RPC Meeting Summary – February 19, 2013 – 10 a.m. - 4:30 p.m.

Welcome and Opening Remarks
Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, welcomed the RPC and provided an overview of the framework for today’s meeting. As a result of intense reflections of Phase 1 during January, the RPC’s collective work will continue building to determine the funding strategies and priorities of Round 2. The RPC will also have an opportunity to review the second draft of governance recommendations from the Governance and Membership Committee. Myel invited Michaele Beebe to provide an overview of the meeting goals and agenda.

Michaele Beebe, RPC Member, reviewed the agenda and meeting goals of the day. She provided information on an upcoming opportunity: Save the Date for the Consumer Speaks Conference on May 23, 2013, from 9:30 a.m.-4 p.m. She also reminded everyone of the group operating guidelines.

Setting a Foundation for the Next Round of Grantmaking
Deb Marois, Facilitator, Marois Consulting & Research, welcomed everyone. She started the day by sharing an African proverb: *If you want to go fast, go alone; if you want to go far, go together.* The RPC has chosen to go together.

Each RPC member shared their hopes for the next round of funding: (bold indicates more than one response)
- Develop a 24/7 respite that makes a meaningful impact on psychiatric hospitalization and ER visits/wait times
- Receive a larger and broader response to our RFP this round; larger response to RFP this round
- More adult respite care beds that are easily accessed (respite home centrally located) by persons with mental illness, more diversity
- Focused proposals that understand 24-hour respite care; More “well-focused” proposals, 24-hour program; 24/7 open access to respite grantee funded; RFA $1 million 24/7
- Ensure that we get proposals to meet needs of target groups
- More youth and children providers – apply more services for youth and children with mental illness/challenges
- Get more money out to programs
- Hope learning lessons continue as we develop a vision and moving forward to next round of grantmaking
- Increased access to respite services for Sacramento County residents
- Better and clearer communication on our part to the community about what we want in/for respite services
Phase 2 Fundamentals: Revisiting Funding Options

Myel Jenkins presented information on the next round of funding priorities and related information. She highlighted the Round 1 proposal challenges. Refer to PowerPoint titled Respite Partnership Collaborative Meeting 12 for more information.

Round 1: There were four funded agencies for a total of $394,197

1. **CAFA**: provides respite services to adoptive parents and guardians of seriously emotional disturbed children through: a) respite camp, b) monthly support group, and c) quarterly family events serving up to 10 families per monthly event with 30 children.

2. **Del Oro Caregiver Resource Center**: plans to decrease hospitalizations due to mental health crisis of 11 family caregivers who are at risk of mental health crisis and care for family members with dementia by: a) providing respite care and respite counseling b) helping caregivers develop skills and c) developing a care plan to stabilize their situation.

3. **Turning Point Community Programs**: is providing residential and peer-directed respite services in a home-like environment to stabilize adults age 18 and older who are experiencing a mental health crisis. (19 clients per month)

4. **United Iu-Mien Community, Inc.**: plans to reduce mental health crisis in the Iu-Mein community by raising awareness of mental health issues through intergenerational respite support that is culturally and linguistically appropriate. The respite services will support youth through older adults, and will offer a crisis hotline as part of the services. (40-50 per unduplicated per group).

Data: Dorian Kittrell provided data on the (adult) hospital utilization rate as reported by the County of Sacramento for the fiscal year 2010-2011 and 2011-2012.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FY10-11</th>
<th>FY11-12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>0-17</td>
<td>431</td>
<td>9.3%</td>
</tr>
<tr>
<td>18-21</td>
<td>485</td>
<td>10.5%</td>
</tr>
<tr>
<td>22-64</td>
<td>3644</td>
<td>79.0%</td>
</tr>
<tr>
<td>64+</td>
<td>51</td>
<td>1.1%</td>
</tr>
<tr>
<td>Total</td>
<td>4611</td>
<td>100.0%</td>
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Vast majority of hospitalizations are taking place among 22-64 year old population.

This is data from Sacramento County Mental Health Treatment Center, Crestwood (one site), Sierra Vista Hospital, Sutter and Heritage Oaks Hospital – all of the in-patient psychiatric facilities in Sacramento County. This data only includes people without funding or who have Medi-Cal. The ethnicity data in regard to age 22 and older will be available in a month with more detail. Generally, the highest numbers are: Caucasian, African-American, unknown/unreported, Latino, and Asian/Pacific Islander respectively.

The raw numbers indicate that the bulk of hospitalizations are in the age range of 30-55. According to MHSA, Transition Age Youth (TAY) is defined as 16-25 years old. There are other organizations that define TAY differently. There is no TAY component when hospitalized. An 18-year-old would be handled as an adult when hospitalized. Medi-Cal will pay for hospitalization for adults up to age 22 as well as anyone over age 64. Dorian emphasized that this data is about the fundamentals of who is impacted by hospitalization; adults are by far much greater impacted. It is statistically not significant that we see a decrease in the hospitalization rates for those aged 18-21; small change year to year.
Emergency rooms keep track of psychiatric crisis, while DBHS is tracking referrals from every emergency room. Vast majority of people are being referred more to Sacramento County. As we move to healthcare reform, all counties are moving to meaningful data systems. All institutions will be able to communicate with one another. Sacramento County is using Avatar to upload data and all claims and services to report to state and federal government. Other hospitals send daily census to Sacramento County and it is put into Avatar. This includes all people with and without Medi-Cal.

Myel reviewed the RPC budget information to clarify the available amount of funding for Round 2. Sierra Health Foundation operates on a calendar year instead of a fiscal year. Personnel and indirect costs help support the program. Personnel costs are salary and administrative costs are included in the direct costs. The amount available for grants: $2,053,790. This is about twice as much available in Round 2 and not all of Round 1 was spent. Myel reviewed the various options for the Round 2 funding release: Letters of Intent (LOI), Request for Proposals (RFP), Request for Applications (RFA), and Request for Qualifications (RFQ). Refer to handouts Funding Timeline Considerations and Projected Budget for more information.

Q: If we have money left over in year 5? What can we do with it?
A: That is addressed in the contractual agreement. Any unspent funds in the agreement between DBHS and SHF are returned to the county to MHSA.

Q: Could the four grantees ask for more in year 2?
A: No, they have put forth a proposal for year 2 and that will be the amount they will be granted.

Q: Given they would start in September, would that be 10 months?
A: This is a starting place and is flexible. The grant contract year can be worked out as needed.

Discussion Questions
1) Round 1 reflection: What did you achieve? What gaps remain?
2) How does MH hospitalization data impact your thinking?
3) What funding criteria are most important to you now?

Dialogue
- Parameters; yet allow creativity. Build on success of Turning Point. Gaps indicate missing voices. The data reinforces the need to address adults in crisis with 24/7 care.
- Agreed that collaboration and successful outcomes were established. Learned lessons from the responses to the proposals. Based on Round 1 reflection, considering RFA. Award size for 24/7 is estimated at approximately $1 million. For five RFPs, size range could be $175K-$200K to include diverse populations.
- Use multiple methods. Criteria to emphasize; help people access services and inform community of funding opportunity and availability.

Inventing the Future: Envision Round 2 Funding Strategy
What is our vision and priorities for structuring grant making in Round 2?
The RPC engaged in a dialogue in regard to the peak time of year when families experience crisis. At the crisis nursery there is a decrease during the holiday; families have more support during the holiday season. This is also true in psychiatric hospitalizations; there is a large level of decrease of in-takes. The summer time is the peak season when the need for psychiatric services increases. Also, heat interacts negatively with psychotropic drugs. For schools, the time of need is high in October when referrals for youth increase. Children’s mental health providers saw an increase last year linked to schools.
The most important thing for RPC members at this time:
- 24/7 must at least include drug and alcohol assessment, triage, and referral as part of psychiatric care – refinement for RFA.
- Offer models to help potential proposers be creative about what respite sources to offer (ex. Invite Harm Reduction Services).
- Communication with current grantees, communities and what’s communicated.
- Invite Turning Point to speak to provide insight on making a 24/7 a reality. What if Turning Point could submit another application for the 24/7?
- SHF current funding parameters: If you received funding within the past year, you may not be eligible. This may be something for the Grantmaking Committee to take up.
- Require two collaborative partners and how they will reach out to the underserved.
- Outreach to target potential proposers as opposed to target populations.
- Offer transportation services in the RFA/RFP.
- Accessibility to respite via transit.
- Getting all the money out.

**Straw poll: require at least 2 collaborative partners for any of the applications?**

7-yes 8-maybe 0-no

Members had a discussion on whether collaboration would be a requirement within a RFP and RFA. Discussion points included:

- **Collaboration should be strongly encouraged in order to remain true to the Innovation Plan.**
  
  - It should not be a requirement but a strong suggestion.
  
  - A 24/7 project will need a larger degree of collaboration. Some smaller projects may not have a project collaboration lined up. Different expectations of proposers based on project and size. Sustainability needs a degree of collaboration. What is the history of an organization’s degree or level of collaboration? If we ask about past history and what you plan to do for this, it doesn’t have to be everything lined up. Collaboration questions could include: What are you doing in the community? Are you going somewhere or talking with certain people?
  
  - Recognize that partnerships take time and allow applicants to explain their process.

- **Go beyond business as usual.** (Ex. Turning Point did not contact Crisis Nursery to create collaboration opportunity to link parents and children services together). Encourage and foster collaboration.
  
  - Could really change how the proposers’ conference is designed.
  
  - Create a fertile ground for collaboration to grow.
  
  - Need extra time for collaboration; if the RPC does not set precedence, then there will not be a push to take it on meaningful collaboration (ex. maybe a, b and c submit a proposal and their collaboration is not strong enough. RPC can invite them to submit a stronger proposal).
  
  - Past proposers have opportunity to learn “what we are looking for.”

- **Types of programming**
  
  - Target TAY/LGBTQ/Deaf
  
  - Focus on new proposals and not fund existing programs. For innovation of new programming.
  
  - Alternatives to what is already being provided by grantees.
  
  - Learn from grantees during the current round to improve their programs.
  
  - Current grantees should be allowed to meet the needs of the community, more beds.
  
  - Target organizations whose clientele is seeking psychiatric services right now. Don’t forget those who are currently seeking services and may not be connected yet.
Proposers to include alcohol and drug screening and co-occurring disorders related to respite.

- Timing
  - At least 5 weeks between release date and deadline.

Through consensus, the RPC decided to establish two types of applications for Round 2 funding; a RFA and a RFP. The separate RFA will serve 24/7 services for a maximum of $1 million. The RPC also felt that there was a need to allow for more time between the announcement and due date of proposals. As a result, the RPC decided to allow 6 weeks total for responses, while making a brief communication to announce the release of funds.

**Next Steps**
- RPC members are encouraged to contact Myel with requests for more information from grantees and she will help with this process.
- Understand CCL requirements for RFA homelike neighborhood setting (whether or not adult voluntary programs are governed under 24/7, if any, CCL (community care licensing), that is important because it will drive the RFA. DBHS can start the ball on learning more about this. Homelike setting in a neighborhood, licensing can be impacted by NIMBY-ism. Medication on site makes it regulatory and CCL.
- Revised timeline (Myel)
- Amounts to designate to RFA and RFP
- Select, if any, target population emphasis
- Revise RFP and create RFA (guidance from today and include research)
- Identify what we want to learn, if anything, from past applicants
- Decide on the parameters for grantmaking related to: collaboration, program enhancements/new, and distributing funds.

**Deliberating RPC Governance and Membership Recommendation**
*Suzy Dotson & Michaele Beebe, RPC Members,* described some of the issues raised and revisions made to the draft governance and membership documents. They also presented information on the membership recruitment plan and reviewed the expected number of seats that will be available in May 2013. Refer to handout titled *Summary of Governance/Membership Feedback: Issues and Recommended Revisions* for more information.

The amount of time a RPC member will contribute on a monthly basis will vary based on the committee they serve. For example, one RPC member spent 10 hours over four months reviewing documents and attended meetings for the Ad-Hoc Governance and Membership Committee.

RPC members can anticipate attending special events as well. For example, in the six-month time period from January to June 2013, the RPC will host four special events: two grantee meetings, one community meeting and one proposers’ conference. From July to December 2013, they may have three special events: two grantee meetings and possibly one community meeting.

**Charter Changes**
The following will be incorporated into the final RPC Governance documents:
- Attendance: RPC members may miss up to three meetings and special events in a six-month period.
- Part of RPC members’ role and responsibilities are to identify missing voices and bring them to the table. This is also a specific charge of the Membership and Governance Committee.
The task of planning special events was shifted to the Communication Committee and will be shared between the Communication and Grantmaking and Evaluation Committee. There were some concerns raised with the attendance and standing committee requirements, which some RPC members stated they needed more time to think about before making a commitment. The Membership and Governance Committee members explained why they believed it was important to include these requirements:

- Consistent attendance is critical to building a sustainable, community-driven collaborative
- Special events expose RPC members to opinions from outsiders
- If a RPC member cannot meet the attendance requirement, they are invited to discuss their limitations with the Membership and Governance Committee.

The Membership and Governance Committee recommends trying this approach and reminded members that there is an opportunity to revisit the governance structure and make changes if needed. One additional point of interest is that committees can recruit community members to participate.

The RPC agreed to approve the following documents: Final Revised Standing Committee Recommendations, Final Revised Decision Making Recommendations, and Final Revised Membership Recruitment.

**RPC Standing Committee Development**
Each of the four standing committees met briefly to discuss their interest and hopes for the committee they plan to serve on.

**Updates, Next Steps and Closing Remarks**
*Ifat Hussein and Michaele Beebe, RPC Members,* provided a brief report on the grantee meeting.

Dorian made an announcement about his inability to participate in the next two RPC meetings. Jane Ann LeBlanc will sit in for Dorian.

Myel closed the meeting with an update on the Homeless Conference. The two members selected from a pool of interested applicants to represent the RPC at the conference are Lyn Corbett, system partner representative, and Frank Topping, lived mental health experience representative.

The next RPC meeting is March 5 from 3 p.m. to 6:30 p.m. The RPC Planning Committee will work diligently to take information from today’s meeting to develop the next meeting’s agenda and put forth the Round 2 funding structure. RPC members are asked to continue to move forward with member recruitment action steps. As committee members, the RPC should ensure that Sierra Health Foundation staff has information on the committee meeting times and dates or to be prepared on March 5 to establish a set meeting schedule.