RPC Meeting Summary – July 16, 2013

Welcome
Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management, opened the meeting by reflecting on highlights from the June RPC meeting including the successes and accomplishments of Phase 1.

Leslie Napper, RPC Member, welcomed all newly seated RPC members and reviewed the agenda and goals for the meeting. She also reviewed the ground rules, which help the RPC function.

Introductions and Warm Up
Deb Marois, Facilitator, Converge CRT Consulting, reviewed the meeting process. Each RPC member introduced themselves, their stakeholder perspective and shared what comes to mind when thinking of the word evaluation. Members noted that all the terms were positive.

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*more than one person stated

Innovation Project Evaluation Overview
Kathryn Skrabo, Program Planner, Sacramento County Division of Behavioral Health Services (DBHS), explained the role of DBHS within the RPC. The RPC is Sacramento County’s first Innovation project. Kathryn differentiated the different ways DBHS engages with the RPC; one role is by assuming a seat on the RPC, currently held by Jane Ann LeBlanc (formerly Dorian Kittrel held this seat). Kathryn explained her role as the overseer of both the fiscal and programmatic aspects of the contract with Sierra Health Foundation to bring the innovation vision forward and ensure agreements with the State MHSA are honored. She also works collaboratively with the RPC planning team and provides technical expertise. DBHS has the responsibility to report outcomes and evaluation results to the State. Refer to the Power Point presentation Innovation Project Evaluation Overview for more background information on MHSA evaluation requirements.
Leslie Cooksy, Evaluation Director, Sierra Health Foundation, provided a refresher and overview on key evaluation components. Leslie’s role as the internal evaluator is to provide evaluation support to the RPC. She clarified the RPC’s ability to contact her at any time should they have any concerns about the external evaluator. Leslie described the process for selecting the external evaluator; American Institutes for Research (AIR). She introduced and explained the purpose of the final draft logic model (see handout). She described the evaluation plan development process, highlighting the integral role the Grantmaking and Evaluation Committee played in providing feedback. Refer to PowerPoint presentation Defining Characteristics of Evaluation for more information on the purpose of evaluation.

Innovation Project Evaluation Plan
Grace Wang, Project Director, American Institutes for Research, described the process for collecting input and developing the evaluation plan. She explained AIR’s role as the external evaluator and the reason for selected evaluation activities. Refer to AIR Evaluation Plan Power Point presentation and the Evaluation Plan handout for more information.

Q: How will consumer participation be solicited?
A: Both interviews and surveys will be used with consumers. There will be a heavy reliance on grantees and RPC members to provide guidance. AIR will develop the survey and interview questions through an iterative process; documents will be vetted through the grantees, RPC Grantmaking and Evaluation Committee, SHF: CHPM, and DBHS. AIR will work closely with grantees to determine which strategies will work best for each population and for recruitment.

Q: Who is responsible for incentives for clients to participate?
A: AIR clarified there is a line item for incentives in their budget and will highlight this fact in the next iteration of the plan.

Q: How will use of emergency departments be evaluated since there are so many factors? Given all the factors involved, how is AIR exactly going to identify the effects of grantees on emergency and psychiatric hospitals?
A: AIR will use existing data sources from the OSHPD and the Medi-Cal claims data from the state and county. As AIR learns more they are not sure if the data sets will be as useful in making the direct link between grantee services and rates of ER usage. This data will help put RPC work in context. Instead, the question will look at the utilization rates at the county level generally. Clients will be interviewed for their perspective.

Q: Will we be able to get data of the years of this project by the time AIR finalizes its report?
A: The data sets that are available are from late 2011 or 2012. It will provide more context and paint a broad big picture and not so much cause and effect.

Q: How are issues for people with disabilities going to be accommodated?
A: AIR will look to the RPC for guidance on tool development. Clarification point: AIR was given guidance to develop a plan based on the five target population found in the innovation plan.
Q: How will you evaluate cultural proficiency to get participation?
A: AIR will look to the RPC for guidance on tool development and the RPC members are asked to put forth effective strategies for engaging participants who would otherwise not be involved in these types of data collection activities.

Q: How will opportunities be assessed to evaluate strengths and weaknesses?
A: Sections in the surveys and interviews have questions that address this.

Reflections on the AIR Innovation Project Evaluation Plan
- There is an important need to communicate that clients who participate in the grantee evaluation will receive an incentive from AIR while they are receiving services (from grantees). Although respite is very short term, this would be a consideration for grantees and their clients so the seed is planted.
- Not a cookie cutter approach; the input of the RPC was heard, incorporated into the evaluation plan and allow grantees to define respite while using a different evaluation approach with each respite service provider/grantee.

The RPC engaged in a dialogue on the evaluation plan design with guided questions:
1. Of all the things heard, what is the RPC most interested in learning about from the evaluation?
2. How might the evaluation findings be useful to the work of your committee?
3. How will the RPC position itself to be ready to use the evaluation results in its sustainability, policy, or educational and outreach work?

- Responses (*indicates more than one person stated)
- How well did we accomplish what is in the Innovation Plan? Example; cost effectiveness, population reach, impact on crisis responders, etc.*
- How effective is crisis respite?*
- Inform direction of grantee programs; what is working or not for all grantees and future services.*
- Will this open opportunities to other counties to establish similar groups? Can the RPC help/be a model?*
- Most interested in learning about qualitative information, especially on cultural groups.*
- How willing would clients be to answer survey or interview questions? Having incentives for this process.*
- Will this grow general awareness of respite in Sacramento County?
- Understand impact on underserved communities; help consumers understand how important their voice is; may increase participation.
- Findings may help member recruitment.
- How will we measure our goals around decreased hospitalization?
- Surprised the focus is more on process.
- The RPC is the innovation.
- Plan balances different components.
- Desire to hear consumer experience as compared to hospital.
- Exciting; different definitions of respite, this will inform the field.
Working Dinner: Preparing for Funding Recommendation Discussion

Myel reviewed the RFP and RFQ review process and timeline in preparation for the August 6 Round 2 Funding Recommendations meeting. The review team is currently reviewing proposals and will meet for a funding recommendation meeting prior to August 6. She described the composition of the external review team, which includes diverse stakeholder representation of both RPC and community members. The review team consists of people with lived mental health experience, mental health providers, cultural perspectives, and the hospital system lens.

The review process is two-fold: all qualified proposals go directly to the review team. The ratings received from the review team are compiled and averaged. Reviewers meet to discuss the strengths and weaknesses of proposals and develop recommendations for the RPC’s consideration. RPC members will receive the top-rated proposals to review prior to the August 6 meeting. Members will be asked to review the proposals based on the Innovation Workgroup’s definition of respite and crisis.

Q: How many reviewers are there and how are they selected?
A: Reviewer information is confidential. When selecting, the Center looked for RPC members who bring a diverse stakeholder perspective and a range of experiences. The group is robust with more than six members and includes those who meet the gaps of stakeholder perspectives not on the RPC.

Myel announced the National Dialogue on Mental Health event taking place on Saturday, July 20, 2013. She also set the tone and framework for the grantee presentations that followed.

RPC Grantee Presentations

RPC Round 1 grantees briefly presented a description of the implementation of their respite programs; highlighting the type, definition and population served by each respective respite services provider. They described what they’ve learned so far, along with start-up challenges and surprises. The panel discussion consisted of grantee representatives from the following agencies: James Saetern, United Iu-Mien; Laura Stillmunkes, Capital Adoptive Families Alliance; Michelle Nevins, Del Oro Caregiver Resource Center; and Paul Cecchettini, Turning Point Community Programs.

United Iu-Mien: James began the discussion with a brief historical perspective on the Iu-Mien and how they migrated to the United States as refugees from the Vietnam War era. While very little research exists around mental health among the Iu-Mien people, James stated that because of the aftermath of the war experience, about 90% of the first generation of the Mien people in the U.S. have post-traumatic stress disorder (PTSD). In 1994, the nonprofit United Iu-Mien was established and they now serve approximately 12,000 Mien people in Sacramento annually. To date, United Iu-Mien served 117 unduplicated adults with respite services in a culturally and linguistically appropriate way. James provided an overview of the respite services, highlighted stigma as one of the main challenges facing access to respite and mental health services in this ethnic community, and he elevated the active effort to reduce stigma through education and dialogue. Refer to the handout titled United Iu-Mien Community Project Summary for more information on respite services and progress to date.
**Q:** How much use has the hotline received?

**A:** They have received calls during normal business hours, which did not have a respite focus. There may be cultural stigma in reaching out and accessing services.

**Capital Adoptive Families Alliance:** Laura described the population that CAFA serves: parents of children who were formerly foster care youth. Most children have experienced some level of severe trauma and/or abuse and other challenges, which thereby require special needs for the parents and youth. These special needs put a tremendous amount of stress on families; there is a high rate of hospitalizations and out-of-home placements. Parents also face challenges finding school placement and respite caregivers. To date, CAFA served 27 families; 30 children and 55 adults. The highlight of this program is respite for the whole family. While they are able to give parents and kids a break, the service results in so much more including reduced isolation, parents sharing resources and building relationships. A significant challenge is how to accommodate more people, there is now a waiting list. Refer to the handout titled *Capital Adoptive Families Alliance Project Summary* for more information on respite services and progress to date.

**Del Oro Caregiver Resource Center:** Michelle described the opportunities and challenges faced with providing respite for in-home (high-risk) caregivers. Families choose the respite care that would be of most benefit to them. Michelle described the types of referral and intake processes used by Del Oro to screen eligible participants. While there were few start-up challenges, Michelle reported that although respite is the most requested service, it is also the most difficult one to provide. Families face barriers to using respite within a six-month time frame; some caregivers have difficulty accepting help or allowing someone in the home to care for loved ones. To date, Del Oro served 11 caregivers. Refer to *Del Oro Caregiver Resource Center Project Summary* for more information on respite services and progress to date.

**Turning Point Community Programs:** Paul provided an overview of the Abiding Hope program, which provides respite services in a home-like setting to adults over 18 at risk of a mental health crisis. Turning Point conducts evaluation instruments such as surveys and questionnaires. To date, Turning Point served seven adults. Due to legal limitations, Turning Point can serve up to five people at a time. At first, they served one to two people daily, mostly referred from other Turning Point programs. Now, with multiple referral sources (including self-referral) they are usually filled daily with a waiting list. One challenge is that there can be confusion between respite and crisis residential programs. Paul believes there needs to be more community education about the differences. Permanent housing is an ongoing challenge for clients. Refer to *Project Summary* for more information on respite services and progress to date.

Due to time limitations, the RPC was asked to consider two follow-up questions, which will be revisited at a later date and time: What did you learn, and how can you use what you just learned, for example in your committee work or at the upcoming National Dialogue?
Membership Committee Update and Next Steps

*Iffat Hussain, Membership and Governance Committee member,* thanked everyone for attending. She provided an update on the committee’s next step, which is to fill the stakeholder membership gaps on the RPC. The revised membership application is being updated by the Center staff based on feedback from the review team. The committee will post the application and have a rolling application process until all seats are filled.

Myel Jenkins thanked AIR for presenting the evaluation design. She thanked all the grantees for attending and presenting on their unique respite services.

Myel reminded all RPC members of the August 6 meeting from 10 a.m. to 4:30 p.m. RPC members will receive the RFP and RFQ applications, along with any proposals that are recommended by the review team. Members will be asked to review materials before attending the August 6 meeting.