Respite Partnership Collaborative (RPC) Innovation Project Evaluation

Round 1 Grantees

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Overview

- Evaluation objectives
- Data and methods
- Findings
  - Respite definitions
  - How grantees put the definition into practice
  - Client and staff perspectives on services and outcomes
  - Sustainability
- Next steps
- Questions
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

- **Document review**
  - Grantee applications
  - Progress reports
  - Annual reports
  - Program flyers
  - Client satisfaction surveys

- **17 key informant interviews**
  - 10 client interviews, 7 staff interviews
Key informant interviews and populations served on the respite services continuum

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<tr>
<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>Specialized Cultural or Ethnic Populations</td>
<td>Iu-Mien Community Services</td>
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<td>Adults/Older Adults in Crisis</td>
<td>Turning Point Community Programs / Welcome Home Housing</td>
<td>TLCS, Inc.</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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<td>Teens/TAY in Crisis</td>
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Limitations

- Key informant interviews conducted with 3 out of 4 Round 1 grantees

- Client interviews subject to selection bias
  - Self-selection and purposive/judgment sampling by grantee staff
## Data collection timeline

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RPC Document review and Grantee site visits are scheduled for Q1 and Q2 of 2016.
Findings
Grantee staff and client perspectives on dimensions of respite

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

Respite
Mental and physical break
Dimensions of respite

- A period of time that provides physical distance or decreased exposure to emotional stressors

Diagram:
- Mental & physical break
- Not alone
- Safe Place
- Looking forward
How grantees offered a “mental and physical break”

- Time and physical space for caregivers to be away from their loved ones
  - In-home and out of home care

- Time and physical space for persons at risk for crisis to be away from current situations
  - Temporary out of home space
  - For a few hours to a couple of weeks
Perspectives on taking a mental and physical break

- “Rejuvenating”
- “A sense of peace”
- “Get my thoughts together and figure out what I needed to do”
- “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”
Safe place
“An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together”

Dimensions of respite

- Mental & physical break
- Not alone
- Looking forward
- Safe place
How grantees offered a “safe place”

- Provision of a secure environment
  - Physically
  - Emotionally
Perspectives on being in a “safe place”

- “…respite is just that comfort, and that keeps you sane, keep from being in those scary places where you think nobody can understand you, and that nobody can help you…”

- “We have a Mien saying that goes, the sky is too far to reach and the earth is too low. It means that when you are desperate, you have nowhere to turn and it just seems like everything is impossible, but when I attended the group, the people there, they tell me with words, they tell me, they sustain me with their words and they tell me, do not worry, do not be frightened.”
Not alone
Dimensions of respite

- The realization that others face similar challenges to you and do not judge those challenges, your reactions to them, or means of coping.

Diagram:
- Mental & physical break
- Safe Place
- Looking forward
- Not alone

Respite
How grantees offered opportunities to be “not alone”

- Build relationships with other community members
  - Peer to peer interactions
  - Intergenerational interactions
Perspectives on being “not alone”

- “When we get to socialize with each other it’s not just the socializing that is good for us but we are able to share information and through this information sharing process we sometimes find out that the mental health condition that we experience is not unique”

- “…you’re around a whole community of people that have all done the same thing…you can just be yourself and not feel strange or different.”
Looking forward
Dimensions of respite

- Leaving in a more positive emotional state than prior to the respite program

Diagram:

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

Respite
How grantees helped clients in “looking forward”

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Services delivered by professionals and peers</th>
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<tr>
<td>Capital Adoptive Families Alliance</td>
<td>Consultants trained in crisis intervention and behavioral support to provide recreational therapy to adoptive children with complex mental needs</td>
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<tr>
<td>Del Oro Caregiver Resource Center</td>
<td>Family consultants, clinical consultants work with clients</td>
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<tr>
<td>Iu-Mien Community Services</td>
<td>Facilitators introduce concepts of mental health, and how to cope with mental health challenges</td>
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<tr>
<td>Turning Point Community Programs</td>
<td>Psych tech/registered nurse, therapist, psychiatrist, rehab counselor provide evidence-based practices such as solution-focused brief therapy and dialectical behavioral therapy</td>
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How grantees helped clients in “looking forward”

- Referrals to other community organizations for additional support
  - Mental health agencies and service providers
  - Adoption agencies
  - Board and care facilities
  - Medical clinics
  - Domestic violence organizations
Perspectives on “looking forward”

- “Ready to go again”
- “Recharge”
- “Energized”
- “Empowered to discuss symptoms”
- “Get stronger”

- “Provide tools”
- “Move forward”
- “Recuperate”
- “Regenerate”
- “Heal”
Client and staff perspectives on services and outcomes
Sacramento County MHSA Innovation Plan
Respite Partnership Collaborative Logic Model – 2nd Draft
## Information sources about outcomes

<table>
<thead>
<tr>
<th>Intermediate: utilization</th>
<th>Intermediate: experience</th>
<th>Long term: emergency department (ED) visits, psychiatric hospitalizations and institutionalization</th>
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<tr>
<td>All grantees addressed service use in progress reports to RPC</td>
<td>AIR captured some client perspectives on experiences during interviews</td>
<td>Capital Adoptive Families Alliance staff and clients offered perspectives; Turning Point Community Programs staff offered perspectives and are collecting data</td>
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Intermediate outcomes: experience

“…for example [at the beginning of a presentation about mental health, we ask]…can you tell us do you know the sign that you would think that person has, or that family has mental health issue[s]…4 or 5 of them they might have heard it. And they say yeah I have heard it but I don’t know. Then right after, after the presentation’s over, we ask them…how many people understand this now, how many people know where to go for help…at least half of the class, or half of the group raised their hands.”
Intermediate outcomes: experience

“I came here and just started digging in, learning some new coping skills with the help of staff, I was always writing or I brought my computer with me so I was always looking up new ways of dealing with things so when I go back out I can be successful… you know practicing it here… I would practice my assertive skills and the reinforcement skills that I have… I’m very proud of myself of all the progress that I’ve made.”
Long term outcomes: ED visits, hospitalizations and institutionalization

- “…it’s aiding them in feeling like they don’t really need hospitalization. If they now know, if I’m having this kind of trigger…instead of just feeling like the only way out is just, you know, go to the hospital…it’s helping them to be more dependent on themselves and on the skills that they have acquired.”

- Turning Point Community Programs conducts a follow-up survey with clients after their stay.
Long term outcomes: ED visits, hospitalizations and institutionalization

- “I’m not sure that I could say that it has [affected need for urgent care]. I think that would be a huge expectation and responsibility for this group to be that place… when we’re at those moments, I need the psychologist and the psychiatrist, and that’s fine.”
Grantee sustainability
Sustainability strategies under consideration

- Grants
- Fundraising events
- Fee for service
- Peer-to-peer respite
- Other
  - Trimming costs
  - Collaborating with similar organizations
  - Discretionary funds
Next Steps
### Timeline of data collection activities

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RPC Document review: No data collection activities in Q3 2013, Q4 2015, and Q1 2016.

RPC interviews: No data collection activities in Q3 2013, Q4 2015, and Q1 2016.

RPC survey: No data collection activities in Q3 2013, Q4 2015, and Q1 2016.

Community survey: Data collection activities in Q1 2014 and Q2 2014.

Grantee Document Review: Data collection activities in Q3 2015, Q4 2015, Q1 2016, and Q2 2016.

Grantee site visits: Data collection activities in Q3 2015, Q4 2015, Q1 2016, and Q2 2016.
Questions?
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