



Washington State’s Mini-Grant Program Successfully Engages More Consumers & Families in Program Evaluation

Washington State’s Mental Health Transformation

The President's New Freedom Commission has called for a transformation of existing mental health care to develop a consumer-centered and recovery-focused system that delivers excellent mental health care. Washington State is one of nine states to receive a five-year Mental Health Transformation-State Incentive Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to transform services towards that goal. A continuing priority for Washington State’s Transformation Project is to achieve consumer and family member partnership in *program evaluation*.

Consumers & families can play a key role in program evaluation & research^{1,2}

- Consumers and families are an important asset to identifying core program evaluation questions.
- They have direct experience with and may be in a better position to define many meaningful measures of success.
- Their input is critical for developing evaluation questions that lend credibility to consumer- and family-driven services and initiatives, and building a knowledge base for non-traditional programs typically unstudied in standard research.
- Consumers and families can lend more validity to data collection by providing a peer-to-peer mechanism for examining important questions. This may yield more open and genuine answers to sensitive or difficult evaluation questions.
- By expanding their research skills and leading their own evaluation projects, consumers and family members can further develop their professional and leadership skills which may be applied in other meaningful and important ways, such as program development, administration, and policy making.

Washington State’s Mini-Grant Program: At A Glance

To achieve this end, Washington State’s Mental Health Transformation Project developed the Consumer and Family Evaluation Mini-Grant Program. This program, administered by The Washington Institute for Mental Health Research & Training (WIMHRT) at the University of Washington, awards competitive small grants to consumers and family members to develop their own evaluation projects. These Mini-Grants are intended to help consumers and families collect, analyze, and use valuable mental health-related information that is of relevance and/or interest to them (e.g., evaluation of the location of mental health resources, or the service needs of consumers and family members in local communities). This Mini-Grant Program includes the following components, all of which are recommended for further replication:

- ✓ **Getting the right people at the table:** Consumer/family partnership with evaluators is key to program development and ensuring that social marketing and evaluation materials are reaching the target audience.
- ✓ **Soliciting interest:** This includes development of social marketing materials to better ensure that consumers and families know why evaluation is relevant to them and how they can get involved in evaluation activities via this grant program or other mechanisms.
- ✓ **Launching a User-Friendly Application Kit:** It is essential to develop a grant application packet that strikes a balance between keeping the bar high enough to challenge consumers and families to learn more about writing grants and conducting evaluations in a manner that can be replicated in the wider grants and evaluation world, while also keeping the materials accessible enough to ensure consumer and family interest and participation. To view the current Mini-Grant Application Kit, go to: <http://mhtransformation.wa.gov/MHTG/minigrants.shtml>
- ✓ **Conducting Training and Technical Assistance (TA):** Training and TA regarding grant writing and program evaluation design are critical. These resources should be available right at the very beginning when social marketing materials are disseminated and should continue throughout project completion.
- ✓ **Setting up a Grant Review Committee with Credibility:** Consumer/family partnership with evaluators doesn’t stop with program development. Establishing a grant review committee with consumer, family, and evaluator representation and a process that emulates a more formal grant review (e.g., NIMH, SAMHSA) creates a credible process from multiple perspectives.

¹Federation of Families for Children’s Mental Health (1998, Summer). *Special theme issue (on family evaluation)*. Alexandria, VA: Author.

²Trivedi , P. & Wykes , T. (2002). From passive subjects to equal partners: User involvement in research. *British Journal of Psychiatry*, 181, 468–472.

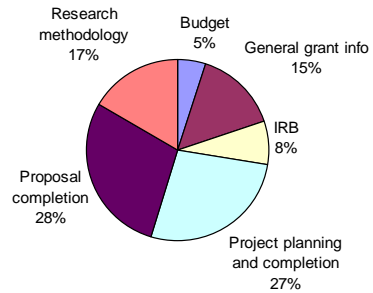
What We've Learned: An Evaluation of Mini-Grant Program Implementation

In the first two years of Washington's Mini-Grant Program, a total of 41 (22 in Year 1; 19 in Year 2) prospective applicants/applicant organizations submitted Letters of Intent to demonstrate their interest in participating in consumer- and family-driven evaluation.

Process evaluation data are currently available for Year 1 of the Mini-Grant Program. Training and technical assistance (TA) are critical components of the Mini-Grant Program. Figure 1 provides a summary of the types of TA provided to prospective applicants and grantees throughout the course of the Mini-Grant Program.

Figures 2 and 3 provide a summary of the number of technical assistance (TA) contacts and TA minutes from the initial program announcement to proposal submission for all prospective applicants (N = 18). These results suggest that, on average, all applicants received a similar number of TA contacts; however, applicants who were not subsequently awarded Mini-Grants were provided TA an average of 22.8 more minutes than successful grantees.

Figure 1. Summary of 2007 Mini-Grant Program Technical Assistance Provided (N = 157*)



*N = number of TA contacts

Figure 2. 2007 Mini-Grant TA Contacts: Prior to Grantee Selection

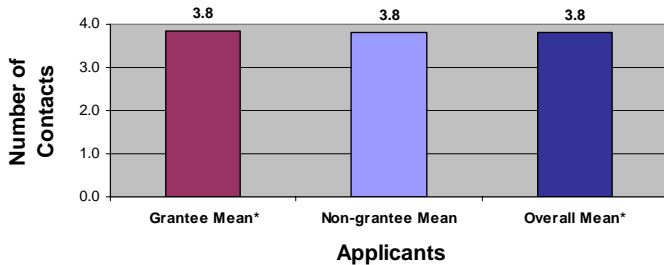
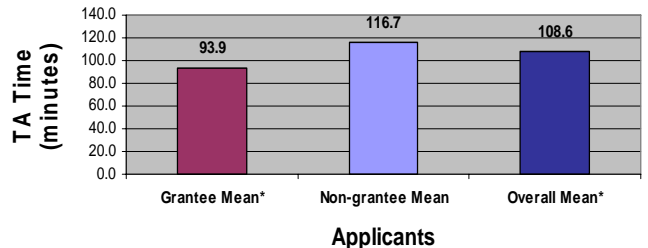


Figure 3. 2007 Mini-Grant TA Time: Prior to Grantee Selection



* Excluded one grantee with 22 TA contacts & 981 minutes of TA.

Of the 22 prospective applicants, 14 submitted proposals to the Mini-Grant Program. Of these 14, seven final grantees were selected and awarded grants to carry out their program evaluation projects. Grant awards ranged from approximately \$3,600 to \$8,780. All seven grantees were assigned to a TA Coach and received ongoing TA to complete their program evaluation project. Figures 4 and 5 provide a summary of the number of TA contacts and minutes of TA provided per grantee. These results suggest that grantees varied considerably in the extent to which they sought and received TA throughout the course of completing their evaluation project. TA contacts ranged from a total of 3 to 13 over the course of the five-month grant funding period (May – September 2007). TA time provided to grantees ranged from 25 to 245 total minutes over this same time period.

Figure 4. 2007 Mini-Grant TA Contacts: After Grant Awards

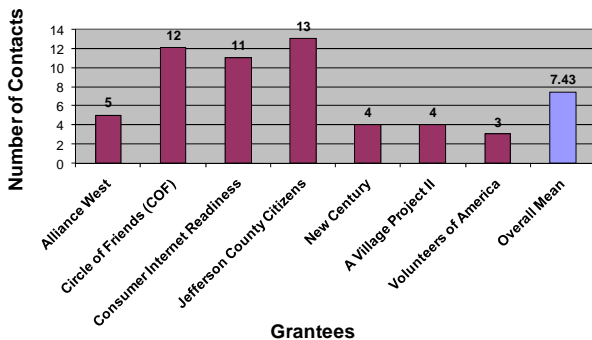
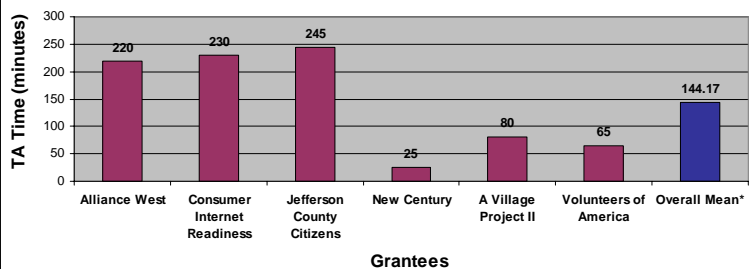


Figure 5. 2007 Mini-Grant TA Time: After Grant Awards



* Excluded one outlier grantee with 990 minutes of TA.

Table 1. 2007 Mini-Grant TA Coach Evaluations

TA Coach Evaluation Category	Mean Score (1=Poor, 5 = Excellent)
Coach Availability	4.7
Comfort with Coach	4.8
Received Needed Support	4.8
Overall Evaluation of TA Coach	4.8

The seven Mini-Grant Program grantees were surveyed regarding their satisfaction with the TA provided by their TA Coach at two time points during the grant funding period: midterm and at final project completion. Table 1 summarizes grantees' ratings of their TA Coaches. On a scale of 1 (poor) to 5 (excellent), grantees gave high marks to the TA Coaches overall, with an overall average of 4.8 (near to "excellent.")

What We've Learned: An Evaluation of 2007 Mini-Grant Program Projects

The seven Mini-Grant Program grantee projects focused on a range of populations: four focused on adults, two on children, youth, and families, and one focused on a mix of adults and children/youth and families.

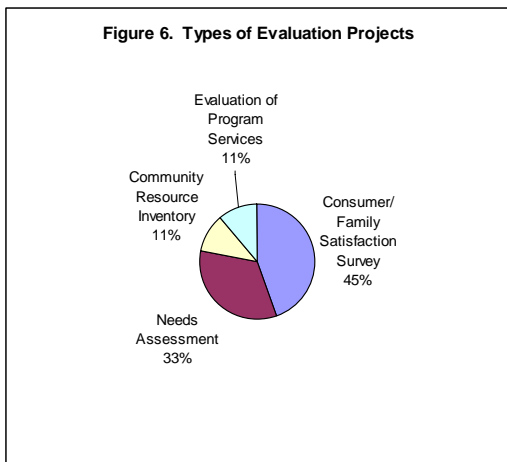


Figure 6 provides a summary of the types of evaluation projects conducted by each grantee. Current project process and outcome data are available for five of the seven grantees and are summarized below:

- Projects solicited information from an average of 50.2 evaluation participants/respondents, ranging from 25 to 100.
- Grantees enlisted the assistance of at least one other project team member, ranging from two to five project team members per grantee evaluation project.
- Five out of seven grantees reported successful project completion and meeting their intended evaluation goals. The remaining two grantees are in the process of completing their evaluation projects due to unforeseen circumstances.
- Five out of seven grantees reported favorable or intended results from their evaluation projects (see Table 2 below).
- Three out of seven grantees have applied for continuation funding in Year 2 in order to complete the next phase of a larger evaluation.

Table 2. Summary of Mini-Grantees' Projects, Funding, and Results

Project Description	Grant Award	Highlights of Project Results
Consumer/family-led evaluation of consumer satisfaction & process data for program that brings the arts to community mental health consumers.	\$3,580	Consumer Satisfaction: <ul style="list-style-type: none"> • Self-confidence after arts class (N=52): 54% greatly improved • Made new friends through class ((N=27): 78% yes • Class has helped in (N=33): 51% confidence; 30% communication; 18% job skills
Consumers & families interviewed community agencies to develop a resource inventory in a rural county.	\$4,762	Developed a user-friendly "Mental Health Recovery Access Guide" which includes social and mental health service information for 71 agencies serving adults, children, youth, and families across this rural county.
Conducted a consumer-driven needs & services assessment of consumer involvement in community mental health agencies & at regional level.	\$5,000	<ul style="list-style-type: none"> • Found "limited" and "virtually no" availability of many needed services and supports (e.g., peer support, housing) in the region (N=7) • Several barriers to recovery-oriented services were identified (e.g., long waiting lists, lack of insurance, stigma) (N=7)
Conducted a survey to evaluate the effectiveness of a resource handbook for low-income, homeless people in a rural county.	\$7,058	Found that 43% of 100 survey respondents had used the handbook. Of those who used it, 49% used it for accessing food shelves, 37% for clothing resources, 34% for shelters, and 24% for housing. Most (72%) reported they wouldn't change anything about this resource, with other suggested changes to be incorporated by grantee.
Parent evaluators conducted an assessment of a family support program for Medicaid-eligible families who have children receiving services in the public mental health system.	\$8,719	Survey data were collected on 31 program participants: <ul style="list-style-type: none"> • 82% reported the peer counselors were competent. • 89% reported that the group and class facilitators were very knowledgeable. • 83% were satisfied with the outcomes of the services provided. • 80% rated the quality of service as excellent.

For further information, contact Maria Monroe-DeVita at 206-616-5794 or mmdv@u.washington.edu or Cindy Willey at 206-393-2940 or ckw4@u.washington.edu. For samples of all Mini-Grant Program materials and the Mini-Grant Toolkit, go to: <http://mhtransformation.wa.gov/MHTG/minigrants.shtml>