Respite Partnership Collaborative (RPC) Innovation Project Evaluation

Report 2

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Executive Summary

The Mental Health Services Act (MHSA)—funded by Proposition 63—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. In September 2010, the Sacramento County Division of Behavioral Health Services (DBHS) initiated a community planning process to develop Sacramento’s first Innovation Project. DBHS convened an Innovation Workgroup that developed the Innovation Plan and the Respite Partnership Collaborative (RPC) Innovation Project.

American Institutes for Research (AIR) is conducting an evaluation of the RPC Innovation Project. Evaluation objectives are to assess the extent to which the RPC Innovation Project does the following:

- Promote successful collaboration between public and private organizations (i.e., DBHS and the Sierra Health Foundation: The Center for Health Program Management [the Center]) in Sacramento County
- Demonstrate a community-driven process
- Improve the quality and outcomes of respite services in Sacramento County

To address the evaluation objectives, the evaluation includes interviews, an RPC survey, a community survey, and a document review.

This report presents findings from evaluation activities conducted from June 2014 to April 2015 to DBHS, RPC members, and the Center.

RPC Structures and Processes

The RPC Innovation Project structures and processes have evolved since project inception. Now, the RPC Innovation Project includes in the Planning Committee two RPC co-chairs, whom most current RPC members viewed as providing leadership. In addition, the RPC Innovation Project moved away from standing committees and absorbed the work of the Communications Committee, Membership and Governance Committee, and Sustainability, Public Policy and Collaboration Committee into the full membership. Although the RPC Innovation Project used to include a professional facilitator, RPC members now facilitate their own meetings. The RPC reflected on its previous requests for proposals (RFPs) and the proposals it received in response. The RPC refined its RFP and definition of respite over the course of the project and held bidders’ conferences to increase the number of bidders who submit strong applications. Finally, the RPC monitored grantee progress on goals and made funding decisions based on goal achievement.

Public-Private Partnership

Areas that help to develop public-private partnerships include shared vision and goals, unique contributions and culture, and roles. In the RPC Innovation Project, both the Center and DBHS held a common overarching vision of improving mental health services. However, RPC Innovation Project partners experienced a challenge in how they prioritized goals, and they held different viewpoints on how actively the Center should participate and support RPC members.
At the RPC Innovation Project onset, partners were excited about the partnership and the unique contributions each partner would bring. As the RPC Innovation Project unfolded, the partners maintained their enthusiasm while learning to navigate the differences in organizational culture, process, and terminology. Partners also differed in their interpretations of how to fulfill roles laid out in the Innovation Plan. At times, partners were not clear what activities were within the scope and who was responsible for each activity.

Areas that help to maintain public–private partnerships include leadership and partnership processes. Leadership consistency in the RPC Innovation Project helped to establish goals, roles, and other activities more firmly. In contrast, changes in leadership required all partners to accommodate new ways for leaders to view and prioritize the RPC Innovation Project. Although the process of providing feedback enables partnerships to grow and evolve, RPC Innovation Project partners experienced challenges with dedicating time and developing formal activities like partnership reflection meetings to maintain the partnership.

**Community Participation in the RPC Innovation Project**

RPC members view the RPC Innovation Project as being collaborative, and this perception has changed only a little over time. However, RPC membership has waned over the course of the last 2.5 years, and time commitment to be part of the RPC Innovation Project was increasingly problematic in 2014 when compared to 2013. A large proportion of current RPC members also were never involved in key activities such as serving as a spokesperson, recruitment, or setting meeting agendas. Nevertheless, most RPC members felt that they, DBHS, and the Center all had a lot of influence.

RPC members’ definitions of community-driven process indicate that the process involves being included in generating ideas and identifying priorities, leading and making decisions, and working on behalf of the community. In a survey, more than 90% of current RPC member respondents agreed that the RPC Innovation Project is community-driven.

Based on the community survey, more than 75% of community survey respondents had heard of the RPC Innovation Project. Among those who had heard of the RPC, most felt the RPC helped them to learn about mental health respite services and was responsible for improving services and outcomes.

**Respite Services Provided by RPC Grantees**

Interviews with the Round 2 grantees TLCS, Inc., and Saint John’s Program for Real Change showed that respite services provided clients with time and physical space away from their current situations. These programs offer clients a mental and physical break with the flexibility to customize their respite experience to best meet their needs. During interviews, these grantees focused on physical safety. Grantees offer security by meeting clients’ immediate, basic needs and providing a secure environment free of physical threats. Round 2 grantees also discussed “friendship” and “trust” in staff. Clients said they previously feared sharing their experiences, but now talked with staff about their feelings. Although TLCS, Inc. and Saint John’s Program for Real Change offer a place for clients to gather, the focus is less on bringing communities together than it is on providing individuals opportunities to talk through their life experiences,
current needs, and next steps with staff. Interviewees described helping clients to feel more rejuvenated to focus on their individual goals.

Interviewees addressed key issues and lessons learned in implementing respite services at their organization. Themes that emerged from the interviews included training staff, determining client services, and networking and outreach. Both Saint John’s Program for Real Change and TLCS, Inc., described the need to train staff extensively before delivering respite services to clients. Training topics included mental health 101, motivational interviewing, harm reduction, suicide assessment, trauma-informed care, working knowledge of community resources, and cardiopulmonary resuscitation (CPR) and first aid. Round 2 grantees emphasized the importance of strategizing how to implement services as their clients have a “great range of needs.” Strategies were put in place at the beginning of and throughout the program on how to assess clients for respite services, what services to offer, and the amount of staff time needed to accomplish established goals. Finally, Round 2 grantees worked to establish networks. These outreach efforts informed the community at large of their services and built the trust needed for agencies to refer clients to them.

Regarding outcomes monitoring, Round 2 grantees provided utilization data on the number of people served. Saint John’s Program for Real Change and TLCS, Inc., administered client satisfaction surveys, but data collection could be challenging because clients left unexpectedly and did not always understand what was being asked of them. Although both grantees have data collection systems in place, they do not currently have formal processes to measure long-term outcomes related to emergency department (ED) visits, psychiatric hospitalizations, and institutionalization.

Sustainability strategies described during interviews with Round 2 grantees included seeking additional grant funding, looking for funding and collaborative opportunities with hospitals, and trimming costs.