Consumer-Operated Service Providers:

A Peer-Involved Study of Member Outcomes

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Executive Summary

Purpose

The purpose of this study was to collect and analyze data on Consumer-Operated Service Provider (COSP) member outcomes via a collaborative process between researchers at the Texas Institute for Excellence in Mental Health (TIEMH) and peers who currently serve as executive directors (EDs) of COSPs in Texas. TIEMH researchers provided training and technical assistance to COSP EDs on the purposes of research, types of research, operationalization and measurement, data collection, and data analysis. Collaboratively, EDs and TIEMH researchers modified or developed survey items to measure COSP member outcomes, developed data collection procedures (with data collection activities led by EDs), and reviewed and discussed findings from the member survey (with data analysis activities led by TIEMH researchers).

Data and Methods

TIEMH researchers and COSP EDs collaboratively modified and developed a survey to distribute to their members that included 15 quantitative items from the Recovery-Oriented Services Assessment (ROSA; Lodge, Kuhn, Earley, & Stevens Manser, 2018) and 3 open-ended qualitative items. This survey was distributed to COSP members by EDs via email listservs, paper forms, posted on their website, and via a web link distributed during online meetings with members. A total of 179 surveys were completed and analyzed.

Results

Quantitative data indicated that all items on the ROSA comprised one principle component, "recovery orientation." Additionally, the scale exhibited a very high level of internal consistency. For all three organizations, ROSA items that were rated most highly, in terms of frequency of delivery, included introducing members to peer support, modeling hope for members, and respecting members' decisions about their lives. Lower scored items included discussing members' spiritual needs and providing trauma-specific services. Results on the average overall ROSA score for the 179 respondents indicated that members felt the services they received were more than often recovery-oriented (M = 4.27, SD = 0.73).

Qualitative data from this study suggest that COSPs provide members with recovery and wellness support, social integration and social support, and imbue members with the confidence to reach their goals, a sense of hope for the future, and new perspectives and knowledge. In doing so, COSPs change their members' lives. COSP members reported taking actions to fulfill their hopes for the future, including engaging in self-care and self-improvement and working towards health and wellness, recovery, employment, educational, and other goals. These data further suggest that COSPs provide members with recovery and social support that they may not receive anywhere else, as COSP members often described experiencing significant life changes upon attending their COSP.

Recommendations

This study suggests the importance of and the need to continue to collaborate with peers and other individuals with lived experience in research, as EDs provided invaluable input and feedback throughout the course of this project. The results of this study further suggest the need to continue and expand funding for COSPs in Texas, given that COSPs provide recovery-oriented services as well as provide members with invaluable and unique types of support, as evidenced by members' comparisons of their current life circumstances with their life before attending their COSP.

Background

Consumer-Operated Service Providers

Consumer-Operated Service Providers (COSPs) are an evidence-based, Substance Abuse and Mental Health Services Administration (SAMHSA) recognized model (Campbell, 2009) "with the mission of using support, education, and advocacy to promote wellness, empowerment, and recovery for individuals with mental disorders" (Ostrow & Leaf, 2014, p. 239). COSPs are non-profit organizations that are funded largely by governmental sources to provide peer support and other non-clinical services (Kaufman, Stevens Manser, Espinosa, & Brooks, 2011; Ostrow, Steinwachs, Leaf, & Naeger, 2017; Tanenbaum, 2011). Core values of the COSP model include providing members with a sense of empowerment, independence, and choice, as well as demonstrating respect and dignity to members (Chamberlin, Rogers, & Ellison, 1996). Functions of COSPs include maintaining a recovery orientation, and providing peer support services and experiential knowledge, including allowing members the "right to fail" (SAMHSA, 2011, p. 13). COSPs typically provide peer support groups, assistance with obtaining resources, drop-in opportunities for socializing and developing peer support networks, job readiness activities, as well as opportunities to participate in local and state advocacy efforts (SAMHSA, 2011; Segal, Silverman, & Temkin, 2010).

Peers are individuals in recovery from a mental health challenge. Peer specialists are individuals who are employed to share their recovery experiences with individuals in services. Peers govern and run COSPs; the majority of the board of directors and staff typically identify as peers (Tanenbaum, 2012; SAMHSA, 2011; Whitley, Strickler, & Drake, 2012) and peer-members participate in the daily and overall operations of the organization (SAMHSA, 2011; Schutt & Rogers, 2009; Whitley et al., 2012). Research suggests that compared to non-peer-run organizations, peer-led organizations are more likely to have innovative services (Sharma et al., 2014), better recovery-related outcomes (Corrigan, Sokol, & Rusch, 2013), greater skill development opportunities (Brown, 2009), and a shared, democratic power structure (Segal, Silverman, & Temkin, 2012).

Research demonstrates that individuals who participate in COSPs experience a host of benefits. Longitudinal research suggests that individuals who participate in COSPs experience a reduction in psychological distress and self-stigma as well as improved self-esteem, autonomy, hope, optimism, quality of life, sense of belonging, social support, rates of employment, and educational participation (Brown, 2009; Nelson, Ochocka, Janzen, & Trainor, 2006a; 2006b; Ochocka, Nelson, Janzen, & Trainor, 2006; Vayshenker et al., 2006). Cross-sectional research further suggests that individuals who participate in COSPs are more satisfied with the services they receive as well as have higher rates of self-efficacy, empowerment, life meaning, social integration, and goal attainment compared to individuals who do not participate in COSPs (Burti et al., 2005; Campbell, 2009; Segal et al., 2010). Finally, longitudinal and cross-sectional research indicates that participation in COSPs is associated with a reduction in the use of psychiatric services, fewer hospital admissions, and shorter hospital stays (Burti et al., 2005; Nelson et al., 2006a; 2006b). Taken together, research indicates that COSPs not only improve the quality of life for individuals receiving behavioral health services, but that they are a cost-effective service option that reduces overall health care costs (Doughty & Tse, 2011; Nelson et al., 2006a; 2006b). Despite their many benefits, COSPs remain underfunded, which limits access to and evaluation of peer-run organizations (Doughty & Tse, 2011).

In order to improve the lives of Texans receiving mental health services, researchers at the Texas Institute for Excellence in Mental Health (TIEMH) previously conducted mixed-methods research with eight Texas COSPs: Amarillo Area Mental Health Consumers, Austin Area Mental Health Consumers, Cherokee County Peer Support

Group, Depression Connection for Recovery, Mental Health America- Abilene, Prosumers International, River City Advocacy and Counseling, and The Hope Concept Wellness Center (Earley, Lodge, Peterson, & Stevens Manser, 2019). Seven of these eight receive funding from the Texas Health and Human Services Commission (HHSC), The Hope Concept Wellness Center does not receive HHSC funding. The purpose of this research was to examine the strengths and areas for growth related to organizational function and capacity for COSPs in Texas. One key finding of this research was the need for COSPs to collect member outcome data (Earley et al., 2019).

Peer-Involved Research

The value that individuals with lived experience of mental health challenges bring to research processes and outcomes has been increasingly acknowledged, given their expertise in defining recovery and what a recovery-oriented care system should include (Davidson et al., 2007; Hancock, Bundy, Tamsett, & McMahon, 2012). Despite this value, a limited number of research studies on COSPs have involved participatory styles of research whereby individuals with lived experience who were trained in research methods joined in the research process (Scott, 1993; Leff, Campbell, Cagne, & Woocher, 1997). Extensive research indicates that when people with lived experience participate in research processes, it improves the accessibility of research findings (Nilsen, Myrhaug, Johansen, Oliver, & Oxman, 2013) and enhances the reliability and validity of research instruments and results (Hancock et al., 2012; Linhorst & Eckert, 2002; Lodge et al., 2018; Oades, Law, & Marshall, 2011; Rogers, Chamberlin, Ellison, & Crean, 1997). According to Barber and colleagues (2011) other potential benefits of collaborative research with people with lived experience include:

- improving consent procedures;
- enhancing recruitment rates;
- eliciting more candid interview responses;
- questioning and correcting researcher misinterpretations in analyses;
- highlighting findings most relevant to service users;
- enhancing power and credibility of findings during dissemination;
- facilitating wider and more accessible dissemination;
- empowering and strengthening of the voice of people in recovery;
- increased knowledge, skills, and confidence of people in recovery; and,
- deepening researchers' understanding of the issues people in recovery face.

Peers are uniquely situated to contribute to recovery research as they have lived experience with mental health recovery, lived experience of receiving services, and lived experience of working in the mental health system. Since 2015, researchers at TIEMH have conducted collaborative research with peer specialists as part of the Peers in Research (PIR) project. The PIR project has demonstrated numerous benefits of collaborative research with peers and has led to the development of the Recovery-Oriented Services Assessment (ROSA) – a 15-item instrument measuring recovery-oriented services with accessible language (Lodge et al., 2018) as well as a new employee orientation-training package on creating affirmative environments for LGBTQ people receiving services.

Current Study

The current study expands on two strands of prior research conducted by TIEMH researchers – research on COSPs in Texas and peer-involved research – to engage in a collaborative research process with peers who currently serve as executive directors (EDs) of COSPs in Texas to examine COSP member outcomes and organizational

strengths and areas for growth. As part of this process, TIEMH researchers provided training and technical assistance to COSP EDs on the purposes of research, the types of research, operationalization and measurement, data collection, and data analysis. Additionally, COSP EDs and TIEMH researchers collaboratively reviewed and developed survey items to measure COSP member outcomes and organizational strengths and areas for growth, collaboratively developed data collection procedures (with data collection activities led by COSP EDs), and collaboratively reviewed and discussed findings from this member survey (with data analysis activities led by TIEMH researchers). The purpose of this collaboration was not only to enhance the validity of the research findings by involving individuals with lived experience in the research process, but also to empower EDs to continue to collect member outcomes data to be used for COSP advocacy and funding purposes. Previous research with COSPs in Texas has suggested the need for COSPs to collect data on member outcomes in order to establish the effectiveness of their services and secure external funding (Earley et al., 2019).

Data and Methods

Design

The purpose of the PIR project was for TIEMH researchers and COSP EDs to collaboratively gather and examine mixed-methods data on member outcomes as well as organizational strengths and areas for improvement. Collaboration consisted of four meetings between researchers and EDs, development and implementation of a survey instrument, and data analysis and reporting. In order to complete data collection, COSPs received two electronic tablets. COSPs also received funding to offset costs related to up to 40 hours of their EDs time.

From the perspective of TIEMH researchers, project design entailed: 1) engaging with COSP EDs to develop a survey to measure member outcomes and organizational strengths and areas for growth; 2) assisting COSP EDs in implementing the survey; and 3) assisting COSP EDs in analyzing and reporting data in a way that is meaningful to their organizations. From the perspective of the COSP EDs, project design entailed: 1) leading the discussion of desired member outcomes measures for the survey; 2) distributing the survey over their website and by email, phone, and in-person; 3) providing researchers feedback on how data could be analyzed in a way that would be most meaningful to their organization; and 4) reporting study findings to their team, members, communities, stakeholders, other COSP EDs, state leaders, and potential funders.

Participants

Survey participants included 100 members from the Austin Area Mental Health Consumers COSP, 25 members from the Cherokee County Peer Support Group COSP, and 54 members from the Prosumers International COSP (N = 179). Demographic data on COSP members were not collected.

Instrument

The survey developed in collaboration between TIEMH researchers and COSP EDs included all 15 items from the Recovery Oriented Services Assessment (ROSA) people-in-services version and three open-ended qualitative questions. The survey introduction and conclusion varied between the three participating COSPs, however, the

content of the survey was the same. Appendix A includes an example of the survey, specific to one of the participating organizations.

The ROSA was developed to measure the recovery orientation of different organizations. The ROSA is intended to yield valid and reliable results. Collaboration with experts in the field during its development supports its content validity. In initial testing of the staff version, construct validity was tested via an exploratory factor analysis (Lodge et al., 2018). Items on the ROSA are rated on a scale from 1 (never) to 5 (always). Mean scores can be calculated on an item-by-item basis, as well as for an overall score. Inclusion of the ROSA in the survey was designed to elicit member opinions on the extent to which they believe the services they receive are recovery-oriented. This provides organizations insight on the areas of strength and for growth related to the services they provide. The language of one item on the ROSA was revised in response to ED feedback (see Appendix A)

In addition to the 15-item ROSA person-in-services version, three open-ended qualitative questions were developed to obtain an in-depth understanding of how COSP services impact members' lives. The first question was "How has the support you have received from [organization name] made a meaningful difference in the way you are taking action for your future?" The second question was "What actions are you taking to fulfill your hopes for your future?" The final question was "How has [organization name] changed your life?" These questions were devised in collaboration between the three COSP EDs to elicit member outcomes and stories that could be generalized across organizations, as well as specified to each organization. Survey respondents would see the name of the organization which they indicated they attended piped in to the first and third open-ended question.

Data Collection

The survey was created and managed in **R**esearch **E**lectronic **D**ata **Cap**ture (REDCap), a web application for building and conducting online surveys. The link to the online survey was distributed to COSP EDs via email and was also set up as a website tab in the two tablets each COSP was provided for data collection. COSP EDs were also provided with paper copies of the survey for face-to-face and traditional mail distribution.

COSP EDs distributed the survey to their members from April through July 2020. Austin Area Mental Health Consumers distributed the survey to its members via emails to its listserv. Cherokee County Peer Support Group distributed paper surveys, which were then recorded in REDCap by the ED. Prosumers International posted the survey link on their website, and distributed the survey via emails to its listserv and made follows-ups to their members by phone.

Data Analysis

Quantitative data were analyzed by TIEMH researchers using SPSS Statistics 25 and AMOS 26. Descriptive statistics of quantitative items were examined, overall and by individual COSP. The level of internal consistency of the ROSA scale was examined by calculating Cronbach's Alpha. Principle component analysis was conducted to determine the number of components measured by the ROSA. Future analyses will examine the construct validity of the scale via confirmatory factor analysis.

Qualitative data were analyzed by TIEMH researchers using NVIVO qualitative data analysis software (QSR International, 2018). Codes emerged directly from the data and were not predetermined prior to analysis.

Procedures: The Collaborative Research Process

In January 2020, executive directors (EDs) of the seven HHSC-funded COSPs in Texas were invited to participate in this project. Of these seven COSP EDs, three agreed to participate: Austin Area Mental Health Consumers (AAMHC), Cherokee County Peer Support Group (CCPSG), and Prosumers International.

In February 2020, TIEMH researchers conducted two 2-hour informational webinars (EDs from the seven HHSC-funded COSPs were invited to attend one or both of the webinars) to discuss the following topics:

- how research can be used for advocacy purposes to influence legislation and secure funding,
- how research can be leveraged as a story-telling device for disenfranchised groups such as individuals living with mental health challenges,
- types of research (i.e., quantitative, qualitative, and mixed-methods research),
- types of data that COSPs already collect and types of data that are important to collect in the future,
- the purpose, process, and importance of the current project,
- survey instruments that reflect both SAMHSA principals of recovery and COSP mission statements,
- qualitative items that can be used to measure how COSP services matter for members, and
- benefits and challenges of participating in this project.

In March 2020, TIEMH researchers delivered two iPads to each COSP ED and then conducted a second 2-hour webinar to discuss the following topics:

- qualitative items that best capture how COSP services matter for members,
- survey distribution procedures,
- iPad functions,
- survey testing and implementation, and
- potential challenges related to the current study (including those presented by COVID-19).

From April through July 2020, COSPs administered the survey via online, phone, and in-person interactions with members. In early July 2020, TIEMH researchers conducted a 1-hour webinar to check-in with COSP EDs on the data collection process. At this meeting, EDs apprised researchers of upcoming meetings at which they might present findings, including a regularly scheduled meeting between HHSC and COSP leadership, as well as at upcoming meetings of the state legislature. Additional topics of discussion at this webinar included:

- preliminary findings,
- survey response rates,
- next steps on collaborative data analysis and reporting, and
- final timeline for data collection and reporting.

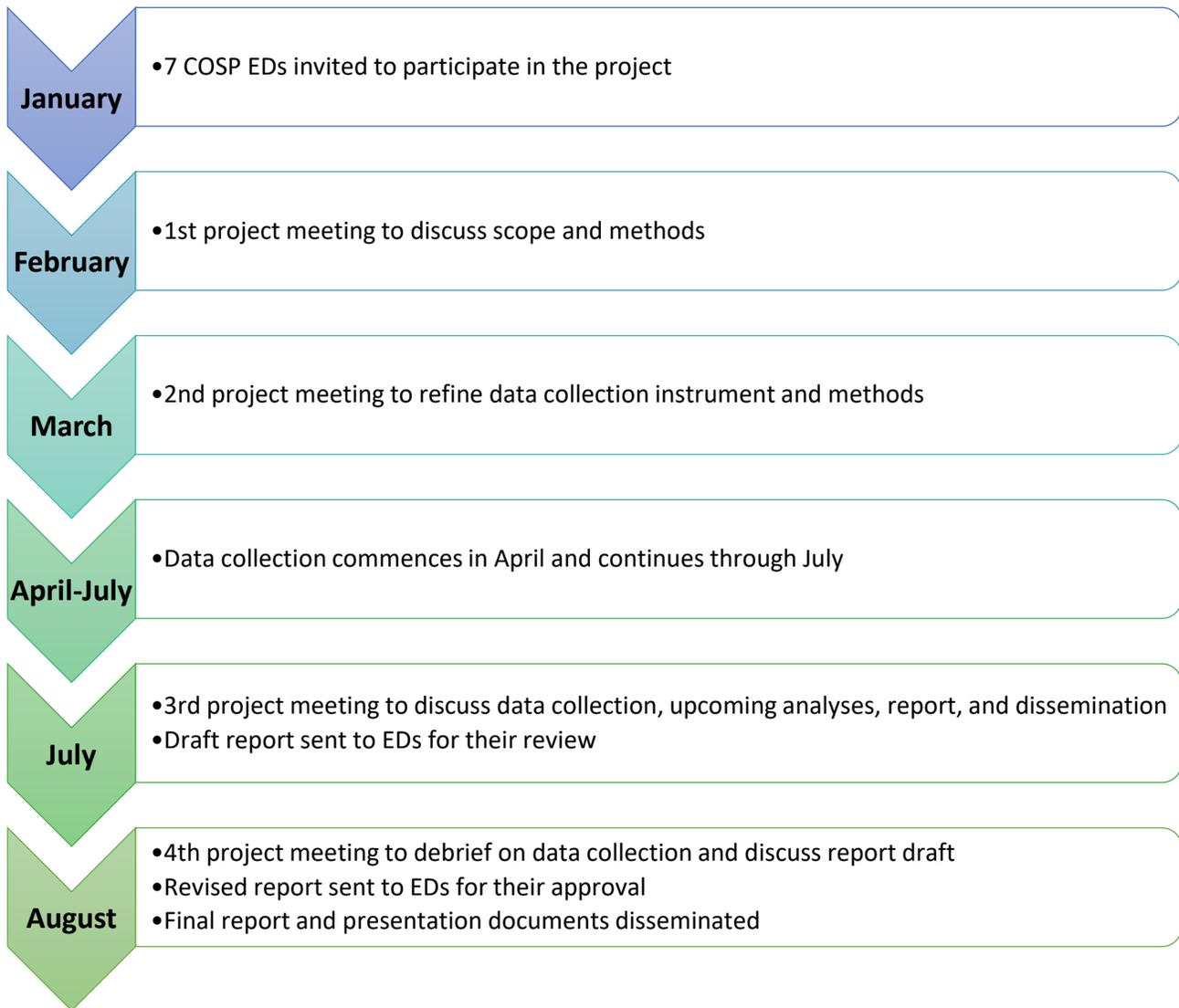In late July 2020, a draft report of the project was sent to COSP EDs for their feedback prior to the final webinar meeting between EDs and researchers held in August 2020. For the final project meeting, TIEMH researchers conducted a 2-hour webinar to discuss ED feedback and revisions of the draft report and to debrief on data collection activities. Topics discussed included:

- the draft report and feedback,

- analysis of quantitative data,
- analysis of qualitative data,
- future directions of the project, and
- strategies for dissemination.

After incorporating all ED feedback on the draft report, in late August the report was sent to COSP EDs for their final approval.

Figure 1. Timeline of activities in the PIR project.

January
- 7 COSP EDs invited to participate in the project

February
- 1st project meeting to discuss scope and methods

March
- 2nd project meeting to refine data collection instrument and methods

April-July
- Data collection commences in April and continues through July

July
- 3rd project meeting to discuss data collection, upcoming analyses, report, and dissemination
- Draft report sent to EDs for their review

August
- 4th project meeting to debrief on data collection and discuss report draft
- Revised report sent to EDs for their approval
- Final report and presentation documents disseminated

Results

Quantitative Data Results

Descriptive results

Researchers ran and analyzed the mean scores and score range for each item on the ROSA person-in-services version, as well as the overall mean and range ROSA score. Descriptives were calculated for the overall sample (N = 179), as well as for each organization: Austin Area Mental Health consumers (N = 100), Cherokee County Peer Support Group (N = 25) and Prosumers International (N = 54).

In addition to examining mean scores, researchers examined the reliability of the ROSA scale; results indicated that the scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.93. A principal component analysis (PCA) was run to determine the number of components measured by the ROSA. Inspection of the correlation matrix, Kaiser-Meyer-Olkin (KMO) measure (0.92), and Bartlett's Test of Sphericity ($p < 0.001$) indicated that the data met assumptions for factorization. Results of the PCA indicated a one-component solution explained 52.77% of the total variance. One factor was extracted, with an eigenvalue equal to 7.92. Visual inspection of the scree plot also indicated that one component should be retained. The interpretation of the data indicated that all items loaded on one structure, researchers deemed "recovery orientation." Component loadings and communalities are presented in Table 1.

Table 1. Component matrix of the ROSA items.

Component Matrix	
ROSA Items	Component 1
Progress	.815
Life experiences	.815
Partnering	.803
Spiritual	.781
Choice	.766
Open	.758
Future plans	.753
Trauma	.725
Decisions	.716
Risks	.706
Invites others	.684
Models hope	.671
Peer support	.646
Interests	.622
Grow	.585
Extraction Method: Principal Component Analysis.	
a. 1 components extracted.	

Overall descriptive results

Results on the average ROSA score for the overall sample (N = 179) indicated that survey respondents felt the services they received were more than often recovery-oriented (M = 4.27, SD = 0.73). Items with the highest mean scores, indicating a high frequency of receipt of recovery-oriented services, included: This organization introduces me to peer support or advocacy (M = 4.60, SD = 0.75); This organization models hope for me (M = 4.55, SD = 0.79); This organization respects my decisions about my life (M = 4.54, SD = 0.83); and This organization believes I can grow in my recovery (M = 4.58, SD = 0.87). Items with the lowest mean score included: This organization offers me opportunities to discuss my spiritual needs when I wish (M = 3.85, SD = 1.25); and This organization provides trauma-specific services (M = 3.92, SD = 1.28). Despite low scores relative to other items, these two items were still rated above average, indicated by a score of 3.00, or "sometimes." See Table 2 for item and overall mean scores for the overall survey sample.

Table 2. Average ROSA and overall and item scores.

	N	Minimum	Maximum	Mean	SD
Life experiences	178	1.00	5.00	4.15	1.05
Interests	179	1.00	5.00	4.17	1.13
Future plans	177	1.00	5.00	4.07	1.16
Invites others	179	1.00	5.00	4.28	1.08
Peer support	179	1.00	5.00	4.60	0.75
Risks	179	1.00	5.00	4.18	1.06
Hope	179	1.00	5.00	4.55	0.79
Partnering	177	1.00	5.00	4.20	1.00
Decisions	178	1.00	5.00	4.54	0.83
Progress	176	1.00	5.00	4.14	1.07
Choice	174	1.00	5.00	4.27	0.99
Spiritual	174	1.00	5.00	3.85	1.25
Grow	175	1.00	5.00	4.58	0.87
Open	175	1.00	5.00	4.44	0.85
Trauma	174	1.00	5.00	3.92	1.28
Average ROSA	179	1.20	5.00	4.27	0.73

Austin Area Mental Health Consumers (AAMHC)

Members from Austin Area Mental Health Consumers (AAMHC) responded to the survey administered via email listserv (N = 100). Responses to the AAMHC survey mirrored those of the total sample. The same four items were rated highly: This organization introduces me to peer support or advocacy (M = 4.56, SD = 0.86); This organization models hope for me (M = 4.48, SD = 0.87); This organization respects my decisions about my life (M = 4.47, SD = 0.94); and This organization believes I can grow in my recovery (M = 4.44, SD = 1.03). An additional item that was rated highly was: This organization is open with me about all matters regarding my services (M = 4.44, SD = 0.93). The same two items also received the lowest mean score as the total sample: This organization offers me opportunities to discuss my spiritual needs when I wish (M = 3.78, SD = 1.40); and This organization provides trauma-specific services (M = 3.76, SD = 1.42). Despite low scores relative to other items, these items were still

rated above average, indicated by a score of 3.00, or "sometimes." Additionally, these items had a larger standard deviation than others, indicating greater variability in responses (i.e. a closer to equal number of respondents reported that they "always" or "often" received trauma-specific services as reported that they "never" or "rarely" did, relative to other items where there was more consensus, indicated by a low standard deviation). Results on the overall ROSA indicated that survey respondents felt the services they received were more than often recovery-oriented (M = 4.17, SD = 0.83). See Table 3 for item and overall mean scores for the AAMHC COSP survey.

Table 3. Average ROSA and overall and item scores for the Austin Area Mental Health Consumers COSP.

	N	Minimum	Maximum	Mean	SD
Life experiences	100	1.00	5.00	4.02	1.19
Interests	100	1.00	5.00	3.99	1.32
Future plans	100	1.00	5.00	4.03	1.29
Invites others	100	1.00	5.00	4.15	1.28
Peer support	100	1.00	5.00	4.56	0.86
Risks	100	1.00	5.00	4.01	1.20
Hope	100	1.00	5.00	4.48	0.87
Partnering	100	1.00	5.00	4.11	1.12
Decisions	100	1.00	5.00	4.47	0.94
Progress	100	1.00	5.00	4.09	1.21
Choice	98	1.00	5.00	4.19	1.10
Spiritual	98	1.00	5.00	3.78	1.40
Grow	98	1.00	5.00	4.44	1.03
Open	98	1.00	5.00	4.44	0.93
Trauma	99	1.00	5.00	3.76	1.42
Average ROSA	100	1.20	5.00	4.17	0.83

Cherokee County Peer Support Group (CCPSG)

Members from Cherokee County Peer Support Group (CCPSG) responded to the survey administered in-person by paper copy (N = 25). The same four items were rated highly, as with the other two COSPs and the overall sample: This organization introduces me to peer support or advocacy (M = 4.48, SD = 0.71); This organization models hope for me (M = 4.52, SD = 0.71); This organization respects my decisions about my life (M = 4.64, SD = 0.64); and This organization believes I can grow in my recovery (M = 4.56, SD = 0.77). The items that were rated lowest in terms of frequency of services included: This organization offers me opportunities to discuss my spiritual needs when I wish (M = 3.96, SD = 1.14); This organization invites me to include those who are important to me in my planning (M = 4.04, SD = 1.10); and This organization provides trauma-specific services (M = 4.08, SD = 1.08). Though these three items were relatively lower ranked, they each were rated approximately 4.00, indicating the organization "often" offered these types of services/opportunities. Results on the overall ROSA indicated that survey respondents felt the services they received were more than often recovery-oriented (M = 4.31, SD = 0.64). See Table 4 for item and overall mean scores for the CCPSG COSP survey.

Table 4. Average ROSA and overall and item scores for the Cherokee County Peer Support Group COSP.

	N	Minimum	Maximum	Mean	SD
Life experiences	25	1.00	5.00	4.28	0.94
Interests	25	2.00	5.00	4.40	0.86
Future plans	25	2.00	5.00	4.24	0.88
Invites others	25	1.00	5.00	4.04	1.10
Peer support	25	3.00	5.00	4.48	0.71
Risks	25	3.00	5.00	4.36	0.81
Hope	25	3.00	5.00	4.52	0.71
Partnering	25	3.00	5.00	4.28	0.74
Decisions	25	3.00	5.00	4.64	0.64
Progress	25	3.00	5.00	4.24	0.83
Choice	24	2.00	5.00	4.17	0.96
Spiritual	25	1.00	5.00	3.96	1.14
Grow	25	2.00	5.00	4.56	0.77
Open	25	2.00	5.00	4.36	0.86
Trauma	25	1.00	5.00	4.08	1.08
Average ROSA	25	3.27	5.00	4.31	0.64

Prosumers International

Members from Prosumers International responded to the survey administered via email listserv and posted the link on their website (N = 54). The same four items were rated highly as with the overall sample and the other two participating COSPs: This organization introduces me to peer support or advocacy (M = 4.76, SD = 0.47); This organization models hope for me (M = 4.70, SD = 0.66); This organization respects my decisions about my life (M = 4.65, SD = 0.68); and This organization believes I can grow in my recovery (M = 4.85, SD = 0.36). The items that were rated lowest in terms of frequency of services included: This organization offers me opportunities to discuss my spiritual needs when I wish (M = 3.95, SD = 0.99); and, This organization provides trauma-specific services (M = 4.14, SD = 1.03). Though these two items were relatively lower ranked, they each were rated approximately 4.00, indicating the organization "often" offered these types of services/opportunities. Additionally, these items had a larger standard deviation than others, indicating greater variability in responses (i.e., a closer to equal number of respondents reported that they always or often received trauma-specific services as reported that they never or rarely did relative to other items where there was more consensus, indicated by a low standard deviation). Results on the overall ROSA indicated that survey respondents felt the services they received were more than often recovery-oriented (M = 4.44, SD = 0.49). See Table 5 for item and overall mean scores for the Prosumers International COSP survey.

Table 5. Average ROSA and overall and item scores for the Prosumers International COSP.

	N	Minimum	Maximum	Mean	SD
Life experiences	53	1.00	5.00	4.30	0.80
Interests	54	3.00	5.00	4.48	0.72
Future plans	52	2.00	5.00	4.15	0.89
Invites others	54	3.00	5.00	4.52	0.63
Peer support	54	3.00	5.00	4.76	0.47
Risks	54	2.00	5.00	4.40	0.79
Hope	54	1.00	5.00	4.70	0.66
Partnering	52	2.00	5.00	4.35	0.84
Decisions	53	2.00	5.00	4.65	0.68
Progress	51	2.00	5.00	4.22	0.88
Choice	52	2.00	5.00	4.46	0.75
Spiritual	51	2.00	5.00	3.95	0.99
Grow	52	4.00	5.00	4.85	0.36
Open	52	3.00	5.00	4.48	0.70
Trauma	50	1.00	5.00	4.14	1.03
Average ROSA	54	3.13	5.00	4.44	0.49

Qualitative Data Results

As of August 5, 2020, 172 COSP members (96% of the full sample) had provided responses to at least one of the three qualitative, open-ended survey questions. Of these 172 responses, 100 of these responses were from members of Austin Area Mental Health Consumers, 24 responses were from members of Cherokee County Peer Support Group, and 48 responses were from Prosumers International members. Multiple codes were often applied to a single response. For example, in response to the question on what support they received to take action for their future, a respondent may have reported that they received both recovery and wellness support as well as social integration support.

Support from COSP to take action for your future

The first open-ended survey question asked COSP members the following question: "How has the support you have received from [name of COSP] made a meaningful difference in the way you are taking action for your future?"

Most commonly, COSP members reported that they have received support (including resources, coping skills, help, support groups, advice, guidance) from their COSP which has made a positive difference in their life in terms of recovery/wellness (n=56). For example, one respondent said: "The AAMHC offers me support and services that are meaningful to my life and future. They are very supportive of me and everyone." Similarly, another respondent said: "Support from Prosumers has allowed me to maintain my mental health recovery."

COSP members also commonly reported that the support and motivation they have received from their COSP has given them confidence, particularly regarding their ability to strive for and reach their goals (n=54). For example, one member wrote: "It has made me feel like I can go on and I can do anything I put my mind to." Similarly, another member wrote: "Prosumers empowered me to make goals, believe in myself, help others and to create the life that I love!"

Another theme that emerged is that the support members have received from their COSP has increased their social integration and support (and subsequently decreased their social isolation; n=25). For example, one member wrote: "What you provide has allowed me to venture out more. The classes have allowed me to make friends." Similarly, another member wrote: "Prosumers has connected me with others who live a life in recovery. Through Prosumers, I have been able to build a support system of like-minded people."

Another theme that emerged is that the support members have received from their COSP has given them new knowledge, perspectives, and awareness (n=23). For example, one member wrote: "You make me think in a different way." Similarly, another member wrote: "They have definitely opened my eyes to other ideas, avenues, and recovery options out there."

COSP members described additional themes regarding how the support they have received has made a meaningful difference in the way they are taking action for their future including:

- volunteering and helping others (n=9; "Getting out and volunteering not only for myself but for other people"),
- hope for the future (n=7; "It has given me hope and faith that I have a future"),
- advocacy (n=7; "Has encouraged me to advocate for myself and others"),
- better person (n=5; "Since I've been coming it has made me a better person"),
- positive outlook (n=5; "Being more optimistic"),
- risk-taking (n=4; "They encourage me to step into the box where I am uncomfortable in order to make it more comfortable"), and
- sense of purpose (n=2; "CCPSG has helped me find purpose").

Finally, nine responses were coded as missing data. Missing data included responses that failed to specify the type of support the member received (e.g., "It has helped me so much"; n=4); responses of "nothing" (n=3); one response indicating a desire not to share; and one response indicating conflicting feelings towards their COSP.

Actions to fulfill hopes for the future

The second open-ended survey question asked COSP members the following question: "What actions are you taking to fulfill your hopes for your future?"

Most commonly, COSP members reported that they are engaging in self-care activities and/or working towards self-improvement (e.g., increased self-awareness, strength, resilience, personal growth; n=42). For example, one member wrote: "Taking care of myself and not giving up." Similarly, another member wrote: "I am doing more for myself and asking for help when I need it."

"I am doing more for myself and asking for help when I need it."

Self-Care and Self-Improvement

COSP members also described taking actions towards employment, educational, and career growth goals (n=36). For example, one member wrote: "I'm currently taking the e-CPR course online. I want to be in a position to make a significant difference in the lives of others like Prosumers made in my life." Similarly, another member wrote: "I have been admitted to University to study social work. Last year I completed a Peer Leadership Program and I am currently in a state-wide peer committee to create a state peer conference."

"I'm currently taking the e-CPR course online. I want to be in a position to make a significant difference in the lives of others like Prosumers made in my life."

Employment and Educational Goals

Another theme that emerged is that COSP members are taking actions towards health and wellness goals (including mental and physical health and wellness; n=30). For example, one member wrote: "Trying to put forth lessons I've learned from AAMHC like taking meds, eating, and exercise. I'm taking care of myself physically and spiritually." Similarly, another member wrote: "Making the decisions (and thinking the thoughts!) that will keep me healthy, mentally and physically."

Making the decisions (and thinking the thoughts!) that will keep me healthy, mentally and physically."

Health and Wellness Goals

COSP members also described having more (and often better) relationships with friends and family or having greater social integration or engagement (n=25). For example, one member wrote: "Take walks and visit with people. I have become more sociable." Similarly, another member wrote: "Coming to classes like Hooked on Yarn to meet with friends."

"Take walks and visit with people. I have become more sociable."

Social Relationships and Integration

COSP members described attending support/recovery groups or programs or visiting recovery providers (n=21). For example, one member wrote: "Staying involved with our support group to better myself." Similarly, another member wrote: "Continue to go to group and practice some of the exercises."

"Staying involved with our support group to better myself."

Recovery Groups, Providers, and Programs

Another theme that emerged is that COSP members are taking actions toward other types of personal goals (i.e., goals not related to employment, education, or health; n=20). For example, members often described working towards financial goals and housing goals. One member wrote: "I am saving more money and developing weekly goals." Similarly, another member wrote: "Got my own apartment this month. I was homeless before."

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Fifteen members described volunteering and helping others. For example, one member wrote: "I am actively working on finding ways to volunteer in meaningful ways."

Fourteen members reported either engaging in no actions or being unsure what actions they are engaging in. Three members specified that they are engaging in no actions due to COVID-19. For example, one member wrote: "Actions are extremely limited at this time due to COVID-19 restrictions."

COSP members described additional themes related to actions they are taking to fulfill their hopes for their future. These include:

- faith and spiritual activities (n=10; "I am a Christian and express my faith"),
- positive thinking (n=9; "I use to think negative now I think in a more positive [way]"),
- hobbies (n=8; "I work on my crafts"),
- community involvement (n=6; "Continuing to be involved in my community"),
- community advocacy (n=4; "I do public speaking to reduce the stigma of substance abuse recovery and taking legally prescribed medications"), and
- increased confidence (n=3; "I am successful and confident that I can achieve what I am willing to work for").

How COSP has changed your life

The final open-ended survey question asked COSP members: "How has [name of COSP] changed your life?" Most commonly, COSP members reported that their COSP changed their life by providing social integration (including friends, family, and community) and social support (n=49). For example, one COSP member wrote: "It has given me people I love and call family." Similarly, another member wrote: "I have met different people and made new friends and the support has helped me to sustain in the things I am going through."

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COSP members also commonly reported that their COSP has changed their life by providing recovery and wellness support, including mental health services, tools, advice, support, and counseling (n=45). For example, one COSP member wrote: "Finding Prosumers and peer support, has helped me to experience significant healing. They offer positive support, not judgment. They help me develop successful life skills, experience significant growth, and live a more fulfilling life." Similarly, another member wrote:

I had tried to commit suicide and I could not get an appointment for three months at MHMR. They were the only ones that were there for me. I met another veteran who is a peer specialist and she gave me hope for recovery. I use resources I learned from the SHAC every day.

"I met another veteran who is a peer specialist and she gave me hope for recovery. I use resources I learned from the SHAC every day."

Recovery and Wellness Support

Members also reported that their COSP has changed their life by providing insight, information, knowledge, and new perspectives (n=21). For example, one member wrote: "Opened my mind, spirit and soul to new things and ideas." Similarly, another member wrote: "By making me understand that I really can live the life I want to live despite being told 30+ years ago that I'd always be depressed and the episodes would get closer together."

"Opened my mind, spirit, and soul to new things and ideas."

Knowledge and New Perspectives

Members also reported that their COSP has changed their life by enhancing their sense of possibilities and hope for the future (n=20). For example, one member wrote:

Prosumers has taught me how to imagine a better future, to believe that I have the power to reach that future, to have the courage to set high goals, and to encourage me in accomplishing the goals I set. Given me faith and hope, actually.

Similarly, another member wrote: "CCPSG makes me think about my future."

"CCPSG makes me think about my future."

Possibilities and Hope for the Future

Another theme reported by members is that their COSP has changed their life by increasing their confidence and belief in their ability to accomplish the things they want to accomplish (n=17). For example, one member wrote: "I have confidence in what I can do and [COSP] gives me ideas on how to help myself." Similarly, another member wrote: "Prosumers helped me go from being institutionalized and traumatized to having the confidence to move forward and to live a life of Recovery."

COSP members described additional themes related to how their COSP has changed their life. These include:

- better person (n=9; "It helps me be a better person"),
- access to community resources (n=8; "I can get my bus tickets and go do things"),
- greater happiness (n=8; "Made me a happier person"),
- greater empowerment (n=8; "I feel empowered to make a better life for myself"),
- new life (n=8; "This group took me from a deep dark hole to having a meaningful life"),independence (n=7; "I am more independent"),
- knowledge that they are not alone (n=6; "Made me realize there are people similar to me"),
- helping others (n=6; "Allowing me to reach out to others and to use my services"),
- positive outlook (n=6; "It has given me a brighter outlook on life itself"), and
- employment (n=2; "Given me a job").

Discussion

COSPs are peer-run and peer-governed organizations that provide peer support and other non-clinical services to individuals with mental health challenges. Previous research on COSPs suggest that individuals who participate in COSPs experience a wide-range of quality-of-life benefits, including a reduction in psychiatric service use, fewer hospital admissions, and shorter hospital stays (Burti et al., 2005; Doughty & Tse, 2011; Nelson et al., 2006a; 2006b). These findings suggest that COSPs are an efficient and effective service option that reduce overall health care costs (Doughty & Tse, 2011). However, despite these benefits, COSPs remain underfunded which limits the use and evaluation of peer-run organizations (Doughty & Tse, 2011). Furthermore, previous research with COSPs in Texas suggest the need for COSPs to collect data on member outcomes in order to establish the effectiveness of their services and secure external funding (Earley et al., 2019).

Previous research has suggested that collaborating with peers in research highlights findings most relevant to people receiving services, facilitates wider and more accessible dissemination, empowers and strengthens the voice of people in recovery, and deepens researchers' understanding of the issues people in recovery face, in addition to other benefits (Barber et al., 2011). The purpose of this study was to engage in a collaborative process with COSP executive directors to measure, collect, analyze, and report on COSP member outcomes, as well as to identify strengths and areas for growth. The purpose of this collaboration was not only to enhance the validity of the research findings by involving individuals with lived experience in the research process, but also to empower EDs to continue to collect data to be used for COSP advocacy and funding purposes.

Results of responses to the quantitative survey items indicated that members feel that the services COSPs offer are more than often recovery-oriented, evidenced by a mean score of 4.27 out of 5.00 on the ROSA (SD = 0.73). Areas of particular strength, in terms of recovery orientation, included the organizations introducing members to peer support or advocacy, modeling hope for members, respecting members' decisions about their lives, and believing members can grow in their recovery. Areas for growth, in terms of recovery orientation, included organizations offering members more opportunities to discuss their spiritual needs and providing more trauma-specific services.

It is notable that the same ROSA items were consistently rated highly across all three COSPs, especially given that one of the three participating organizations is much smaller in size and is based in a rural setting, compared to the other two. This homogeneity in recovery orientation ratings, despite heterogeneity in COSP composition, indicates a high level of fidelity to the COSP model (SAMHSA, 2011). Results of the current study indicate that the participating COSPs demonstrate many of the core functions that are uniquely available through the COSP model, including recovery orientation, peer support, and experiential knowledge (SAMHSA, 2011).

Echoing and expanding on previous research on COSP outcomes, qualitative data from this study suggest that COSPs provide members with recovery and wellness support, social integration and social support, and imbue members with the confidence to reach their goals, a sense of hope for the future, and new perspectives and knowledge. In doing so, COSPs change their members' lives. COSP members report taking actions to fulfill their hopes for the future, including engaging in self-care and self-improvement and working towards social, recovery, health and wellness, employment, educational, and other goals. These data further suggest that COSPs provide members with recovery and social support that they may not receive anywhere else, as COSP members often described experiencing significant life changes upon attending their COSP.

ED Reflections

Executive directors provided their summary impressions of the study.

Benefits and challenges

EDs reported that their COSPs benefitted from participating in the study, in terms of the process of conducting the study as well as through understanding its outcomes. During the course of the study, EDs were able to network and validate their shared experiences and challenges. The study presented the opportunity for EDs to become acquainted and learn from one another. EDs reported that study findings increased their awareness of the need to address members' spirituality in an inclusive way. Additionally, EDs felt that researchers were able develop a deeper understanding of the nature of COSP services and initiatives during study meetings, leading to more informed data interpretations.

In terms of challenges, COVID-19 forced the temporary shutdown of all three COSPs. This stalled data collection, which was originally designed to be conducted in-person at each COSP. After it was clear that the COSPs would not re-open for the foreseeable future, data collection began by administering the survey online and by phone. The rural-based COSP ED reported that most of its members do not have internet at their home or on their phone. This organization was able to reach out to its members to provide them with a phone, which helped with coordination and communication of the survey. This organization was also able to drop off surveys as part of a care package to its members, as well as conduct the survey by phone. Another participating COSP reported that the use of

technology to distribute the survey to its members proved difficult, as many of their members move or change phone numbers often, making them difficult to reach by other means than meeting in person.

Impression of the research process and findings

Reflecting on the process of conducting the study, one ED reported that "I loved being a part of this process. So many times studies are doing [sic] about us but don't include [us]. A researcher and a person with lived experience may have entirely different points of view or interpretations of the findings. I have always believed in collaboration and this was a great one." One ED reported that they had hoped to collect more responses, but the obstacle of the COVID-19 shut down, as well as some specific staffing interruptions, did hinder the process. They stated that they believed that a low response rate can skew results, as "one or two people who may be upset with you can bring the whole score down when you have a small response rate." Finally, EDs reported satisfaction that all participating organizations had similar findings.

EDs emphasized that the qualitative findings that COSPs provide members with recovery and wellness support, social integration and support, confidence to reach their goals, a sense of hope for the future, and new perspectives and knowledge reflect what COSPs should be providing their members and also reflect the difference between COSP services and traditional mental health services. Similarly, EDs reported that the quantitative items that received the highest scores in terms of frequency of delivery (peer support, hope, and respect) also demonstrate the unique values and services they offer compared to other providers. One ED reported that the highest scored items "best exemplify what peer support is." Another stated that "that's what we're supposed to be doing right there." To the lower-rated quantitative items, EDs discussed the ways that they do address spirituality and trauma through their service provision. All three organizations expressed that they are non-religious organizations, and that they attempt to be inclusive when members discuss spirituality. In terms of addressing trauma, they stated that they do try to address trauma in all the services that they provide, though often indirectly, in order to best "meet the person where they are." Each ED expressed that they would like to further examine the provision of services that address spirituality and trauma in the future.

Future directions

EDs at all three organizations expressed that they would like to continue to research features of their services and member outcomes. One ED reported that "I would like to know how to keep this going, even if the TIEMH is not able to do the study with us." Specifically, they stated that they "would like to develop a plan of improvement with researchers. We have identified items, but how do we change what we are doing?" They stated that they would like to survey members before and after implementing the improvement plan, in order to test if improvement efforts were effective. Finally, they expressed an interest in continuing to collaborate on the research process with other EDs, in order to compare best practices and what is working at different organizations. Another ED stated that "I would say that continued development of collaborative research would benefit from more in-depth training on research methodology, data analysis, how to read statistics and general foundations of research." They also stated that "For those who would like to develop their own data, it would also be nice to have access to statisticians and statistical analysis software that would otherwise be completely out of our reach due to cost."

Finally, in line with SAMHSA recommendations and previous research findings (Doughty & Tse, 2011; SAMHSA, 2011), one ED recommended that the state "continue to fund current and new COSPs and to keep open channels of communication on the state level for inclusion on decisions made." Findings of the current study will be an important resource for COSPs and EDs to demonstrate the many benefits of COSP services to potential funders,

government agencies, and policy makers. Findings also highlight that the services COSPs provide are distinct from those provided by other mental health service providers and offer added value to the existing landscape.

Conclusions

Taken together, this study suggests the importance of and the need to continue to collaborate with peers and other individuals with lived experience in research, as EDs provided invaluable input and feedback throughout the course of this project. The results of this study further suggest the need to continue and expand funding for COSPs in Texas, given that COSPs provide recovery-oriented services as well as provide members with invaluable and unique types of support, as evidenced by members' comparisons of their current life circumstances with their life before attending their COSP. Areas for future research include examining ways to provide more trauma-specific services, as well as ways to measure and offer services to remediate the impact of the COVID-19 on mental health.

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Appendix A

Austin Area Mental Health Consumers Survey

Please complete the survey below. All of your responses will be confidential.
Austin Area Mental Health Consumers is working with the Texas Institute for Excellence in Mental Health to look at the outcomes of services we provide.

We value your feedback and thank you for taking the time to complete this survey. The results of this survey will help this organization learn how to better serve you. It will also help us to show the value of our services and help us when we apply for funding opportunities.

If you need help filling out the survey or have questions, please contact the executive director of this organization. You can also contact Texas Institute for Excellence in Mental Health: Leona Peterson
leona.peterson@austin.utexas.edu

Thank you!

1. What organization are you a part of?

2. To keep your answers confidential please create a personal ID code by writing the following
First letter of your first name
Last letter of your last name
Last two digits of your year of birth _____

Please rate your agreement with the following questions by circling an answer:

3. This organization asks me about my interests.
 Never   Rarely   Sometimes   Often   Always

4. This organization supports me to develop plans for my future.
Never   Rarely   Sometimes   Often   Always

5. This organization invites me to include those who are important to me in my planning.
Never   Rarely   Sometimes   Often   Always

6. This organization offers services that support my culture or life experience.
Never   Rarely   Sometimes   Often   Always

7. This organization introduces me to peer support or advocacy. (Peer support is a service provided to you by a person with lived experience with a mental health or substance use challenge.)
Never   Rarely   Sometimes   Often   Always

8. This organization encourages me to take risks to try new things.

Never   Rarely   Sometimes   Often   Always

9. This organization models hope for me.

Never   Rarely   Sometimes   Often   Always

10. This organization focuses on partnering with me to meet my goals.

Never   Rarely   Sometimes   Often   Always

11. This organization respects my decisions about my life.

Never   Rarely   Sometimes   Often   Always

12. This organization partners with me to discuss progress towards my goals.

Never   Rarely   Sometimes   Often   Always

13. This organization offers me a choice of services to support my goals.

Never   Rarely   Sometimes   Often   Always

14. This organization offers me opportunities to discuss my spiritual needs when I wish.

Never   Rarely   Sometimes   Often   Always

15. This organization believes I can grow in my recovery. *

Never   Rarely   Sometimes   Often   Always

16. This organization is open with me about all matters regarding my services.

Never   Rarely   Sometimes   Often   Always

17. This organization provides trauma-specific services.

Never   Rarely   Sometimes   Often   Always

18. How has the support you have received from Austin Area Mental Health Consumers made a meaningful difference in your taking action for the future?

19. What actions are you taking to fulfill your hopes for your future?

20. How has Austin Area Mental Health Consumers changed your life?

Thank you for taking this survey! If you have any questions, please contact the executive director or Leona Peterson at Leona.peterson@austin.utexas.edu.

*The language for this item was revised. The original item read "This organization believes I can grow and recover." Executive directors at the three participating COSPs indicated that they preferred revised phrasing.