Welcome and Project Milestones Overview

*Diane Littlefield, Vice President of Programs and Partnerships, Sierra Health Foundation,* congratulated the RPC on the great progress to date. She reminded the group of the short timeline for the RFP release and encouraged members to get a good RFP out on time, with the knowledge that there will be future funding cycles in which improvements to the process can be made based on what is learned through this initial experience. Diane introduced *Susan King,* Sierra Health Foundation’s new Public Affairs and Communications Director, who will work with the RPC to tell the story of this initiative. She also thanked *Jane Anne LeBlanc* and *Julie Leung,* *Sacramento County Division of Behavioral Health Services,* for their willingness to assist with this meeting.

Reflection from RFP Review

Each RPC member shared one reflection from their RFP review. Many RPC members are excited to see the types of innovative and collaborative proposals that the community will generate and the learning that will result. Others support the idea of funding a mix of large and small grants to serve many populations, along with some demonstration projects. Some RPC members would like to see the language in the RFP simplified, while others were impressed with how clear and succinctly concepts are described. One outstanding question is related to the size of each target population.

Additionally, some RPC members reflected on the group process, expressing satisfaction and noting that the process has been logical and rational with much expertise. Others are gathering information from their stakeholder groups. Guests stated that they would like to see retreats where families and couples learn relationship skills and commented on the cooperation of the RPC to date.

Funding Structure Development – Part I

*Deb Marois, Facilitator, Marois Consulting & Research,* introduced the process for the small group discussions. She explained that the recommendations generated during this session will inform the RFP program narrative and selection criteria. Additionally, staff will use these ideas to shape funding strategy options to bring back to the RPC for final consideration on August 1, 2012.

Data Considerations

*Kathryn Skrabo, Department of Behavioral Health Services,* responded to the RPC’s request for target population utilization data. Kathryn informed the RPC that DBHS does not have a consistent way to collect utilization data for both county and private psychiatric hospitalizations in Sacramento. Counties often use state-level prevalence data to project need when local data is not available. She also explained that hospital utilization for youth is different than adults, largely because a primary treatment focus with youth is on preventing psychiatric hospitalizations by providing more intensive services when there is a crisis. Adults, on the other hand, may not have that same level of service and use an emergency room when in a crisis. Finally, she shared that there is not much utilization data
related to the use of respite since there are not a lot of respite programs in existence. Kathryn shared a handout with general information on respite program costs for different types of respite care to assist RPC members in better understanding what dollars can purchase. RPC members noted that will be an opportunity for Sacramento to contribute data at the state and national level related to respite care and mental health.

**Rotating Discussion Rounds**
RPC members participated in two roundtable conversations focused on collaboration and target populations.

**Collaboration Discussion Summary:** Discussions focused on the following questions:
- What results or benefits do you anticipate from collaborative projects/proposals?
- What collaborative activities will build the capacity of grantees to address crisis and offer respite?

RPC members believe that collaboration creates linkages that provide opportunity for small and large experienced and new organizations to be successful, share learnings, coordinate trainings and build professional capacity. Collaboration can help organizations connect with resources, engage various cultural, ethnic and hidden populations, and ensure that all target populations and stakeholder groups have a voice in moving the work forward. The RPC expects collaboration will benefit funded groups by providing opportunity for joint outreach, interagency referrals and serving whole families jointly. Collaboration will enhance solution-oriented discussions and help all agencies understand the needs of both the target population and other agencies to create win-win opportunities. Collaboration also will ensure that resources are not monopolized by just one large organization.

Collaboration will bring many disciplines together and enable grantees to provide more comprehensive services to a larger population. The RPC believes that collaboration will build and enhance existing programs including overnight respite, crisis hotline and follow-up opportunities. Collaboration with emergency services and first responders can expand options upon discharge from hospitalization or emergency room visits. Peer support services can be enhanced through collaboration supporting training and referral. Collaboration should encourage leveraging other resources and, if managed well, will make the money go further. RPC members believe that collaboration ultimately will increase the likelihood of sustainability. RPC members suggest structure, focus, guiding principles, documented partnerships (such as MOUs) and financial resources to ensure the collaborative is successful.

**Target Population Discussion Summary:** Discussions focused on the following questions:
- What considerations are important to keep in mind when planning respite services for each of the target populations?
- What target population criteria are important to consider when structuring the funding and RFP?

RPC members made the following general recommendations: ensure cultural sensitivity, introduce cultural awareness and competence throughout, and require evidence-informed programs. They also identified considerations for the target groups described in the Innovation plan, including:

**SED Children in Crisis:** Ensure grantees are aware of regulatory issues and support intact families and involvement of legal guardians. Programs should pay attention to developmental needs of children,
support staff with specialized training and consider the number of children in the program. Programs that serve children should also help parents/guardians stay regulated by providing respite.

**Transitional Aged Youth (TAY):** The TAY age range is 13 to 24. Programs should consider the needs of various-aged youth within this group, since needs differ at each developmental stage. Programming should consider emotional age in addition to chronological age of youth. Programs should be available two to four days and offer time for family and caregivers to take a break.

**Adults in Crisis with Children:** Recommend that programs for this population build in connections for parents and children.

**Adults/Older Adults:** Programs must be voluntary and should meet the different age-appropriate needs of consumers. There needs to be sufficient staffing to provide triage and services, offer medical and medication support, showers and food. Programs should have peer involvement or peer-run components and have ethnic/culturally specific staff that are sensitive to consumers. Since crisis is not limited to daytime hours, there should be a 24/7 component, though residential is not necessarily required. A percentage of funds should go to older adults and younger adults.

RPC members think it is important to consider age and cultural differences within all of the target populations and take a supportive and evidence-based approach. They encourage collaboration to serve different age ranges together. They hope that people will avail themselves to services and as a result, will come into contact with many systems. They encourage creative and innovative ideas to reach both unserved and underserved populations. They want agencies to be able to show their experience in providing services for the population and evidence of how the programs will be cost effective. Remaining questions: Who do we target? How do we determine subsets of populations to target? Do we consider serving high-cost users and/or those who would be most successful?

**Guest Discussion Summary**

Guests think that collaboration will provide opportunity for synergy and innovation, learning and sharing, and a larger impact. Collaboration would allow more groups to be funded, in order to serve families comprehensively, and expand opportunities for mutual support. They think there is need for cultural awareness training and cross-training to expand capacity and understanding among agencies. They suggest a “TED-like” conference to enhance collaboration and learning. They have concerns that programs will do things the same old way with all of the same players, and that one organization will dominate others.

Guests encouraged the RPC to consider the needs for culturally competent services and relationship support for families. They suggest that the funding be flexible over time to address the changing needs of the target populations and outcomes. They expressed concern that limiting services to the five target populations will result in a loss of creativity and options for those who don’t fit within the identified parameters. They also suggest that RPC members consider how to reduce duplication.

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1 NOTE: MHSA legislation requires all services to be voluntary.
Common Themes and Emerging Insights
RPC members reflected on learnings from this process. Members shared realizations that the target populations are interwoven and that families should be served together to minimize trauma and separation of children from their parents. Cultural competence has to be considered with any of the target populations. There was reflection on the potential for creativity in both how target populations are served and how collaboration works. They recognize that different populations might require different approaches and services might not have to be site specific. For example, some adults seek out the ER when they are experiencing psychosocial crisis, which is different from a psychotic crisis. One member reflected that there are many characteristics within the adult population and wondered which subset of this population will respond best to respite services. The group was reminded that the average ages for adult admittances are between the late 20s to mid 40s, with younger and older populations diminishing similarly to a bell curve. One member reflected on the lack of available data to answer many questions, but also reminded the group that numbers don’t always reflect how well programs meet needs.

Many reflected on the funding structure. Some suggested that the RPC consider leaving funding levels open in order to avoid arbitrarily limiting the potential of respite programs. In this approach, applicants would indicate how much funding is needed. It was suggested that some funds be set aside for small grants that can bring about collaborative efforts and for existing and new services that fit within the definition of respite. Some members want to provide funds for planning when needed to ensure success. Another opinion expressed is that applicants should include their plan in the proposal and show that they have infrastructure in place to avoid wasting time and funds with long planning processes that don’t result in implementation.

Funding Structure Development – Part II
RPC members divided into three small groups to develop funding strategy recommendations based on the following questions:
- How can we distribute the financial resources to create a continuum of respite services that will address mental health crisis and reduce hospitalizations?
- What is your current thinking on what types of awards to fund?
- What are the advantages and disadvantages of the options you’re considering?
- If time: What is your current thinking on how to distribute the funding?

There was a great deal of commonality and agreement among all three breakout groups, including:
- Funding will address all five target populations
- Grants will be multi-year, with planning as an optional activity
- Grantees should be required to develop a communication and referral strategy
- New respite programs and existing crisis programs should be eligible for funding
- Capital equipment should be allowed, though with possible limitations and/or caps

Within these areas of commonality, RPC members made these specific recommendations:
- Fund a broad continuum addressing all target populations
- Allocate a percentage of funds for each population, reserve some for really compelling proposals
- Provide smaller amounts of funds to start programs and provide more funding for launch
- Provide funding in phases, with continuation based on achieving benchmarks (including planning)
- Fund multi-year grants, up to four years – leave this open
- Fund a range of program ideas including education, events, overnights, etc.
Remaining areas to reach consensus include: requiring or incentivizing collaboration, funding programs exclusively for individuals in crisis, and limiting funding to support a specific number of programs/models. Two of the three breakout groups agreed that collaborations should be optional or incentivized and one recommended it be required. One group decided that programs should be exclusively for individuals in crisis, while two groups believed this option is too narrow and excludes families and those on the brink of crisis. One group believes that there should be a limited number of funded programs/models so that grantees can be effective with the limited resources. Two groups want applicants to respond based on need and design. One group made specific recommendations for the number of grants for various-sized organizations:

- 1 large group/organization serving one or more target populations
- 1 medium group/organization
- 6 small groups/organizations for up to 25K

RPC members considered many more ideas during their brainstorming session as they developed their recommendations, including:

- Supporting programs that help keep families intact and provide overnight options for adults and Transitional Aged Youth (TAY).
- Funding specialized services and a focus on excluded populations. They suggest that there be a minimum amount set for each target population, not for each grant, and a ceiling for the awards.
- Provide options for smaller organizations, cooperative proposals and small grants.
- Use funds for training or education of families as part of respite care.
- Offer technical assistance to applicants prior to submitting applications and to grantees after receiving their awards.
- Allow flexibility to renegotiate deliverables.

**Guest Recommendations**

Guests identified their top four priorities when considering funding structure:

- No one organization should received more than 40% of funds.
- Proposals need to show collaboration with other groups.
- Combine target groups so there can be funding for many groups. Don’t mix kids and adults.
- Be proactive to prevent crisis.

Guests agree with the RPC that multi-year grants should require benchmarks and that some funds should go to organizations that are new to the work, as well as those that have previous involvement in mental health services. They believe that program staff should be consumers or family members of consumers. Guests also suggested the RPC cap planning, start-up time and funding. They recommended setting aside funds for outcome studies and capacity building and training, including a “TED-like” conference for innovation.

**Next Steps and Ad Hoc Committee Establishment**

Sierra Health Foundation recommends that the RPC establish an ad hoc Committee to review the program narrative section of the RFP. This section will contain all the questions that prospective grantees will respond to when requesting respite funds, and will be developed based on the input and ideas generated by the RPC to date. Sierra Health Foundation would like to continue to honor the community-driven RFP development process, while simultaneously ensuring a fair process for the
distribution of respite funds and protecting all partners from the appearance of impropriety based on any real or perceived conflicts of interest.

After much discussion, the group unanimously agreed to create an ad hoc group comprised of RPC members that have no potential conflict of interest, are familiar with the innovation plan and represent a cross-section of RPC interests. The RPC also unanimously agreed to authorize Sierra Health Foundation to move forward with finalizing the program narrative based on the input and direction of this committee.

Sierra Health Foundation proposes a tentative meeting date of Wednesday, July 25, from 1:30 p.m. to 5 p.m. (exact time TBD) for the ad hoc committee. Four RPC members volunteered for the Ad Hoc committee. Seven members expressed interest, but first need to determine if they have a conflict of interest. Several absent RPC members were nominated to participate as they may not have conflicts. Myel Jenkins will follow up with members to establish this committee and notify the RPC who is selected for this group.