Respite Partnership Collaborative (RPC) Innovation Project Evaluation

Implementation Considerations from Round 1 and Round 2 Grantee Organizations

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Overview

- Evaluation Objectives
- Data and Methods
- Findings
- Next Steps
Assess the extent to which the RPC innovation project:

1. Promotes successful collaboration between public and private organizations (Division of Behavioral Health Services and the Center for Health Program Management) in Sacramento County.

2. Demonstrates a community-driven process.

3. Improves the quality and outcomes of respite services in Sacramento County.
Data and Methods
### Key Informant Interviews and Populations Served

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<td>Children with Complex Mental Health Needs in Crisis/Parents Need a Break</td>
<td>Capital Adoptive Families Alliance</td>
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<td>Adults/Older Adults in Crisis</td>
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<td>Adults/Adults in Crisis who have Dependent Children</td>
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<td>Saint John’s Program for Real Change</td>
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Document Review

- Grantee applications
- Scopes of work
- Grantee progress reports and site visit reports
- Annual reports
- Client satisfaction surveys
- Outreach and referral resources
Findings
Dimensions of Respite

- Mental & physical break
- Not alone/Trust
- Safe place
- Looking forward

Respite
Client Experience

- “Rejuvenating”
- “A sense of peace”
- “Lighter”
- “Calm”
- “Breathing space”
- “Don’t have to worry”
- “Step away, get away”
- “Rest, rest my heart”

- “Relief”
- “Distraction”
- “Time off”
- “Stop thinking, take your mind away”
- “Relax”
- “Healing time”
- “Clarity”
Implementation Factors

- Clearly define respite and crisis
- Continually determine client services
- Hire and train the “right” staff
- Develop a realistic plan and allow for flexibility
- Build successful partnerships
Implementation Factors: Define Respite and Crisis

- Definitions of Respite and Crisis affect program implementation
  - Many grantees in the first year needed to further define respite and crisis
    - Screening
    - Referrals

“Crisis and respite got interchanged and there was some confusion in the community, including for us initially when looking to set it [the program] up”
Implementation Factors: Determine Client Services

- Client services and how to implement those services need to be clearly determined
  - Clients have a diverse range of needs
  - What services to offer and when to refer out
  - Amount of staff time needed

“Probably one of our biggest challenges was not becoming a shelter.”
Implementation Factors:
Hire and Train Staff

- Hiring the ‘right’ staff is crucial to delivering quality respite care
  - Staff = Services
- Assessing the ‘healthiness of staff’ and extensively training them needs to be a continual commitment
- Some skills can only be learned through direct experience; support is required
Implementation Factors:
Develop a Realistic Plan

- A realistic plan that includes appropriate staff time and salaries can reduce burnout and staff turnover
- A flexible service model allows for clients’ needs to be met

“[B]eing very realistic about what you need, in terms of infrastructure and personnel is essential. I would say that any time you apply for grant funding, it’s so easy to underestimate that piece of it.”
Implementation Factors: Build Partnerships

- Community outreach and networking is vital at the start of the program
- Ongoing outreach is necessary for appropriate referrals
- Client trust is essential to delivering services

“One lesson we learned is that it’s important to build good relationship with...the clients that you serve, .... Without that trust, you can’t really engage in conversation with specific populations because if they don’t know who you are, they usually don’t tell you what’s bothering them, especially if the subject is mental health. That’s what we learned in the first year”
Next Steps
Future Data Collection in 2016

- Interviews with Round 3 grantees (Jan)
- Document reviews (ongoing)