RPC Meeting Summary – June 5, 2012

Welcome
Myel Jenkins, Sierra Health Foundation Program Officer, welcomed the group and reviewed the meeting goals. The focus for today is to create an initial framework to release funds for mental health respite services. During introductions, RPC members shared insights about the stakeholder group they represent.

Respite Funding Options
Myel explained that the decisions the RPC makes about funding structure will impact program evaluation, sustainability and community outcomes. Robert Phillips, Sierra Health Foundation Director of Health Programs, reviewed the Innovation project budget. There is a total of $8.3 million to support two components through 2015: approximately $5.5 million for community respite programs and evaluation and the remainder to support the RPC, communications, staffing and administration. Myel presented examples of different funding options the group could consider for the RFP process such as: funding many partners with small grants, funding by target population, or using a phased funding approach.
Questions and Answers

Q: How are we going to allocate the funds to address the needs of the homeless with 30-33% of this population with mental health issues? A: We will be discussing the allocation of funds today. Make sure you advocate for your stakeholder group during the process.

Q: What is the prevalence of different groups with mental illness specifically as it impacts hospital emergency room visits? A: Staff will research this.

Q: Who will be doing the evaluation? A: Sierra Health Foundation recently hired an Evaluation Director, who will consult the RPC for input on hiring an evaluation contractor.

Q: Start-up of a program is expensive; will the RPC reach out to groups to address sustainability? A: Yes, startup is more expensive—dollars don’t go as far. We will have to look at everyone’s needs and individual group’s ability to address sustainability.

Q: Will we be able to serve some or all of the populations we may want to serve? A: This is a RPC decision. There are many different ways to unroll the funding. Year 1 can be different than Year 2.

Q: Could we look at leveraged funding? $5.5 million does not need to be the only pot of money to use. Perhaps there are other groups that we can collaborate with so as not to forget the big picture. A: It is possible for the RPC to collaborate and leverage resources. Other MHSA programs, such as Workforce, Education and Training (WET) also may provide leveraging opportunities.

Q: Can we take into account that children with mental health issues have an impact on all the other groups. In other words, if you help the children, it impacts the rest of the groups. A: Remember to advocate for this when you create the funding priorities.

Q: In terms of leveraging funds, can we front-load $5.5 million in the first few years and leverage funds in the last couple of years? A: The more you front-load the funds, the greater the risk you take to not have funds for the last years. This is something to consider when creating the framework.

Q: Are we limited to using only MHSA funds for the respite care program? A: Not sure what other monies are available.

Q: What are some successful funding models? A: The RPC is a unique public/private partnership. Government entities are limited in some ways and private entities are limited in others; bringing the groups together strengthens the capabilities of both. Current research shows that respite funding is population-driven; there isn’t a systemic approach to respite care. There is no known national model. States have different models clustered around target populations. The RPC will create the funding structure and the community will design
and propose respite programs. Some examples of successful funding strategies are: a “Learning Lab” model that supports and evaluates grantees over time; an “Initiative” model that brings organizations with large capacity to mentor smaller groups. We need more information for the next meeting.

Q: What actually fits for Sacramento County? How do you evaluate to make sure a model is sufficient?
A: There is not one strategy that deals with all of the models.

Q: Should we look at each individual model for each category?
A: Our purpose is not to design respite programs or models. We are here to develop the funding framework and structure. There is a lot of patchwork funding from Federal agencies; not sure there is one that would work in our situation.

RPC Member Comment: I would like to encourage the group not to dilute the funding too much by giving out 60 grants, but rather look at funding a group for multiple years. I am a proponent of one-year or two-year grants.

Action Item: Kathryn Skrab, DBHS will provide information on respite models at the next meeting.

Creating the Framework for Funding Parameters

Deb Marois, Facilitator, Marois Consulting & Research, read a scenario to stimulate the group’s thinking to develop an initial RFP framework. RPC members brainstormed responses to the following key question:

How can we structure the funding for the RFP to develop a continuum of respite services in Sacramento County to address mental health crisis and reduce hospitalizations? Considerations:
- Types of grantees
- Target populations
- Frequency of funding release
- Funding amounts and length of time projects are funded
- Expected outcomes/community benefit
- Priority elements/criteria used to evaluate/select proposals

RPC members and guests worked in small groups to come to consensus on five ideas to share with the larger group. These ideas were collected in rounds, discussed and categorized.
Discussion

Most critical priorities from each group

- **Grant up to $200,000 per year for two years paid monthly**: Divide the monies amongst the five populations for two years. First year focused on learning; the second year focused on successful strategies. Goals of this approach are: not diluting the funds, serve populations most effectively, create sustainability, and give grantees adequate time for start up and to achieve good outcomes.
- **Multi-year flexible distribution**: Some groups need money up front and some need funding in later years.
- **Peer-driven with some professional support.**
- **Leverage resources such as Medi-Cal and other funding**: Medi-Cal can be leveraged by 50 cents on the dollar for some services. There may be some regulatory and compliance issues, for example, requirements for qualified staff may not allow peer-run services. **Concern**: Leveraging Medi-Cal may rule out other approaches and/or grantees that are not Medi-Cal eligible.

Most innovative or exciting ideas from each group

- **Quality, Targeted Collaboration and Linkages**: Three of the four small groups had similar ideas about collaboration. Grantees/programs must have strong connections to the community. Bring groups together in a “learning community” to share best practices. Collaboration could result in linkages to other services, or increased cultural competency.
- **Fund three programs for two years at $917,000/year**: All groups don’t have the same start-up capacity. We could create a fiscal intermediary who can give support to small community programs. Consider whether the grantee is a small, medium or large organization.

All other ideas

- **All populations considered not always granted**: Any organization or group could apply to serve any of the five target populations, but we don’t have to fund each population. Some groups will be able to serve multiple populations; others will need to focus on a specific population. Choose the best applications based on merit.
- **Evidence informed**: Even though there may not be a lot of program evidence, the rationale should support outcomes and benchmarks set forth in the RFP. It is not necessarily about performance, but about process.
- **Existing or new agencies**: Encourage people from non-traditional areas to apply. Potential grantee could be an organization that has provided mental health services in the past or a new one that has not provided those services, e.g., faith-based.
- **Base funding on outcomes and self-identified benchmarks**: Programs should have very clear, measureable outcomes. Allow for negotiation with prospective grantees. Continued funding should be based on project outcomes and evaluation.
- **Two-year cycle with option to renew based on performance and outcomes**
- **Program budget supports intents and outcomes**: This should be important as part of the funding criteria.
Reflections

- All populations should be addressed.
- Young adults with mental health crisis are not Medi-Cal eligible so matching funds are not available for this target population. We need to think beyond Medi-Cal to leverage funds.
- Need flexible funding so small, medium and large entities can apply. We have referenced this but did not post the idea on the wall.
- There is some concern that the impact of the funding may be diluted if distributed to many organizations in small amounts or if one large program/agency is funded to distribute monies to smaller organizations. Prefer Sierra Health Foundation find a way to fund smaller organizations.
- Dollar amounts will need to be addressed. This is a developmental process.

Wrap-up

- Recruiting new members will be revisited in the new year. In the meantime, other perspectives can be gathered as needed through other means.
- The RPC will need to drill down on details for the funding structure. A remaining question: How can we impact large systems and still be inclusive of smaller groups?
- RPC members are encouraged to share ideas discussed today with constituencies/stakeholders and bring back any new ideas or feedback.
- Myel polled RPC members about their interest in serving on ad hoc workgroups. Potential groups include:
  o Bidders Conference: 3 members
  o RFP Review: 11 members
  o Governance: 4 members
  o Community Engagement: 4 members

Next Meeting: June 26, 2:30 p.m. to 6 pm. Check the web site for updated information.

- Education on respite strategies/models and different types of RFPs for consideration.
- Continue development of the Respite Services RFP.