Chair, Jane Ann LeBlanc as the Division of Behavioral Health Services MHSA Program Manager, and Myel Jenkins as the Sierra Health Foundation: Center for Health Program Management Program Officer. The presentation was an overview of the Respite Partnership Collaborative project and was well received by the commission. The presentation team received feedback from a commission staff member that the presentation articulated the complexity of the RPC project and the learning that occurred. The commission staff also discussed sustainability, which the RPC will discuss further in the future.

Myel noted that RPC Co-Chairs Ebony Chambers and Dave Schroeder had urgent matters and conveyed their regrets for not being able to attend today’s meeting. Myel announced Mental Health Matters Day on May 13th at the State Capitol, and encouraged RPC members to stop by the resource table at the back of the room.

Deb Marois, Facilitator, Converge CRT, welcomed everyone to the meeting and led member introductions.

Round 2/Year 1 Grantee Progress Reports and Recommendations

Jane Ann LeBlanc and Lyn Corbett, Grantmaking and Evaluation Committee members, Respite Partnership Collaborative presented the Round 2 Year 1 Progress Report Recommendations. For St. John’s Shelter Program for Women and Children and TLCS, RPC members have the option to approve the committee recommendation and approve the report, which would release 20% of grant funds, or not approve the recommendation to approve the report and delay funds. For Children’s Receiving Home, RPC members have the option to approve the committee recommendation and not approve the report, and delay 20% of grant funds. Refer to the PowerPoint presentation Progress Report Presentations on the RPC web page: [http://sierrahealth.org/assets/RPC_Progress_Report_Recommendations_040114.pdf](http://sierrahealth.org/assets/RPC_Progress_Report_Recommendations_040114.pdf) for more details.
Transitional Living and Community Support (TLCS)
The Grantmaking and Evaluation Committee recommended approval, with no requested follow up.

Q: It does not seem like TLCS has enough guests?
A: Due to the short report period time, the committee did not identify that as a challenge.

Q: Does the phone number get people to TLCS?
A: Yes that is one of the resources.

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St. John’s Shelter Program for Women and Children
The Grantmaking and Evaluation Committee recommended approval, with no requested follow up.

Q: Is St. John’s referring respite clients to themselves?
A: The progress report noted St. John’s Community Network as one of the referral sources.

A RPC member noted that she recommended a client to St. John’s and was impressed with the staff, assessment and the program. The assessment focused on mental health and respite and did avoid a hospital admission. Another member noted that from 2005 to 2007 she facilitated a mental health drop-in group at the shelter and there was high need for mental health services and for a safe place to discuss mental health concerns.

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Children’s Receiving Home of Sacramento
The Grantmaking and Evaluation Committee did not recommend approval of the progress report.

Q: Does Children’s Receiving Home have any beds for overnight stays?
A: Beds are available for teens up to the age of 17 coming to Children’s Receiving Home for respite involved in the Child Protective Services system. However, beds are not available for community referrals since the organization is still waiting for Community Care Licensing
approval. Children’s Receiving Home has not had any overnight stays at this point in the reporting period.

Q: Was it a requirement in their contract to have bed nights?
A: Yes. Bed nights are part of Children’s Receiving Home’s Scope of Work. It is not clear why they are not providing respite longer than 23 hours. As contracted, Children’s Receiving Home is supposed to be able to serve youth 12-17 that are community referrals and TAY 18-24. Their limitation in not being able to take in any community referrals and TAY is because they are awaiting approval from Community Care Licensing. Children’s Receiving Home has requested Community Care Licensing approval but it has not been granted at this point.

Q: Community Care Licensing refers to supervision and medication – why it is required for respite services?
A: Community Care Licensing is related to the other services provided at the same location by Children’s Receiving Home; so Children’s Receiving Home needs Community Care Licensing approval to serve the respite population.

Q: Did Children’s Receiving Home identify the Community Care Licensing limitation in their original proposal?
A: The limitation was not addressed in their initial proposal. The Grantmaking and Evaluation Committee concern is whether Children’s Receiving Home can meet the contracted scope. Currently the answer is no. There is hope that this issue will be resolved quickly. It is important to note that this is not a reflection of the quality of services Children’s Receiving Home is able to provide; but that they are unable to provide respite services to TAY and community referrals at all.

Q: Is it clear when Children’s Receiving Home will be approved or denied for Community Care Licensing?
A: The anticipated timeline for approval is April.

A RPC member noted that there were RPC concerns with the original Children’s Receiving Home proposal. The organization has not met the needs of the RPC who were seeking to provide respite services for the community referrals and TAY population.

Myel noted additional concern related to the timeframe. Working with Community Care Licensing can take 30-90 days, and Children’s Receiving Home’s Community Care Licensing application was not submitted until January.

Q: If the RPC determined not to approve the Children’s Receiving Home Progress Report and delayed the 20% in funding, would there be an option at the April RPC meeting to release that 20% of funding?
A: Yes, the RPC does have the opportunity to fund Children’s Receiving Home if they become able to provide the service. A Grantmaking and Evaluation Committee member noted that the Grantmaking and Evaluation Committee had discussed that Children’s Receiving Home has already received 60% of the grant award. Because Children’s Receiving Home is only able to serve a small part of the population they are funded to serve, the Grantmaking and Evaluation
Committee did not see that withholding a small part of the problem would cause a significant problem. The next RPC meeting is May 14th and the Grantmaking and Evaluation Committee could discuss next steps with the RPC at that time.

Michelle urged that the decision should be conveyed to Children's Receiving Home clearly; this decision is not a closed door. The hope of the RPC is that Community Care Licensing is approved and we will be able to continue funding.

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**Addressing Un/Underserved Cultural Populations: Building on What We Know**

**Confirming Consensus**

*Deb Marois, Facilitator, Converge CRT* reviewed the Un/Underserved Cultural populations discussion summary, and the discussions from the February and March RPC meetings. Deb noted that there are no new updates on Round 1 refunding. Myel will discuss Round 1 refunding at the end of the RPC meeting. Deb noted the frustration expressed following the Round 3 un/underserved populations discussion when the group was not able to reach consensus. RPC members brought forth concerns to Ebony Chambers in her role as Co-Chair and Ebony brought those concerns to the Planning Committee.

The RPC expressed their opinion in a straw poll on the statement: “The RPC wants to focus on un/underserved cultural populations but is not clear on the strategy.” All RPC members agreed with the statement and confirmed the accuracy of the discussion summary.

**DBHS Lessons Learned from Community Planning**

*Kathryn Skrabo, Program Planner, Division of Behavioral Health Services* presented information from the Division of Behavioral Health Services Supporting Community Connections project. This project is an example of DBHS experiences issuing an RFP to provide services to cultural communities. Kathryn discussed the parallels between warm lines and respite. Some key points include:

- Mental health is a new concept for some cultural populations, respite also is new.
- Organizations currently funded to provide Supporting Community Connections services could provide infrastructure for respite services – some support activities may qualify as respite.
- The time frame to develop services is very challenging.

Refer to the PowerPoint presentation *Sacramento County Lessons Learned Presentation* on the RPC web page: [http://sierrahealth.org/assets/Sacramento_County_Lessons_Learned_040114.pdf](http://sierrahealth.org/assets/Sacramento_County_Lessons_Learned_040114.pdf) for more details.
Q: When you discuss a needs assessment, would that be feasible for the RPC to be able to fund something similar that would not be direct services under the guidelines of the project?
A: Yes, it is feasible to consider things other than direct respite services. Exploring and learning about respite services within the context of the project is connected.

Q: Would it be feasible to use funding for mental health education? Communities are not able to identify what’s normal and abnormal.
A: The RPC will need to assess our project goal and understanding the purpose of the funding. Myel noted that one of the questions the RPC has continuously asked was regarding the impact we want to make with the funding.

Marianela noted that La Familia provides services like support groups for the Latino community. No one wanted to talk about mental health services for themselves, only for their children. They are now more willing to seek services and the Latino community is learning and not as afraid to seek help.

**Hospital Data Presentation**

*Jane Ann LeBlanc, MHSA Program Manager, Division of Behavioral Health Services* presented information from Sacramento County on Acute Psychiatric Hospitalizations by Race. Refer to the PowerPoint presentation *Sacramento County: Hospital Data by Race* on the RPC web page: [http://sierrahealth.org/assets/Sacramento_County_Hospital_Data_by_Race_040114.pdf](http://sierrahealth.org/assets/Sacramento_County_Hospital_Data_by_Race_040114.pdf). Jane Ann noted limitations of the data such as: the data does not inform the RPC on the unmet need in cultural communities, does not show information to develop specific strategies to reach out to specific communities and does not speak to over-representation.

The RPC discussed what they noticed about the data. Important discussion points included:
- This makes us think about the data we do not have. We have racial and ethnic background data but not LGBTQ data or age breakdown data.
- It is easier for some cultural populations to seek services.
- Need to broaden our scope – look at what support services are used.
- Penetration rates are based on those served in specialty mental health with Medi-Cal coverage. There are much better rates of accessing services in prevention programming in large part due to programs from the community needs assessment.

**Structuring Round 3 to Learn and Achieve Impact in Un/Underserved Cultural Populations**

*Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management,* presented on revisiting Round 1 and Round 2 to learn and achieve impact with Round 3 funding for un/underserved cultural populations. The goal is to have a conversation on the disconnect between the definition of mental health respite and proposals received from organizations serving cultural populations. The working definition of respite from the Sustainability and Public Policy committee is:

>“Mental health respite serves individuals at risk of or in the midst of a psychiatric crisis, provides an alternative to emergency departments or psychiatric hospitalization, and is short-term, limited-time break in a safe environment that provides time to stabilize.”
The goal of this conversation is to provide you with information on the working definition of respite and help you move forward with your discussion. Myel reviewed the confidential RFP Application List, which outlines some of the rationale on why proposals were and were not funded in the past. Myel also reviewed the Round 3 funding amount available that was presented in February, and the proposed timeline for Round 3 funding. The projected contract period for Round 3 is December 2014 – November 2015 and the best timing for a potential RFP release is June 2014.

Q: If the RPC decided not to fund Round 3, would this left over amount be carried over or would it be reserved to utilize for other areas?
A: If the RPC made a decision not to put $225,000 into grant funds, the RPC would have to determine an alternate strategy for the funding.

The RPC discussed Myel’s presentation and discussed structuring Round 3 funding. Important discussion points included: (**’s indicate more than mention)
- Small amounts of funding could make a difference.****
  o We can only help so many – we’re on the right track, this provides a model for other funding – not necessarily setting people up for failure. Some funding is better than nothing.
- Take a risk – put it out, don’t fund if not acceptable.
  o Don’t want to set organization up for another round of denials/failure.
  o We need to figure out how to do it and enable groups to be successful.**
- Do we want our legacy to be helpful to small organizations?*
- What about including criteria/questions about Year 2 sustainability?
  o This is difficult for small organizations.*
- Frustrated – feel shackled by refunding Round 1 – not sure all are deserving.
- We want to be thoughtful and impactful.
  o Struggle between time limited project and new services.
  o How can we be responsive and really listen?
- Look at smaller grants – how can we maximize the funding and contribute to RPC learning.
- Small amount of funding can make a big difference – passion, commitment and hopeful.**
- Our conversation has evolved – there’s more education in community too.
- Be clear and direct about one year limitation – encourage creativity.
- Prevention of hospitalization hard to measure.
  o Overall, 20% of all populations have recidivism.
- Opportunity to educate/get multi-lingual information out in the community*
- Where do we want our residue to be? Helpful to have information/services.
- Include a culturally oriented approach to respite.
- If the RFP released - how can we do that and ensure we fund services/organizations to do the work.
- Want to hear from small organizations before deciding for them – re: issue of one year of funding.
- Discussed but did not do – talking, assessing and learning from past proposers.
- May require a more flexible definition of respite.
- Open to options – be creative, put opportunity out there; yet, we’ve done that.
- Learned people don’t want to branch out into new services – just want to sustain what they are doing.
- Refund current providers as long as we can.

The RPC determined there was value in small one-year grants and learning more about respite in a cultural context and determine if short-term funding can make a difference. The RPC is interested in including in the strategy a way for more education around mental health and respite, particularly multi-lingual education.

The definition of “make a difference” and specific definition of un/underserved cultural communities will be explored at a future RPC meeting.

Committee Updates, Announcements & Next Steps

**Grantmaking and Evaluation Committee**

*Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management,* announced that the Grantmaking and Evaluation Committee will be leading the Round 1 refunding process. The Grantmaking and Evaluation Committee will be meeting on Wednesday, April 9th; all RPC members are invited to help with this process. A reminder email about this meeting will go to the RPC later this week.

**Membership and Governance Committee**

*Micelle Saeteurn, Member, Membership and Governance Committee* provided an update from the Membership and Governance Committee. Michelle thanked RPC members for providing the Membership and Governance with needed information on returning and exiting members for the 2014-2015 Membership. The Membership and Governance Committee is asking all RPC members to assist with membership recruitment for applicants for the upcoming membership term. The RPC is seeking applicants who have a passion around mental health issues, a commitment to collaboration, and a skill set to contribute to one of the four RPC standing committees. The Membership and Governance Committee is asking existing RPC members for assistance in recruiting an applicant who will continue to bring their stakeholder perspective. The RPC is seeking applicants who are excited to join a collaborative and committed to system change and a continuance to build a system of change. RPC Membership Applications will be released in mid April and new members will be seated by the July RPC meeting.

Myel thanked everyone for attending the meeting.

The next RPC meeting is Wednesday, May 14th at 3 p.m. at Sierra Health Foundation.