



Evaluation FastFacts

from the Evaluation Center@HSRI



July 1998

Volume 1, Issue 2

This is one in a series of briefings on new and current mental health services evaluations, resources, and methods. We hope FastFacts will be a quick and easy way for you to learn important information in the field of evaluation. If you have any ideas on how FastFacts could be more useful to you, please contact Dow Wieman, Ph.D. at 617-876-0426 x:2503 or dwieman@hsri.org.

Weaver Founds New Consumer Research Center

This month marked the birth of a new and innovative organization designed to support mental health service consumers to conduct research and evaluation. Paul Weaver, Ph.D., Director of the Office of Consumer Advocacy of the Kentucky Division of Mental Health and Mental Retardation Services, is the founding Director of this new organization called the Kentucky Center for Mental Health Studies, Inc. In this issue of Evaluation FastFacts, we present excerpts from an interview the Evaluation Center@HSRI (TEC) recently completed with Dr. Weaver. Through Dr. Weaver's description of the Center, we attempt to highlight the Center's novel attributes and its potential to serve as a model organizational structure to support consumer research in the future.

TEC: What is the Kentucky Center for Mental Health Studies, Inc.? How is it structured?

PW: The Kentucky Center for Mental Health Studies, Inc. (KCMHS), is a consumer-gov-

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The Evaluation Center@HSRI is a technical assistance center funded by the federal Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and operated by the Human Services Research Institute (HSRI). The mission of the Center is to provide evaluation technical assistance to state and non-profit and private entities including, but not limited to, consumers, families and provider groups. The Center presently has six programs designed to fulfill this mission—

- Conferences & Training
- Consultation Program
- Knowledge Assessment & Application
- Multicultural Issues in Evaluation Program
- Toolkit & Evaluation Materials
- Topical Evaluation Networks & Web

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erned research institute determined to collaborate in and conduct clinical and services research. The Center began operations on July 1, 1998. KCMHS is organized as an independent non-profit entity.

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KCMHS is a consumer-governed research institute determined to collaborate in and conduct clinical and services research

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It has a board of directors controlled by consumers and a research advisory committee composed of university researchers, staff from state agencies, providers, family members, and consumers. It is in the process of forging cooperative agreements with the academic communities at the University of Kentucky and the University of Louisville. It expects to eventually have such an agreement with neighboring University of Cincinnati. This will give KCMHS researchers opportunities to conduct, participate in, and collaborate on mental health research initiatives and projects that are both scientific and beneficial in nature. Staffing during the first year is anticipated to consist of a director, senior researcher, researcher, half-time researcher to be shared with the University of Kentucky, a full-time research associate, four part-time consumer specialists, and a receptionist/secretary. The Center anticipates adding a director of education in the second year. Funding will determine additional staff.

TEC: How is KCMHS funded?

PW: KCMHS has the moral and financial support of the Kentucky Division of Mental Health and Mental Retardation Services. Additional funding comes from the federal government and provider communities.

KCMHS has applied for two federal grants and will apply for more as its capacity to conduct research

increases.

TEC: How was the idea for KCMHS generated?

PW: Consumers have always wanted to play a meaningful and valued role in the determination and design of the mental health research that impacts their lives and of the mental health services that they receive. KCMHS came into being as a result of consumers' fears of the potential decrease in the amount and quality of mental health services under managed care. Another concern was a feeling that the research community has failed to effectively include consumers in setting the research agenda and in conducting research. Consumers must no longer be viewed as lab rats, but rather collaborators in the research community. This reflects the consumer motto of "Nothing about us without us." We can no longer allow non-consumers to decide in isolation who and what should be studied, especially when such research potentially has significant impacts on consumers.

TEC: What will some of your initial research projects involve?

PW: Our first project is the evaluation of behavioral health managed care that is currently being introduced in Kentucky. Along with this we are collaborating in a clinical research study of metabo-

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KCMHS gives mental health consumers, as minority and disability communities, an unprecedented role in this vital area called research.

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lism in persons with schizophrenia and of smoking in persons with severe mental illness--two issues that are priorities to the consumer communities. Additionally, KCMHS has applied for a CMHS

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grant to evaluate consumer-operated, self-help programs, and it has the responsibility of conducting certified board training for consumer and family members who are mandated to sit on the boards and committees of managed care companies. Finally, KCMHS staff will coordinate the consumer/family piece of the state hospital program reviews which is coordinated for the Kentucky Division of Mental Health and Mental Retardation Services

TEC: How is KCMHS unique from other consumer research organizations?

PW: KCMHS is unique in that it is a professional research and evaluation center where consumers maintain control in the development of the research agenda and the approval of clinical and service projects. While there are other centers similar to KCMHS, I believe that ours is the only one where consumer government is required by its bylaws. The Kentucky Center for Mental Health Studies, Inc. gives mental health consumers, as minority and disability communities, an unprecedented role in this vital area called research.

TEC: Are you willing to be contacted by others who are interested in developing a center similar to KCMHS?

PW: Yes! Yes! Yes!

For more information about the Kentucky Center for Mental Health Studies, Inc., please contact the Center at:

P.O. Box 12065
Lexington, KY 40580-2065
606.226.9096
877.226.9096 (Toll Free)

You can reach Dr. Paul Weaver directly at:

502.564.4448
pweaver@mail.state.ky.us

For other information on consumer involvement in mental health systems, research and evaluation, you can contact these CMHS-supported centers:

National Empowerment Center, Inc.

Daniel Fisher, Executive Director
800.POWER2U (Toll Free)
978.681.6426 (Fax)
<http://www.power2u.org>

National Mental Health Consumer Self-Help Clearinghouse

Joseph Rogers, Executive Director
800.553.4539 (Toll Free)
215.636.6310 (Fax)
<http://www.mhselfhelp.org>

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In the next issue of Evaluation FastFacts:

Psychopharmacology Across Cultures: The Science and Practice of Ethnopsychopharmacology

This conference brings together national experts in the field of ethnopsychopharmacology to increase the understanding and knowledge about cultural, racial, and ethnic differences in response to psychotropic medications. It is sponsored by Harvard Pilgrim Health Care with contributions from the Multicultural Mental Health Research Center and Tufts Managed Care Institute.

Research Shows Ethnicity a Factor in Medication Response

Sociocultural, genetic, and environmental factors have long been known to play a role in everything from how people express their emotions to the kind of foods they eat. More recently, a growing body of research has begun to highlight differences in the way racial and ethnic groups respond to psychiatric medication.

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