**RPC Meeting Summary – May 3, 2016**

**Welcome and Opening Remarks**
*Frank Topping, RPC Member*, opened the meeting, welcomed members and guests and led a round of introductions.

Frank welcomed Greg Gollaher, the graphic note taker and Steve Kristoff the videographer. He then reviewed the evaluation summary from the February 2, 2016, meeting and the values of the RPC.

The goals for the day:
- RPC member action on RPC legacy, member roles and potential next steps
- Review the Innovation Plan and discuss RPC accomplishments
- Facilitated discussion with the RPC on project learnings
- Communication plan implementation

The group then previewed the Lu Mien Community Services video. Videos on respite services are available at [http://www.shfcenter.org/rpc/videos](http://www.shfcenter.org/rpc/videos). Three videos are up and the others are in production.

**Communications Update**
*Nora Dunlap, SHF Center for Health Program Management*, provided an overview of the RPC Communications toolkit. Because May is Mental Health Month and the RPC is winding down, the goal is to do a social media push. Use the toolkit for promotion of both the RPC and MHM to promote facts about respite in Sacramento [see appendix 1].

Special Twitter campaign May 1-30: What does respite mean to you? Tweet it @respitesac

**Updates**
**Community Stakeholder Meeting**
The last meeting is May 19. Members reviewed the RSVP list and all are encouraged to invite people and organizations to the meeting.

**MHSA Steering Committee**
Jane Ann LeBlanc, RPC Member and Division of Behavioral Health Services (DBHS) representative, provided several updates on anti-stigma events during the month of May in honor of Mental Health Awareness month. The MHSA Steering Committee will hear the report from DBHS, as requested, about the RPC’s decision-making process regarding the funding for Sacramento LGBT Community Center. The meeting is at 6 p.m. on May 19.
RPC Legacy: Facilitated Discussion on Summing up the RPC Learning

*Leslie Cooksy, Center for Program Health Management,* explained that the Center is summing up learning in three ways:

- Evaluation reports
- Presentation from American Institutes for Research (AIR) at community meetings and RPC available on the web site
- RPC videos

AIR ended the official evaluation data collection in February. They are now preparing reports.

In response to the Collaborative’s desire to provide a model to other counties including guidelines for respite services and a public-private partnership, she asked the group to help outline what they would suggest other entities definitely do and definitely avoid. The group provided the following input:

**Building the Partnership**

- Pay close attention to who the private partner is and their intentions, ensuring alignment of values
- Define roles of public and private partner and collaborative from the outset
- Find allies to act as ambassadors within existing structures in the beginning

**Building the Collaborative:**

- Include diverse group of stakeholders
- Strive to achieve diversity by engaging members of the community that we are trying to represent and serve
- Consumer and family stakeholders are vital
- Build a relationship with law enforcement prior to starting the project to help ensure their participation
- Define the roles of each of the participants
- Develop a process that makes allowances for stakeholders who may not be able to attend every meeting, such as law enforcement and hospital/ER representatives
- Tailor meeting schedule to community members for bigger buy-in
- Leverage legislators and their staffs
- Hold meetings at community locations where it may be more visible
- Be flexible with managing the decision-making process, consensus is important – and build a group culture that allows for the group to disagree and still move forward

**Contract Management**

- Help the committee understand the contracts
- Develop a grievance process for grantees and collaborative members
- Strive for a diversity of funding to ensure many approaches can be funded and maintained
Respite Services

- Reinforce the belief in the intrinsic value of having a place to go where one can build community regardless of the acuteness of their mental health crisis.
  - Value repeat clients in data
  - Value outcomes/impact for repeat clients
  - Recommend diversity in funding, to avoid funding sources driving focus
  - Listen to stakeholders and communities to understand what each community needs
  - Identify protective factors and natural supports for various communities and figure out how to fit those into the funders’ goals and objectives
- Encourage public entities to embrace the model of Round 3 with the focus on the needs of the clients
- Allow for language barriers and differences of communication styles in grant application narratives to accommodate for diversity in generations and cultural communities
- Remain open to applicants that are traditional mental health providers while also remaining open to those who have not provided mental health services previously
- Emphasize a humanistic approach to services, emphasize basic needs
- Understand how mental health and wellness is a journey, people will move forward but they may have to take a step back or get stuck – both for the services and the collaborative

Communications

- Find ways to promote the opportunity for community members to be engaged-outreach is a challenge
- Focus on a campaign to get the word out to the community about RPC membership – engage word of mouth and one-on-one interactions to explain the opportunity and the project more
- Develop a communications plan first and an active communications committee, ensure outreach that is attentive to various populations and prioritize cultural competency

RPC Moving Forward: RPC Legacy, Member Roles and Collaborative Next Steps

The RPC reflected on the collaborative accomplishments over the project’s four years and engaged in a dialogue on the collaborative’s next steps.

On an individual basis, members of the RPC agree to remain connected with other groups in the MH service community, share information and lessons of RPC and remain connected on the Twitter account.

The group also decided to create a Friends of Respite (FoR) Sacramento. The goals could be to support respite services by continuing to advocate for respite services as a fundamental part of the mental health service continuum that addresses humanitarian concerns related to mental health such as homelessness. FoR Sacramento could build connections with other services and partners, keeping wellness as a focus and cultivating other respite services in the community. FoR Sacramento could help maintain connections with the MHSA Steering Committee, representing community needs. They will strive to maintain connections with
each other, service providers, ambassadors and advocates. They will help keep each other updated on the issues and services.

The collaborative discussed several ideas on how to move forward with the FoR network:

- Seek guidance from Sierra Health Foundation
- Determine the scope of the network: electronic or more?
- Convene a planning committee for FoR Sacramento
- Engage in the MHSC community engagement planning process
- Access Sierra Health Foundation meeting space
- Create planning committee assignments: explore a FoR Sacramento Facebook Like Page, options that would not take any staff or resources to be successful, and a web site.

**Summary and Next Steps**

*Michelle* led the closing of the meeting.

**Member Commitments**
- Join Twitter and tweet what respite means to you
- Share videos
- Respond to staff’s e-mail questions about the legacy of the RPC by May 13 for the last edition of the RPC newsletter
- Outreach for Stakeholder meeting

**Agenda items for next meetings:**

FoR Sacramento next steps
- Display graphic facilitation charts as visuals
- Videos if they are ready

**Confirmation of decisions made today**

Investigate the opportunity to create an ongoing network – Friends of Respite Sacramento. The Planning Committee will begin the first steps to a letter to the MHSA Steering Committee celebrating the work to date, include the milestone map.

**Future Meetings**

May 19, 2016, 1 p.m. to 4 p.m. (Community Stakeholder Meeting)
June 7, 2016, 3 p.m. to 6:30 p.m.

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Appendix 1: RPC Communication Toolkit
As you know, May is mental health month and in an effort to raise awareness of the need for respite and the services available, we present these social media suggestions:

RPC’s website:  [http://www.shfcenter.org/rpc](http://www.shfcenter.org/rpc)

RPC Grantee videos are available here: [http://www.shfcenter.org/rpc/grantee-video-series](http://www.shfcenter.org/rpc/grantee-video-series)

Twitter Suggestions (limit to 140 characters):

Please use the hashtag #RespiteSac when posting about the Respite Partnership Collaborative on social media. Or write @RespiteSac anywhere in your tweet to interact with the RPC twitter feed.

*Photos are also a great way to tell a story.*

- Respite means … to me @RespiteSac  
  Example: Respite means taking a break in a safe place to me @RespiteSac
- The RPC Legacy is … @RespiteSac  
  Example: The RPC Legacy is in its community driven process @RespiteSac

Facebook Suggestions (no length limit):

- During May, mental health month, …
- Respite is an important component of mental health, to me it means …
- The RPC Legacy is around …

Infographics:

Please feel free to pick and choose from the following infographics to add to all of your social media posts.

Just copy the infographic you want and attach to your Twitter, Instagram or Facebook post (the square infographics are specifically designed to fit with Instagram post formatting).
7,332 people in crisis served through respite services
10 organizations funded
$5.25 million into the community

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“Respite is just that comfort, and what keeps you sane, keeps you from being in those scary places where you think nobody can understand you and that nobody can help you.”

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