Consumer-Operated Services

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov
What are Evidence-Based Practices?

Services that have consistently demonstrated their effectiveness in helping people with mental illness achieve their desired goals.

Effectiveness was established by different people who conducted rigorous studies and obtained similar outcomes.
What are Promising Practices?

Services that have demonstrated some results and show promise of an evolving evidence base.

Implementing promising practices in a standardized way can help build the evidence base.
Examples of Evidence-Based and Promising Practices

- Supported Education
- Supported Employment
- Assertive Community Treatment
- Family Psychoeducation
- Illness Management and Recovery
- Integrated Treatment for Co-Occurring Disorders
- Medication Treatment, Evaluation, and Management
Additional KITs

- Consumer-Operated Services
- Older Adults
- Permanent Supportive Housing
- Children Mental Health Services
According to the New Freedom Commission on Mental Health:

If effective treatments were more efficiently delivered through our mental health services system ... millions of Americans would be more successful in school, at work, and in their communities

— Michael Hogan, Chairman
What are Consumer-Operated Services?

Consumer-Operated Services are:

- **Independent**: Owned, administratively controlled, and managed by mental health consumers
- **Autonomous**: All decisions are made by the program
- **Accountable**: Responsibility for decisions rests with the program
- **Consumer controlled**: Governance board is at least 51% mental health consumers
- **Peer workers**: Staff and management are people who have received mental health services
Consumer-Operated Services have different names

- Consumer-Operated Service Program (COSP)
- Consumer-run organizations
- Peer support programs
- Peer services
- Peer service agencies
Consumer-Operated Services are unique

- Consumer-operated services are not simply mental health services delivered by consumers.

- They have a different worldview, structure, and approach to “helping” than traditional treatment services.
The bedrock of peer service philosophy and practice

- People with psychiatric difficulties can and do recover, living meaningful lives.

- Peers can help one another with the recovery process in ways that professionals cannot.
What do Consumer-Operated Services do?

- Mutual support
- Community building
- System advocacy
- Service provision
What do Consumer-Operated Services do?

Consumer-Operated Services can include:

- Drop-in centers
- Peer counseling
- Structured educational or support groups
- Crisis response and respite
- Information and education
What services are provided?

- Advocacy
- Assistance with basic needs or benefits
- Help with housing, employment, or education
- Social and recreational opportunities
- Arts and expression
How do Consumer-Operated Services help people?

They help individuals see what is possible for themselves and for others. People see that recovery is real and possible. They can see it in people surrounding them.

— State mental health policymaker
Consumer-Operated Services help people ...

- Learn about recovery
- Take on new roles or responsibilities
- Discover new things about themselves
- Think differently about themselves, their lives, and their future
- Make new friends
- Develop personal support networks
- Learn better ways to handle problems
- Generate hope
- Increase a sense of well-being
What is the evidence that they help?

- Greater levels of independence, empowerment, and self esteem
- Improved sense that participants can make their own decisions, solve problems, and help others
- Improved quality of life
- Increases in social support, employment skills, education

— Key findings from SAMHSA peer-run service demonstration projects, 1988-1992
What is the evidence?

- Higher use of problem-centered coping skills
- Use more coping strategies
- Achieve more education
- Score higher in social functioning
- Higher ratings for hopefulness and self-efficacy

— Findings from 2001 study of mental health self-help users

COSP Multisite Research Initiative 1998-2006

- Largest and most rigorous study of Consumer-Operated Services to date
- Studied several models of peer-operated services around the country
- Jean Campbell, principal investigator
Key question:

Are Consumer-Operated Services effective (as an adjunct to traditional services) in improving the outcomes of adults with serious mental illnesses?
## COSP Multisite Research

### Participating programs:

<table>
<thead>
<tr>
<th>State</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>BRIDGES</td>
</tr>
<tr>
<td>California</td>
<td>Mental Health Client Action Network</td>
</tr>
<tr>
<td>Maine</td>
<td>Portland Coalition for the Psychiatrically Labeled</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>The Friends Connection</td>
</tr>
<tr>
<td>Illinois</td>
<td>GROW, Inc.</td>
</tr>
<tr>
<td>Florida</td>
<td>Peer Center, Inc.</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Advocacy Unlimited, Inc.</td>
</tr>
<tr>
<td>Missouri</td>
<td>St. Louis Empowerment Center</td>
</tr>
</tbody>
</table>
Key findings:

Participation in Consumer-Operated Services increases sense of overall well-being by building hope, empowerment, and social connectedness.
COSP Multisite Research

Key findings:

- Higher participation leads to greater increase in sense of well-being.
- Positive effects are not limited to one program type or model.
Conclusion:

As an adjunct to the mental health treatment system, Consumer-Operated Services are essential in helping consumers recover and live meaningful lives in the community.
Across all programs in the study, similarities were found. These “common ingredients” distinguish Consumer-Operated Services from other services. They form the basis for a fidelity assessment tool, the FACIT.
FACIT: Fidelity Assessment
Common Ingredients Tool

- Fidelity assessment tool for Consumer-Operated Services

- Elements
  - Structure
  - Environment
  - Belief systems
  - Peer support
  - Advocacy
  - Education
FACIT: Common ingredients

Program structure:

How programs are organized and operated

- Consumer control
- Membership-run
- Participatory leadership
- Voluntary participation
- Sense of physical and emotional safety
FACIT: Common ingredients

Guiding values:

Core belief systems and worldview

- People can and do recover from psychiatric difficulties
- To help others is to also help one’s self
- Choice, empowerment, and responsibility
- Acceptance and respect for diversity
- Reciprocity, mutuality in relationships
- Social action
FACIT: Common ingredients

Operational process:

Services offered and methods of providing those services

- Peer support through relationships and informal and structured interactions
- Interactive decisionmaking
- Meaningful roles and opportunities for everyone
- Peer mentoring and teaching
How are Consumer-Operated Services funded?

Federal sources:

- Mental health block grants
- Grant programs through SAMHSA and other federal agencies (VA, HUD, etc.)
- Medicaid
How are Consumer-Operated Services funded?

State and local sources:

- General funds; tax levies
- Mental health authorities and other service entities
- Community reinvestment and redevelopment
How are Consumer-Operated Services funded?

Private sources:

- Contracts with managed care organizations
- Foundation grants
- Charity groups and nonprofit organizations
- Faith-based organizations
How are Consumer-Operated Services funded?

**Enterprise:**

- Fundraising events and campaigns
- Entrepreneurial ventures or small business enterprises
- Contracts with various organizations
  - Consulting
  - Training
  - Evaluation
Why should you be interested in Consumer-Operated Services?

Consumer benefits:

- Well-being
- Recovery
- Community-building
- Empowerment
- Enhancements/alternatives
When I first met Joe 3 years ago, he was having many difficulties in his life. He was just starting to attend the local COSP.

Six months later, he became treasurer and transportation coordinator for the group. He was interacting with people and his grooming improved.

I saw him recently. He had finished his first year at college, majoring in engineering with a 4.0 grade point average. He attributed his success to the support of peers in a consumer-operated service, saying “Without them, I never would have tried.”

— MHA policymaker
Why should you be interested in Consumer-Operated Services?

**Mental health system benefits:**

- Enriched service choice and array
- Expanded availability
- Expanded access
- Reaching underserved persons
- Preserving services
- Value
Consumer-Operated Services translate into real gains to the mental health system.

Clinicians want and need people to be partners in their treatment.

Often Consumer-Operated Services help motivate people, help them to find their voice. They come to believe they can contribute to their own care and make a difference in their own lives.

Everyone wins.

— Mental health center director
Consumer-Operated Services are present and vocal members of our service provider community. They are equal to other providers in our forums. Their presence has challenged us, but also strengthened us. We are learning to work together in productive and mutually beneficial ways.

— Mental health center director
Why should you be interested in Consumer-Operated Services?

Community benefits:

- Community education and “de-stigmatization”
- Collaborative networks
- Public health promotion
- Energizing community
Consumer-Operated Services are in many states

- Arizona
- Georgia
- Kansas
- Maine
- Massachusetts
- New Hampshire
- New Jersey
- New York
- Ohio
- Texas
- Vermont
- West Virginia
- Wisconsin
Urban, suburban, and rural

- Consumer-Operated Services are found in many different kinds of communities.
- The are emerging examples of Consumer-Operated Services are tailored to specific cultural communities or language groups.
Tips for starting Consumer-Operated Services

- Clarify roles and relationships.
- Use straightforward application and contract mechanisms.
- Ensure technical assistance, training, and active field-based mentorship.
- Establish appropriate accountability and quality assurance practices.
Tips for starting Consumer-Operated Services

- Clarify roles and relationships.
- Negotiate “Letters of Agreement” upfront.
- Expect quality.
- Design pathways for growth and development.
- Consider sustainability.
Do not have preconceived notions that a consumer-operated service should look or operate like a mental health center. It won’t. It shouldn’t.

— Technical assistance provider
Tell me. What mistakes can a consumer-operated service make that a traditional mental health service has not already made somewhere, somehow?

— Mental health program director
Summary

- Recovery is real; claim it for yourself.
- Support or join a consumer-operated service.
Additional Resources

For more information about Consumer-Operated Services and evidence-based practices, visit:

http://store.samhsa.gov/