Respite Partnership Collaborative (RPC) Innovation Project Evaluation

Report 1

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Executive Summary

The Mental Health Services Act (MHSA)—funded by Proposition 63—was enacted in California in November 2004. MHSA funding supports five unique components: (1) Community Services and Supports, (2) Prevention and Early Intervention, (3) Workforce Education and Training, (4) Capital Facilities and Technology, and (5) Innovative Programs. Innovative programs contribute to learning by testing new approaches to inform current and future practices.

In September 2010, the Sacramento County Division of Behavioral Health Services (DBHS) initiated a community planning process to develop Sacramento County’s first Innovation Project. Through community input, the Respite Partnership Collaborative (RPC) Innovation Project was created with the goal of creating alternatives to hospitalization by increasing local mental health respite service options for community members experiencing a mental health crisis in Sacramento County. The project seeks to: (1) create learning opportunities on how the project is developed and administered, (2) integrate community feedback into program development and implementation, and (3) expedite the release of funds of respite services to community organizations. The RPC Innovation Project is administered by the Sierra Health Foundation: The Center for Health Program Management (the Center).

As part of the Innovation Project, an evaluation contract was awarded to American Institutes for Research (AIR) to evaluate the 5-year RPC Innovation Project. The main evaluation objectives are to assess the extent to which the RPC Innovation Project does the following:

- Promotes successful collaboration between public and private entities (i.e., DBHS and the Center) in Sacramento County.
- Demonstrates a community-driven process.
- Improves the quality and outcomes of respite services in Sacramento County.

The purpose of this annual report is to present early findings from evaluation activities conducted from June 2013 through June 2014. Evaluation methods employed include interviews, surveys, and document review, all of which are detailed in Chapter 2.

Main findings about the RPC Innovation Project include:

- Structures and processes need to be clearly defined and implemented in order to establish a new community-driven group process and enable the group’s grant making.
- Considerable time is required to establish structures and processes, and to decide on how best to engage members continually. Time is required for administrative responsibilities as well as serving on committees and attending multiple monthly meetings.
- Public and private entities may have different approaches to achieving specific activities or goals. Effort is required in presenting and resolving conflicting strategies and familiarizing each other with own priorities, resources, and approaches.

As seen from the following, diverse RPC members were engaged, though it is unclear the extent to which the RPC Innovation Project was a community-driven process:
- Intentional recruitment and accommodating members regardless of background or experience can achieve considerable diversity, including a mix of lay and professional members.

- Members need to devote many hours to the RPC Innovation Project’s processes and deliberations on a monthly basis. Time commitment requirements can be seen as a problem and can help explain members’ minimal role on nonmeeting-related activities, including getting organizations to develop and submit proposals for funding. In addition, time commitment requirements may be a reason why hospitals and law enforcement were not successfully engaged as key stakeholder groups.

- The Center and DBHS are perceived as co-leading the RPC Innovation Project and having more influence than members. Due to this, it remains unclear the extent to which the RPC Innovation Project demonstrates a community-driven process.

The RPC Innovation Project resulted in new respite services in Sacramento County:

- The RPC Innovation Project successfully funded organizations to provide mental health respite services to varying populations.

- Cross-cutting dimensions of respite are consistent across organizations that received funding through the RPC Innovation Project. All the respite services help clients take a mental or physical break, give clients a safe physical and emotional space to spend time, support clients in not feeling alone, and prepare clients to look forward beyond the time in respite.

- Grantees have varying capabilities to study outcomes of their services. Immediate outcomes include utilization of respite services, and all grantees reported tracking utilization. Another immediate outcome is client satisfaction. This report offers client and staff perspectives on satisfaction based on AIR’s interviews. Long-term outcomes include emergency department (ED) visits, psychiatric hospitalizations, and institutionalization; these were more difficult for grantees to capture.