Overview

- Evaluation objectives
- Data and Methods
- Findings
- Next steps
- Questions
Evaluation objectives

- 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: interviews

- Interviews (July 2014 to February 2015)
  - 3 people representing DBHS
  - 4 people representing the Center
  - 2 current RPC members
  - 3 staff and 2 clients from Saint John’s Program for Real Change
  - 4 staff and 2 clients from TLCS, Inc.
Data and methods: surveys

- **RPC Survey (October to November 2014)**
  - invited 41 people representing past RPC members and current RPC members
    - 23 completed the survey (15 were current RPC members)

- **RPC Community Survey (March to April 2015)**
  - Invited 148 people representing providers of adult and child mental health services in Sacramento County, Mental Health Board, and MHSA Steering Committee members/alternates
    - 43 (29%) completed the community survey.
Data and methods: document review

- **Document review**
  - RPC meetings
  - Planning committee meetings
  - Grantmaking and evaluation committee meetings
  - Sustainability and public policy committee meetings
  - Communications committee meetings
  - Grantee applications
  - Grantee progress reports
  - Client satisfaction surveys
Promotes successful collaboration between public and private organizations in Sacramento County
Public private partnerships need...

To facilitate partnership

- Vision and goals
- Unique contributions and culture
- Roles

To maintain partnership

- Leadership
- Processes
Facilitate partnerships: vision and goals

- Partners held a common overarching vision of improving mental health services.

- Partners had different views about strategies and tactics for achieving the vision (e.g., distributing funds vs. community driven process).
Facilitate partnerships: unique contributions and culture

- DBHS and the Center were excited about the partnership and the unique contributions each partner would bring.

- Over time, the partners learned about differences in organizational culture and process (e.g., terminology).
Facilitate partnerships: roles

- The Innovation Plan defined roles

- Partners differed in their interpretation of how to fulfill those roles (e.g., administrative entity)
Maintain partnerships: leadership

- Leadership consistency helps establish goals, roles, and other activities more firmly
Maintain partnerships: processes

- A quarterly meeting schedule was insufficient for maintaining the partnership because of the demands for supporting the RPC

- Partners learned that fostering the public private partnership needed to be intentional
Demonstrates a community-driven process
Community Driven Process

- Over 90 percent of current RPC members responding to the survey agreed that the RPC Innovation Project is community-driven.
What Does Community-Driven Meant to You?

<table>
<thead>
<tr>
<th>Being included in the process</th>
<th>Generating ideas and identifying priorities</th>
<th>Leading and making decisions</th>
<th>Working on behalf of the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>All members of the community work toward a common goal</td>
<td>Ideas should be started at the community level and brought forward from there, and be the basis for the way the system is operating</td>
<td>Led by members of the mental health community</td>
<td>That we fight to meet the needs of community members and not our own.</td>
</tr>
<tr>
<td>Inclusion of all stakeholders, from the consumer to transportation provider all in between</td>
<td>The community identifies the priorities and then provides oversight to ensure that priorities are being met.</td>
<td>The community is in the driver's seat</td>
<td>Community collaboration and advocacy on behalf of their stakeholders with the government agency to improve and innovate appropriate process to achieve the desired outcomes. It is also a great learning experience to learn from positive gains or unplanned expectations</td>
</tr>
<tr>
<td>Community members are a part of the process</td>
<td>As many representatives from various constituencies impacted by mental health programs are given an opportunity to voice opinions about brainstorming, designing and implementing respite care programs and their funding</td>
<td>The community makes the major decisions</td>
<td></td>
</tr>
<tr>
<td>Various stakeholders or cultural brokers coming together to drive a process forward</td>
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</tbody>
</table>
Percent who Report that Activity Is a Very Important Part of a Community Driven Process

- Make decisions in response to options: 87%
- Make recommendations to the RPC: 87%
- Attend full RPC meetings: 87%
- Develop options for the full RPC to consider: 80%
- Attend committee meetings: 80%
- Develop options about funding priorities: 73%
- Try to get organizations to submit proposals: 73%
- Serve as a spokesperson: 73%
- Recruit new members: 73%
- Maintain relationships with grantees: 71%
- Monitor grants: 67%
- Determine RPC structure and processes: 67%
- Work on implementing RPC sponsored activities: 62%
- Monitor RPC budget: 60%
- Set RPC meeting agendas: 53%
- Facilitate meetings: 47%
- Set committee meeting agendas: 40%

Data collected in October to November 2014 (n=15)
Have you heard of the Respite Partnership Collaborative, or RPC?

Note: 2014 survey includes adult mental health services providers, Mental Health Board and MHSA Steering Committee members/alternates. 2015 survey includes adult and child mental health services providers, Mental Health Board and MHSA Steering Committee members/alternates.
Has the RPC helped you learn more about mental health respite care services? (among those who have heard of the RPC and answered item)

- Data collected in 2014 (n=17): 53%
- Data collected in 2015 (n=26): 65%

Note: 2014 survey includes adult mental health services providers, Mental Health Board and MHSA Steering Committee members/alternates. 2015 survey includes adult and child mental health services providers, Mental Health Board and MHSA Steering Committee members/alternates.
The RPC is making progress in implementing the activities that have potential to improve respite services. The RPC is improving mental health outcomes for people at risk of experiencing crises. The RPC is essential to the improvement of respite care services in Sacramento County. One or a small number of people or agencies could make significant progress in respite care services without the RPC.

**Percent of respondents who have heard of the RPC who agree or strongly agree that...**

<table>
<thead>
<tr>
<th>Statement</th>
<th>2014 (n=16)</th>
<th>2015 (n=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The RPC is making progress in implementing the activities that have potential to improve respite services</td>
<td>69%</td>
<td>81%</td>
</tr>
<tr>
<td>The RPC is improving mental health outcomes for people at risk of experiencing crises</td>
<td>63%</td>
<td>65%</td>
</tr>
<tr>
<td>The RPC is essential to the improvement of respite care services in Sacramento County</td>
<td>69%</td>
<td>65%</td>
</tr>
<tr>
<td>One or a small number of people or agencies could make significant progress in respite care services without the RPC</td>
<td>31%</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Notes:**
- Data collected in 2014 (n=16)
- Data collected in 2015 (n=26)
Improves the quality and outcomes of respite services in Sacramento County
Key informant interviews and populations served on the respite services continuum

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Children with Complex Mental Health Needs in Crisis/Parents Need a Break</strong></td>
<td>Capital Adoptive Families Alliance</td>
<td>--</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Specialized Cultural or Ethnic Populations</strong></td>
<td>Iu-Mien Community Services</td>
<td>--</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Adults/Older Adults in Crisis</strong></td>
<td>Turning Point Community Programs / Welcome Home Housing</td>
<td>TLCS, Inc.</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Adults/Adults in Crisis who have Dependent Children</strong></td>
<td>--</td>
<td>Saint John’s Program for Real Change</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Teens/TAY in Crisis</strong></td>
<td>--</td>
<td>Wind Youth Services and Sacramento LGBT Community Center</td>
<td></td>
</tr>
</tbody>
</table>

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Grantee staff and client perspectives on dimensions of respite

- Mental & physical break
- Not alone/Trust
- Safe place
- Looking forward
Implementing respite services: lessons learned
Implementing respite services

- Need to extensively train staff before delivering respite services. Trainings may include:
  - Mental health 101
  - Motivational interviewing
  - Harm reduction
  - Suicide assessment
  - Working knowledge of community resources
  - CPR and first aid

- Some skills can only be learned through direct experience; support is required
Implementing respite services

- Grantees put into place strategies for how to assess clients for respite, what services to offer, and the amount of staff time needed

- With diverse clients needs, it is important to establish standards for what is and is not respite
  - “probably one of our biggest challenges was not becoming a shelter.”
Implementing respite services

- Referrals, community outreach, and networking is vital at the start of the program
  - “...The greatest challenge in the beginning was getting our name out in the community -- getting people to rely on us, getting agencies, hospitals, police to rely on us. Now we get a lot of calls from hospitals, from everywhere pretty much...I remember at the beginning, it was empty, it was hard. Oh, goodness, it was so quiet. Now, there’s days when the phone is ringing and ringing and ringing and ringing.”

- Ongoing outreach is necessary
Client and staff perspectives on services and outcomes
**Intermediate outcomes: utilization**

Anticipated Versus Actual Number of Clients Served by Round 2 Grantees

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Anticipated Number of Clients</th>
<th>Actual Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. John’s Program for Real Change</td>
<td>210 unduplicated clients</td>
<td>78 unduplicated adults; 47 unduplicated children (as of 9/30/2014)</td>
</tr>
<tr>
<td>TLCS, Inc.</td>
<td>1000-1,500 unduplicated clients</td>
<td>687 clients (as of 9/30/2014)</td>
</tr>
</tbody>
</table>

Note: figures in table are derived from grantee scope of work, progress reports, yearend reports, and organization’s annual reports.
Intermediate outcomes: experience

“…I think that respite really saved my life because I had nowhere to go and that's what they do, and it just worked right out. I was willing to do whatever it took to move on to the next thing. I knew that was just a two-week program, a two-week stay and I was going to get the most out of it, and I did. A lot of things changed after that two weeks.”
Long term outcomes: ED visits, hospitalizations and institutionalization

- “...I was suicidal when I got here. Between one and a five and five being way off the Richter scale, when I came here, it was like about between a three and four going to a five. And then when I got here, it went down to about a two and a three. By the time I left here, it was about a one and a two.... I was able to regroup and refocus. I was able to get centered. I needed just to get away. And that's what I like about this, it's a respite..”
Sustainability strategies under consideration

- Seek additional grant funding
- Look for funding and collaborative opportunities with hospitals
- Trim costs (e.g., cut one or more respite activities)
- Seek potential MHSA funding
Next Steps
Future data collection in 2015 and 2016

- Final interviews with RPC partners, members, and Round 3 grantees
- Final surveys
- Final document reviews
Questions?
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