



REPORT / PEERS IN RESEARCH WITH CONSUMER-OPERATED SERVICE PROVIDERS
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Consumer-Operated Service Providers: A Peer-Involved Study of Member Outcomes



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Executive Summary

Purpose

In FY2021 Texas Health and Human Services (HHS) contracted with the Texas Institute for Excellence in Mental Health (TIEMH) to examine the benefits of COSP services to their members, as well as to identify areas of improvement. The current study is a continuation of research conducted by TIEMH researchers in FY2020 on peer-involved research with COSPs in Texas. In FY2020, COSP executive directors (EDs) and TIEMH researchers collaboratively 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). The current study expands on this research by including three additional COSPs in the collaborative research process as well as two COSPs who participated in FY2020. These five COSPs agreed to participate in the research process by distributing the member survey administered in FY2020 to their members.

Data and Methods

The COSP member survey 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. A total of 106 surveys were completed and analyzed.

Results

The ROSA score for the overall sample (N = 106) indicated that COSP members felt the services they received were more than often recovery-oriented (M = 4.42, SD = 0.62). For all five organizations, ROSA items that were rated most highly, in terms of frequency of delivery, included respecting members' decisions about their life, believing members can grow in their recovery, modeling hope for members, and lower-scored items included discussing members' spiritual needs and providing trauma-specific services. However, it is important to note that the lower-scored items were only low relative to other items, as these two items were still rated above average in terms of frequency of delivery.

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

Recommendations

The results of this study 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. This study further provides the evidence of the importance of and the need to continue to collaborate with peers and other individuals with lived experience in research, as COSP EDs and other staff become adept at collecting, analyzing, and utilizing data to achieve sustainability of meaningful consumer participation and of COSP service initiatives.

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 et al., 2016), 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 (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). According to Ostrow and Leaf (2014), it is extremely important to understand and sustain COSPs as part of an ever-evolving health and mental health care system. COSPs are a vital component of the behavioral health care system as participation in mental health care and recovery support services empowers people in services and has been endorsed

internationally as a human rights issue for well over a decade (Segal, Silverman, & Tempkin, 2012; Stewart, Watson, Montague, & Stevenson, 2008).

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, 2006) and enhances the reliability and validity of research instruments and results (Lodge et al., 2018; Hancock et al., 2012; Oades, Law, & Marshall, 2011; Linhorst & Eckert, 2002; Rogers, Chamberlin, Ellison, & Crean, 1997).

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 the Texas Institute for Excellence in Mental Health (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.

Most recently, in FY2020 TIEMH researchers and executive directors (EDs) from three COSPs collaboratively developed a survey that EDs distributed to their members that included 15 quantitative items from the ROSA and 3 open-ended qualitative items measuring member outcomes. TIEMH researchers also provided consultation and technical assistance to COSP EDs and staff throughout the research process including how to interpret research findings to understand the benefits of their organizations' services, as well as identify areas for improvement. As a result, EDs could implement service changes, develop and improve funding strategies, and promote awareness of their organizations at the local, state, and national level. Details about this collaborative process and outcomes can be found in a report submitted to Texas Health and Human Services (Peterson, Lodge, Earley, & Stevens Manser, 2020).

Current Study

In FY2021 Texas Health and Human Services (HHS) contracted with TIEMH to continue to examine the benefits of COSP services to their members, as well as to identify areas of improvement. The current study is a continuation of research conducted by TIEMH researchers in FY2020 on peer-involved research with COSPs in Texas. It expands on this research by including three additional COSPs in the collaborative research process as well as two COSPs who participated in FY2020. These five COSPs agreed to participate in the research process by distributing the mixed-methods survey administered in FY2020 to their members. This survey includes the 15-item ROSA and three qualitative, open-ended questions. This report describes the methods and results of this collaborative research process.

Data and Methods

Design

The current study utilized a mixed-methods research approach to collect and analyze both quantitative and qualitative data (Creswell & Plano Clark, 2007). This allows researchers to draw on potential strengths of both qualitative and quantitative methods, by allowing exploration of diverse perspectives in a more meaningful manner than either quantitative or qualitative research design can achieve alone (Creswell & Plano Clark, 2007; Office of Behavioral and Social Sciences Research, 2001).

Instrument

The instrument includes 15 items from the ROSA people-in-services version and three open-ended qualitative questions. Appendix A includes an example of the survey. 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. The ROSA was selected for use by COSP EDs in FY2020 and is designed to elicit member opinions on the extent to which they believe the services they receive are recovery-oriented. This provides organizations insight into the areas of strength and areas for growth related to the services they provide.

In addition to the 15-item ROSA people-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 with COSP EDs in FY2020 to elicit member outcomes and stories that could be generalized across organizations, as well as specified to each organization. Survey respondents saw the name of the organization they attended piped in to the first and third open-ended questions.

Data Collection

The survey was created and managed in Research Electronic Data Capture (REDCap), a web application for building and conducting online surveys. The link to the online survey was distributed to COSP EDs via email. 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 June through August 2021.

Data Analysis

Quantitative data were analyzed by TIEMH researchers using SPSS Statistics 27. Descriptive statistics of quantitative items were examined, overall and by individual COSP. For participants to be included in analysis at least one ROSA items needed to have a response.

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.

Results

Quantitative Data Results

Researchers ran and analyzed the mean scores and score range for each item on the ROSA people-in-services version, as well as the overall mean and range ROSA score. Descriptive statistics were calculated for the overall sample (N= 106), as well as for five participating COSPs.

COSP Participants

A total of five COSPs participated in the survey. Survey participants included 12 members from Cherokee County Peer Support Group (CCPSG), 48 from Prosumers International (Prosumers), 17 from Depression Connection for Recovery (DCFR), 10 from The Mental Health Peer Service of Greater Fort Worth (MHPSOGFW) and 19 from Mental Health America of Abilene (MHAA). Demographic data on COSP members were not collected.

Table 1. Number of respondents from each COSP

Organization Name	Number	Percent
Cherokee County Peer Support Group	12	11.3
Depression Connection for Recovery	17	16.0
Mental Health America of Abilene	19	17.9
Mental Health Peer Service of Greater Fort Worth	10	9.4
Prosumers	48	45.3
Total	106	100.0

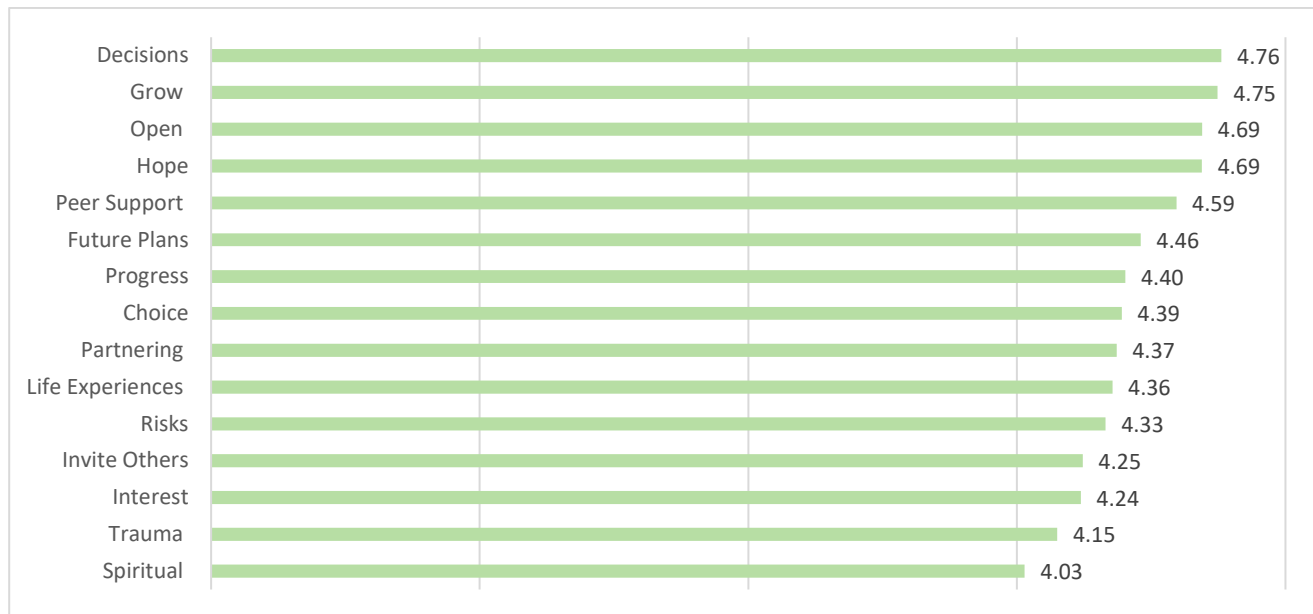
Descriptive results

Results on the average ROSA score for the overall sample (N = 106) indicated that survey respondents felt the services they received were more than often recovery-oriented (M = 4.42, SD = 0.62). Items with the highest mean scores, indicating a high frequency of receipt of recovery-oriented services, included: This organization respects my decisions about my life (M = 4.76, SD = 0.49); This organization believes I can grow in my recovery (M = 4.75, SD = 0.58); This organization is open with me about all matters regarding my services (M= 4.69, SD = 0.67); and This organization models hope for me (M = 4.69, SD = 0.59). Items with the lowest mean score included: This organization offers me opportunities to discuss my spiritual needs when I wish (M = 4.03, SD = 1.12); and This organization provides trauma-specific services (M = 4.15, SD = 1.09). Despite low scores relative to other items, these two items were still rated above average, indicated by a score of 4.00, or “often.” See Table 2 and Figure 1 for item and overall mean scores for the overall survey sample.

Table 2. Average ROSA and average item scores for the total sample

	N	Minimum	Maximum	Mean	SD
Interests	105	2	5	4.24	0.90
Future Plans	104	2	5	4.46	0.76
Invite Others	106	1	5	4.25	1.06
Life Experiences	104	1	5	4.36	0.95
Peer Support	106	1	5	4.59	0.75
Risks	106	2	5	4.33	0.84
Hope	106	2	5	4.69	0.59
Partnering	105	2	5	4.37	0.78
Decisions	105	3	5	4.76	0.49
Progress	104	2	5	4.40	0.86
Choice	105	1	5	4.39	0.89
Spiritual	103	1	5	4.03	1.12
Grow	103	2	5	4.75	0.59
Open	103	1	5	4.69	0.67
Trauma	100	1	5	4.15	1.10
Average ROSA	106	1	5	4.42	0.62

Figure 1. Average item scores for the total sample



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 = 12). The same three items were rated highly as in the overall sample: This organization respects my decisions about my life (M = 4.92, SD = 0.29); This organization is open with me about all matters regarding my services (M= 4.92, SD = 0.29); and This organization believes I can grow in my recovery (M = 4.91, SD = 0.30). Additionally, for CCPSG, Trauma (This organization provides trauma-specific services) was rated within the top five

items (M = 4.83, SD = 0.39), while it was rated in the bottom two in the overall sample (M = 4.15, SD = 1.10). The items that were rated lowest in terms of frequency of services included: This organization encourages me to take risks to try new things (M = 4.42, SD = 0.90); This organization invites me to include those who are important to me in my planning (M = 4.50, SD = 0.80); and This organization asks me about my interests (M = 4.58, SD = 0.67). Though these three items were relatively lower ranked, they each were rated over 4.00, indicating the organization “often” offered these types of services/opportunities. The overall ROSA mean score indicated that CCPSG respondents felt the services they received were more than often recovery-oriented (M = 4.68, SD = 0.46). See Table 3 for item and overall mean scores for the CCPSG COSP survey.

Table 3. Average ROSA and item scores for Cherokee County Peer Support Group

	N	Minimum	Maximum	Mean	SD
Interests	17	3	5	4.58	0.67
Future Plans	16	3	5	4.58	0.67
Invite Others	17	3	5	4.50	0.80
Life Experiences	17	3	5	4.67	0.65
Peer Support	17	3	5	4.83	0.58
Risks	17	2	5	4.42	0.90
Hope	17	3	5	4.58	0.67
Partnering	17	2	5	4.67	0.89
Decisions	17	4	5	4.92	0.29
Progress	17	2	5	4.67	0.89
Choice	17	2	5	4.67	0.89
Spiritual	17	3	5	4.58	0.67
Grow	17	4	5	4.91	0.30
Open	17	4	5	4.92	0.29
Trauma	17	4	5	4.83	0.39
Average ROSA	17	2	5	4.68	0.46

Depression Connection for Recovery (DCFR)

Depression Connection for Recovery (DCFR) distributed surveys to their members via email (N = 17). Items that were rated highest in terms of frequency of services mirrored those of the total sample. The same three items were rated highly: This organization models hope for me (M = 4.53, SD = 0.72); This organization believes I can grow in my recovery (M = 4.47, SD = 0.87); and This organization respects my decisions about my life (M = 4.41, SD = 0.80). The items that were rated lowest in terms of frequency of services included: This organization provides trauma-specific services (M = 3.71, SD = 1.26); and, This organization offers services that support my culture or life experience (M = 3.53, SD = 1.50). 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). The overall ROSA mean score indicated that DCFR respondents felt the services they received were more than often recovery-oriented (M = 4.04, SD = 0.85). See Table 4 for item and overall mean scores for the DCFR COSP survey.

Table 4. Average ROSA and item scores for Depression Connection for Recovery

	N	Minimum	Maximum	Mean	SD
Interests	17	2	5	3.76	1.15
Future Plans	16	3	5	4.31	0.70
Invite Others	17	1	5	3.82	1.38
Life Experiences	17	1	5	3.53	1.50
Peer Support	17	1	5	3.88	1.22
Risks	17	2	5	4.12	0.93
Hope	17	3	5	4.53	0.72
Partnering	17	3	5	4.00	0.79
Decisions	17	3	5	4.41	0.80
Progress	17	3	5	4.29	0.99
Choice	17	2	5	3.82	1.19
Spiritual	17	1	5	3.88	1.11
Grow	17	3	5	4.47	0.87
Open	17	1	5	4.29	1.16
Trauma	17	1	5	3.71	1.26
Average ROSA	17	1	5	4.04	0.85

Mental Health America of Abilene (MHAA)

Members from Mental Health America of Abilene (MHAA) responded to the survey administered in-person by paper copy (N = 19). The same three items were rated highly as in the overall sample: This organization respects my decisions about my life (M = 4.78, SD = 0.428); This organization believes I can grow in my recovery (M = 4.7, SD = 0.59); and This organization is open with me about all matters regarding my services (M= 4.67, SD = 0.59). 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 = 4.00, SD = 1.13); and This organization invites me to include those who are important to me in my planning (M = 3.95, SD = 1.22). 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). The overall ROSA mean score indicated that MHAA respondents felt the services they received were more than often recovery-oriented (M = 4.29, SD = 0.69). See Table 5 for item and overall mean scores for the MHAA COSP survey.

Table 5. Average ROSA and item scores for Mental Health America of Abilene

	N	Minimum	Maximum	Mean	SD
Interests	18	2	5	4.17	0.92
Future Plans	18	2	5	4.28	0.89
Invite Others	19	1	5	3.95	1.22
Life Experiences	19	3	5	4.37	0.68
Peer Support	19	3	5	4.58	0.60
Risks	19	3	5	4.11	0.87
Hope	19	2	5	4.32	0.82
Partnering	18	3	5	4.33	0.68
Decisions	18	4	5	4.78	0.42
Progress	18	3	5	4.28	0.75
Choice	18	3	5	4.44	0.61
Spiritual	18	2	5	4.00	1.13
Grow	18	3	5	4.67	0.59
Open	18	3	5	4.67	0.59
Trauma	18	3	5	4.33	0.59
Average ROSA	13	1	5	4.29	0.69

Mental Health Peer Services of Greater Fort Worth (MHPSOGFW)

A total of 10 members from Mental Health Peer Services of Greater Fort Worth (MHPSOGFW) participated in the survey. Like the total sample, the same three items were rated highly: This organization respects my decisions about my life (M = 4.80, SD = 0.42); This organization models hope for me (M= 4.70, SD = 0.48); and This organization believes I can grow in my recovery (M = 4.70, SD = 0.48). The items that were rated lowest in terms of frequency of services included: This organization asks me about my interests (M = 4.00, SD = 0.816); and This organization provides trauma-specific services (M = 3.80, SD = 1.22). Though these three items were relatively lower ranked, they each were rated over 4.00, indicating the organization “often” offered these types of services/opportunities. The overall ROSA mean score indicated that MHPSOGFW respondents felt the services they received were more than often recovery-oriented (M = 4.44, SD = 0.43). See Table 6 for item and overall mean scores for the MHPSOGFW COSP survey.

Table 6. Average ROSA and item scores for Mental Health Peer Services of Greater Fort Worth

	N	Minimum	Maximum	Mean	SD
Interests	10	3	5	4.00	0.82
Future Plans	10	3	5	4.30	0.95
Invite Others	10	3	5	4.50	0.71
Life Experiences	9	3	5	4.44	0.73
Peer Support	10	4	5	4.60	0.52
Risks	10	3	5	4.30	0.67
Hope	10	4	5	4.70	0.48

Partnering	10	4	5	4.60	0.52
Decisions	10	4	5	4.80	0.42
Progress	10	4	5	4.60	0.52
Choice	10	3	5	4.30	0.67
Spiritual	10	3	5	4.40	0.84
Grow	10	4	5	4.70	0.48
Open	10	4	5	4.60	0.52
Trauma	10	1	5	3.80	1.23
Average ROSA	10	1	5	4.44	0.43

Prosumers International

Prosumers International posted the survey link on their website and reached out their members via voicemail. A total of 48 Prosumers members participated in the survey. The same three items were rated highly as with the overall sample and the other participating COSPs: This organization models hope for me (M = 4.92, SD = 0.27); This organization believes I can grow in my recovery (M = 4.85, SD = 0.51); and This organization respects my decisions about my life (M = 4.83, SD = 0.37). The items that were rated lowest in terms of frequency of services included: This organization provides trauma-specific services (M = 4.14, SD = 1.20); and, This organization offers me opportunities to discuss my spiritual needs when I wish (M = 3.87, SD = 1.20). 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). The overall ROSA mean score indicated that Prosumers International respondents felt the services they received were more than often recovery-oriented (M = 4.52, SD = 0.51). See Table 7 for item and overall mean scores for the Prosumers International COSP survey.

Table 7. Average ROSA and item scores for Prosumers International

	N	Minimum	Maximum	Mean	SD
Interests	48	2	5	4.40	0.82
Future Plans	48	3	5	4.58	0.71
Invite Others	48	1	5	4.0	0.94
Life Experiences	47	2	5	4.55	0.75
Peer Support	48	3	5	4.79	0.50
Risks	48	2	5	4.48	0.80
Hope	48	4	5	4.92	0.28
Partnering	48	3	5	4.40	0.79
Decisions	48	4	5	4.83	0.384
Progress	47	2	5	4.38	0.92
Choice	48	2	5	4.52	0.85
Spiritual	46	1	5	3.87	1.24
Grow	47	2	5	4.85	0.51
Open	46	3	5	4.80	0.50

Trauma	43	1	5	4.14	1.21
Average ROSA	48	1	5	4.52	0.51

Qualitative Data Results

Members of five different COSPs provided responses to three qualitative, open-ended survey questions. A total of 93 members of 106 who completed the survey provided a response to at least one of these questions. Of these 93 members, 43 were from Prosumers International, 15 were from Depression Connection for Recovery, 14 were from Mental Health America of Abilene, 12 were from Cherokee County Peer Support Group, and 9 were from Mental Health Peer Services of Fort Worth. 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 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 the support they have received from their COSP includes social support that has increased their social integration and (and subsequently decreased their social isolation; n=34). According to these respondents, being a member of their COSP provides them with the opportunity to make friends and to engage with people who are like them, who care, and who listen. For example, one member wrote: “It has given me a sense of belonging when I have no one else to relate to my challenges.” Similarly, another member wrote, “Helps me make new friends who are like me.”

“It has given me a sense of belonging when I have no one else to relate to my challenges.”

Social Integration and Support

COSP members also commonly 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=30). For example, one member wrote: “The gains I am making in my personal mental health journey are because of the Depression Connection and its groups.” Similarly, another wrote: “Prosumers showed a path to recovery. This organization is caring and empathetic through the ups and downs of the recovery process. They've lived it and really connected with us.”

“The gains I am making in my personal mental health journey are because of the Depression Connection and its groups.”

Recovery and Wellness Support

Another theme that emerged is that the support members have received from their COSP has provided them with a sense of possibilities and hope for the future (n=16). For example, one member wrote: “Prosumers offers hope and a vision of what the future can be.” Another member wrote that their COSP (MHAA): “opened up my vistas,” and another wrote: “[CCPSG] helps me to know that there is a good future.”

“Prosumers offers hope and a vision of what the future can be.”

Possibilities and Hope

COSP members also commonly reported that the support and motivation they have received from their COSP has given them greater confidence in themselves (n=11). For example, one member wrote: “Through Prosumers I learned that I myself have value and am a capable individual.” Similarly, another member wrote: “I learned that I myself have value and am a capable individual.”

“Through Prosumers I learned that I myself have value and am a capable individual.”

Confidence

Another theme that emerged is that COSP members have received support (includes resources, guidance, encouragement and accountability) to reach their goals (n=11). For example, one member wrote: “They are always encouraging me in my business goals. They are also encouraging me to live my life to my fullest potential.” Similarly, another member wrote: “DCFR has been instrumental in helping me to take the steps I need to take to not only develop my goals, but provides suggestions on how to reach those goals.”

“They are always encouraging me in my business goals.”

Support to Reach Goals

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:

- information and knowledge (n=7; “I love having the ‘ah moments’ where I learn why I do things. Prosumers give me many of these moments”),
- personal growth (n=6; “MHAA has allowed me to grow as a person”),
- volunteering and helping and advocating for others (n=5; “It has taught me to advocate for others before helping myself”),
- positive outlook (n=3; “I find the leaders and attendees to be supportive and positive, which helps me to develop a more positive attitude”), and
- goal setting (n=2; “Being able to be more open and making goals”).

Finally, ten responses were coded as missing data. Missing data included responses that did not specify the type of support the member received (e.g., “Great means of support”; n=9) and one response indicating that they initially liked, but then were dissatisfied with providers and services.

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 described attending support/recovery groups or programs or visiting recovery providers (n=24). For example, one member wrote: “The action is that I really love coming to group and participating in the action that is needed for me to cope with my future and my hopes to continue with a good life.” Similarly, another member wrote: “I go to Peer Advocacy and I talk to my peers about my problems.”

“I go to Peer Advocacy and I talk to my peers about my problems.”

Recovery Groups, Programs, and Providers

COSP members also commonly reported that they are engaging in self-care activities (e.g., practicing kindness and compassion to oneself, meditation/spiritual activities, loving oneself) and/or working towards self-improvement (e.g., increased self-awareness, strength, resilience, personal growth; n=22). For example, one member described that they are: “being kind to myself, learning, and operating with a growth mindset...practicing kindness and compassion toward myself and others, focusing on progress not perfection.” Similarly, another member wrote that they are: “taking care of my physical, emotional, spiritual, and intellectual self.”

“Taking care of my physical, emotional, spiritual, and intellectual self.”

Self-Care and Self-Improvement

Another theme that emerged is that COSP members are taking actions toward various types of personal goals (of note, these include goals not related to employment, education, or wellness which are captured by other codes; n=21). For example, members often described working towards goals related to housing, various hobbies, or unspecified goals. As one member wrote: “I am writing my book,” while another wrote: “Take it each day and focus on one goal at a time.”

“I am writing my book.”

Personal Goals

COSP members also commonly described taking actions towards employment, educational, and career growth goals (n=19). For example, one member wrote: "I'm getting certificates of achievement in the American Institute of Professional Bookkeepers, and on the Accounting Coach website." Similarly, another member wrote: "I am currently a Mental Health Peer Specialist and working towards building my photography for added income and wellness tool."

"I am currently a Mental Health Peer Specialist and working towards building my photography for added income and wellness tool."

Employment and Educational Goals

Similarly, COSP members described taking actions towards recovery and wellness goals (including utilizing wellness tools to achieve better mental health, take medication, maintain sobriety; n=19). For example, one member wrote: "To remain aware, active and accountable in recovery." Similarly, another member wrote: "I use what I learn from peers and my WRAP experience to get back on track when I lose my sense of direction...for helping me remember my goals and how far I have come and remind me things are getting better which is key in helping me keep going."

"To remain aware, active, and accountable in recovery."

Recovery 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=13). For example, one member wrote: "Going to Group on Thursday is my excuse to go to town. I stay engaged with 'civilization' on that day. I might become reclusive if I didn't go." Similarly, other COSP members wrote: "making friends again," and "reconnecting with family after decades."

"Making friends again."

Social Relationships and Integration

Twelve members described volunteering, giving back, and helping others. For example, one member wrote: "Volunteering where I can to help others in their journey to recovery." Similarly, another wrote: "I also do volunteer work to feel useful."

"Volunteering where I can to help others in their journey to recovery."

Volunteering and Helping Others

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

- goal setting (n=6; “Planning my goals),
- positive outlook (n=4; “Cultivating a positive mindset), and
- community involvement and advocacy (n=2; “continuing a life of advocacy”).

Finally, two members reported either engaging in no action or that they were unsure what actions they are engaging in.

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 recovery and wellness support, including mental health services, tools, advice, support, and counseling (n=33). For example, one COSP member wrote: “Depression Connection is a vital part of my mental health recovery and daily regime.” Similarly, another wrote: “By actively participating in Prosumers activities I have made tremendous growth in my recovery. Prosumers has shown me that recovery is possible.”

“Depression Connection is a vital part of my mental health recovery and daily regime.”

Recovery and Wellness Support

COSP members also commonly reported that their COSP has changed their life by providing social integration (including friends, family, and community) and social support (n=29). For example, one member wrote: “It allows me to meet with like-minded individuals who truly understand the struggles of mental health not otherwise available.” Similarly, another member wrote that they are “making new friends and meeting new people.”

“It allows me to meet with like-minded individuals who truly understand the struggles of mental health not otherwise available.”

Social Integration and Support

Members also reported that their COSP has changed their life by enhancing their sense of possibilities and hope for the future (n=12). For example, one member wrote: “They empower me to believe anything is possible in recovery.” Similarly, another wrote: “Given hope that all with a disability can achieve their dreams.”

“They empower me to believe anything is possible in recovery.”

Possibilities and Hope

Some COSP members (n=6) reported that their COSP has changed their life by providing them with a sense of meaning or purpose. For example, one member wrote: “It has given me a sense of purpose...it has been an extremely challenging, draining, yet deeply rewarding and meaningful experience.” Similarly, another member wrote: “My life has become more meaningful.”

“My life has become more meaningful.”

Purpose and Meaning

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

- knowledge and new perspectives (n=5; “It introduced me to recovery and the idea I have control over my diagnosis and how it effects my life”),
- helping others (n=5; “It encourages me to advocate for those who cannot advocate for themselves”),
- improved quality of life (n=4; “It showed me the way to live a life that I love. I am happier now that most of my 66 years”),
- positive outlook (n=3; “It has allowed me to refocus my thoughts, habits and actions for better positive ones”),
- confidence, especially to reach goals (n=3; “I have a strong sense of self and a clear sense of what my mental health challenges are and ways to work with that knowledge to keep reaching higher and further in my various life goals), and
- resource support (n=3; “They helped me find a place to live).

Finally, six responses were coded as missing data. Missing data included responses that did not specify how members’ COSP changed their life, other than in a positive manner (e.g., “For the better”; n=4), one response of “prefer not to elaborate,” and one response indicating dissatisfaction with COSP providers.

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 COSPs 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 COSPs to continue to collect data to be used for COSP advocacy and funding purposes. The current study expands on the work done in FY2020 (see Peterson et al., 2020) by including three additional COSPs in the collaborative research process (in addition to two returning COSPs), as well as by continuing to collect data that demonstrates the unique value COSPs provide people in services.

Responses to the quantitative survey items indicated that members feel that the services COSPs offer are more than often recovery-oriented, as evidenced by a total ROSA mean score of 4.42 out of 5.00 (SD = 0.62). ROSA items or areas of particular strength, in terms of recovery orientation, included respecting members' decisions about their lives, believing members can grow in their recovery, openness about all matters regarding services, and modeling hope for members. Areas for growth, in terms of recovery orientation, included offering members more opportunities to discuss their spiritual needs and providing more trauma-specific services. When discussing the results with the COSPs, EDs noted that one of the possible explanations for the lower-scored items was that although services are not necessarily labeled as trauma-specific services, all services offered are trauma-informed. Further, the lower score on the spirituality item was attributed to inclusivity of different religious beliefs. For future research, there might be a need to parse out differences between spirituality and religion.

It is notable that the same ROSA items were consistently rated highly across all five COSPs, despite COSPs being located in both urban and rural settings and having different methods of operation and service delivery. This homogeneity in recovery orientation ratings, despite heterogeneity in COSP composition, indicates a high level of fidelity to the COSP model (SAMHSA, 2011). However, these results are also similar to results found in previous TIEMH administrations of the ROSA including workforce surveys of mental health peer specialists (Lodge et al., 2017; Lodge et al., 2021) and in the FY2020 COSP member outcome survey (Peterson et al., 2020), all of which found that trauma-specific services and spiritual opportunities were among the least frequently delivered services while modeling hope, being open about services, and believing that people can grow and recover were among the most frequently delivered services.

The overall ROSA mean score this year was 4.42, which is higher than the ROSA mean score of 4.27 found in the FY2020 COSP member outcomes survey (Peterson et al., 2020). It is also much higher than ROSA mean scores found in workforce surveys of peer specialists in Texas, which measure the frequency of recovery-oriented service delivery in a variety of peer specialist employment settings (mean scores of 3.85 for currently employed peer specialists in 2017 and 4.10 in 2021; Lodge et al., 2017; 2021). Furthermore, preliminary data analysis suggests that among peer specialist employment settings, COSPs have a higher frequency of recovery-oriented service delivery compared to Community Mental Health Centers, inpatient hospitals, and community substance use treatment centers although more research is needed to confirm these results (Lodge et al., 2021). Taken together, these findings suggest that Texas may be experiencing a shift towards a more recovery-oriented system as well as suggest that COSPs may more frequently provide recovery-oriented services compared to other peer employer organizations. Further, these results 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 social integration and social support, recovery and wellness support, support to reach goals, and imbue members with greater self-confidence, a sense of hope and expanded possibilities for the future, and new perspectives and knowledge. COSP members reported taking actions to fulfill their hopes for the future, including participating in recovery groups and programs, engaging in self-care and self-improvement, and working towards recovery, wellness, employment, educational, social, and other goals. These data further suggest that COSPs provide members with support that they may not receive anywhere else, as COSP members often described experiencing significant life changes upon attending their COSP, including improvements in mental health recovery and wellness, social integration, and a greater sense of possibilities, hope, purpose, and meaning.

Conclusions

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 direction include examining ways for COSPs (and provider organizations in general in Texas) to provide more trauma-specific services and more opportunities to discuss the spiritual needs of its members; continuing to collaborate with COSPs to develop member-level outcomes that can demonstrate the unique value of COSP services; and continuing to collaborate with COSPs so that EDs and other staff become adept at collecting, analyzing and utilizing data to achieve organizational sustainability and scale up COSP service initiatives to provide more individuals with their unique services.

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Appendix A

[Cherokee County Peer Support Group Survey]

Please complete the survey below. All of your responses will be confidential.

Cherokee County Peer Support Group 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 [Cherokee County Peer Support Group] 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 [Cherokee County Peer Support Group] 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.