Welcome and Opening Remarks
Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management opened the meeting with a welcome. She pointed out the materials available highlighting the RPC application. She encouraged everyone to put out the call for applicants and asked members to think about populations not represented on the RPC currently.

Leslie Cooksy, Evaluation Director Center for Health Program Management reviewed the evaluation summary from the April meeting noting that everyone seemed to be celebrating the decision making around the structure being completed.

The reviewed the goals for the day
- Review Round 2/Year 2 Site Visit reports (informational) and prep for progress report review in June. This is the first time the group has reviewed details of the site visits.
- Clarify and identify roles and goals of the collaborative for the next year.

Mental Health Services Administration Steering Committee Update
Jane Ann LeBlanc, DBHS, Respite Partnership Collaborative Member provided an update to the members from the most recent MHSA Steering Committee meeting.

The Sacramento MHSA steering committee is the highest recommending body for the program and spending of Sacramento MHSA dollars. If the innovation program is successful, the County can apply for sustaining funds for the respite programs. In April the MHSA SC took action to give DBHS authority to meet with respite service providers to determine if any programmatic shifts need to happen to continue to provide services under MHSA funding. DBHS will conduct site visits with round 1 and 2 grantees and will report back to the steering committee. The potential funding is tax-based revenue and we anticipate sustainable funding given positive outcomes.

Jane Ann reviewed May is Mental Health Month activities sponsored by DBHS and partners. The department is working to shift perceptions that create stigma for those who are living with mental illness. The County Board of Supervisors proclaimed May as Mental Health Month. The proclamation was initiated by Supervisor Kennedy and will be displayed at the DBHS offices. She noted that the county is very fortunate that Supervisors Natoli, Serna and Kennedy are very committed to addressing the issue.

Jane Ann introduced the “Mental Illness: It’s Not What you Think” tip cards. The cards are intended to education community members and are available in 6 languages: English, Spanish, Vietnamese, Cantonese, Hmong, and Russian. They are available for ordering at www.stopstigmasacramento.org. The cards provide 3 things you can do to stop stigma and discrimination.
1) Change your language  
2) Know your rights  
3) Use your voice

At SHF and DBHS office there is consumer and family art and the Governor’s office will have similar art May 18-22 in the Capitol.

An art project in the making will pair Stop Stigma Speakers Bureau members with artists who will translate the speaker’s story into art. Currently there is a call out for artists.

Jane Ann and Myel encouraged everyone to take resources and put them out in the community and to wear the green pin. They also encouraged members to take the opportunity to talk about the value of respite.

_Ebony Chambers, Co-Chair, Respite Partnership Collaborative_ asked each member to share where they’ll talk about Respite and Mental Health during the month to help facilitate awareness and reduce stigma.

- Reach out to people to attend the youth event on Saturday  
- Every week air 2 radio programs related to mental health  
- Advocate for client rights. She also encouraged the rest of the group to get involved in advocacy day coming up hosted by UACF, NAMI and DRC.

_Rule and Discussion: Round 2/Year 2 Site Visits Informational Reports_

In March _Myel and Leslie_ conducted site visits with St. Johns and TLCS. They used the visits as an opportunity to have a dialogue with grantees and assess progress. If grantees were not on track to meet their expected deliverables they discussed course corrections. Site visits provided an opportunity to gain insights into delivery of respite services.

Myel outlined the things she looked for when doing site visits:

- Core scope of work is being addressed,  
- Hiring and training of staffing, including turnover  
- Outreach to promote services  
- Collaboration  
- Evaluation  
- Compliance with contract  
- Insights and delivery of service  
- Sustainability- what are grantees thinking about as they are coming to the end of the contract

Myel then pointed out key highlights from the 2 visits:

- TLCS’ contract is for $1 million  
  - Talked about staff turnover. With new service came new expectations that didn’t meet reality. Now have an on-call pool that they draw staff from.  
  - TLCS put out video for Metro Fire  
- St. John’s contract is for $300,000  
  - Have not translated outreach materials to Spanish yet
○ Myel asked them to add attribution to their outreach materials.
○ Both hired staff who have lived Mental Health experience to get to the peer component

After the group had a few minutes to review the report on their own, they were asked:
Is there anything that stands out from the reports?

**TLCS:**
- Q: Will data in Access be transferable to Avatar? A: Yes- the data is being collected, it will just need to be entered into the Avatar database.
- TLCS has 12-14 staff in a 24/7 environment. Their capacity is 10 clients at a time and they have some staff turnover challenges. This is the first time they are offering 24/7 services so perhaps new hires didn’t know what they were getting into and the organization was not prepared to support this new type of staffing pattern.
- Surprised that TLCS is not using any volunteers because it was prioritized by RPC and if memory serves, by TLCS. Not critical, just surprising. TLCS has said that the nature of the program and the capacity of people to provide services is the reason that volunteers have not been the best options.
- Surprised that TLCS was surprised that there was a suicide attempt in the respite environment, and pleased that they were prepared for the event.
- One person was surprised that 55-65% of respite clients talk about ending their lives.
- One member tried to refer a client who speaks Spanish to TLCS. At the time, TLCS did not have a Spanish-speaking staff person on. They arranged to have a Spanish speaking person but in reality the staff member didn’t speak Spanish. They gave her some written materials but could not provide services and sent the client home after an hour.
- It was pointed out that this is a common challenge among all grantees. Many are using phone interpreter services.
- For funding through MHSA there are expectations for cultural competency for all granted agencies
- Like that TLCS has had 90 different referrals.
- TLCS bathroom policy is a successful strategy for suicide prevention.
- Interesting to hear about the collaboration with taxi services. The Taxi drivers are becoming a referral source to TLCS.
- TLCS is working on making programmatic improvements.

**Sanit John’s**
- St. Johns had a smaller number of staff and is already doing overnight in their shelter so perhaps staff is better prepared for the shifts and nature of the work.
- St. John’s is still considering the option to seek DBHS funding to sustain the program. Myel pointed out that respite could be absorbed into the other work because of the nature of the shelter until future funding can be secured.
- Jane Ann will reach out as part of their processes the MHSA SC. They will use this opportunity to explore the reasons that St. Johns may or may not be interested in MHSA funding to sustain services.
During the site visit, St. John’s staff reported that RPC timing of grantee meetings was burdensome. She clarified that they were not available to attend the grantee meeting and were asked for additional information to their progress reports.

In the first progress report, the Grant Making and Evaluation Committee noticed that St. John’s was at 18% of their goals at the time of the site visit when they should have been closer to 25%. The group learned that their length of stay continued to be 14 days; this may have been a barrier to meeting the goals. They had indicated that they would shift to 10 days and a supplement to their report was requested to outline how they would meet their goals with or without the shift in length of stay. The staff that put together the workplan and budget is no longer with Saint John’s. The new program person and budget person are learning to work together to track expenditures more closely together. The program person didn’t realize that there were unexpended funds so they received a no-cost extension for year 1.

St. John’s talked about the clients who come in so that they can get access to taxi vouchers to get to their next dr. visit, etc.

Are there things that the RPC will want to look for when we receive and review the progress reports in June?
- Standards for bilingual/cultural staff for MHSA funding
- Will St. John’s be able to shift from a 14 to 10 day stay?

Grantee Reports: Preparation for Upcoming Report Review and Decision-Making
As a former Grantmaking and Evaluation committee member, Jane Ann pointed out that because there is no standing Evaluation Committee the entire RPC would review the progress reports in June.

Reports will be sent out 2 weeks in advance of meeting and she reminded members to review the items before the meeting.

Jane Ann asks the group to look at the following when reviewing the reports:
- Are targets being met based on where they are in the contract year?
- Review any narrative provided by the grantee organization to see what progress or changes have been made since the last progress report.
- Review demographics of people receiving services

At the June 2 meeting after everyone reviews the reports on their own the group will discuss:
- What happens if a grantee isn’t meeting targets?
- Are there extenuating circumstances that have been described in the narrative that can inform the action to be taken?
- Are they looking to the collaborative for support in addressing challenges?

The group will be asked to approve the report, releasing 20% of their funding, approve with contingencies or not approve the report.

RPC Planning Discussion
Alexis and Ebony posed the question what does the RPC want to do in the last year of funding to keep moving toward reaching the learning goals of the grant. The following suggestions were made to continue to support agencies:

a. Work in collaboration with agencies to get their referral sources to buy in (With funds, etc)-specifically the ERs resulting in enhanced relationships and funding from the hospitals to the service providers
   i. Invite hospital planning councils or go to one of their meetings if they allow (is the Mental Health Improvement Council the same the body?)

b. Support the agencies with outreach at all points of contact with potential clients
   i. Create and distribute a list of all respite services
   ii. Distribute guides and train referral agency staff to assess cues to determine the types of services (respite, ER, etc) that clients being discharged or graduating from MH services may need-train the staff at all sites to support these services.
   iii. Acknowledge/celebrate new relationships that have been build as a result of the respite programs
   iv. Hospitals have TLCS information in the ER and at each discharge station, but may be having trouble at other times with hospitals getting resources

c. Develop a network of respite service providers
   i. Develop a presentation and become liaisons for respite services. Include journey from 2012 to now with stories and successes.
   ii. Coordinate grantee learning community
   iii. Support referrals among respite providers
   iv. At learning communities ask grantees to share if and what they would like to see the RPC continue as some sort of Respite Council to support after the end of the innovation funding
   v. Partner with DBHS to support grantees in the transition from funding from RPC to DBHS including mentoring relationship for those who have never had county funding before.
   vi. Introduce the respite services to existing providers funded by the County
   vii. Formalize respite into the MH continuum.
   viii. Host respite tour with specific invitations to stakeholders and funders. Hosted by RPC and grantees.

d. Enhance communication
   i. Create some sort of assessment of best communications so that people know their options before they head to ER
   ii. Help make respite care should part of discharge planning.
   iii. RPC has the ability to facilitate a shift in the narrative of respite being part of service continuum.
   iv. Make sure that new triage navigators (Hosted by TLCS) have the information about respite, and ensure appropriate referrals to respite
   v. Make sure that Mobile crisis support teams working with law enforcement have the information about respite, and ensure appropriate referrals to respite
   vi. Newsletter about respite services to the MH service community
vii. Include respite information in CIT training
viii. Press releases on the work
ix. Tables at events
x. Sharing the model of the RPC

Other points of conversation and observation:

a. Respite will be added to continuum of care formally for the county.
b. We should not ding agencies that are providing quality care for return clients. Clients should return for quality services. A: Yes, RPC is tracking both unduplicated services and we added to reports a place to report duplicated numbers to assess the overall services being provided. St. John's interpreted the RFP to not allow any duplication therefore they do not allow the return of the same clients. They will assess this and all program aspects after the end of the grant funding.
c. Q: Is there a way to attribute the grants with any change in hospitalization? A: Both St. John’s and TLCS have questions for their clients that try to get to this. Hospitals don’t have a systematic way of reporting this information. When there are mobile crisis teams and triage navigators will have the opportunity to make the connection. But other new crisis services make it hard to identify the impact respite has on hospitalizations.
AIR’s evaluation includes a community survey that goes to adult and children. The kinds of questions are about awareness of RPC, definition of respite. Does not include outreach to hospitals. Part of the reason that there is not more direct evaluation about the impact on hospitalization is because the innovation is the community-driven process, not the respite services themselves.
d. Another important outcome that may be hard to measure: If respite programs continue to be effective. Can people maintain their dignity during their crisis rather than being put on hold.
e. Collaboration with DBHS to extend funding resources is wonderful
f. One of the issues that has come up is time. Whatever we put together should have to fit within what we already do in collaborative meetings.
g. Also, sustainability beyond 2016? How can we put pieces in place that will live beyond the RPC?

HR 3717 Information – Helping Families in Mental Health Crisis Act of 2013

Leslie Napper, former RPC member, spoke about Congressional bill: HR 3717. This bill does a lot of good, but one potential harmful impact is the significant reduction of funding for protection and advocacy agencies (each state has one) and stops these agencies from bringing class action suites on behalf of people living with mental illness will be cut dramatically by this bill. The impact in California is drastic. For more information see the handout: Impact of Murphy Bill on Legal Services Attorneys. Leslie appealed to the group and to individual agencies to oppose this bill formally. This is still in the House of Representatives but that doesn’t mean that there is a lot of time.

What can you do?
As individuals go on congress.gov to read full bill and find out who is on the committees and make calls to ask them to remove the language that strips Protection and Advocacy
agencies of funding. Another aspect of the bill supports Assisted Outpatient Treatment (AOT) and changes to HIPPA that gives caregivers access to medical records.

Contact Leslie to sign onto a letter from California. 916-889-9842 or ms.leslie@ymail.com

Leslie also expressed her interest in rejoining the RPC. She committed to sending her application from the first round to Myel.

New Business: Closed Session

Reflection and Wrap Up

_Ebony asked the group to_ share reflections on the meeting.

- Before the RPC there was no respite in Sacramento. _Now we are providing comprehensive services._
- How can we be involved in Mental Health Day at the Capitol? Michelle can table or go hand out materials.
- Family perspective on AOT-Susan has a paper with the family point of view of AOT. Contact her for it. There is value in AOT and in family members having access to records.

Agenda items for next meeting:

- Put together a calendar thru June 2016
- Review today’s notes and prioritize actions
- Between meetings, reflect on HR 3717 and how it fits within the RPC scope
- What can our realistic impact be on different municipalities, state and federal-sharing the model
- What is the realistic capacity of the RPC to do any of the things we set out?

Next steps:

- Ebony will reach out to Erica to remind her of the meetings

_Future meetings:_
Tuesday, June 2
Tuesday, July 2
Tuesday, August 4