



EVIDENCE-BASED  
PRACTICES

**KIT**

Knowledge Informing Transformation



# Using Multimedia to Introduce Consumer-Operated Services

## Consumer- Operated Services



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



# Using Multimedia to Introduce Consumer-Operated Services

---

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration



**Consumer-  
Operated  
Services**

## Acknowledgments

This document was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Abt Associates, Inc., and Advocates for Human Potential, Inc., under contract number 280-2003-00029 and Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). Pamela Fischer, Ph.D., served as the Government Project Officer.

## Disclaimer

The views, opinions, and content of this publication are those of the authors and contributors and do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or HHS.

## Public Domain Notice

All material appearing in this document is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization from the Office of Communications, SAMHSA, HHS.

## Electronic Access and Copies of Publication

This publication may be downloaded or ordered at <http://store.samhsa.gov>. Or, please call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

## Recommended Citation

Substance Abuse and Mental Health Services Administration. *Using Multimedia to Introduce Consumer-Operated Services*. HHS Pub. No. SMA-11-4633, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2011.

### Originating Office

**Center for Mental Health Services**  
**Substance Abuse and Mental Health Services Administration**  
**1 Choke Cherry Road**  
**Rockville, MD 20857**

HHS Publication No. SMA-11-4633  
Printed 2011



## Using Multimedia to Introduce Consumer-Operated Services

*Using Multimedia to Introduce Consumer-Operated Services* is a collection of educational tools to help you introduce Consumer-Operated Services to a variety of groups, including the following:

- Public mental health authorities;
- Community members;
- Potential Consumer-Operated Services program members;
- Families and other supporters; and
- Service providers.

You can use these materials during inservice training meetings or for community presentations to educate other stakeholder groups.

## Consumer-Operated Services

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Consumer-Operated Services KIT, which includes seven booklets:

**How to Use the Evidence-Based Practices KITs**

**Getting Started with Evidence-Based Practices**

**Building Your Program**

**Training Frontline Staff**

**Evaluating Your Program**

**The Evidence**

**Using Multimedia to Introduce Consumer-Operated Services**



## Using Multimedia to Introduce Consumer-Operated Services

|  |    |
|--|----|
| Sample Brochure .....                      | 1  |
| Introductory DVD .....                     | 1  |
| DVD Discussion Guide .....                 | 2  |
| Introductory Handout.....                  | 2  |
| Introductory PowerPoint presentation ..... | 2  |
| Appendix A: Sample Brochure.....           | 3  |
| Appendix B: DVD Discussion Guide.....      | 7  |
| Appendix C: Introductory Handout.....      | 17 |
| Appendix D: PowerPoint Presentation.....   | 21 |

# Consumer-Operated Services





## Using Multimedia to Introduce Consumer-Operated Services

### Sample Brochure

Use the sample brochure in *Appendix A* to introduce your program to your community. An electronic version is on the CD-ROM for this KIT.

### Introductory DVD

This 15-minute film gives viewers basic information about Consumer-Operated Services, including the following:

- Principles;
- Philosophy and values;
- How Consumer-Operated Services have helped people;
- Collaboration with mental health services; and
- How traditional providers benefit from Consumer-Operated Services.



## DVD Discussion Guide

The Discussion Guide provides examples of some ways to introduce the DVD and questions to help stimulate discussion afterwards. It also provides a transcript of the DVD. The Discussion Guide is found in *Appendix B*.

## Introductory Handout

The Introductory Handout in *Appendix C* is a general handout that you can distribute to potential members of Consumer-Operated Services, public mental health authorities, provider agencies, and others. It summarizes key information found in other parts of this KIT.



## Introductory PowerPoint presentation

We encourage you to offer basic community presentations about Consumer-Operated Services using the Introductory PowerPoint slides in this KIT. We include a paper copy in *Appendix D*. An electronic copy is on the CD-ROM in this KIT so that you can tailor it to your own consumer-operated programs.

The slides provide background information on the following topics:

- What are Consumer-Operated Services?
- Common practices, philosophy, and approaches; and
- Evidence.

Use the PowerPoint presentation along with the other tools in this section to inform a wide array of people about Consumer-Operated Services.





# Using Multimedia to Introduce Consumer-Operated Services

## Appendix A: Sample Brochure







## Consumer-Operated Services



Consumer-Operated Services Works!



*Recovery is real.  
Claim it for yourself.*

This document was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Abt Associates, Inc., and Advocates for Human Potential, Inc., under contract number 280-2003-00029 and Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). Pamela Fischer, Ph.D., served as the Government Project Officer.

Printed 2011

HHS Publication No. SMA-11-4633

28660311.871201002



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
www.samhsa.gov

## What are Consumer-Operated Services?

*A consumer-operated service is an independent organization that is owned, administratively controlled, and operated by mental health consumers. It may offer a range of services, but it emphasizes self-help and recovery.*

*Consumer-Operated Services is an evidence-based practice (EBP) that has consistently demonstrated effectiveness in helping people with mental illness achieve their desired goals.*

## How do Consumer-Operated Services Help People?

Consumer-operated services support participants in many ways. They provide opportunities for people to learn about recovery, take on new responsibilities or new roles, make discoveries about themselves, and make new friends. When people feel accepted for who they are, they begin to think about themselves differently, learn new ways to handle problems, and make positive changes. Consumer-operated services generate hope, open new doors, and increase members' sense of well-being.

**Recovery is real. Claim it for yourself. Support or join a local consumer-operated service.**

## What Makes Consumer-Operated Services Unique?

Consumer-operated services are run by people who have personal experience living with a psychiatric diagnosis. They understand how it can affect every aspect of living, including one's hopes for the future. Consumer-operated leaders and members are living proof that people can and do recover.

Consumer-operated services have a different approach to "helping" than traditional mental health services. They emphasize growth and well-being, self-help, and personal choice and responsibility. Members discover that helping others is often a way of helping oneself.

## What services are offered?

Different programs offer different kinds of services. These may include the following:

- Drop-in centers
- Peer counseling
- Self-help and peer support groups
- Crisis response and respite
- Assistance with basic needs
- Help with housing, employment, and education
- Links to human services or resources
- Social and recreational opportunities
- Advocacy services
- Arts and expression
- Information and resources

# Using Multimedia to Introduce Consumer-Operated Services

## Appendix B: DVD Discussion Guide

*Appendix B* contains a Discussion Guide to accompany the DVD in this KIT. It gives you the outline of the script, key points, suggestions for introducing the DVD, and questions to help you stimulate discussion after showing it.

### Suggestions for Introducing and Discussing the DVD

#### Introducing the DVD

This DVD is about Consumer-Operated Services and their role in the service system. The DVD illustrates one example of a consumer-run service, SIDE, Inc. It also provides comments from funders and traditional service providers.

SIDE is an independent, nonprofit, multiservice, consumer-operated agency

in Kansas. It provides drop-in services as well as structured peer support and education groups, art expression, and social opportunities. The governing board and employees of SIDE are all mental health consumers.

The DVD highlights the story of one member, Kelly, but many members talk about what being part of a Consumer-Operated Service means in their lives.



Members of SIDE and representatives of the local mental health center talk about their collaborative relationship, which they find both rewarding and challenging. Both agencies feel they are stronger and more helpful to people because of their collaboration.

Also featured are policymakers and mental health administrators from around the country sharing their perspectives on why Consumer-Operated Services are important and useful in a mental health service system.

Additional speakers include:

- A. Kathryn Power, Director of the Center for Mental Health Services;
- Jean Campbell, principle investigator for the federally funded Consumer-Operated Services Program (COSP) Multisite Research Study;
- Arthur Evans, Director of the Philadelphia Office of Behavioral Health and Mental Retardation;
- Ed Knight, Vice President of a mental health managed care company and a leader in developing self-help and peer support services;
- Melody Riefer, a state-level consumer affairs director; and
- Linda Rosenberg, President and CEO of the National Council for Community Behavioral Healthcare.

## Objectives of the DVD

The objectives of the film are to do the following:

- Increase awareness about consumer-operated services among mental health policymakers, administrators, funders and others; and
- Promote the implementation of consumer-operated services.

The DVD presents the following three central messages:

1. Consumer-Operated Services are independent, consumer-run organizations that offer a wide range of services.
2. Consumer-Operated Services are credible, researched, evidence-based, and supported by federal policy.
3. Consumer-Operated Services make unique, cost-effective, value-based contributions to community mental health service systems.



## Some key points in the DVD

- Consumer-Operated Services are unique: they are not simply traditional services delivered by consumers.
- Consumer-Operated Services are important elements of mental health service systems.
- Consumers, traditional agencies, and communities benefit from Consumer-Operated Services.
- Consumer-Operated Services can have constructive and collaborative relationships with traditional services.
- Consumer-Operated Services can enhance traditional services, as well as serve as alternatives to them for some people.
- The Multisite Study of Consumer-Operated Service Programs and other research yield evidence that supports Consumer-Operated Services as a best practice.
- Traditional mental health agencies can benefit from working with Consumer-Operated Services.
- Managed care companies increasingly endorse members' use of Consumer-Operated Services.
- The federal government encourages establishing Consumer-Operated Services as evidence-based practices.
- Consumer-Operated Services provide good value for their cost.

## Discussion questions for general audiences

- What did you learn from this video?
- What else do you want to know about Consumer-Operated Services?
- Kelly said that getting involved at SIDE changed her life. Would you be interested in getting involved in A Consumer-Operated Service? Why or why not?
- How do members of Consumer-Operated Services participate in decisionmaking and program operations? What roles do people take on?
- How do members of Consumer-Operated Services help one another? How does peer support make a difference for people?
- What are some ways Consumer-Operated Services and traditional mental health services can work together? What could they learn from each other?
- How might a Consumer-Operated Service help people who choose to not participate in traditional services?
- What are the opportunities and potential resources for establishing Consumer-Operated Services in our area? How might we build on our opportunities and resources?
- Sometimes people hesitate and are reluctant to embrace Consumer-Operated Services. What are the concerns and challenges of establishing these services in our area? How could we address these concerns and challenges?
- What next steps could we take to promote or support Consumer-Operated Services in our area? How could you get involved or support this effort?

## Discussion questions for mental health authorities, providers, and funders

- What did you learn from this video? What else do you want to know?
- In what ways can Consumer-Operated Services make a difference in lives of people?
- Why are these policymakers and funders supporting the development of Consumer-Operated Services?
- What are some of the ways A Consumer-Operated Service could enhance our mental health service system?
- How would a Consumer-Operated Service benefit other people in our area such as consumers, family members, and others?
- What are the opportunities and potential resources for establishing Consumer-Operated Services in our area? How might we build on our opportunities and resources?
- The video states that sometimes people hesitate and are reluctant to embrace Consumer-Operated Services. What are the concerns and challenges of establishing these services in our area? How could we address them?
- How can we ensure that Consumer-Operated Services are autonomous, but also have startup support?
- What next steps could we take to promote or support Consumer-Operated Services in our area? In what ways could you or your organization support this effort?



# Using Multimedia to Introduce Consumer-Operated Services

## Appendix C: Introductory Handout



## What Are Consumer-Operated Services?

A Consumer-Operated Service is a peer-run program that emphasizes self-help and recovery. It is owned, administratively controlled, and operated by mental health consumers.

Consumer-Operated Services may be called by other names such as *consumer-run organizations*, *peer support programs*, *peer services*, or *peer service agencies*.

Consumer-Operated Services often collaborate with other mental health service providers and community organizations, but they retain autonomy and their own identity, distinct from other agencies.

| Consumer-Operated Means ... |  |
|-----------------------------|--|
| <b>Independent</b>          | Administratively controlled and managed by mental health consumers.                                    |
| <b>Autonomous</b>           | Decisions about governance, fiscal, personnel, policy, and operational issues are made by the program. |
| <b>Accountability</b>       | Responsibility for decisions rests with the program.   |
| <b>Consumer controlled</b>  | The governance board is at least 51% mental health consumers.  |
| <b>Peer workers</b>         | Staff and management are people who have received mental health services.                              |

**Consumer-Operated Services 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*

## How Do Consumer-Operated Services Help People?

Consumer-Operated Services may offer a range of help and support to participants. They provide opportunities for people to learn about recovery, take on new roles and responsibilities, and make new friends.

When people feel accepted for who they are, they begin to think about themselves differently and are more likely to make positive changes. Consumer-Operated Services generate hope and increase people's sense of well-being.

### What Is Peer Support?

- Peer support is a mutually supportive relationship based on two or more people's shared lived experiences.
- In Consumer-Operated Services, peer connections often revolve around experiences with treatment, the service system, life problems, and social stigma, not just the shared experience of psychiatric difficulty.
- Peer support may occur in formal groups or in structured services and programs. But most often, it occurs in day-to-day interactions and informal conversations.

## Do Consumer-Operated Services Work? What Is the Evidence?

Many studies support the value and effectiveness of peer support services in helping people address problems in their lives. A study of 14 Consumer-Operated Services demonstration projects funded by SAMHSA in 1988–1992 concluded that:

...as a result of these initiatives, consumers/survivors had achieved greater levels of independence, empowerment, and self esteem. Individuals had an improved sense that they could make their own decisions, solve problems, and help others.

Participant quality of life improved and there were noted increases in developing social supports, employment skills, and education.

In the past decade, there has been considerable growth in the number of controlled studies on Consumer-Operated Services that demonstrate the effectiveness of peer practices in consumer-operated programs in mental health.

In 2001, researchers compared a group of people who participated in consumer-operated self-help programs with a matched group that did not use self-help groups. The self-help group showed higher use of problem-centered coping skills and coping strategies, achieved more education, and scored higher in social functioning. The higher ratings for hopefulness and self-efficacy found in the self-help group positively affected their coping strategies.

The Consumer-Operated Service Program (COSP) Multisite Research Initiative (1998–2006), funded by SAMHSA, is the largest and most rigorous study of Consumer-Operated Services conducted to date. It looked at several models of peer-operated services around the country to determine whether Consumer-Operated Services are effective as an adjunct to traditional mental health services in improving the outcomes for adults with serious mental illnesses. This study found that Consumer-Operated Services are effective. Findings included the following:

- Overall increase in well-being among study participants (experimental and control groups);
- Greater increase in objective measures of well-being among participants assigned to drop-in centers;
- Greater increase in subjective measures of well-being and empowerment in all COSP program models studied; and
- Greater use associated with greater increase in well-being in all Consumer-Operated Service program models studied.



---

## What Is the Purpose of Consumer-Operated Services?

Consumer-Operated Services typically focus on the following four basic functions:

- Mutual support;
- Community building;
- Providing services; and
- Advocacy.

Some Consumer-Operated Services may emphasize all four while others may promote only some of them.

---

### Mutual support

Peers can often help one another without designating who is the “helper” and who is the “helpee.” They may switch back and forth in these roles or act simultaneously.

---

### Community building

Consumer-Operated Services offer participants opportunities to feel they are part of an inclusive and accepting community, develop new social and support networks, and learn to think about themselves differently.

---

### Providing services

Consumer-Operated Services vary, reflecting the needs of a community, the expectations of a funder, and the interests or talents of participants. Services may include the following:

- Drop-in centers;
- Self-help and peer support groups;

- Peer counseling;
- Advocacy services;
- Assistance with basic needs or benefits;
- Help with housing, employment, or education;
- Social and recreational opportunities;
- Arts and expression;
- Crisis response and respite; and/or
- Information and resources.

For many participants, Consumer-Operated Services augment their more traditional mental health services. They may also serve as an alternative to traditional services, especially for people who choose not to participate in traditional services.

---

### Advocacy

Advocacy has been a core element of the consumer self-help movement from its inception. Consumers now get involved at local, state, and federal levels to promote change.

In addition, Consumer-Operated Services encourage individual advocacy, including both self-help and peer advocacy (peers advocating for one another).

---

**Consumer-Operated Services are more than just a “good thing.” We see them as a critical core component of the continuum of care. Effective Consumer-Operated Services provide role modeling, natural support systems, and help individuals with personal recovery. They work in ways that traditional services cannot.**

*State Mental Health Commissioner*

---

## What Makes Consumer-Operated Services Unique?

Consumer-Operated Services are not simply mental health services delivered by consumers. They have a different world view, structure, and approach to “helping” than traditional treatment services. Many who have used traditional services firmly believe that “there has to be another way.”

### Recovery

Two core beliefs form the bedrock of Consumer-Operated Services’ philosophy and practices:

- People with psychiatric difficulties can and do recover, living meaningful lives.
- Peers can help each other with the process in ways that professionals cannot.

## What Are the Common Ingredients of High Fidelity Consumer-Operated Services?

Studies have identified some common ingredients that distinguish Consumer-Operated Services from other kinds of mental health services. These elements form the basis of a consumer-operated service fidelity scale (the FACIT), which can be used to ensure quality, consistency, and congruency with the common ingredients found in the research.

- **Program structure:** How programs are organized and operated.
  - Consumer-controlled;
  - Membership-run;
  - Participatory leadership;
  - Voluntary participation; and
  - Sense of physical and emotional safety.
- **Guiding values:** Core belief systems and world view.
  - Helping others is to also help yourself;
  - Empowerment and responsibility;
  - Choice;
  - Acceptance and respect for diversity;
  - Reciprocity, mutuality in relationships;
  - Social action; and
  - People can and do recover from psychiatric difficulties.

- **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; and
- Peer mentoring and teaching.

---

**Recovery-oriented services and supports are often successfully provided by consumers through consumer-run organizations.**

*President's New Freedom Commission on Mental Health  
Final Report, 2003*

---

## How Are Consumer-Operated Services Funded?

Consumer-Operated Services are best practices and must be funded as part of the system of care. Currently, they are funded in a number of ways, each with advantages and disadvantages. Like other human services, Consumer-Operated Services need a diverse funding mix to ensure sustainability and to weather vagaries in the funding environment.

### Primary Sources of Funding for Consumer-Operated Services

- Federal sources: Mental Health Block Grants; grant programs through SAMHSA and other federal agencies; Medicaid.
- State or local sources: General funds; tax levies; Mental Health Authorities and other service entities; community reinvestment and redevelopment.
- Private sources: Contracts with managed care organizations; foundation grants; charity groups and nonprofit organizations.
- Enterprise: fund raising and entrepreneurial ventures by Consumer-Operated Services programs.



## Using Multimedia to Introduce Consumer-Operated Services

### Appendix D: PowerPoint Presentation

In *Appendix D*, you'll find paper copies of a PowerPoint presentation that you may use for presentations with your community or in-service seminars. An electronic copy is on the CD-ROM for this KIT.



# Consumer-Operated Services

## An Evidence-Based Practice



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



# What Are Evidence-Based Practices?



Services that have consistently demonstrated their *effectiveness* in helping people with mental illnesses 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



# Why implement these practices?



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

“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.

## 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

# COSP Multisite Research



## 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:

|              |  |
|--------------|--|
| Tennessee    | BRIDGES  |
| California   | Mental Health Client Action Network                |
| Maine        | Portland Coalition for the Psychiatrically Labeled |
| Pennsylvania | The Friends Connection                             |
| Illinois     | GROW, Inc.   |
| Florida      | Peer Center, Inc.                                  |
| Connecticut  | Advocacy Unlimited, Inc.                           |
| Missouri     | St. Louis Empowerment Center                       |

# COSP Multisite Research



## 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.

# COSP Multisite Research



## 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.



# COSP Multisite Research Fidelity Tool: FACIT



- 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 organization



# How are Consumer-Operated Services funded?



## Private sources:

- 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.
- There 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>







HHS Publication No. SMA-11-4633  
Printed 2011

29608.0311.8712010402

