Welcome and Opening Remarks
Myel Jenkins, Program Officer, Sierra Health Foundation: Center for Health Program Management opened the meeting with a welcome.

Ebony and Alexis, RPC Co-Chairs, Respite Partnership Collaborative The reviewed ground rules and the goals for the day
- Review Progress Report – Round 2, Year 2
- Briefing on the Evaluation of the Project
- Celebrate the progress of the Collaborative

Mental Health Services Administration Steering Committee Update
Jane Ann LeBlanc, Member representing DBHS, Respite Partnership Collaborative provided an update to the members on DBHS progress in meeting with the Rounds 1 and 2 grantees. DBHS has sent letters to all of the grantees and will schedule site visits.

AIR Evaluation Presentation
Grace Wang of AIR presented the findings from the year 2 evaluation. Please see the Power Point for presentation content.
Highlights:
- For the 2015 community survey children’s mental health providers were added based on the RPC feedback in 2014.
- Round 2 grantees talked more about physical safety that round 1 grantees
- In regard to the respite dimension of Looking Forward the Round 2 grantees talked about clients feeling connected which differed from the Round 1 grantees highlighting clients looking forward to providing services

Ebony and Alexis facilitated a discussion after the presentation concluded:

Q: Have round 1 and round 2 grantees identified funding/sustainability strategies?
A: This is just a start; RPC needs to fuel the movement. Exciting things are happening, but more needs to be done. Hospitals benefit from these services, they need to be present and invest. We have to look beyond government funding because it can dip. Be thoughtful, broad and not rely on one funder.

Q: Will the final evaluation include impact?
A: It will include client perspective. It will rely most on client and staff interviews for long term outcomes- AIR asks grantees about data collection. Some grantees are collecting more data. Data collection challenges include losing clients during data collection and client interpretation of survey questions

Q: Are we getting data from hospitals on impact?
A: Want to be cautious; we may not see impact due to the small numbers
Other observations:
- Aggressive outreach needed
- Community driven process continues
- Reaching out to hospital administration
- Round 2 grantees to be able to present the data i.e. who were served, who we've benefited, outcomes report
- Explore multiple funding sources
- New opportunities
- Challenges around data collection
- Staff new points and client verbal report will be considered
- RPC likes to know if hospitals are keeping track of decrease in ER utilization
- Recommendation to explore whether hospitals/ER case workers are aware of respite options

Review and Action: Round 2/Year 2 Progress Reports

_Ebony and Alexis_ opened the discussion by reviewing the goal of the discussion, which is to review and approve the reports, which will release the final 20% of the grant award to each of the grantees.

They asked the group to keep these 6 points in mind during the review and discussion:

- Are targets being met and context
- Is there evidence of progress or changes in the narrative since last report
- Demographics
- What if grantee is not meeting targets?
- Are there extenuating circumstances that have been described in the narrative that can inform the action to be taken?
- Are they looking to the collaborative for support in addressing challenges?

_Myel_ reviewed a summary of the reports and then the RPC members had time to review it before the discussion began. Highlights of the discussion include the following.

**TLCS:**
- Low in some areas, but on track
- Doing amazing in outreach
- Concern of staff turn over and cultural competency, they are taking steps to address this issue.
- Unanimously approve report and final 20% of funding

**St John’s**
- Referral/intake process not clear
- Do they need to look at screening to have more clients who are appropriate for services?
- Was the original proposal target realistic?
What happens if we say no:
  o They said that they didn’t think they can conform to MHSA expectations
  o DBHS has not been told that officially in response to being dialogue
  o It could mean a discontinuation of services

Is it the RPC’s goal to move them under MHSA?
  o DBHS would like to at least have the conversation
  o Would a no mean they couldn’t engage in a dialogue with DBHS? Possibly

What would contingencies be?
  o Doesn’t sound like targets were realistic
  o Have we asked why they set original goals as they did?
    o Yes, we asked them to revise goals after first year because original goals didn’t seem possible

Outreach seems limited
  o Goal to reduce bed days doesn’t seem possible based on narrative response
  o Concern that the provider doesn’t have a clear division between shelter program and respite program
  o Should we set contingency that they have to adjust intake to ensure they can discharge sooner?
  o Provider has indicated that this may not be possible because places they refer to consider them to be a “safe place” so won’t take respite referrals
  o What is the RPC goal? Some of the learning might be that having 2 programs side by side (shelter and respite) might not be a good idea (Co-located)
  o They are able to serve an underserved population-women with children, African America, Native American, Pacific Islanders
  o Did we (the RPC) maybe fail them by not pushing back on this sooner
  o St. John’s has expressed a commitment to continue respite (maybe smaller) even if they don’t get MHSA funding
  o Do we really want to consider not funding at this point in the grant?

**Decision:** Final vote approved the report and the release of the final 20% (10 yes, 2 no) of the funds for the grant with the following recommendations:

- Numbers were impacted by outreach, do more outreach
- Outreach to those specific communities ✓
- Clearly define their respite and criteria for eligibility
- Open door dialogue regarding challenges and why they’ve had difficulties
- Be more realistic with expectations and real time corrections/shifts

**Reflection and Wrap Up**

*Ebony* asked the group to share reflections on the meeting.
- Supporting grantees with realistic expectations and making adjustments real time and shifts needed
- Good meeting—it’s ok to disagree
• Peer led process that supports openness in the group
• Appreciated the dialogue
• Robust conversation

Agenda items for next meeting:
• Review new member applications
• Communications plan
• Site visits
• Teens/TAY reports

Next steps:
• The group agrees to replace the August 4 meeting with a Grantee Learning Community Meeting on August 20, tentative time: 9:30-12:30
• Update attendance list to reflect Leslie Napper

Other:

RPC Celebration

Head Heart Feet Reflections:
• Learning and Growing
• RPC has become more community driven
• Nice evolutionary process to be a part of
• Feels great to be part of this collaborative process
• Passionate
• Proud
• RPC has come a long way since it started and it’s great to be a part of it now
• I have thoroughly enjoyed the process
• I’m super excited for all the dedicated folks on the RPC

Future meetings:
Tuesday, July 2
Tuesday, August 4