Respite Partnership Collaborative (RPC) Innovation Project Evaluation
Final Report

Grace Wang, PhD, MPH; Dierdre Gilmore, MA; Laurel Koester, MPH; Elena Lumby, DrPH, MPH; Anita Poon
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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.

Through a competitive selection process, Sacramento County DBHS awarded Sierra Health Foundation: Center for Health Program Management (the Center) a contract to administer the RPC Innovation Project. The RPC Innovation Project is a public-private partnership of the Sacramento County DBHS and the Center. The Center uses MHSA Innovation funding to support the RPC, whose members are from the community at large. RPC members make recommendations for respite service grants to community organizations. The RPC’s goal is to increase local mental health respite service options to offer alternatives to hospitalization for community members experiencing a crisis in Sacramento County.

American Institutes for Research (AIR) conducted an evaluation of the RPC Innovation Project from April 2013 through March 2016. Evaluation objectives were to assess the extent to which the RPC Innovation Project achieved the following:

1. Promoted successful collaboration between public and private organizations (i.e., DBHS and the Center) in Sacramento County
2. Demonstrated a community-driven process
3. Improved the quality and outcomes of respite services in Sacramento County

This report presents findings from evaluation activities, which included stakeholder interviews, RPC member surveys, and document reviews. This report emphasizes data collected in the third year of the evaluation after June 2015. The report begins with a brief history of the RPC Innovation Project. Next we describe evaluation objectives and methods for conducting the evaluation. Finally, we present findings, organized by evaluation objective.

Public-Private Partnership

The RPC Innovation Project created a new public-private partnership between DBHS and the Center. The partnership succeeded in launching and maintaining the RPC Innovation Project and supporting RPC members in a community-driven process. The partners shared a vision for improving mental health services in the community. They also learned how their unique skills in engagement and mental health services could benefit the project.

However, the partnership faced several challenges. The partners had separate expectations for their own and the other’s roles and responsibilities on the project. At times, the partners wanted to pursue different approaches for working with RPC members on a community-driven process. Communications, especially to new staff and leaders, also presented challenges to the
partnership. Nevertheless, DBHS and the Center’s partnership, which lasted 5 years, successfully supported the RPC’s primary activity of providing grant funding for new and expanded respite services in the community.

We identified two lessons for creating and maintaining a public-private partnership. First, new partnerships need a clearly articulated, shared understanding of project vision, goals, roles, processes, and vocabulary as early as possible. This may help to prevent misunderstandings by bringing inconsistent expectations and interpretations to the surface. Second, partnerships should build in formal opportunities for reflection on the partnership so partners can provide input to one another on a regular basis.

**Community-Driven Process**

With substantial support from the partners, the RPC Innovation Project incorporated a community-driven process. RPC members defined “community-driven process” as members being included in the process, generating ideas and identifying priorities, leading and making decisions, and working on behalf of the community.

The primary strength of the community-driven process was that it allowed RPC members to release requests for proposals and to fund 11 respite programs over 3 years. The process brought together stakeholders representing diverse perspectives who worked collaboratively on maintaining the RPC and on funding decisions. The community-driven process offered RPC members the opportunity to lead and to network with one another.

Some reported that the project could have been more community-driven. Because RPC members were accustomed to focusing on the refinement of structures and processes, they may not have expected and were not always prepared to determine priorities and strategies. Another challenge was limited participation by some key stakeholders. According to current RPC members’ survey responses, members considered hospital system and law enforcement representatives to be missing or absent voices. Although these stakeholders did participate in the RPC Innovation Project (for example, by attending community meetings), hospital system and law enforcement representatives did not maintain RPC membership over the entire project term. They were unable to commit to attendance and membership policies, and the RPC members chose not to change policies (e.g., allow shared membership) in response to these stakeholders’ request. Finally, the RPC Innovation Project faced waning engagement from RPC members over time.

Other communities seeking to establish a community-driven process should define the process up front. The definition can act as a framework for establishing structures, roles, responsibilities, and procedures. Communities may consider revisiting structures and procedures periodically. To prevent waning engagement, communities should seek different skillsets at project onset (e.g., skills in outreach) versus project conclusion (e.g., skills in grant management).

**Respite Services Provided by RPC Grantees**

The RPC Innovation Project funded 11 programs that offered new or expanded respite services to diverse populations in Sacramento County. Although the services differed from program to program, we identified four cross-cutting dimensions. These dimensions not only defined respite programs for Sacramento County, they also helped us to assess service quality when
interviewing clients and program staff. Collectively, the programs offered clients (a) a mental and physical break from stressors, (b) a safe place to engage in respite services, (c) a place to not be alone, and (c) a place to look forward beyond the respite program.

Grantee staff and clients reported high satisfaction with services. Clients we interviewed also reported leaving respite with skills for managing crisis situations and with improvements in their mental health state. Further, staff and clients indicated that the respite services offered an alternative to using the emergency room in times of crisis.

Grantees discussed implementation strategies that they viewed as critical to delivering quality respite services and improving client outcomes based on their experiences with the RPC Innovation Project. Key strategies that grantees described were as follows:

1. Determine appropriate, clearly defined respite services that respond to community needs
2. Develop plans, models, and policies that are flexible and realistic
3. Hire and train staff who are compassionate, culturally competent, and open to learning new skills
4. Build partnerships to establish community buy-in, engage clients and foster collaboration to address diverse community needs
5. Develop data collection methods to track client outcomes
6. Identify and pursue various means to sustain respite services such as additional grant funding, donations, and fundraisers.
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2800 Campus Drive, Suite 200
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