RPC Meeting Summary – September 8, 2015

Welcome and Opening Remarks
Alexis, RPC Co-Chair, welcomed the group, reviewed ground rules, lead a round of introductions and welcomed guests. They then set the context for the meeting by reviewing the agenda and goals for the day:

Updates
Grantee Learning Community Meeting
Iffat Hussain, RPC Member representing cultural communities, reflected on the Grantee Learning Community Meeting. Iffat shared that it is very clear that respite works for those in a mental health crisis.

Highlights of the meeting included Kay leading introductions and asking people to participate in an exercise used often in the transgender community.

NAMI Conference
Alexis shared information about the RPC participation in the NAMI conference as an exhibitor. A RPC Project banner was created for the conference as well as promotional cards about the RPC and stress balls. Many people were interested in the role of respite and in hearing more about the outcomes here is Sacramento. Having the brochure with all of the service providers was great so that those who were interested in learning more could contact providers directly.

There were great sessions. The topic ranged widely from law enforcement to education and schools.

MHSA Steering Committee
Jane Ann LeBlanc, RPC member representing DBHS, presented to the Steering Committee on the transition of round 1 and 2 grantees, the discussions, site visits and excitement of the grantees to transition. Steering Committee members and members of the public provided positive feedback on the wallet cards and on the transition of the grantees.

Jane Ann will continue to report to the MHSA Steering Committee at their meeting on September 17. At that same meeting AIR will present their evaluation report and round 3 grantees will be introduced to the Steering Committee. RPC members are invited to the Sept. 17 SC meeting to support the grantees.

DBHS will go to the Board of Supervisors at the end of September to get approval for contracts with the Round 1 and 2 grantees.

One Time Award Funds
Myel reminded. The RPC’s decision for using the interest earned on the RPC Funds was to distribute the funds evenly to the 11 grantees. There was also budget savings from the 2014-2015 project year. The total available is $176,000. This is approximately $15,000 per grantees. The RPC decided at the last meeting that the funds are for program enhancement/capacity building, not long term expenses such as staffing. Some examples are software, training, stipends, food, etc.

The grantees have been notified recently with this news and the parameters. The next steps are that the grantees will provide a brief narrative on how they will use the funds and will provide an update budget.

We have 3 funding cycles at this current moment, one ends Sept 30 (R1), one ends November 30 (R2), one ends March (R3). R1 and R2 grantees will have until December 31, 2015 to spend the extra funds and their report due dates will be January.

While communicating with the grantees about the extra funds Myel heard great appreciation from many grantees. CAFA said that without Respite funds they would not be where they are today and this extra will help them with transition to DBHS funding. Another grantee representative said that the news of the new funds made her cry.

**LGBT Center Teens and TAY Updated Report**

Myel reported back on the RPC’s request for a follow up report from LGBT Center on their ability to track and evaluate for the timeframe from April to July. What was communicated to the LGBT center was that the RPC had concerns based on the previous report and would be watching the rest of the reports closely. Myel highlighted a few things:

- They are still experiencing challenges in tracking un-duplicated teens and TAY
- They did follow up with Center and reported 862 served is combination of duplicated and unduplicated clients
- Leslie and Myel made the suggestion to ask in demographic if this is the client’s first visit
- What we see is that they are serving clients, are tracking and are making an effort to get better at tracking clients.

**Review and Action: Un and Underserved Progress Reports**

Alexis opened the discussion by reviewing the goal of the discussion: to review and approve the reports, which will release 30% of the grant award to each of the grantees. She asked the group to keep these 6 points in mind during the review and discussion:

- Are targets being met and context of program implementation?
- Demographics
- What if grantee is not 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?

Myel provided the following context:
What does on-track mean? This is the first 4 months of a 13 month grant which includes the launch. If they are serving about 25% of unduplicated but with launch 18% and more would be considered on-track.

Church for All
- Their goal is to serve 500 unduplicated clients, to date they have served 122 in the first 4 months, so are on-track.
- Their goal was to have 10% return visits, and they are currently at 25%. This is consistent with the other three sites (Gender Health Center, LGBT and Wind Youth Services) doing drop-in.
- They have had significant referrals from churches.
- Challenge: Surveys have been a challenge. Even though they have had 122 clients, they only have surveys returned from 38 clients. They are training their peer volunteers and have begun escorting people at end of services out to ensure they get surveys back.

Gender Health Center
- They are projected to serve 200 unduplicated clients and have served about 24% in this first reporting period.
- They had no projections for return services and they reported 36 of the 49 clients have returned more than once.
- Because of the way respite is being utilized they have adapted a peer support model and are using peers to support documentation

LGBT Center-Lambda Lounge
- The Lambda Lounge is serving a combination of drop in, groups, and resource referrals
- They projected 500 unduplicated clients and have reached 255. This includes the three types of services above.
- Survey collection continues to be a challenge. They have been training volunteer group facilitators to collect the data.
- They have conducted 200 community groups and have served 109 unduplicated clients.
- They have seen an increase in drop-in respite attended as the hours available expanded.

The RPC members then reviewed the reports, discussed and made decisions on release of funds. Highlights of the discussion follow:

**Church for All:**
- What is happening with their telephone assessment?
  - It was a miscalculation, and they are seeing that people are using respite in other ways other than telephone. This is a trend with other grantees too. So this isn’t surprising.
  - This was going to be the bulk of the people they were going to serve.
  - If the numbers were lower in other areas of service, it might be a concern, but it is encouraging that people are coming in person for services.
  - I would expect that they would at least address it in the report. Curious about their thoughts around the actual vs. the projected and what they want to do, if anything, to make adjustments to their plans.
• Many people need more support than just a phone conversation, and in-person services are more effective
• Where is the qualitative data? The data seems to be very quantitative. What happens after the duration of the treatment?
  o One of the things we heard at the Grantee Learning Community is that the nature of respite is short term, and when they leave they are heading back into the environment that lead to the crisis
  o This could be why we’re have such high return rates
  o We set up the reports this way because of where we were when we started the program
• The report did mention 70% of clients are experiencing homelessness
• They have had many challenges: staffing, clients damaging building, etc. but they have been able to overcome these challenges one at a time and this stands out as a success. They will have high chances to overcome challenges as they arise in the future.
• Nice to see they were able to recognize some of their challenges
• Stressed and overwhelmed staff is a concern. What are they doing to prevent volunteer burnout and to support the staff and volunteers?
  o They had recognized immediately a need to change their staffing pattern to address this, although they need more
  o Maybe we can suggest periodic a meeting with staff and volunteers to develop their own wellness plan and follow up/support
• Would like to see more referrals for services that can help the clients in the long term
  o Page 5 in the second paragraph highlights services they have referred clients to including: 4 veterans have received housing, others are awaiting housing with the support of their coordinator.
  o It’s very real and appropriate that they bring their challenge of being overwhelmed and we can support them to develop a plan.

Decision: Unanimous approval of report and release funding unconditionally.

Gender Health Center:
• Majority of referrals coming from internal. Is there enough awareness in the community?
  o What are other sources referrals are coming from and who is captured in this category
  o We are aware that they serve residents from other counties, are internal referrals for people who live outside of Sacramento County in addition to those who live inside the county or just Sacramento Co?
  o Should follow up on this question with all grantees
• Many of the performance measure questions are answered with yeses rather than numbers. Would like to see the numbers.
• They are willing to adapt based on the needs of the community-this is a positive approach to addressing some of their identified challenges.
• One comment is that they want to reduce the burden of paper work. Are they looking for the RPC to provide ideas for them?
Myel and Leslie have had a conversation with the grantee and have strategized around this issue.

**Decision:** 5 yes and one abstention to approve the report and release funding unconditionally.

**LGBT Center-Lambda Lounge:**
- Low numbers for reaching people of color. Is this an outreach issue?
  - Is there a plan to expand outreach to people of color?
  - Assume that the white demographic includes Hispanic. There is another unknown number that is missing due to the data collection challenge.
- Has anyone visited the Lambda Lounge? It’s a small space. It looks like they are impacted, I would worry that with more space, they might not be able to serve everyone who comes if they expand outreach too much.
- Under challenges it says volunteers have been recruited to serve as group facilitators and resource specialists, but data is not being collected by these volunteers. Why wasn’t this training provided when the volunteers were trained initially?
  - They are now tracking on the demographic form for duplicated/unduplicated.
  - The other performance measures were not tracked yet because the community members facilitating the group had not been putting forth the community survey. Have noted they are changing this and they did have a call with Myel and Leslie who made their expectations very clear that there need to be action steps to correct this issue and they cannot continue to list zeros.
- It could be that the same person goes to a group, gets resources, gets individual respite, pointed out that what we really care about is how that person feels in the end, not how many types of services that person gets.
- If they are not collecting satisfaction surveys, where are they getting the quotes in question 5? There is a comment book.
- Those comments may be from the 25 people who have completed the survey who had accessed the drop in services.
- Looks like they are doing a good job collaborating with other grantees.
- We need to find the balance of what each agency can do and what is the RPC’s priority for the data we want to have.
  - It may be reasonable they don’t have it the first quarter, but we need to maintain the expectation that they collect the information. Referral data hasn’t been specifically asked for in numbers vs. a list of where referrals are coming from.
  - For the grantees who are providing a variety of services, we are trying to figure out how to report on the outcomes based on the types of services people are accessing.
  - Need to know where the referrals are coming from in order to continue to serve and access un and underserved populations.
  - As all of the grantees look for sustainable funding, data collection and reporting is a strong requirement from funders, so anything we can do to help grantees be able to provide the data is going to grow capacity.
Decision: Unanimous approval of report and release funding unconditionally.

Communication Plan

Jane Ann provided the context for the discussion by reviewing the three questions that the project is testing and learning:

1. Do we promote successful collaboration between public and private organizations (DNHS, and Center for Health Program Management) in Sacramento County?
2. Do we demonstrate a community driven process?
3. Does our work improve the quality and outcomes of respite service in Sacramento County?

Myel presented highlights of the plan

Goals of the communication plan:
1. Create momentum to support effort to sustain the RPC grantees
2. Using RPC evaluation, inform other Ca Counties about RPC Project and process
3. Develop support for mental health respite services among Sacramento and region

The communication plan includes the 3 strategies and multiple activities:

1. Public awareness media campaign
   a. Media kit
   b. Social/digital media
   c. Print media
2. Robust RPC website
   a. Strengthen existing RPC webpage
      i. Videos on grantees
      ii. Client stories
3. Targeted information materials to key stakeholders
   a. E-newsletter
      i. Including client stories
      ii. Introduce RPC members
   b. Brief summaries of evaluation key lessons
   c. Publications and briefs
   d. Presentations at conferences on key lessons
   e. Community stakeholder meetings

Multiple strategies can be implemented simultaneously. SHF is able to be the hub/coordinator in partnership with the RPC and DBHS.

There are potential RPC member roles:
1. Social/digital media: share, tweet
2. E-Newsletter: feature RPC members
3. Community Stakeholder Meetings: attend and help plan meetings, share project updates with key groups
4. Presentations: research upcoming conferences, share information with staff and represent the RPC at relevant conference when able

RPC Discussion
• Who is the target audience? Other counties, service providers, policy makers
• There is not really a focus on how to build synergy from the Federal Government? Is it feasible to tap SAMHSA and MHSA resources to support expansion of services?
• $21,000 isn’t going to help with large media buys; perhaps we should be very targeted. More publicly oriented media such as social media won’t cost any.
• Getting useful mass media penetration will cost a lot
• One idea to pool funds with some other counties
• Another idea is to target school districts to increase MH services in schools
• Are faith based organization included in the targets?
  ◦ Yes, publications can be made to target many types of organizations

Does the plan support the communication around the 3 innovation plan questions?
• There has been some outreach done through the project to share some information about the design and stakeholders, we could do more sharing of learning and design of the project highlighting the RPC making decisions on funding and reviewing reports, a community group taking ownership.
• Respite is not unique, but the innovation is the RPC and the public private partnership and the community driven process. So there is a lot of story to tell about that. Also stories to tell about the success of getting sustainable funding for R1 and R2, and how can we use communications plan to support R3 sustained funding.

What can RPC do to implement the plan?
• Help shape a plan for reaching out to different cultural and ethnic populations and new immigrant populations
• For RPC members: why did you join this community driven process?

We are being asked to approve the plan as it stands with the understanding that it is a working document and the RPC continue to discuss and be engaged in the implementation.

The group unanimously agreed to approve the plan.

They also agree that SHF can begin to start to move ahead with getting the e-newsletter going, interviewing the RPC members and creating short videos for the grantees to be used in many parts of the plan.

Closed Session

Reflection and Wrap Up
Our accomplishments today:
• Approved communications plan framework
• Approved progress reports

Agenda items for next meeting:
None
Parking Lot
Synergy with Federal Government

Future Meetings:
* Tues Oct 6
* Tuesday November 3
* Tuesday December 1