REPORT / COSP PEERS IN RESEARCH

August 31, 2023

Consumer-Operated Service Providers (COSPs): A Study of COSP Member Outcomes in Collaborative Research

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ACKNOWLEDGEMENT

This work is funded through a contract with the Texas Health and Human Services Commission. The contents are solely the responsibility of the authors and do not necessarily represent the official views of Texas Health and Human Services Commission.

Recommended Citation: Singh, P., Lodge, A., Earley, J., & Manser, S. (2023). Consumer-Operated Service Providers: A Study of COSP Member Outcomes in Collaborative Research. Texas Institute for Excellence in Mental Health, Steve Hicks School of Social Work, The University of Texas at Austin.

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Executive Summary

Purpose

In Fiscal Year 2023, Texas Health and Human Services (HHS) contracted with the Texas Institute for Excellence in Mental Health (TIEMH) to conduct collaborative community-based participatory research (Viswanathan, Ammerman, Eng, et al., 2004) with Consumer Operated Service Provider (COSP) Executive Directors (EDs). Working collaboratively with COSP EDs, a measure of COSP member outcomes was developed, administered, and analyzed to examine the benefits of COSP services to their members. Community-based participatory research benefits community participants by using shared knowledge and experiences, leading to the development of culturally appropriate measures and more effective research processes and outcomes (2004). This method aligns with the core values of peer support and resulted in a measure that is reflective of outcomes of members who receive peer-delivered COSP services.

Methods and Data

TIEMH worked with COSP EDs for six months to develop a new measure of member outcomes. This collaborative work resulted in a COSP member survey that included the new 15-item Peer Run Organization Impact Survey (PROIS) with a retrospective design that measures individual member outcomes both prior to receiving COSP services and after receiving COSP services; the previously developed 15-item Recovery-Oriented Services Assessment (ROSA; Lodge, Kuhn, Earley, & Stevens Manser, 2018) measuring recovery orientation of the organization; and three open-ended qualitative items. COSP EDs distributed the survey to COSP members via email listservs, paper forms, posted on their website, and via a web link distributed during online meetings with members. A total of 275 surveys across nine COSPs were completed and analyzed.

Results

For all nine organizations, PROIS items that were rated most highly included: community (I felt/feel connected to a community), followed by advocacy (I felt/ feel comfortable expressing my needs to others), and purpose (I had/have purpose in life). The three items with the smallest difference from before receiving COSP services to now were: agency (I am capable of making my own decisions), coherence (I thought that there were different ways to solve a problem), and social (I socializ(ed) as much as I want(ed) to). Results on the average overall PROIS score for the 275 respondents indicated that there was a significant difference in PROIS scores prior to receiving COSP services compared to members' current status on a number of recovery outcomes (Before M = 2.90, SD = 0.83; Now M = 4.05, SD = 0.72), indicating significantly improved member outcomes.

The ROSA items that were rated most highly, in terms of frequency of delivery, included members can grow in their recovery, organizations respecting members decisions about their life and organizations being open with members about their services. Lower scored items included discussing members' spiritual needs and providing trauma-specific services. Results on the average overall ROSA score for the 250 respondents indicated that members felt the services they received were more than often recovery-oriented (M = 4.17, SD = 0.85).

Qualitative data from this study suggest that COSPs provide members with recovery and wellness support, social integration and social support, and imbue members with self-determination, 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

The results of this study provide evidence of the effectiveness of COSPs in changing members' lives for the better, with members reporting significant improvement on individual recovery items from before their COSP participation to their COSP participation now. This suggests the need to continue funding and expanding 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 recovery outcomes with their life before attending their COSP. This study also suggests the importance of and the need to continue using community-based participatory research to collaborate with peers and other individuals with lived experience as this resulted in a culturally appropriate measure of COSP member outcomes.

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 health lived experience (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 resource navigation, 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 with mental and/or substance use health lived experience. Peer specialists are individuals who are trained and certified to share their recovery experiences with individuals in services. Peers govern and run COSPs; the majority of the board of directors and staff 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 reduction in 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 COSP participation has also been associated with improved clinical outcomes such as a reduction in the use of psychiatric services, fewer hospital admissions, and shorter hospital stays (Burti et al., 2005; Nelson et al., 2006a; 2006b). Combined this research indicates that COSPs improve quality of life, recovery-focused outcomes, and clinical outcomes, thus demonstrating that they are a cost-effective service option that can reduce 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). Previous research with COSPs in Texas has suggested the need for COSPs to collect data on member outcomes in order to establish and document the effectiveness of their services and to help advocate for funding (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.

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 three 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). In FY 2021, this study was continued to examine the benefits of COSP services to their members. The FY 2021 study expanded 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. Details about this collaborative process and outcomes can be found in a report submitted to Texas Health and Human Services (Singh, Lodge, Peterson, Earley, & Stevens Manser, 2021)

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. Nine Texas COSPs participated in this participatory research project: Amarillo Area Mental Health Consumers, Austin Mental Health Community, Cherokee County Peer Support Group, Depression Connection for Recovery, Mental Health America- Abilene, Mental Health Peer Services of Greater Fort Worth, Prosumers International, River City Advocacy and Counseling, and Association of Persons Affected by Addiction. All nine organizations receive funding from the Texas Health and Human Services Commission (HHSC) to provide COSP supports and services.

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 primary purpose of this collaborative research was to examine the impact of COSP services on their member outcomes. The study intended not only to enhance the validity of the research findings through the active participation of COSP EDs but also to empower COSPs in the research process and demonstrate the benefit of collecting member outcomes data to guide services offered and be used for COSP self-advocacy.

Data and Methods

Design

The purpose of this project was for TIEMH researchers and COSP EDs to collaboratively develop, collect, and examine mixed-methods data on member outcomes and areas of organizational strengths and opportunities. Collaboration consisted of multiple individual and group meetings between researchers and COSP EDs, development of a new measure, administration of a survey instrument, and data analysis and reporting.

To develop the new measure of member outcomes, TIEMH worked with COSP EDs for six months to develop the measure. An iterative process was used, where a step in the development process might be started and then based on feedback from COSP EDs, the steps or the order of steps might be changed to result in a better process and a better measure. Steps in the process of measure development included:

- Monthly COSP meetings and individual COSP meetings where member service stories were narratively shared by EDs.
- Using the narrative stories, TIEMH researchers identified key words that indicated a result or outcome.
- TIEMH researchers selected multiple items reflecting each key word from existing validated individual recovery measures.
- Key words and items were then shared in monthly COSP meetings and individual COSP meetings for further refinement and agreement by the COSP EDs.
- COSP EDs reviewed items and modified language to reflect the outcomes of peer delivered services (note: although people with lived experience participated in the development of many validated individual recovery measures, most or all were developed for use in clinical settings).
- A final set of items were presented, with 15 quantitative items selected for inclusion in the member outcomes survey.
- A survey name was brainstormed, with final votes selecting “Peer Run Organization Impact Survey (PROIS).”

From the perspective of TIEMH researchers, the entire project design entailed: 1) collaborating with COSP EDs in a process to develop a survey to measure member outcomes (see steps above); 2) supporting COSP EDs in implementing the survey (e.g., technical and limited financial data collection support); and 3) assisting COSP EDs in utilizing data in a way that is meaningful to their organizations (e.g., discussing findings and use of findings; developing individual infographics). From the perspective of the COSP EDs, project design entailed: 1) leading the discussion of desired member outcome measures for the survey (see steps above); 2) providing researchers input and feedback on key words and the survey items (see steps above); 3) distributing the survey over their website and by email, phone, and in-person; and 4) reporting study findings to their team, members, communities, stakeholders, other COSP EDs, state leaders, and potential funders.

Participants

COSP survey participants included 275 members across COSPs. By each COSP, the number of survey participants included:

- 88 members from the Austin Mental Health Community
- 87 members from the Prosumers International
- 25 members from Association of Persons Affected by Addiction
- 21 members from Depression Connection for Recovery
- 20 members from Mental Health Peer Services of Greater Fort Worth

- 16 members from the Cherokee County Peer Support Group
- 11 members from Amarillo Area Mental Health Consumers
- 7 members from Mental Health America of Abilene
- 2 members from River City Advocacy and Counseling Center

Instrument

The final survey included two Likert-scale instruments (PROIS and ROSA) and three open-ended qualitative items, as well as measured the frequency of participation in different COSP individual and group activities (based on the Form N), social determinants of health needs, and participant demographics. Appendix B includes an example of the survey, specific to one of the participating organizations.

1) The PROIS is a 15-item survey with a retrospective design, that is, the same items were asked twice to collect member perspectives on each item by asking for their response to the item *prior* to joining COSP compared to their response to the item *now or currently,* after engaging in COSP services. This is the first time the PROIS was administered and the goal of analysis was to examine COSP member outcomes as well as establish reliability and construct validity via exploratory factor analysis. The items on the PROIS 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.

2) The Recovery Oriented Services Assessment (ROSA) 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. The ROSA includes 15 items rated on a 5-point 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.

3) A section of survey also collected information on COSP member participation in individual and group activities offered by the COSP and the frequency of attendance in these activities (activities are those included on the HHSC Form N reporting tool).

4) In addition to quantitative measures, three open-ended qualitative questions were included to obtain an in-depth understanding of how COSP services impact members' lives. These questions were devised in collaboration among the three COSP EDs in 2020 to elicit member outcomes and stories that could be generalized across organizations, as well as specified to each organization. The questions included:

- "How has the support you have received from [organization name] made a meaningful difference in the way you are taking action for your future?"
- "What actions are you taking to fulfill your hopes for your future?"
- "How has [organization name] changed your life?"

5) Finally, demographic information and items on social determinants of health needs were also requested.

Data Collection

The survey was created and managed in **R**esearch **E**lectronic **D**ata **Cap**ture (REDCap; Harris et al., 2009; Harris et al., 2019), 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 electronic copies of the survey for face-to-face administration and traditional mail distribution. COSP EDs distributed the survey to their members from March to April 2023.

Data Analysis

Quantitative data were analyzed by TIEMH researchers using SPSS Statistics 29 (IBM Corp, 2022). Descriptive statistics of quantitative items were examined, overall and by individual COSP. The level of internal consistency of the PROIS scale was examined by calculating Cronbach's Alpha. Principle component analysis was conducted to determine the number of components measured by the PROIS. Future analyses will examine the construct validity of the scale via confirmatory factor analysis.

For both PROIS and ROSA descriptive statistics of quantitative items were examined, overall and by individual COSP. For participants to be included in analysis at least one PROIS and ROSA items needed to have a response.

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

Results

Quantitative Data Results

The mean scores and score range for each item on the PROIS and ROSA were analyzed, as well as the overall mean and range of PROIS and ROSA scores. Descriptive statistics were calculated for the overall sample (N = 275), and for each organization: Austin Mental Health Community (N = 88), Cherokee County Peer Support Group (N = 16), Prosumers International (N = 87), Depression Connection for Recovery (N = 21), Mental Health Peer Services of Greater Fort Worth (N = 20), Mental Health America of Abilene (N = 7), River City Advocacy and Counseling Center (N = 2), Amarillo Area Mental Health Consumers (N = 11), and Association of Persons Affected by Addiction (N = 25). Results are reported for the overall sample. To ensure member confidentiality, reports for only the COSPs with 6 or more responses are included in Appendix A.

PROIS factor analysis

In addition to examining mean scores, researchers examined the reliability of the PROIS scale, for both *before* and *now* items; results indicated that the scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.93 (before) and 0.94 (now). 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 (0.94 PROIS before & now), 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 51.27% (PROIS before) and 55.13% (PROIS now) of the total variance. One factor was extracted, with an eigenvalue equal to 7.96 (PROIS before) and 8.27 (PROIS now). 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 that researchers deemed "Peer Run Organization Impact." Component loadings are presented in Table 1.

Table 1. Component matrix of the PROIS items (before and now).

Component Matrix		
PROIS Items	Component 1 (Before)	Component 1 (Now)
Community	.594	.726
Advocacy	.619	.735
Safety	.660	.733
Coherence	.528	.761
Coherence Healing	.743	.762
Resilience	.721	.737
Meaning	.783	.808
Purpose	.831	.772
Hope	.790	.757
Ownership	.687	.694
Agency	.733	.750
Social	.776	.673
Worth	.736	.687
Healing	.697	.797
Traction	.777	.734
Extraction Method: Principal Component Analysis.		

a. 1 components extracted.

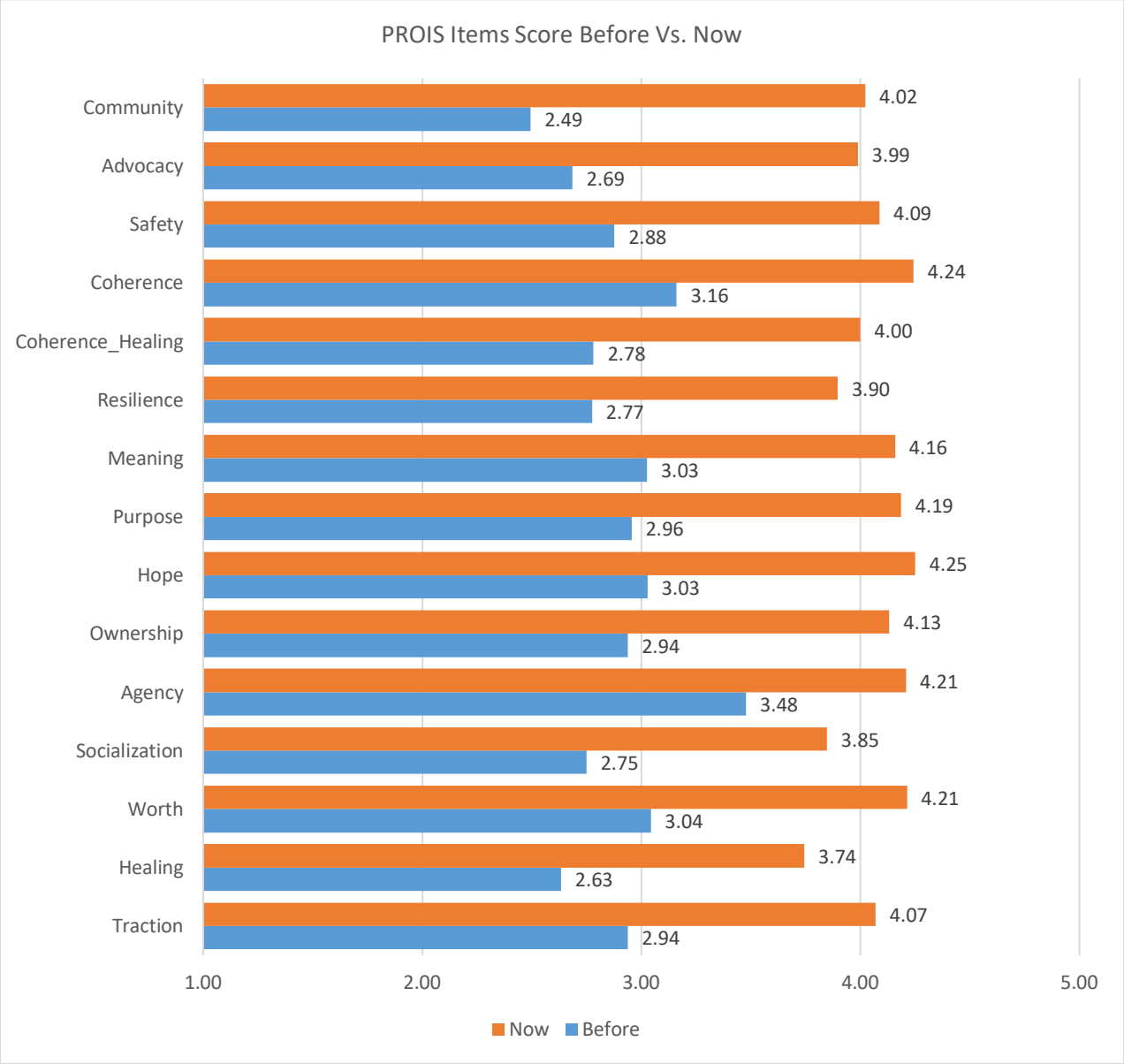
PROIS overall descriptive results

As shown in Table 2 and Figure 1 below, there was a significant difference in PROIS scores before receiving COSP services compared to members' current perspective on the recovery items. Table 2 shows the sample size, mean, and standard deviation (SD) for all 15 items both for before and now items. Average total PROIS *before* score was 2.90 (SD = 0.83), while the average total PROIS *now* score was 4.05 (SD= 0.72). The top three items with the largest difference from before to now was observed on community (I felt/feel connected to a community; Before M = 2.49, SD = 1.24; Now M= 4.02, SD = 0.95) followed by advocacy (I felt/feel comfortable expressing my needs to others; Before M = 2.69, SD = 2.88; Now M= 3.99, SD = 0.94), and then purpose (I had/have purpose in life; Before M = 2.96, SD = 1.24; Now M= 4.19, SD = 0.92). The three items with smallest difference from *before* to *now* was observed on agency (I was/am capable of making my own decisions; Before M = 3.48, SD = 1.13; Now M= 4.21, SD = 0.93), coherence (I thought/think that there were/are different ways to solve a problem; Before M = 3.16, SD = 1.12; Now M= 4.24, SD = 0.86) and social (I socialize(d) as much as I want(ed) to; Before M = 2.75, SD = 1.25; Now M= 3.85, SD = 1.04). These items had lower score changes between *before* to *now* because the *before* score was higher to begin with in comparison.

Table 2. Average PROIS (before and now) and overall and item scores (n=275)

PROIS Scale	**Before**			**Now**			**Mean Change**
Items	**N**	**Mean**	**SD**	**N**	**Mean**	**SD**	**before-now**
Community	273	2.49	1.24	265	4.02	0.95	+1.53
Advocacy	271	2.69	2.88	266	3.99	0.94	+1.30
Purpose	273	2.96	1.24	263	4.19	0.92	+1.23
Coherence Healing	271	2.78	1.02	264	4	0.93	+1.22
Hope	274	3.03	1.12	263	4.25	0.92	+1.22
Safety	270	2.88	1.26	264	4.09	0.99	+1.21
Ownership	274	2.94	1.22	264	4.13	0.99	+1.19
Worth	272	3.04	1.26	263	4.21	0.98	+1.17
Resilience	271	2.77	1.02	262	3.9	0.91	+1.13
Meaning	271	3.03	1.22	265	4.16	1	+1.13
Traction	275	2.94	1.17	259	4.07	0.92	+1.13
Healing	273	2.63	1.06	262	3.74	0.97	+1.11
Social	272	2.75	1.25	263	3.85	1.04	+1.10
Coherence	273	3.16	1.12	263	4.24	0.86	+1.08
Agency	274	3.48	1.13	264	4.21	0.93	+0.73
Total PROIS Score	275	2.90	0.83	268	4.05	.72	+1.15

Figure 1. PROIS items score before versus now (n=275)



Before versus Now Item Score Analyses (t-test)

Additional analyses (paired sample t-test) were conducted to examine how the responses on items differed from before to now. These analyses indicate that significant difference in PROIS scores were observed on all 15 items as well as overall mean score between before and now. Table 3 below presents the paired sample t-test difference between before and now overall mean. Survey respondents over all rated the outcome better now (M=4.05, SD = 0.72) compared to before joining the COSP (M=2.90, SD = 0.83).

Table 3. Paired sample statistics for overall mean score before and now (n =268)

	Mean	N	SD	SE
Pair 1				
Before Mean –	2.90	268	.83	.05
Now Mean	4.05		.72	.04

Table 4 below shows the statistically significant increase in mean PROIS total score, from before to now t(267)= -20, p<.001.

Table 4. Paired sample t-test statistics for overall mean score before and now

	Paired Difference					t	df	Sig
	Mean	SD	SE	95% Confidence Interval of the difference				
				Lower	Upper			
Pair Before Mean – Now Mean	-1.16	.94	.05	-1.27	-1.04	-20.0	267	<.001

ROSA overall descriptive results

Results on the average total ROSA score (N = 250) indicated that survey respondents felt the services they received were more than often recovery-oriented (M = 4.17, SD = 0.85). Items with the highest mean scores, indicating a high frequency of receiving recovery-oriented services, included: This organization believes I can grow in my recovery (M = 4.57, SD = 0.90); This organization respects my decisions about my life (M = 4.48, SD = 0.97); This organization is open with me about all matters regarding my services (M = 4.39, SD = 1.03); This organization models hope for me (M = 4.31, SD = 1.04); and This organization introduces me to peer support or advocacy (M = 4.27, SD = 1.11). Items with the lowest mean score included: This organization invites me to include those who are important to me in my planning (M = 3.90, SD = 1.25); and This organization provides trauma-specific services (M = 3.87, SD = 1.28). Despite lower scores compared to other items, these two items were still rated higher than three on the scale (with 3 = sometimes). See Table 5 for item and overall mean scores for the overall survey sample.

Table 5. Average ROSA and overall and item scores (n =250)

ROSA Items	N	Minimum	Maximum	Mean	SD
Grow	245	1	5	4.57	0.9
Decisions	250	1	5	4.48	0.97
Open	244	1	5	4.39	1.03
Hope	248	1	5	4.31	1.04
Peer support	247	1	5	4.27	1.11
Choice	245	1	5	4.24	1.07
Progress	248	1	5	4.19	1.14
Life experiences	244	1	5	4.13	1.11
Future plans	246	1	5	4.13	1.11
Partnering	248	1	5	4.13	1.15
Risks	245	1	5	4.04	1.12
Interests	249	1	5	4.02	1.13
Spiritual	247	1	5	3.94	1.2
Invites others	245	1	5	3.9	1.25
Trauma	243	1	5	3.87	1.28
Total ROSA Score	250	1.00	5.00	4.17	0.85

Activity Participation

Activity participation mode

Survey respondents (n=252) were asked how they participate in COSP activities, with the ability to select more than one category. The table below presents the mode of participation in COSP activities. The highest category was in-person meetings (44.6%), followed by phone calls (22.1%), video calls such as zoom or teams (19.4%), and the lowest category was text messaging (13.8%).

Table 6. Activity participation mode (n = 252)

Participation Mode	Percentage
In person meetings	44.6%
Phone calls	22.1%
Video calls	19.4%
Text messages	13.8%

Individual activity participation

Table 7 below shows what individual activities survey respondents reported participating in (n= 246). Survey respondents were allowed to select *"all that apply."* The individual activity list was based on Form N categories that every COSP is required to report monthly. Table 7 presents the activities members reported that they most often utilize. The top three activities include peer support (21.2%); health and wellness activities (11.5%); and recreation, creative, artistic, or musical activities (10%). The bottom three activities reported included other activities (2.2%), other day to day assistance (2%), and support animal (1.4%). It is important to note that these are self-reported activities. The COSPs have access to definitions as well as examples of the activities on Form N while survey respondents had access only to examples of each activity. Therefore, some differences between Form N activities reported by COSPs and activities reported by members are expected.

Table 7. Individual activity participation (n=246)

Individual Activity Participation	Percentage
Peer Support	21.2%
Health and wellness activities	11.5%
Recreation, creative, artistic, or musical activities	10%
Capacity building activities	9.2%
Advocacy activities	8.2%
Program or curriculum specific activities	6.9%
Transportation	6.1%
Organizational planning and participation activities	5.2%
Vocational or employment activities	3.7%
Suicide or crisis prevention activities	3.3%
Housing – related activities	3.2%
Educational activities	3.0%
Don't know/ not sure	2.7%
Others	2.2%
Other day to day assistance	2.0%
Support animal	1.4%

Group activity participation

Table 8 below presents the group activities survey respondents (n=244) reported participating in. Survey respondents were allowed to select "*all that apply".* The group activity list was also based on Form N categories that every COSP is required to report monthly. The top three activities included peer support groups (29%); recreation, creative, artistic or musical activities (11.9%); and health and wellness activities (11.1%). The bottom three activities included educational activities (3.6%), don't know or not sure (3.3%) and other activities (2.6%). It is important to note that these are self-reported activities. The COSPs have access to definitions as well as examples of the activities on Form N while survey respondents had access only to examples of each activity. Therefore, some discrepancy between Form N activities reported by COSPs and activities reported by members is expected.

Table 8. Group activity participation (n=244)

Group Activity Participation	Percentage
Peer Support groups	29%
Recreation, creative, artistic, or musical activities	11.9%
Health and wellness activities	11.1%
Advocacy activities	10.4%
Organizational planning and participation activities	10.2%
Capacity building activities	9.2%
Program or curriculum specific activities	8.7%
Educational activities	3.6%
Don't know/ not sure	3.3%
Others	2.6%

Social determinants of health needs

Social determinants of health are defined by the World Health Organization as "the conditions in which people are born, grow, live, work and age," which are "shaped by the distribution of money, power and resources" (Alderwick & Gottlieb, 2019; WHO, 2019). They include income, education, employment, housing, neighborhood conditions, transportation systems, social connections, and other social factors. Table 9 presents the social determinant needs selected by survey respondents (n=133) who were asked to select "*all that apply."* The top three categories reported include food (12.3%), transportation, and housing (both 12.1%).

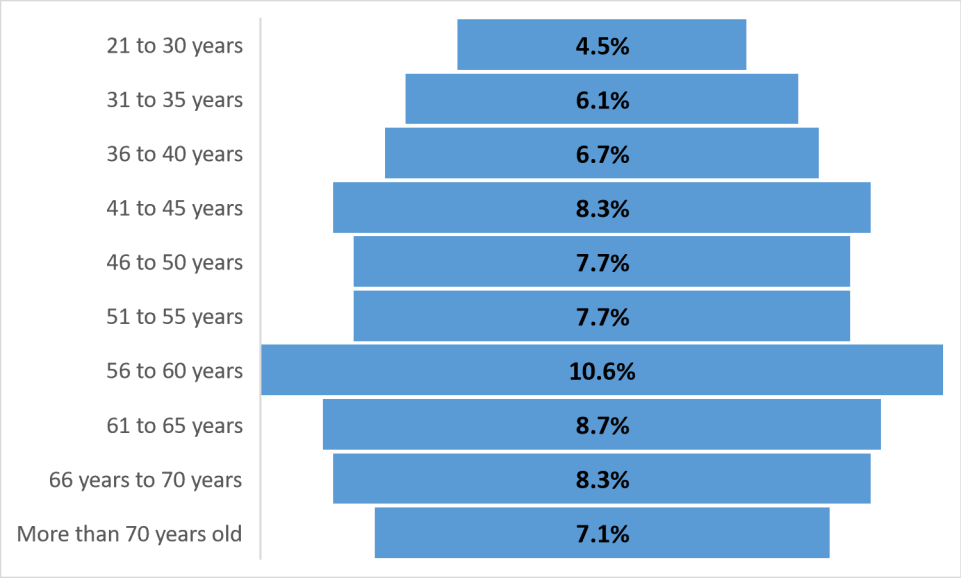
Table 9. Social determinants of health needs (n=133)

Determinants of Health Items	Percentage
Food	12.3%
Transportation	12.1%
Housing	12.1%
Psychiatric services/ Behavioral health services referrals	9.3%
Spirituality	8.5%
Medical/ health care referral	8.2%
Utilities	7.5%
Essential items	7.2%
Education	5.7%
Interpersonal safety	4.9%
Neighborhood safety	4.1%

Demographic characteristics

For the demographic characteristics of the survey respondents, age, gender identity, and race and/or ethnicity were included in the survey. The average age of respondents (n=236) was 55 years, with 10.6% reporting their age to be 56 to 60 years, followed by 61 to 65 years, then followed by 66 to 70 years.

Figure 2. Age Ranges of COSP Survey Respondents (n=236)



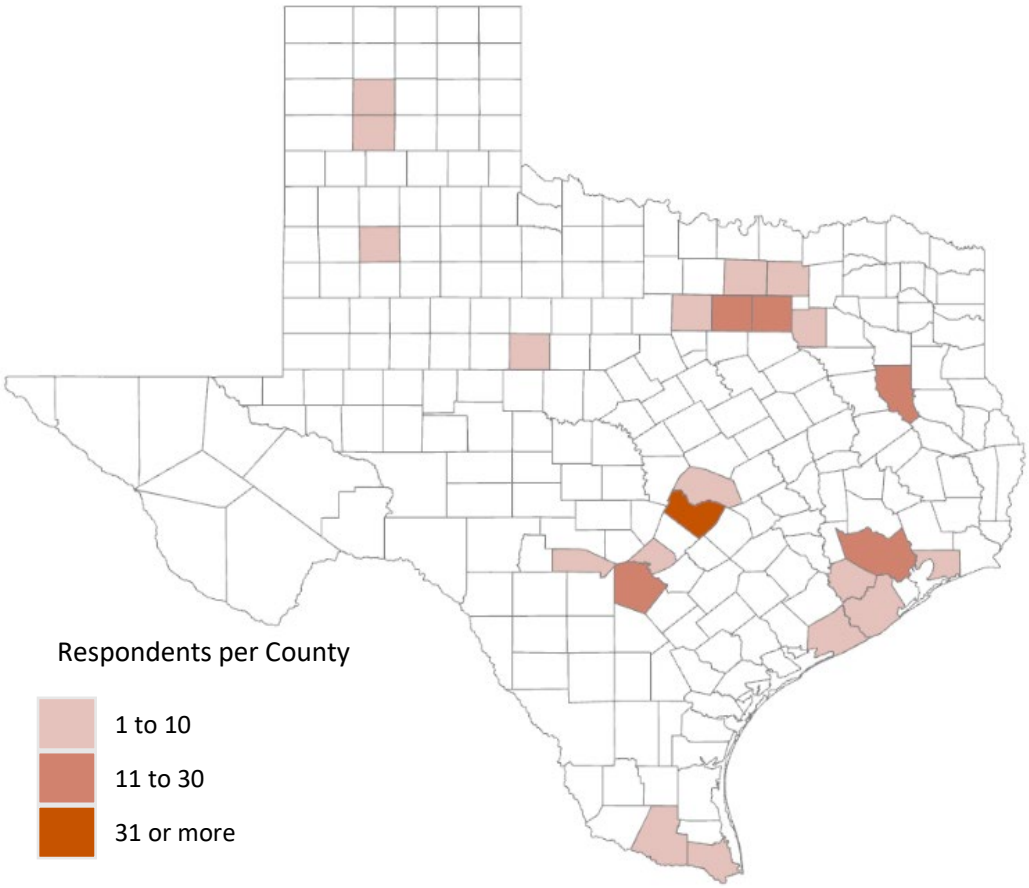
For gender identity (n=242), 68% identified as woman, 25% as man, and 4% as genderqueer, gender fluid, or non-binary. For race and/or ethnicity (n=258), 50% identified as white, followed by 23% black or African-American.

Table 10. Demographics characteristics

Demographic Characteristics	Percentage
Gender Identity (n= 242)	
Woman	67.8%
Man	24.8%
Genderqueer, gender fluid, or non-binary	4.1%
Prefer not to answer	2.5%
Trans woman	0.4%
Other	0.4%
Race or Ethnicity (n=256)	
White	50.4%
Black or African American	23.4%
Hispanic or Latino	17.2%
Other	2.7%
More than one race	2.0%
Asian or Asian American	0.8%
Native Hawaiian or Pacific Islander	0.8%

Finally, the geographical location of respondents was requested. As depicted in Figure 3, participants in COSP activities cover a lot of geography in Texas. The majority of members who responded were from urban counties where the COSP is headquartered such as Travis, Tarrant, Dallas, and Bexar. The only rural county in a higher responding area is Cherokee County, served by Cherokee County Peer Support Group. These are also reflective of the number of respondents to the survey by each COSP.

Figure 3. Geographical distribution of COSP services (n=244)



Qualitative Data Results from Open-Ended Questions

COSP members (n=203) provided responses to at least one of the three qualitative, open-ended survey questions. Of these 203 responses, 1 was from a River City Advocacy and Counseling Center member, 4 were from Mental Health America of Abilene members, 6 were from Amarillo Area Mental Health Consumers members, 6 were from Depression Connection for Recovery members, 17 were from Association of Persons Affected by Addition (APAA Recovery) members, 15 were from Cherokee County Peer Support Group members, 15 were from Mental Health Peer Services of Greater Fort Worth members, 62 were from Austin Mental Health Community members, and 77 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.

Question 1: Support from COSP to take action for your future

The first open-ended survey question asked COSP members: "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 social support from attending their COSP and are more socially integrated (n=54). From attending their COSP, members reported making new friends, realizing they are not alone, having a community, as well as having people to talk to, to listen to them, to understand them, and to care about them. For example, one respondent wrote: "They are nonjudgmental and made it safe to work on recovery. It provided a sense of community, a sense of belonging." Similarly, another respondent said: "I always get support. It helps me not to feel alone and that I have to handle it all by myself."

> ***"It provided a sense of community, a sense of belonging."***
>
> Social Integration and Support

COSP members also commonly reported that they have received recovery/wellness support from their COSP (n=53). Respondents reported receiving recovery/wellness resources, coping skills, help, support groups, advice, guidance. For example, one respondent said: "It has helped me to reach the next level in my recovery. It allows me to heal from a different aspect of my mental challenges." Similarly, another respondent wrote: "They have helped me get through trauma and helped me with my mental health. They have shown me that I can get through some pretty tough things in the time I have been here."

> ***"They have helped me get through trauma and helped me with my mental health."***
>
> Recovery and Wellness Support

Another common theme is that COSP members reported that the support they have received has allowed them to take steps towards reaching their goals (n=37). For example, one respondent wrote: "I am able to constantly strive towards my goals & I recognize my successes." Similarly, another respondent said: "I have grown to the point where I have hope for my future and can set goals accordingly."

"I am able to constantly strive towards my goals and I recognize my successes."

Support to Reach Goals

Another theme that emerged is that the support members have received from their COSP has given them a greater sense of possibilities and hope for the future (n=26). For example, one member wrote: "It gave me guidance and is able to give me choices that I could take for my future and open my eyes to different choices I didn't think were there." Similarly, another member said: "I feel I can dream now. I have hope and aspirations for my future."

"I feel I can dream now. I have hope and aspirations for my future."

Possibilities and Hope for the Future

Additionally, COSP members reported that the support they have received from their COSP has enhanced their ability to live a self-determined life (i.e., a life that they choose on their own terms; n=15). For example, one respondent wrote: "It has allowed me to think differently about my diagnosis and how to live a life by my design." Similarly, another respondent said: "Prosumers encourages me to take responsibility for the life I want to lead. I live the life I love."

"Prosumers encourages me to take responsibility for the life I want to lead. I live the life I love."

Self Determination

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:

- confidence (n=13; "They have shown me that I can get through some pretty tough things in the time I have been here. I truly believe that I can and will make it in my life now"),
- making a difference and helping others (n=12; "The support motivates me to reach out to people and help them and let them know they are not alone"),
- information and knowledge (n=12; "The discussions we have has also changed my world view"),
- personal growth (n=10; "Helped grow me as a person, peer and leader"),
- basic resources (n=9; "I get help with rent, light bill and groceries"),
- self-worth (n=4; "Being with Prosumers lets me know that just because I have a diagnosis that I am still valuable and productive"), and
- positive thinking (n=3; "It has made me look at the brighter side").

Question 2: Actions to fulfill hopes for the future

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

Most commonly, COSP members reported taking actions towards employment, educational, and career growth goals (n=51). For example, one member wrote: "I am returning to school in the fall of this year and am always taking courses to better educate myself." Similarly, another member said: "Fulfilling my future to get my GED and to become a Peer Support Specialist."

> ***"Fulfilling my future to get my GED and to become a Peer Support Specialist."***
>
> Employment and Educational Goals

Another theme that emerged is that COSP members described attending support/recovery groups or programs or visiting recovery providers (n=46). For example, one member wrote: "Facilitate and attend support groups and have a counselor and psychiatrist to assist in my recovery." Similarly, another member said: "Developing a WRAP plan and self-care plan."

> ***"Facilitate and attend support groups and have a counselor and psychiatrist to assist in my recovery."***
>
> Recovery Groups, Programs, & Providers

COSP members also described engaging in self-care activities and/or working towards self-improvement (e.g., increased self-awareness, strength, resilience, personal growth; n=41). For example, one member wrote: "I am being more open and having more time for myself and things that I like." Similarly, another respondent said: "To grow, learn & support more."

> ***"I am being more open and having more time for myself and things that I like."***
>
> Self-Care and Self Improvement

Members also reported taking actions towards other types of personal goals (i.e., goals not specified as related to employment, education, or health; n=35). For example, one member wrote: "I am clarifying my dreams and goals and making plans to achieve them." Similarly, another member said: "Working towards my goals every day and staying focused."

> ***"Working towards my goals every day and staying focused."***
>
> Personal Goals

COSP members also described taking actions towards recovery and wellness goals (including mental and physical health; n=31). For example, one member wrote: "I am staying drug free and keeping my sobriety." Similarly, another member said: "I am continually learning how to shape my mindset for the better and tools for being as healthy and stable as I can."

> ***"I am staying drug free and keeping my sobriety."***
>
> Recovery and Wellness Goals

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

- volunteering and helping others (n=18; "I work for the Agape Center to help others and in turn they help me in so many ways),
- social relationships and integration (n=16; "I now have all my new friends from CCPSG. I feel like I have more support"),
- community involvement (n=11; "Getting out of the house, doing different activities"),
- positive thinking and hope (n=11; "Keep a positive mindset on any particular day, i.e., chores, parenting"), and
- advocacy (n=3; "I am speaking out more at all my appointments even though I am nervous. I speak up and ask questions").

Question 3: 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=61). For example, one member wrote: "It inspires me to keep moving toward full recovery." Similarly, another COSP member said: "I was living but barely alive. Now I have hope and I know where to turn and tools to use for recovery."

> ***"I was living but barely alive. Now I have hope and I know where to turn and tools to use for recovery."***
>
> 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=60). For example, one COSP member wrote: "Community connection, and just being around other peers, Prosumers has changed my life by creating a community that I could feel comfortable in." Similarly, another member wrote: "It's a safe space where I feel comfortable. I have met people experiencing the same things that I am, and I no longer feel alone."

> ***"I have met people experiencing the same things I am, and I no longer feel alone."***
>
> Social Integration and Support

Members also reported that their COSP has changed their life by enhancing their positivity and hope for the future (n=44). For example, one member wrote: “Gave the support needed and the resources to move forward and have hope.” Similarly, another member said: “Restoration of hope. The diagnosis I had left me without hope. Now I have lots of hope and live my life the way I want to.”

“The diagnosis I had left me without hope. Now I have lots of hope and live my life the way I want to.”

Positivity and Hopefulness

Another theme reported by members is that their COSP has changed their life in that they now engage in self-care or self-improvement practices (e.g., increased self-awareness, strength, resilience, growth; n=27). For example, one member wrote: “Helps me work towards the person I want to be, and helps me to work towards sticking with commitments and structure in my life.” Similarly, another member wrote: “I am a stronger person than I have ever been. They let me heal and grow over time and accepted me.”

“I am a stronger person than I have ever been. They let me heal and grow over time and accepted me.”

Self and Self Improvement

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: “I am learning other things new and old.” Similarly, another member said that their COSP: “Changed my way of thinking.”

“Changed my way of thinking.”

Knowledge and New Perspectives

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

- self-determination (n=16; “Live my life the way I want to”),
- self-worth (n=12; “I have learned I am worthy and deserve the best for my mental and physical health”),
- confidence (n=12; “Given me confidence and confidence to do what I was scared to do”),
- helping and inspiring others (n=7; “It's given me a chance to become a peer specialist and give back more to the community”),
- goal setting (n=5; "I break down goals into obtainable segments"),
- employment (n=5; “I have started working”), and
- meaning and purpose (n=3; “Being a part of this CCPSG gives me a sense of purpose now. I am a valued member of this small community, and that is enough”).

Discussion

A recent Lancet study by Patel and colleagues (2023) made the case for policy change in light of the burgeoning mental health crisis and inability of the current system to address the growing need. They suggested a move away from framing mental health by diagnostic categories and solely providing clinical specialist interventions to centering people with lived and living experience in all aspects of care and investing more in a whole society approach that aligns systems to support individuals wherever they are in a community continuum. COSPs are peer-run and peer-governed organizations that provide peer support and other non-clinical services to individuals with mental health lived experience in the community. Previous research on COSPs suggest that individuals who participate in COSPs experience a wide-range of quality-of-life benefits (Burti et al., 2005; Doughty & Tse, 2011; Nelson et al., 2006a; 2006b; Peterson et al., 2020; Singh et al., 2021). Although not the primary intention of COSP services, research has also found that COSP participation has resulted in reductions 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 play a critical role in the community and are an efficient and effective service option that reduce overall health care costs (Doughty & Tse, 2011). Despite these benefits, COSPs do not operate in every community and 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). Use of peer services is identified as a gap in the Texas behavioral health system (Texas Statewide Behavioral Health Strategic Plan, FY 2022 – 2026; pg. 65), and COSPs offer access to effective peer services to members where they are in the community.

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; Lodge et al., 2018; Peterson et al., 2020; Singh et al., 2021). This method aligns with the core values of peer support and resulted in a measure reflective of the outcomes of members who receive peer-delivered COSP services. Using the Community-Based Participatory Research approach, research and community participants used shared knowledge and experiences, leading to the development of more culturally appropriate measures and more effective research (Viswanathan et al., 2004).

The purpose of this study was to engage in a collaborative process with COSP executive directors to develop, collect, analyze, and report on COSP member outcomes, as well as to identify strengths and areas for growth. The collaboration enhanced the validity of the research and hopefully empowered COSP EDs to continue to collect and use data to demonstrate the effectiveness of their services, to advocate for their services, and to support seeking additional funding and resources.

Highlights and Recommendations

The study findings revealed the importance of the COSPs to improving their members' lives through the peer support and services they provide. The study findings also highlight the importance of collaborating with peers in research, as COSP EDs provided invaluable input and feedback in the development of the COSP member outcome measure (PROIS) and throughout the course of this project with their members. Highlights of the study include:

A new COSP member outcomes measure, the Peer Run Organization Impact Survey (PROIS) was developed. The new PROIS scale developed in collaboration with COSP EDs demonstrated high reliability, for both *before* and *now* items, as determined by a Cronbach's alpha of 0.93 (before) and 0.94 (now). One factor emerged, revealing items can be examined individually and a total score can be calculated across items.

Recommendation: Collaboration with peers and peer leaders on the development of outcome measures for peer provided services should continue. This collaboration results in measures that are culturally appropriate and demonstrate reliability and content validity.

COSP Member Outcomes Improved on the PROIS (Before to Now)

COSP members improved significantly on all 15 Peer Run Organization Impact Survey (PROIS) items from before their time participating in the COSP to their current status now participating in the COSP, demonstrating COSP activities and services improved members lives and in very important, different ways than traditional clinical services. The items with the greatest change include community, advocacy, purpose, coherence-healing, and hope. All of the items align with the values of peer support and point to the gaps filled and important role that COSPs play not only in a service continuum but in the community at large.

Recommendation: Determining COSP member outcomes could become a regular part of COSP organization operations. As a new member joins the COSP, the PROIS could be conducted to establish a baseline of pre-COSP services. Then every 6 months or every year, members currently participating could be surveyed to see if there are improvements since they began COSP services. Surveys could be longitudinal by creating a confidential member identification to connect the surveys over time or could be cross-sectional, examining a group of members outcomes at one point in time to another group of members at a different time point. Results should be transparently shared with staff and members for their feedback and used by COSPs for advocacy, programming, and strategic quality improvement.

Members Reported COSPs are Recovery-Oriented (ROSA)

Members rated 13 of 15 ROSA items a "4" or higher indicating that COSPs often to always provides that aspect of recovery-oriented services, with the five highest scoring items including that they offer: growth in recovery; respect member decisions; open with members on all service matters; model hope; and introduce members to peer support and advocacy. Even the two lowest scoring items had means close to 4, indicating COSPs sometimes or often provides that aspect of recovery-oriented service. What the two lower scoring items (allows me to invite others to planning; offers trauma-specific services) may reveal is that although the ROSA was developed collaboratively with peers, it was developed for peers in a multitude of more clinical settings. Some items might be updated to be more appropriate for peers working in non-clinical settings such as these peer run organizations.

Recommendation: COSPs, their funders, and their allies should share the COSP ROSA results to demonstrate the recovery-oriented nature of services and the unique organizational role they play in supporting member outcomes in the service continuum and in the community as a whole. Rather than duplicate these services in clinical settings, organizations could contract with COSPs to provide them. Additionally, regarding the measure, some ROSA items might be revisited with peer leaders to ensure validity for the peer service setting.

Members Participated in a Variety of COSP Individual and Group Activities

Members responding to the survey reported participating in COSP activities in different ways, with in-person reported most, followed by phone calls, video calls, and in smaller percentages, text messaging. Members reported participating in COSP individual and group activities, with peer support being the most reported activity for both individual and group participation. Other activities members reported participating in included: health and wellness; recreation, creative, artistic, or musical activities; capacity building activities (e.g., life skills that help with daily activities); advocacy activities; program or curriculum specific activities; transportation; organizational planning and participation; vocational or employment; suicide or crisis prevention activities; housing-related activities; educational activities; other day to day assistance; and support animal activities. Responses revealed that COSPs provide a variety of activities that promote recovery, health and wellness, provide connection, and also connect the members to the community as a whole.

Recommendation: COSPs are in the community, provide community to members, and also connect members to their broader community. Similar to the previous recommendation, clinical and other community organizations who serve individuals with mental health lived experience could contract with COSPs and other peer run organizations to provide these services. This would connect individuals not only to the peer community but to the broader community. It would also reduce the amount of time members spend in clinical service settings that need to focus on clinical care.

COSPs Can Help Address Social Determinants of Health

COSP members identified social determinants of health where they needed support. The three highest reported areas of need were food (selected by 12.3% of members) and transportation and housing (selected by 12.1% of members). Other social determinants of health where support was needed were: psychiatric services/behavioral health services referrals, spirituality, medical/health care referral, utilities, essential items, education, interpersonal safety, and neighborhood safety.

Recommendation: The impact of social determinants of health on all aspects of health and wellness has been widely documented, yet the medical model of care and reimbursement is only beginning to address these issues. COSPs are in the community and have or have connection to resources that address social determinants of health. Members who participate in COSP services are provided with a source of support who can not only refer and connect the member to these resources if requested but also provide peer support as the member contemplates or engages with these referrals and community supports.

COSPs Serve Diverse Members and can also Increase Member Diversity

The demographic information provided by members who completed surveys revealed that COSPs serve individuals across age ranges, however, serve more people who are 41 years of age or older (58.3%). The majority of responding members identified as women (67.8%), followed by men (24.8%), and then by individuals who identified as genderqueer, genderfluid, or non-binary (4.1%). Most members who responded were white (50.4%), black or African-American (23.4%), and Hispanic or Latino (17.2%). Members responding also reported identifying as Asian or Asian American (0.8%), Native Hawaiian or Pacific Islander (0.8%), more than one race (2%), and 2.7% reported their race or ethnicity as other. COSP members who responded covered a broad urban and rural geographic area, with more served in urban areas where many COSPs are headquartered.

Recommendation: The demographic information on all COSP members is currently unknown. Based on those who responded to the survey, a wide range of individuals participate in COSP activities. There are also opportunities for COSPs to reach out to underrepresented ages, race/ethnicities, and gender identities. Many areas of the state seem to lack access to COSP services; increasing access to COSP services for more Texans should be a priority.

Member Feedback to Open-Ended Questions

COSP members were asked to provide their perspectives on three open-ended questions in the survey with themes presented below. Wordclouds of responses for each question are also provided, with thematic phrases or words appearing in larger text representing more members reporting that theme. There were themes that also repeated across the questions, including social integration, recovery and wellness support, hope, actions for their futures (e.g., education, employment, career), and positivity and hope.

Question 1: "How has the support you have received from [COSP name] made a meaningful difference in the way you are taking action for your future?"

Members reported more specifically how the COSPs have made a difference in helping them take action for their futures. The most common response from responding members was that they received social support and are now more socially integrated (n=54). They also reported receiving recovery/wellness support (n=53), taking steps to reach their goals (n=37), having a greater sense of possibilities and hope for the future (n=26), and enhancing their ability to live a self-determined life (n=15). Additional themes included confidence (n=13); making a difference and helping others (n=12); providing information and knowledge (n=12); personal growth (n=10); basic resources (n=9); self-worth (n=4); and positive thinking (n=3).

Question 2: "What actions are you taking to fulfill your hopes for your future?"

Members reported on the specific actions they are taking for their futures. Members most often reported taking actions towards employment, educational, and career growth goals (n=51). Other themes that emerged were attending support/recovery groups or programs or visiting recovery providers (n=46), engaging in self-care activities or working towards self-improvement (n=41), and taking action toward recovery and wellness goals (n=31). Other actions reported included: volunteering and helping others (n=18); social relationships (n=16); community involvement (n=11); positive thinking and hope (n=11); and advocacy (n=3).

Question 3: "How has [name of COSP] changed your life?"

The final question asked responding members to describe how the COSP has changed their lives. Most often, members reported that their COSP changed their life by providing recovery and wellness support, including mental health services, tools, advice, support, and counseling (n=61) along with providing social integration (including friends, family, and community) and social support (n=60). Members also reported their

COSP provided enhanced positivity and hope for the future (n=44), that they now engage in self-care and self-improvement activities (n=27), and that their COSP provided insight, information, knowledge, and new perspectives (n=21). Other themes that emerged when asked how the COSP changed their lives included: self-determination (n=16); self-worth (n=12); confidence (n=12); helping and inspiring others (n=7); goal setting (n=5); employment (n=5); and meaning and purpose (n=3).

The results of this study support the notion that effective care can be delivered in more natural community settings that are intentionally separate from clinical services. Further, the results also suggest the need to fund and expand the number of COSPs and peer-run organizations in Texas, given that they provide recovery-oriented services (as measured by the ROSA) that result in improved member recovery outcomes (as measured by the PROIS) and provide members with invaluable and unique types of peer supports and services that are not available via traditional service providers.

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COSP Survey 2023: Austin Mental Health Community

Welcome!

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

Austin Mental Health Community 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 Austin Mental Health Community 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.

Not able to complete the survey? No problem! You can finish later. When you click "finish later" you will be given a return code to enter when you come back. Be sure to keep the return code.

Returning to complete the survey? Welcome back! Click the "Returning?" button in the top right corner of this page. Enter your return code from when you started the survey the first time.

Don't have your return code? No problem! You can start a new survey. Please enter the same personal ID code as your first survey at the bottom of this page (first letter of first name, last letter of last name, and two digit year of birth).

If you need help filling out the survey or have questions, please contact the executive director of this

organization: Austin Mental Health Community: Shannon Carr 512-442-3366 or scarr@austinmhc.org

You can also contact Texas Institute for Excellence in Mental Health: Pallavi Singh

pallavi.singh@austin.utexas.edu Thank you!

Which organization do you attend?

- ◯ Amarillo Area Mental Health Consumers Association of Persons
- ◯ Affected by Addiction (APAA Recovery)
- ◯ Austin Mental Health Community Cherokee
- ◯ County Peer Support Group
- ◯ Depression Connection for Recovery Mental Health America of Abilene
- ◯ The Mental Health Peer Services of Greater Fort Worth Prosumers
- ◯ River City Advocacy and Counseling Center

To keep your answers confidential please create a personal ID code by entering the following in order: _____

First letter of your first name

Last letter of
your last name
Last two digits of your year of birth

For example:
John Smith born in 1970 would enter JH70 Monica William born in 1995 would enter MM95

Peer Run Organization Impact Survey (PROIS), part 1 of 3

Please answer following items based on how you felt before you joined Austin Mental Health Community or what you experienced before joining Austin Mental Health Community.

Before joining Austin Mental Health Community I felt connected to a community.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I felt comfortable expressing my needs to others.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I felt comfortable being myself.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I thought that there were different ways to solve a problem.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I could heal from things that happened in my life.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I could handle what happened in my life.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I believed my life had meaning.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I had purpose in life.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I had hope.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I was capable of making my own decisions.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I had ownership over my future.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I socialized as much as I wanted to.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I accepted myself as who I was.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I looked back at a difficult situation without being overwhelmed.	◯ never	◯ rarely	sometimes	◯ often ◯ always
Before joining Austin Mental Health Community, I engaged in activities that were meaningful to me.	◯ never	◯ rarely	sometimes	◯ often ◯ always

Peer Run Organization Impact Survey (PROIS), part 2 of 3

Please answer following items based on how you feel now or what you currently experience.

Now, I feel connected to a community.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I feel comfortable expressing my needs to others.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I feel comfortable being myself.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I think that there are different ways to solve a problem.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I can heal from things that happen in my life.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I can handle what happens in my life.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I believe my life has meaning.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I have purpose in life.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I have hope.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I am capable of making my own decisions.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I have ownership over my future.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I socialize as much as I want to.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I accept myself as who I am.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I look back at a difficult situation without being overwhelmed.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		
Now, I engage in activities that are meaningful to me.	◯ never	◯ rarely	sometimes	
	◯ often	◯ always		

Peer Run Organization Impact Survey (PROIS), part 3 of 3

How long have you been attending this COSP?

◯ Less than a month ◯ 1 month
◯ 2 months ◯ 3 months
◯ 4 months ◯ 5 months
◯ 6 months ◯ 7 months
◯ 8 months ◯ 9 months
◯ 10 months ◯ 11 months
◯ 1 year ◯ 2 years ◯ 3 years
◯ 4 years ◯ 5 years
◯ 6 years ◯ 7 years
◯ 8 years ◯ 9 years
◯ 10 years ◯ more than 10 years

How many times on average a month do you participate in COSP activities?

◯ 1 time a month ◯ 2 times a month
◯ 3 times a month ◯ 4 times a month
◯ 5 times a month ◯ 6 times a month
◯ 7 times a month ◯ 8 times a month
◯ 9 times a month ◯ 10 times a month
◯ More than 10 times a month

I participate in COSP activities via (select all that apply):

☐ In person meetings
☐ Phone calls
☐ Text messages
☐ Video calls

I participate primarily in following individual activities (select all that apply):

☐ Peer support
☐ Capacity building activities (i.e., general life skills that help me with my daily activities such as going for haircut, etc.)
☐ Recreation, creative, artistic, or musical activities (e.g., painting, playing a musical instrument, dance, social activities etc.)
☐ Program- or curriculum- specific activities (e.g., Focus for life, WRAP, WHAM)
☐ Advocacy activities (e.g., peer support in navigating difficult conversations such as talking to a doctor etc.)
☐ Vocational or employment activities
☐ Housing-related activities
☐ Educational activities (e.g., assistance with obtaining a GED or college application preparation)
☐ Health and wellness activities (e.g., discussing nutrition, mindfulness, exercising, self-care)
☐ Organizational planning and participation activities (e.g., inputs on future direction of COSP, volunteering at the COSP)
☐ Suicide or crisis prevention activities
☐ Transportation
☐ Don't know/ not sure
☐ Others

Please specify 'Others'

_____

I participate primarily in following group activities (select all that apply):

- ☐ Peer support groups
- ☐ Capacity building groups (e.g., groups on the topics of living wills, business management, general life skills that facilitate independent living)
- ☐ Recreation, creative, artistic, or musical activities (e.g., painting groups, book clubs etc.)
- ☐ Program- or curriculum- specific activities (e.g., Focus for life, WRAP, WHAM)
- ☐ Advocacy activities (e.g., disability groups, groups that discuss the role of peers etc.)
- ☐ Educational activities (e.g., assistance with obtaining a GED or college application preparation groups)
- ☐ Health and wellness activities (e.g., yoga, cooking, meditation groups)
- ☐ Organizational planning and participation activities (e.g., Austin Mental Health Community schedule planning, Austin Mental Health Community Health budget planning, Future discussion topics etc.)
- ☐ Don't know/ not sure
- ☐ Others

Please specify 'Others'

Recovery Oriented Services Assessment (ROSA)			
This organization asks me about my interests.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization supports me to develop plans for my future.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization invites me to include those who are important to me in my planning.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization offers services that support my culture or life experience.	◯ never ◯ often	◯ rarely ◯ always	sometimes
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 ◯ often	◯ rarely ◯ always	sometimes
This organization encourages me to take risks to try new things.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization models hope for me.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization focuses on partnering with me to meet my goals.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization respects my decisions about my life.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization partners with me to discuss progress towards my goals.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization offers me a choice of services to support my goals.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization offers me opportunities to discuss my spiritual needs when I wish.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization believes I can grow in my recovery.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization is open with me about all matters regarding my services.	◯ never ◯ often	◯ rarely ◯ always	sometimes
This organization provides trauma-specific services.	◯ never ◯ often	◯ rarely ◯ always	sometimes

Would you like to share your story? part 1 of 3

How has the support you have received from Austin Mental Health Community made a meaningful difference in the way you are taking action for your future?

Would you like to share your story? part 2 of 3

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

Would you like to share your story? part 3 of 3

How has Austin Mental Health Community changed your life?

These last few questions are about you and your household. They will be used to help Austin Mental Health Community staff understand the needs of their members, and improve their services. Remember, your responses to this survey are confidential

Age in Years

_____

ZIP code you live in

_____

What race/ ethnicity do you consider yourself to be? (Select all that apply)

- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Native Hawaiian or another Pacific Islander
- ☐ White
- ☐ more than one race
- ☐ Other

What is your gender identity (Select all that apply)?

- ☐ Genderqueer, gender fluid, or non-binary
- ☐ Man
- ☐ Trans man
- ☐ Trans woman
- ☐ Woman
- ☐ Prefer not to answer
- ☐ Other

Do you need support or referral in the following areas (select all that apply):

- ☐ Housing
- ☐ Food
- ☐ Transportation
- ☐ Utilities (e.g., electricity, internet, gas etc.)
- ☐ Interpersonal safety
- ☐ Neighborhood safety
- ☐ Employment
- ☐ Education
- ☐ Spirituality (A sense that there is something greater than us)
- ☐ Essential items (e.g., detergent, shampoo, toilet paper)
- ☐ Medical/health care referral
- ☐ Psychiatric services/ Behavioral health services referral