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This distinguished research paper was first presented at the 1998 11th Annual Research Conference sponsored by the Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa. The authors highlight the 1998 King County Blended Funding Project as an innovative model for children's managed mental health care that signals a significant turning point in family support initiatives. Lessons learned from the King County Blended Funding Project suggest that participatory research and evaluation between researchers, parents, and parent advocates involved in children's mental health can have positive policy, research, and service outcomes.

The Blended Funding project was initially developed as a Mental Health Service Program for Youth (MHSPY) replication site funded by the Robert Wood Johnson Foundation. The project pooled funds from three sources: 1) a private, for-profit behavioral health company that manages the King County public mental health system in Washington; 2) the state managed, regionally administered child welfare system, and; 3) nineteen independent public school districts. Designed to "use managed-care tools to move the potential effects of good policy closer to their targets," *pooled funds were placed directly into the hands of community-based teams led by the child's family, a single-care manager, and a parent advocate*. Thus, funds flowed from system to family team to provider in order to overcome traditionally inflexible categorical service systems, fragmentation of financing and case management, and an otherwise hierarchical relationship between systems, providers, and families. Blended funds were used to purchase existing supports and to create supports that otherwise fall outside of categorical service boundaries, such as plumbing repairs and musical instruction.

Family contributions to participatory research:

- ❑ **Relevance.** Families know how to determine whether care is helpful and whether children are getting better; can help design research that yields meaningful knowledge.
- ❑ **Energy.** Families are passionate about learning what helps children. Designing a good evaluation is not an academic enterprise but may be a matter of life and death; this energy vitalizes research.
- ❑ **Validity.** Advocates believe that when parents interview other parents, they are able to elicit more candid responses to sensitive questions.
- ❑ **Skepticism.** Families can detect services, questions, and findings of questionable quality; they can help researchers correct faulty thinking.
- ❑ **Clarity.** Families motivate researchers to speak in language that is understandable to the general public. With effort and skill, families can help articulate even the most complex methodological concepts and research findings simply and clearly.

Outcomes included parent-to-parent interviews, family-driven research agendas, and parent advocate initiated theories of change. While the authors list some benefits of family participation (see box), it is important to consider that a major strength of the project lies in the fact that parents were given both the *opportunity and funding* to pursue their concerns side-by-side with researchers and other stakeholders in the project. Some outcomes were hard-won, as "many tensions [arose] between meeting the demands of both scientific rigor and multiple community stakeholders," but the move toward further collaboration looks promising: "As family members become less intimidated working within the traditional realm of the researcher, they recognize more fully the potential power of research to help families and the need for conducting well-designed studies to actualize this power." Likewise, research scientists come to "appreciate more fully the potential power of the community to strengthen research efforts and the need for strong community partnership to actualize this power."