Sacramento County Respite Partnership Collaborative Innovation Project: Recommendations for Using a Community-Driven Process for Grantmaking

The Respite Partnership Collaborative is a community-driven body of dedicated individuals working together on a Mental Health Services Act Innovation Project that supports respite programs as a way to respond to mental health crisis in the Sacramento Region.

The Respite Partnership Collaborative (RPC) Innovation project was launched in 2012 with funding through the Innovation component of Sacramento County’s Mental Health Services Act (MHSA, previously Proposition 63). The Innovation project tested whether a community-driven collaborative approach could lead to new partnerships and, ultimately, improved mental health respite services to Sacramento community members.

The County of Sacramento Division of Behavioral Health Services (DBHS) selected Sierra Health Foundation: Center for Health Program Management as the administrative entity for the project. Funded RPC respite programs emphasize collaboration and lasting community impact. The RPC’s goal was to increase local mental health respite service options to offer alternatives to psychiatric hospitalization for community members experiencing a mental health crisis in Sacramento County. This brief report presents a summary of results about the community-driven process from the external evaluation of the RPC Innovation project that was conducted by the American Institutes for Research (AIR), with additional input from RPC members.

The Respite Partnership Collaborative Community-Driven Process

The RPC is comprised of up to 25 diverse stakeholders representing mental health consumers and family members, traditional and non-traditional service providers, cultural leaders, faith-based providers and other subject matter experts. Members were selected through an application process. Reviewers considered the balance of mental health consumers and family members with lived experience to other perspectives during the selection process, with an expectation that at least half the participants would be individuals or family members of individuals with lived mental health experience. Other perspectives included were service providers, faith communities, cultural communities, the public sector and others.

“Community-driven for me means that the community (RPC) is determining the direction of and making the decisions.”

RPC Member (2015)
The RPC had the responsibility for establishing priorities for mental health respite services, creating requests for proposals, reviewing the proposals that were submitted, making funding recommendations and monitoring grantees, among other tasks. The full RPC met monthly, with the exception of the early months of preparation for the first round of funding, when the collaborative met more frequently.

The RPC adopted a consensus-based decision-making process, stating that “Working toward consensus is a fundamental principle of the RPC, based on principles of ‘consensus with accountability.’ Consensus with accountability requires all participants to try to reach consensus while at the same time supporting and expressing their stakeholder group’s interest. Working toward consensus is a collaborative process with everyone contributing to shape a proposal into a decision that meets the concerns of all group members as much as possible.” When consensus was not reached, a proposal or recommendation could only move forward if supported by 75% of the members present. Alternatively, if time allowed, members could delegate the issue to a standing or ad hoc committee for further deliberation, information gathering and problem solving. RPC members had to be in attendance at a meeting to participate in decisions made at that meeting.

The RPC Innovation project’s community-driven process was successful in building a structure and implementing processes for supporting grant funding for new respite services in the community. The RPC Innovation project also succeeded in creating and maintaining an open and respectful arena for collaboration. Ratings of openness and respect were consistently high across three survey periods of the external evaluation. The community-driven process gave members and grantees opportunities to build their professional network. From 2013 to 2015, about 90% of respondents to the RPC surveys reported that developing professional networks with key organizations was a benefit of being part of the project.

The most powerful evidence of the success of the community-driven process lies in the collaboration among the RPC, the Center and DBHS in the development and release of three requests for proposals (RFPs), selection of three rounds of grantee recipients and distribution of $5.2 million to mental health respite programs. Over three years, more than 7,300 people experiencing or at risk of a mental health crisis have been served by respite programs created with RPC Innovation Project funding.

“...we are more of a community-driven collaborative than we have been, say, in year two or so...we have a process in which the RPC voice is planning the RPC meetings and also the direction of the RPC and that wasn’t the case in our first year. It took some time for us, in our developmental stages, to get to that point...”

RPC Member (2015)

Recommendations for a Community-Driven Decision-Making Body

Define Community-Driven Process from the Start

A definition can act as a framework for establishing structures and processes that will support community-driven process. For example, if the definition states that community members should lead project planning, then a structure that supports community member priority setting can be established from the start. The RPC did not start with a specific definition of “community-driven”.

The evaluation found that the RPC started with greater leadership from DBHS and the Center, but became more community-driven over time by increasing opportunities for RPC members to lead, to influence and to collaborate on funding decisions. For example, the RPC transitioned from having a professional facilitator at their meetings to self-facilitation, and from meetings being planned primarily by DBHS and the Center to the election of RPC member co-chairs to participate in meeting planning.

The context of the community-driven process has to be considered in the definition. Stakeholders must also determine whether a process can be fully and wholly community-driven, especially within a context of public funds. For example, community member recommendations about funding must be consistent with governmental rules and regulations.
Specify Roles and Responsibilities for Each Entity

With a definition of community-driven in mind, participants can determine clear criteria for membership and voting rights. Further, participants can better identify who sets agendas, leads meetings, comes up with options, presents options, makes recommendations, makes final decisions, manages budgets, reviews reports and makes follow up recommendations, describes detailed processes and procedures, and supports the project overall.

It may be helpful to articulate roles and responsibilities for community member volunteers, paid staff, public funders and private funders. For each role, another consideration is making sure that participants have the resources and training they need to fulfill their responsibilities. For example, the RPC members received training in facilitation skills when they transitioned to self-facilitation. RPC members noted that they would have also benefited from training in understanding contracts, and from clarity in the distinction between recommending funding for grantees and making funding decisions.

“[You need to have] realistic opportunities for the community to be involved without it burning them out really quickly through the process... it’s a huge commitment to be a part of something like this...”

RPC Member (2015)

Decide Whether and How Often to Revisit Structures and Processes

When the RPC Innovation project first launched, ad hoc, standing, planning and full RPC committees spent considerable time establishing a starting structure and processes, including membership, attendance, and consensus decision-making policies and grant making procedures. In a feedback session, RPC members noted that while structures and processes are important, flexibility is also needed in order to achieve important goals.

Periodically reflecting on existing structures and processes may give participants the opportunity to assess whether they have the roles they desire and whether they are fulfilling the roles to the best of their abilities. An assessment of structures and processes could be connected to the changing roles of the community-driven collaborative. After the final round of funding recommendations, the RPC’s role changed to monitoring grantee performance and discussing how to promote mental health respite and disseminate the evaluation findings. However, revising structures and processes has tradeoffs. The time-consuming exercise can detract from key tasks.

Include Diverse Stakeholder Perspectives

RPC members emphasized the critical importance of having diverse membership in a community-driven process. In particular, the members must include the representatives of the community that will be most affected by the decisions being made. For the RPC, that meant giving high priority to the recruitment of members with lived mental health experience. Although the RPC achieved its goal of a diverse membership with large representation of individuals and family members of individuals with lived mental health experience, RPC members identified hospital systems and law enforcement as missing perspectives. Members had recommendations for how they could have been even more successful in recruiting and retaining a diverse group of stakeholders:

- Begin promoting the community coalition before starting the meetings to ensure there is broad community awareness of the opportunity to participate
- Have public and private partners use their leverage to invite representatives from other public and private entities to the table
- Avoid detailed membership applications that become a deterrent to applying
- Create options for how one can participate, such as shared membership, invitations to meetings focused on issues of importance to a group that does not participate routinely and other strategies
- Have ongoing communication with the community about the work of the collaborative
“...we could do a lot more around creating more visibility and awareness about respite, its role, and this opportunity and this group, this membership body that’s working on it.”

RPC Member (2013)

Establish Strategies for Building and Sustaining Engagement

In the external evaluation’s interviews with RPC members, several interviewees discussed how exciting it was to be at the beginning of a project that offers funding for new, needed community services. However, membership waned over time in response to the changing phases of the project as well as the time commitment required. As projects move from start up to maintenance phases, strategies for attracting and keeping members may need to evolve. The kinds of members and skills (e.g., skills in setting the vision, stakeholder engagement, governance) to attract for a fast-paced, initiation phase may not be the same members and skills (e.g., communicators, grant management, sustainability) to include during maintenance phases.

Community-Driven Process

Although the RPC did not start with a definition of community-driven process, the external evaluation identified the key themes of the community-driven process in survey and interview responses from RPC members. RPC members defined community-driven process as the members being included in the process, generating ideas and identifying priorities, leading and making decisions and working on behalf of the community. These elements are illustrated in the following quotes:

Inclusion of all stakeholders from the consumer to transportation provider, and all in between.

As many representatives from various constituencies impacted by mental health programs [as possible] are given an opportunity to voice opinions about brainstorming, designing, and implementing respite care programs and their funding.

Community-driven for me means that the community (RPC) is determining the direction of and making the decisions.

Community members take care of the process, with ownership, stewardship, approaches.

That we fight to meet the needs of community members and not our own.

Multiple stakeholders are brought to the table and have an equal voice in decision making.

The Respite Partnership Collaborative is a public-private partnership of the County of Sacramento, Division of Behavioral Health Services, the Center for Health Program Management and community members who serve as members on the RPC.

The RPC is a Sacramento County Mental Health Services Act Innovation Project, funded from 2012 to 2016 by the County of Sacramento, Division of Behavioral Health Services through the voter-approved Proposition 63, Mental Health Services Act (MHSA).