

Best practices in consumer operated services and programs (COSP): A descriptive study of program participants and impacts (Session #291716)

Michael S. Shafer, Suzanne Legander, Richard O. Rivera, Alecia Radatz, Vicki L. Staples, & John Rorke

ASU Center for Applied Behavioral Health Policy
Stand Together And Recover Centers, Inc.



Presenter Disclosures

Michael S. Shafer, Suzanne Legander, Richard O. Rivera, Alecia Radatz, Vicki L. Staples, & John Rorke

(1)The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No Relationships to Disclose

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Our Agenda

Defining Consumer Operated Service Programs

Methodology Development and Implementation

Emergent Findings

Making Use of the Data & Next Steps

Defining Consumer Operated Service Programs (COSPs)

5 core features:

- 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

What Do COSPs Do?

- Facilitate Mutual Aid/Mutual Support
- Build Community
- Advocate
- Provide Services & Support

A Variety of Services COSPs May Provide

- Drop In Center
 - Social & Recreational Opportunities
 - Arts & Expression
- Structured Educational & Support Groups
- Peer Counseling
 - Assistance with Basic Needs or Benefits
 - Crisis Response & Respite
- Information & Referral

The Evidence Base for COSPs

Individuals attending COSPS were found to:

- Use problem-centered coping skills
- Use more coping strategies
- Achieve more education
- Score higher in social functioning
- Express more hopefulness and self-efficacy

"Consumer-Run Service Participation, Recovery of Social Functioning, and the Mediating Role of Psychological Factors." Yanos, P.T., Primavera, L.H., Knight, E. (2001). *Psychiatric Services*, 52(4), 493-500.

The Evidence Base for COSPs

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

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

S.T.A.R. – Stand Together & Recover Centers, Inc.

STARTED IN 1984 AT MARICOPA COUNTY PSYCHIATRIC ANNEX

- Officially Incorporated 1986
- 1st Location purchased with support from St. Luke's and Triple R
- Current – 3 Locations, Main Program, Young Adult Program, Fun Bunch, Catering



Project Phases

- I Identify and prioritize the goals, objectives and evaluation or research questions
- II Literature review, create & match items for each outcome or evaluation/research question
- III Create/establish a pool of items
- IV Independent group of readers who review the items and determine face validity
- V Pilot test the questionnaires
- VI Create Scantron versions of questionnaires

What do you want to know?

(aka evaluation/research questions)

Characteristic of participants who utilized peer-run recovery services

Which services are participants utilizing at the recovery center? How often are they using these services?

Are participants satisfied with the services they use at the recovery center?

Are there differences (reduction or improvements) in outcomes over time?

Are there differences in outcomes by participant characteristics (e.g., gender, age, race/ethnicity, education, income source, diagnoses, military service, homelessness, involvement with law enforcement)?

Are utilized services related to outcomes? (Is frequency of service use related to outcomes?)

Data Collection Procedures

Anonymous & confidential self-report survey
Voluntary, recruitment occurs by STAR staff

Peer Recovery Center Intake Questionnaire
(PRC-IQ)

Peer Recovery Center Quarterly Questionnaire
(PRC-QQ)

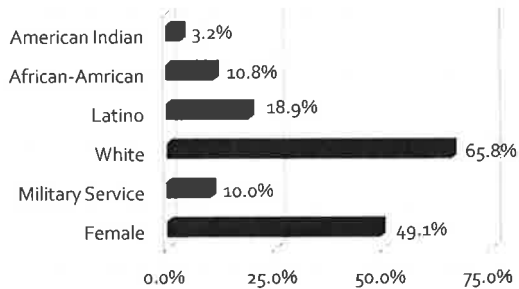
Data Collection Procedures

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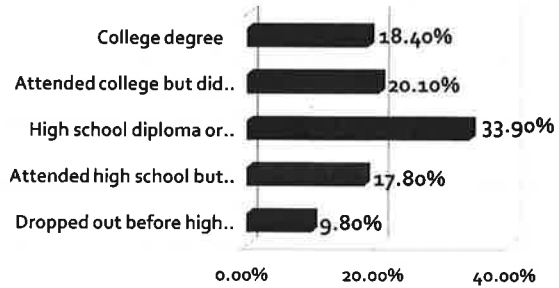
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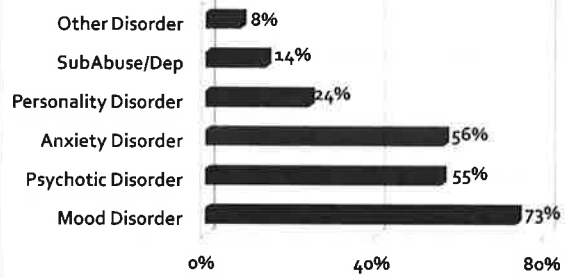
Demographic Characteristics



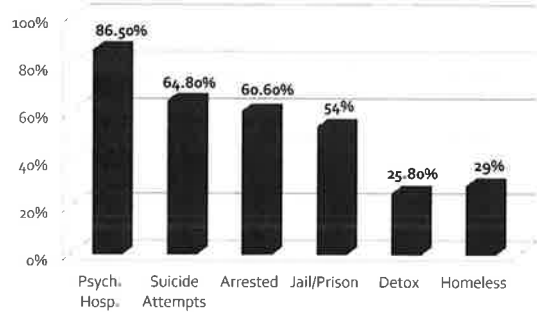
Educational Attainment



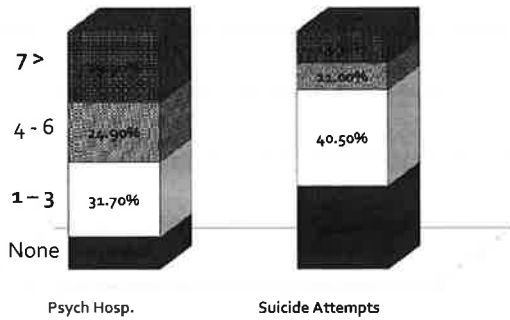
Diagnostic Labels (self-report)



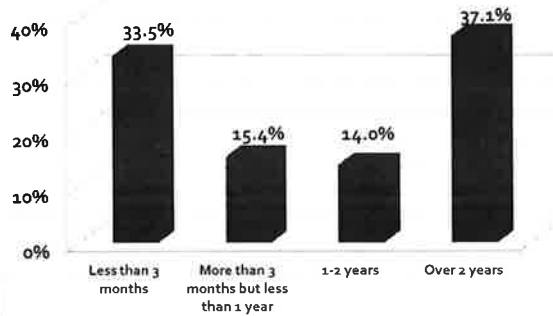
Significant Lifetime Events



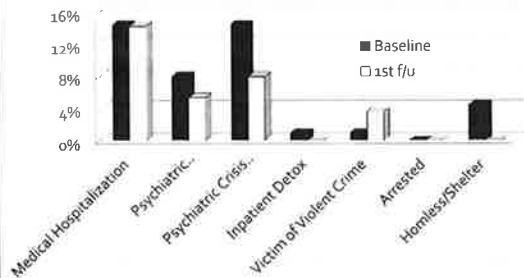
Significant Lifetime Events: # of Psych Hospitalizations & Suicide Attempts



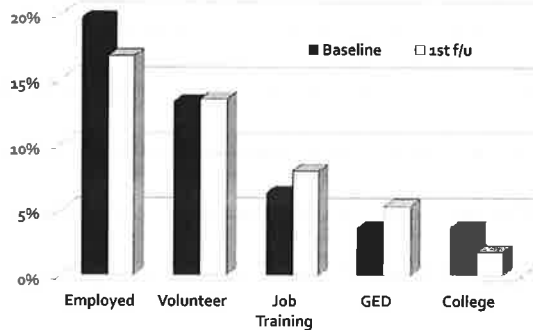
Program Participation



Changes in Well-Being: Past 30 day Significant Events



Employment & Educational Participation



Lessons Learned in Data Collection

- Quarterly Follow ups
- View of Peer’s Own Health Compared to General Public
- Existing Initial Membership Info Gathering – Impact on Data
- Training Staff on Administering Tool
- Fear of Consequences
- Tracking for Follow ups
- Staff Support for Members with Low Literacy Skills
- Scantron errors

Making Use of the Data

- Member Impacts
 - Educating and Building Trust with Members
 - Meeting Up with STAR Members to Share Overall Data
 - More Peers are Answering Substance Use Questions
- Program Impacts
 - Suicide ASIST Training for Staff
 - More Choice of Services
 - Benefits Eligibility Training for Staff
 - Focus on Whole Health - ILC Cooking classes
- Community Impacts
 - Partnership Initiatives with PCPs, health plans
 - Educational information for general public, legislators, and other program advocacy targets

Next Steps and Future Enhancements

Revised Peer Recovery Center Intake & Quarterly Questionnaire (PRC-IQ/QQ) and Data Gathering Procedures

Spanish version

Compare with other COSPs both locally and nationally

Self report vs. service utilization (PRC data with RBHA encounters)
