Respite Partnership Collaborative Project
2012-2016
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<th>Anna Rosenbaum</th>
<th>Leslie Napper</th>
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<td>Shadi Barfjani</td>
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<td>Susan McCrea</td>
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2014-2015
RPC Members

Alexis Bernard
Beth Hassett
David Schroeder
Debi Drake
Dirulislam Abdullah
Ebony Chambers
Erica Fonseca
Iffat Hussain
JaneAnn LeBlanc

Lolita Randle
Lyn Corbett
Marianela Appelgren
Michaele Beebe
Michelle Saeteurn
Nai Fong Saechao
Roman Romaso
Stephanie Nguyen
Susan McCrea
Alexis Bernard
Beth Hassett
Dirulislam Abdullah
Donald Clark
Ebony Chambers
Erica Fonseca
Frank Topping
Iffat Hussain
JaneAnn LeBlanc
Kay Temple Kirk
Leslie Napper
Marianela Appelgren
Michelle Nevins
Michelle Saeteurn
Roman Romaso
Stephanie Nguyen
Susan McCrea
Who's in the Room?
- Group Reflection
- Lots of lived experience
- Experience w/ Collaboration
- Lots of similar experiences
- Lots of personal/professional experience
- New understandings/opportunities
- Education / mission
- Focus on YR
- No law enforcement representation
- No history in juvenile justice, trauma treatment, & new_norms

Large Group Reflect Out
- Missing Youth Representation
- Missing law enforcement
  (Communication issues with law enforcement)
- Focus on Disparities of Ethnic Communities
- Focus on wellness recovery model
- Tough for youth to navigate through system
- Questions about funding (must focus on value) - don't dilute
  - Do something effective / don't dilute among groups

Framework & Implementation (Q&A)
- Is MSA funding at risk with current plan? No, already calculated
- Can receive $ to go out in programs? Still looking at alternatives
- Does the region consist of RRT support? More and needed?
- Will help in transitioning to address, lead field? RCT to address

Questions?
- Are we deciding who is going to?
  - Deciding what type via request for proposal (RFP)
  - RFP will then be reviewed by RFP / technical input
  - RFP will also provide input on evaluation, communication / sustainability after 2016
- How many RFPs? Can we combine RFPs?
  - Best of precision marketed in January
  - Good in mind impact to RRT, law enforcement
- Can we know what the $ are each year?
  - Still figuring out specifics
  - How can we get significant $ currently?
- What outreach has been done to law enforcement?
  - What can RCT members do?

Ideas
- Reach out to try group
  - Both Sheriff, NUH & SAC PD, chief
  - Put approachable
- Frank with MTZ with law enforcement
  - Advertisement at community MTZs
- SAC children's home
- Bring in sheriff & LT's in sheriffs, PD, (pactful fees)
- Invite guests
- Wind youth SACS (survey others)
- Surveys
- Supporting community connections for input opportunities
RPC MEETING
MAY 22, 2012

CONSUMER PERSPECTIVE
LESLIE NAPF

SERVICE NO LONGER AVAILABLE
POST SERVICE NOT PLEASANT, BUT EFFECTIVE
NEEDS TO AVOID LOCK DOWN SITUATIONS
RESPITE NEEDED:
- STABILIZE IN COMMUNITY
- OPPORTUNITIES FOR COLLABORATION
- COMMUNITY BENEFITS
- POSTER CARE, NO REFERRALS
- CLOSER TO HOME
- INTEGRATED & WHOLE PERSON CARE
- AIDS SVCS
- NURSING SETTINGS (MORE THAN “DROP OFF”)

PSYCHOSIS ON MENTAL HEALTH CRISIS

DEFINITION OF CRISIS

MAJOR INTEREST IN REDUCING HOSPITALIZATION & OFFERING RESPITE
(INTEREST TO UNDERSTAND CONTEXT OF HOW PLAN EVOLVED)

RESPITE PERSPECTIVE

MAJEO T. GEOBE

EXPERIENCE AS PATIENT OF CONSUMER
NO GOOD OPTION FOR PATIENTS (IF NO RESPITE OPTION)

WHY RESPITE:
- LESS HOSPITALIZATION
- LESS ISOLATION
- MORE SUPPORT

COMMUNITY PERSPECTIVE

DORIS KITTEL

OLD SYSTEM: MENTAL HEALTH LIMITED
- (CLINIC SYMPTOMS) CENTER
- (CLINIC SYMPTOMS) CENTER
- 4400 CONSUMERS/ME WHEN HOSPITALIZATION IS 
- ONLY OPTION
- RESPITE IS INCREASED
- RESPITE IS VEN EXPENSIVE & TAKES 
- FUNDING FROM OTHER AGENCIES
- RESPITE CAN BE SUCCESSFUL, MORE TBD THAN HOSPITALIZATION

COMMUNITY IS IMPORTANT
- PROBLEM IS NOW FELT 
- MUST SHARE EXISTING RESOURCES 
- THAT NEED TO BE LEVERAGE
Q & A
- How are we going to allocate to ensure homelessness is addressed?
  Group will make decisions on this issue.
- What are % rates of different categories (what is prevalence & impact to hospitals)?
- Who will do evaluations?
  Evaluation director with input from RPC.
- Will partnerships reach out to groups to address sustainability?
  Yes - start up is costly.

$ may go further by looking to leverage different target groups.

Are we limited to MIH funds?
- $83 million is MHSA innovation.
- Not sure what other N is available from other ORGs.

RPC MEETING
June 5, 2012

Welcome
- MTG Goals
- Understanding of funding options
- Initial framework for funding parameters

Respite Funding Options
- RPC

Outcomes
- Community benefits
- Reduced hospitalization

INNOVATION PLAN
- Program elements: Board focus

Evaluations
- Sustainability
- Community outcomes

$83 million
- To community
- 2011

$28 million to support RPC
- 2012
- 2013
- 2015

$55 million
- Not leverage funds
- $5.5 million
- Isn’t necessarily all there is to collaborate!

Can we assume more $ coming in (leverage $5.5 million) in out years up to RPC - risks not being able to see program through.

Don’t dilute $ too much - look at multi-year grant (2yr or 4yr)

What are other “successful” models?
- Rural/Urban Partnership + Community driven Partnership are unique
- Kinsey - small conducting research (not models focus on specific target population) - no systemic approach
- Learning: labs model
- Learning: collaborative
- Incentive model: lawyer team

Communities will come up with models: targets on RSP structure
Decisions re: RFP criteria & funding structure

Structure of RFP = focus on community; not just a portion of community

Development of RFP by consensus

Time spent discussing respite success + the different forms respite can take. Set the stage
Welcome!

Keep in mind:

- Very difficult to keep programs sustainable.
- Challenging to make decisions while starting March 26.
- Communication.
WE ALL HAVE A STORY TO TELL
Round One Grantees

CAFA  
CAPITAL ADOPTIVE FAMILIES ALLIANCE

Turning Point  
COMMUNITY PROGRAMS  
a path to mental health

DELORO  
caregiver resource center

IU-MIEN  
COMMUNITY SERVICES
Round Two Grantees

- Saint John's
- TLCS
Round Three Grantees

Wind Youth Services

Sacramento LGBT Community Center
Round Four Grantees

A Church For All
Respite Partnership Collaborative (RPC) Innovation Project Evaluation
Implementation Considerations from Round 1 and Round 2 Grantee Organizations
Dierdre Gilmore
Senior Researcher
#RespiteSac

7,332 people in crisis served through respite services

10 organizations funded

$5.25 million into the community