



EXPLORATION OF PEER-RUN AND PEER-INVOLVED ORGANIZATIONS IN TEXAS

REPORT / MHRR

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# Consumer-Operated Service Providers:

## An Exploration of Organizational Function and Capacity

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# Executive Summary

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- **Background:** Peer-run and peer-involved organizations provide non-clinical, supportive services for people in recovery from a mental health challenge or substance use disorder (or peers) and usually offer peers an opportunity to be directly involved in organizational function, management, or governance.

Consumer-Operated Service Providers (COSPs) are run and governed by peers and typically provide peer support and other non-clinical services, assistance with obtaining resources, drop-in opportunities for socialization, and opportunities to participate in local and state advocacy efforts for individuals in recovery from mental health challenges.

- **Purpose:** This project explores the strengths and needs related to organizational function and capacity for eight COSPs in Texas. Organizational function refers to the structures and practices that are used to carry out organizational operations and include the domains of organizational development, mission, and purpose; management; and governance and leadership. Organizational capacity refers to the resources and abilities that organizations use to develop, sustain, and improve operations and include resources, knowledge, and skills; and adaptability and sustainability.
- **Method:** To examine the strengths and needs related to organizational function and capacity for COSPs in Texas, researchers at the Texas Institute for Excellence in Mental Health (TIEMH) conducted an online survey with the executive directors of eight COSPs in Texas as well as conducted site visits and interviews with the executive directors of seven of these COSPs. The online survey, site visit, and interview contained over 100 questions that yielded a wealth of quantitative and qualitative data. These data were analyzed and the results were organized by the five domains described above.
- **Results:** The COSPs in this study reported several function and capacity strengths. COSPs in Texas have mission statements, employ a high percentage of peer staff, have written job descriptions for staff, have written by-laws, involve members in day-to-day and overall operations, have a high percentage of peers on the board of directors, have executive directors that are peers, provide training to staff and volunteers, have 501(c)(3) nonprofit status, collect and report organizational output data, have strategic partnerships with other organizations, engage in community outreach and networking, and engage in advocacy.
- **Recommendations for Organizations:** The results of this study also suggest some areas for development, resources permitting. TIEMH therefore makes the following recommendations for COSPs in Texas: develop a vision statement, develop job descriptions for volunteers, prioritize staff benefits, develop a code of ethics, regularly review organizational policies and procedures, increase member representation on the board of directors, develop a succession plan for the executive director, collect systematic data on member outcomes, develop and regularly review a strategic plan, and continue to seek out available training and technical assistance opportunities.
- **Recommendations for HHSC:** TIEMH makes the following recommendations to HHSC regarding COSPs: allocate increased funding to COSPs, expand training and technical assistance opportunities for COSPs, and invest resources in collecting, analyzing, and reporting on COSP member outcomes.

# Introduction and Background

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## Peer-Run and Peer-Involved Organizations

### Peer-Run and Peer-Involved Organizations: An Overview

Peer-run and peer-involved organizations provide non-clinical, supportive services for people in recovery from a mental health challenge or substance use disorder (referred to hereafter as peers; Clubhouse International, 2018a; McKay, Nugent, Johnsen, Eaton & Lidz, 2018; Substance Abuse and Mental Health Services Administration [SAMHSA], 2011; Tanenbaum, 2012; Valentine, White, & Taylor, 2007; White, Kelly, & Roth, 2012). These organizations usually offer peers the opportunity to be directly involved in organizational function, management, or governance. For the purpose of this project, a distinction was made between peer-run and peer-involved organizations. Peer-run organizations typically require that a majority of the board of directors identify as peers, are run by peer staff, and provide opportunities for peers to become paid staff. This project explored two types of peer-run organizations: Consumer-Operated Service Providers (COSPs) and Recovery Community Organizations (RCOs). Peer-involved organizations do not require that a certain percentage of the board of directors identify as peers, and non-peer staff typically run these organizations, however the peers are usually involved in organizational function. This project explored one type of peer-involved organization: Clubhouses. This report presents the results for COSPs.

### Consumer-Operated Service Providers

COSPs are an evidence-based, Substance Abuse and Mental Health Services Administration (SAMHSA)-recognized model (Campbell, 2009; HHSC, 2019) “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). For example, COSPs typically provide peer support groups, assistance with obtaining resources, drop-in opportunities for socializing and developing peer support networks, as well as opportunities to participate in local and state advocacy efforts (Segal, Silverman, & Temkin, 2010).

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 peer-led organizations are more likely to have innovative services (Sharma, Conduit, & Rao Hill, 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) compared to non-peer-run organizations.

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, and rates of employment and educational participation (Brown, 2009; Nelson, Ochocka, Janzen, & Trainor, 2006a; 2006b; Ochocka, Nelson, Janzen, & Trainor, 2006; Vayshenker et al., 2016). 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).

## Organizational Function and Capacity

Organizations employ elements of organizational function and capacity to operate effectively. Organizational functions are the *structures and practices* that an organization uses to carry out operations (Armstrong, 2006). Organizational capacities are the *resources and abilities* that an organization uses to develop, sustain, and improve operations (Evans, Raymond, & Perkins, 2015; Schuh & Leviton, 2006; Williams-Gray, 2016).

TIEMH researchers conducted a literature review to 1) identify specific elements of organizational function and capacity, and 2) develop a framework to structure these elements. The extant literature includes multiple frameworks and assessment tools for evaluating organizational capacity and performance. Drawing from existing frameworks and assessment tools, TIEMH researchers identified key elements of organizational function and capacity, and organized these elements into five domains. Three domains of organizational function were identified: 1) Organizational Development, Mission, and Purpose; 2) Operational Management; and 3) Governance and Leadership. Two domains of organizational capacity were identified: 1) Operational Resources, Knowledge, and Skills; and 2) Adaptability and Sustainability.

### Domains and Elements of Organizational Function

This section provides brief descriptions of each of the five domains of the organizational function and capacity framework used for this project, as well as the elements within each domain. See the methods section for detailed descriptions the specific domain elements, and the measures used to operationalize the elements that are included in this report.

#### *Organizational Development, Mission, and Purpose*

Organizational Development, Mission, and Purpose provide information about an organization's developmental history as well as what an organization intends to accomplish with its work. Elements of this domain include organizational development, organizational mission and vision, and organizational purpose (Lusthaus, Adrien, Anderson, Carden, & Montalvan, 2002; McKinsey & Company, 2001; Paynter & Berner, 2014).

#### *Operational Management*

Operational Management refers to the people, processes, policies, and procedures involved in day-to-day operations (Schuh & Leviton, 2006; Lusthaus et al., 2002). Elements of this domain include the program of services and activities,

members and membership management, staff and staffing management, financial management, operational policies and procedures, and member involvement in organizational function.

#### *Governance and Leadership*

Governance and Leadership refer to the people involved in making decisions about the organization (Williams-Gray, 2016), and their functions within the organization (Liket & Maas, 2015). Elements of this domain include the board of directors and the executive director.

#### Domains and Elements of Organizational Capacity

##### *Operational Resources, Knowledge, and Skills*

Operational Resources, Knowledge, and Skills refer to the resources and abilities that support an organization's capability to implement key organizational functions (Connolly & York, 2003). Elements of this domain include staff development, program development, technology resources, legal and liability management, data management and reporting, funding and funding development, facilities, and training and technical assistance.

##### *Adaptability and Sustainability*

Adaptability and Sustainability refer to the resources and abilities that support an organization's capability to connect with, demonstrate accountability to, and affect the broader context in which an organization exists (Connolly & York, 2003; Liket & Maas, 2015; McKinsey & Company, 2001; Snow, 2012). Elements of this domain include strategic planning, partnerships and alliances, community outreach, and advocacy.

## **Exploration of Organizational Function and Capacity of Peer-Run and Peer-Involved Organizations**

For the 2018-2019 fiscal year, the Texas Health and Human Services Commission (HHSC) contracted with the Texas Institute for Excellence in Mental Health (TIEMH) to describe the organizational functions and capacities of three types of peer-run and peer-involved organizations in Texas: Clubhouses, COSPs, and RCOs. This report presents the results for COSPs.

TIEMH conducted surveys, site visits, and interviews with the directors of the seven COSPs currently funded by HHSC. Additionally, the director of an eighth COSP not funded by HHSC participated in the survey. The purpose of this project is to describe: 1) the elements of organizational function and capacity that COSPs employ, and 2) the strengths and needs of COSPs related to organizational function and capacity.

# Project Design

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## Participating Organizations

### Consumer-Operated Service Providers

Two groups of COSPs were invited to participate: seven organizations that receive state funding through the SAMHSA Mental Health Block Grant administered by HHSC and subcontracted through the local mental health authorities (LMHAs) and one COSP that does not receive funding through the SAMHSA block grant.

HHSC provided the contact information for the directors at seven COSPs that receive block grant funding: Amarillo Area Mental Health Consumers, Austin Area Mental Health Consumers, Cherokee County Peer Support Group in Jacksonville, Depression Connection for Recovery in Fort Worth, Mental Health America of Abilene, Prosumers in San Antonio, and River City Advocacy and Counseling in New Braunfels.

First, the researchers sent these seven directors an email inviting them to participate in an introductory phone call. During this phone call, a TIEMH researcher described the project's purpose, the data collection activities (i.e., the online survey, site visit, and interview), the voluntary nature of participation, and the reporting process. Additionally, the directors were invited to schedule the site visit and interview, and informed when the email invitation for the online survey would be sent. All seven directors from these organizations participated in the survey, interview, and the site visit.

The COSP that does not receive the SAMHSA block grant was identified from an internet search. The director was sent an email invitation to participate in the online survey, and subsequently completed the survey.

## Organizational Function and Capacity Framework

This section provides details about the elements and measures used to explore the three domains of organizational function and the two domains of organizational capacity. This framework does not present an exhaustive list of elements and measures for organizational function and capacity, but rather represents those best suited for the purposes of this project. The elements and measures listed below are included in this report. Individual site reports were also developed for each of the block grant-funded COSPs. These reports include supplementary measures that provide additional descriptive information relevant to the individual organizations. Appendix A provides a comprehensive list of the framework's domains, elements, measures, sources from which the measures were identified, in which data collection tool the measures were included, and whether or not the measure is included only in the individual site reports or in this report as well.

### Organizational Development and Mission

**Organizational Development** refers to the organization's origins. The measures that operationalize organizational development include the age of an organization, who founded an organization, and for what reason(s) an organization was founded (Lusthaus et al., 2002).

**Organizational Mission and Vision** refer to the organization's communication about its goals for the people who receive services, as well as the community. The measures that operationalize this element include whether or not an organization has a mission statement and whether or not an organization has a vision statement. Mission and vision statements communicate an organization's purpose and direction, and unify leadership, staff, and members (McKinsey & Company, 2001; Snow, 2012).

## Operational Management

**Program of Services and Activities** refer to the array of services and activities offered by an organization. The measures that operationalize programming include the number of days and hours an organization is open to members, whether or not the organization offers services at more than one site, the services and activities offered, and how programming information is communicated to members.

**Members and Membership Management** refer to requirements people must meet to become and remain members of the organization. The measures that operationalize membership management include the criteria people must meet to become members and the guidelines members are required to follow.

**Staff and Staffing Management** refer to staff characteristics, staff benefits, and staff job descriptions. The measures that operationalize this element include the number of staff and volunteers, the number of part- and full-time staff and volunteers, the number of staff and volunteers that identify as peer providers, and the number of staff and volunteers that are certified peer providers (i.e., Certified Mental Health Peer Specialists or Certified Recovery Support Peer Specialists). Additional measures include whether or not an organization has job descriptions for staff and volunteers and whether or not an organization offers benefits to paid staff. Job descriptions provide clarity for staff roles and a basis by which staff performance can be evaluated. Staff benefits may help improve staff retention (Snow, 2012).

**Financial Management** refers to the codified policies and procedures employed by an organization for fiscal management, including budget creation, money handling procedures, bookkeeping, and financial reporting (Lusthaus et al., 2002). The measures that operationalize this element describe financial policies (written or unwritten directives guiding budgeting and financial oversight) and financial procedures (processes for handling money and tracking finances).

**Operational Policies and Procedures** refer to the written policies and procedures an organization employs to guide organizational operations. Organizational policies help an organization achieve its organizational mission (Snow, 2012). The measures that operationalize this element include whether or not an organization has written policies and procedures, how frequently the written policies and procedures are reviewed, whether or not an organization has written bylaws, whether or not an organization has a written code of ethics, and a description of what additional written organizational policies and procedures exist.

**Member Involvement in Organizational Operations** refers to how members are involved in daily and overall operation of the organization. The involvement of members in organizational operations is central to peer-run and peer-involved organizations (SAMHSA, 2011; Clubhouse International, 2018b). The measures that operationalize this element include a description of how members are involved in the day-to-day function of the organization, and how members contribute to the overall operation of the organization (e.g., fundraising, program planning).

## Governance and Leadership

**The Board of Directors** should provide expertise, guidance, support, and oversight to assure sustainability, organizational effectiveness, and to uphold the interests of all stakeholders (Liket & Maas, 2015; Lusthaus et al., 2002; Paynter & Berner, 2014; Snow, 2012). The measures that operationalize this element include whether or not the organization has a board of directors, the number of board members, board composition (i.e., how many board members identify as peers and how many are members of the organization), the frequency of board meetings, whether or not meeting minutes are made available to the public, and the functions of the board of directors.

**The Executive Director** should oversee day-to-day activities that keep an organization on course to fulfill its mission, including management, administration, organizational development, and connecting with internal and external stakeholders (Lusthaus et al., 2002; Paynter & Berner, 2014). The measures that operationalize this element include whether or not the executive director identifies as a peer, and their functions within the organization. An additional measure identified whether or not an organization has a written succession plan in the event a new executive director is needed.

## Operational Resources, Knowledge, and Skills

**Staff and Volunteer Development** refer to activities that enhance the ability of staff and volunteers to perform their organizational role (Lusthaus et al., 2002). The measures that operationalize this element include whether or not new or tenured staff and volunteers received training, and descriptions of the training that new and tenured staff and volunteers receive.

**Program Development** refers to the processes and people involved in the identification and planning of organizational programming. The measures that operationalize this element describe whether or not the organization engages in formal program development (i.e., regularly scheduled planning meetings specifically for program development) whether or not the program development is informal (i.e., members and staff suggest changes ad hoc), and who is involved in the process (e.g., staff and/or members). Liket and Maas (2015) emphasize the importance of involving individuals impacted by organizational programming in programming development.

**Technology Resources** refer to the assets that allow an organization to communicate and engage with stakeholders and the community (Brown, Andersson, & Suyeon, 2016; Liket & Maas, 2015). The measure that operationalizes this element identifies the technology resources an organization utilizes.

**Legal and Liability Management** refer to an organization's legal status as a nonprofit organization and the insurance coverage an organization maintains. The measures that operationalize this element identify whether or not an organization has 501(c)(3) nonprofit status, whether or not an organization has insurance coverage, and what types of insurance an organization carries to mitigate potential liabilities.

**Data Management and Reporting** refer to the types of information collected and utilized for reporting, as well as the processes by which these data are collected. Data collection and reporting supports the development of programming and helps organizations communicate with funders (Liket & Maas, 2015; Snow, 2012; Williams-Gray, 2016). The measures that operationalize this element include whether or not an organization collects data for reporting purposes, what types of data are collected, how these data are collected, and how and to whom these data are reported.

**Funding and Funding Development** refer to an organization's current funding resources and areas for potential funding development. Financial capacity may be key to organizational success, and organizational capacity building is often dependent on funding (Brown et al., 2016; Kapucu, Healy, & Arslan, 2011). The measures that operationalize this element identify an organization's budget, funding resources, current and potential funding sources under development, most and least sustainable funding sources, and barriers to identifying and obtaining funding sources.

**Facilities** refer to the physical space where an organization offers programming and how this space supports organizational function. The measure that operationalizes this element describes whether or not an organization rents or owns their facility, or if the facility is donated.

**Training and Technical Assistance** refer to areas in which the staff, leadership, or the governing body need development or support. The measure that operationalizes this element identifies training and technical assistance areas of need from a list of common organizational needs.

### Adaptability and Sustainability

**Strategic Planning** identifies an organization's future endeavors. A strategic plan may help an organization achieve its mission (Snow, 2012). The measures that operationalize this element include whether or not an organization has a strategic plan, how frequently the strategic plan is reviewed, and whether or not an organization has written goals and objectives.

**Partnerships and Alliances** refer to the strategic relationships an organization has formed in the community to potentially enhance its function and capacity (Brown et al., 2016; Kapucu et al., 2011; Lusthaus et al., 2002; Snow, 2012). The measures that operationalize this element include whether or not an organization has partnerships and alliances and with what types of organizations.

**Community Outreach** refers to the methods an organization employs to reach the broader public. These methods include direct (e.g., presentations or phone calls) or indirect (e.g., emails, social media) methods. The measures that operationalize this element identify what types of community outreach methods an organization utilizes.

**Advocacy** refers to how an organization promotes the needs of the members within the community, service systems, or at the legislative level. The measure that operationalizes this element describes the types of advocacy (e.g., systems, community, or legislative) in which an organization engages. Advocacy activities are integral activities for peer-run and peer-involved organizations (Campbell, 2009; Clubhouse International, 2018a; Valentine et al., 2007).

## Data Collection and Analysis

The measures for each of the five domains of organizational function and capacity described in the previous section were included in one of three data collection tools: a survey, a site visit guide, and an interview guide. Data collection included administering an online survey, conducting an in-person site visit, and conducting an interview over the phone or in person.

## Survey

The survey consisted of 32 questions (see Appendix B). The surveys were administered through a secure online survey platform, Qualtrics, XM. The directors were sent an email invitation with a link to the survey. Upon clicking the survey link, the directors were presented with an introductory page that described the purpose, risks, voluntary nature of participation in the survey, and confidentiality. No signature was required for consent. The directors indicated consent upon clicking the “I agree to participate” button on the introductory page, and were then able to complete the survey. If the director clicked “I do not agree to participate,” they were redirected to a page that thanked them for their time and exited them from the survey.

Directors had the option to save their progress, and then return later to complete the survey during the administration period. The survey remained open for one month. A reminder email was sent halfway through the administration period. Upon completing the survey, the directors were offered the opportunity to review and change their responses before exiting the survey. Survey responses were encrypted, and no personally identifying information was stored with survey responses.

The survey data were exported to SPSS, Version 25, to conduct descriptive analyses. Results from these analyses were organized into the domains of organizational function and capacity.

## Interview and Site Visit

The directors from seven SAMHSA block grant-funded COSPs were invited to participate in the site visit and interview. These data collection activities were scheduled during an introductory phone call with the directors. Prior to the interview and site visits, TIEMH researchers sent a document via email that described the interview and site visit processes and what data would be gathered. Additionally, this document described the voluntary nature of participation, consent, and confidentiality protections.

Researchers conducted five interviews in-person at the organizations and two interviews via phone. The site visits were all conducted in-person at the organizations. The site visit guide consisted of a 32-item checklist, and 22 probing questions to better facilitate data collection (see Appendix C). The 25-item interview guide (see Appendix D) consisted of semi-structured questions. Before conducting the site visits and interviews, the researchers read a document to the director that described the purpose, voluntary nature of participation, and confidentiality protections.

The data collected during the site visit and interview were recorded in writing by the researcher; shorter responses were recorded verbatim and longer responses were summarized. The responses were later typed. The director was sent the type-written responses and given an opportunity to review these responses for accuracy. Edits and revisions offered by the directors were integrated with the data collected by the researcher.

The site visit and interview data were analyzed using NVIVO qualitative data analysis software (QSR International, 2018). Codes emerged directly from the data and were categorized into the elements and domains of organizational function and capacity.

## Reporting

The data collected from the SAMHSA block grant-funded COSPs were organized into individual site reports. These were sent to the directors of those organizations for accuracy review. The data collected from the seven COSPs funded by the SAMHSA block grant and the one COSP not funded by the SAMHSA block grant are presented in this report. The results are organized into the domains of organizational function and capacity, and the results from the survey are distinguished from the results from the site visit and interviews.

# Results

## Organizational Development and Mission

### Organizational Development

Among the eight COSPs that participated in the survey, the median organizational age is 19.5 years (range 7-71 years; mean 24.4 years; see Table 1 for the age of each of the eight COSPs). Six of the seven COSPs that participated in the site visit and interview were founded by people with lived experience of mental health issues. The director of the remaining COSP did not know who founded the organization because they were new to the organization. Three organizations (43% of the organizations that participated in the site visit and interview) were founded by peer-run groups. Of these three, one was co-founded with an LMHA and one was co-founded with a mental health advocacy organization. The COSPs in this study were founded largely in response to an identified community need (n=4; 57% of organizations that participated in the site visit and interview) and the founders' negative experiences within the traditional mental health services system (n=2; 29% of organizations that participated in the site visit and interview).

Table 1: Age of each of the COSPs.

Organization	Age (years)
Amarillo Area Mental Health Consumers (The Agape Center)	23
Austin Area Mental Health Consumers	21
Cherokee County Peer Support Group	17
Depression Connection for Recovery	19
The Hope Concept Wellness Center	7
Mental Health America Abilene	71*
Prosumers International	17
River City Advocacy and Counseling	20

\*MHA-A was formed in 2014 due to a merger between Advocates of Abilene (established 2004) and Mental Health America (Established 1948).

### Organizational Mission and Vision

Among the eight COSPs that responded to the survey, all eight (100%) have mission statements. However, only four (50%) have vision statements.

## Operational Management

### Program of Services and Activities

The seven COSPs that participated in the site visit and interview provided their hours of operation. Two of these seven organizations offer 24/7 virtual access (via Facebook, email, text messages, and a radio station). Of these two organizations providing virtual access, one also holds regular office hours five days per week. Five additional COSPs also hold regular office hours. Of these five, two are open five days per week, two are open four days per week, and one is open two days per week.

Among the eight COSPs that responded to the survey, four (50%) offer services at more than one location. Of these four organizations, the average number of locations is six (range 3-9 locations).

The eight COSPs that participated in the survey reported the services and activities that they provide. See Table 2 for a full list of services offered. The most frequently provided services include advocacy (n=8; 100%), one-on-one peer support (n=8; 100%), peer support groups (n=8; 100%), social and recreational activities (n=7; 88%), life skills training (n=6; 75%), the opportunity to work or volunteer at the organization (n=6; 75%), recovery education (n=6; 75%), and social engagement/informal peer support (n=6; 75%).

*Table 2. Services and activities offered.*

Service/Activity Offered	<i>n</i>
<b>Advocacy and Self-Advocacy</b>	
Advocacy	8
Life skills training	6
Assistance navigating health systems	4
Member self-advocacy training	3
Leadership training	1
<b>Education and Employment</b>	
Opportunity to work or volunteer at the organization	6
Vocational/employment assistance	5
Computer/technology classes	1
Education/GED assistance	1

Table 2. Services and activities offered, continued.

Service/Activity Offered	<i>n</i>
<b>Mental Wellness and Recovery</b>	
One-on-one peer support	8
Peer support groups	8
Recovery education	6
Crisis support	5
Wellness Action Recovery Planning (WRAP)	4
Warm line	2
Clinical mental health services	1
Radio station	1
<b>Physical Wellness</b>	
Fitness/wellness classes	3
<b>Resource Needs</b>	
Assistance with basic needs	5
Bus passes or taxi vouchers	3
Transportation using organization vehicle	2
Housing assistance	1
Snack pantry	1
<b>Social Connection</b>	
Social or recreational activities	7
Social engagement/informal peer support	6
Art and creative expression	2
Book club	1

The seven COSPs that participated in the site visit and interview were asked about the methods that they use to communicate programming to their members. These organizations use a variety of methods including posting information on their website and social media accounts (n=7; 100%), providing members with paper copies (n=5; 71%), posting paper bulletins at the organization (n=4; 57%), sending mailers or emails (n=2; 29%), making phone calls (n=1; 14%), community presentations (n=1; 14%), and word-of-mouth communication (n=1; 14%).

## Members and Membership Management

The seven COSPs that participated in the site visit and interview were asked about their membership requirements and guidelines. Five of these seven organizations (71%) have requirements for membership. Three of these five require members be adults; three of these five require that members identify as having a mental health condition. One organization intentionally does not have membership requirements. Five organizations (71%) have membership guidelines for participation.

## Staff and Staffing Management

Of the eight COSPs that responded to the survey, the average number of paid staff is 5.5 (range 3-10). On average, 67% of paid staff are peer providers and 38% are Certified Mental Health Peer Specialists. COSPs in this study are largely staffed by part-time employees (81%) compared to full-time employees (19%; see Table 3).

*Table 3. Characteristics of paid staff.*

Paid Staff Characteristics	
Average number of paid staff*	5.5
Average percent of staff that are peer providers	67%
Average percent of staff that are Certified Mental Health Peer Specialists	38%
Average percent of full-time staff	19%
Average percent of part-time staff	81%

\*This number includes The Hope Concept Wellness Center (THCWC); all other numbers in this table do not include THCWC.

Of the eight COSPs that participated in the survey, the average number of volunteers is 12.1 (range 0-36). Two COSPs do not employ volunteers (CCPSG and DCFR) and therefore data from these organizations are excluded from Table 4. On average, 57% of volunteers are peer providers and 31% are Certified Mental Health Peer Specialists. The overwhelming majority of volunteers work part-time (99%) compared to full-time (1%).

*Table 4. Characteristics of volunteers.*

Volunteer Characteristic	
Average number of volunteers*	12.1
Average percent of volunteers that are peer providers**	57%

Table 4. Characteristics of volunteers, continued.

Volunteer Characteristic	
Average percent of volunteers that are Certified Mental Health Peer Specialists**	31%
Average percent of full-time volunteers	1%
Average percent of part-time volunteers	99%

\*This number includes The Hope Concept Wellness Center (THCWC); all other numbers in this table do not include THCWC

\*\* Excludes Prosumers International due to missing data

Of the eight COSPs that participated in the survey, seven (88%) have written job descriptions for paid staff. However, only two organizations (25%) have written job descriptions for volunteers. Three (38%) COSPs offer no benefits to staff. Three organizations (38%) offer paid vacation and paid sick leave, and one (14%) offers comp time. One organization (14%) offers a comprehensive staff benefits package that includes health insurance, dental insurance, and vision insurance (see Table 5).

Table 5. Benefits offered to paid staff.

Benefit Offered	<i>n</i>
Paid sick leave	3
Paid vacation	3
None offered	3
Flexible hours	2
Comp time	1
Dental insurance	1
Health insurance	1
Vision insurance	1

## Financial Management

Of the seven organizations that participated in the site visit and interview, all seven (100%) reported having some type of financial management policy and procedure. In terms of financial management policies, five organizations (71%) reported that the board of directors has financial oversight. Two organizations (29%) reported that the local mental health authority provides financial oversight. In terms of financial management procedures, five organizations (71%) reported having budget development and review procedures, five organizations (71%) reported using money management software and systems, four organizations (57%) reported having money-handling procedures, and three organizations (43%) reported using a CPA or professional bookkeeper.

## Operational Policies and Procedures

All eight (100%) of the organizations in this study reported having some type of policy and procedure document. Among the eight organizations that participated in the survey, four (50%) reported that they have a written code of ethics, while seven (88%) reported they have written bylaws. The seven organizations that participated in the site visit and interview were also asked about additional written policy and procedure documents. Four organizations (57%) reported having written membership policies, three organizations (43%) reported having a written employee policy and procedure manual, and two organizations (29%) reported having an organizational policy and procedure manual.

Among the eight organizations that participated in the survey, four (50%) reported that they review their policies and procedures annually. The remaining four organizations (50%) reported that they do not review their policies and procedures.

## Member Involvement in Organizational Operations

Among the seven organizations that participated in the site visit and interview, six (86%) reported that members are involved in the day-to-day operations of the organization. Most commonly members work or volunteer at the organization (n=5; 71%) and provide peer support to other members (n=5; 71%). All of the organizations (n=7; 100%) reported that members are involved in the overall function of the organization. Most commonly, members are involved in fundraising (n=4; 57%), activity planning and implementation (n=4; 57%), policy development and revision (n=3; 43%), and participating in board meetings (n=2; 29%).

## Governance and Leadership

### Boards of Directors

Of the eight organizations that participated in the survey, seven (88%) reported that they have a board of directors. Of these seven organizations with a board of directors, the average number of board members is 7.7 (range 3-12). The average number of peers (defined as individuals with lived experience of mental health issues) serving on the board of directors is four (range 3-6) or 62% of total board members (range 30-100%). The average number of board members that are members of the organization is 1.6 (range 0-4) or 33% of total board members (see Table 6).

*Table 6. Characteristics of the board of directors.*

Board of Directors	
Average number of board members	7.7
Average percent of board members that are peers	62%
Average percent of board members that are members	33%

Of the seven organizations with a board of directors, four (57%) meet monthly whereas three (43%) meet quarterly. Six organizations (86%) make their board meeting minutes available to the public. Seven organizations (100%) reported that the board of directors provides financial oversight or management. Five organizations (71%) reported

that the board of directors provides organizational governance or organizational oversight. Four organizations (57%) reported that the board of directors is in charge of hiring and supervising the executive director, four (57%) reported that the board of directors participates in fundraising, and three (43%) reported that the board of directors engages in strategic planning.

### Executive Directors

All seven (100%) of the organizations that participated in the site visit and interview reported that the executive director of the organization is a peer (defined as an individual with lived experience of mental health issues). The most commonly described duties of the executive director include community outreach and networking (n=5; 71%), administrative functions (n=5; 71%), providing services (n=5; 71%), supervising staff (n=4; 57%), fundraising and grant writing (n=3; 43%), and financial management (n=3; 43%). Six organizations (86%) reported that they do not have a formal succession plan in place in the event that a new executive director is needed.

## Operational Resources, Knowledge, and Skills

### Staff and Volunteer Development

Of the eight organizations that participated in the survey, eight (100%) reported that new staff receive training whereas six (75%) reported that tenured staff receive ongoing training. The seven organizations that participated in the site visit and interview elaborated on the type of training that staff and volunteers receive. Four (57%) reported that new staff and volunteers attend a formal new employee orientation training. Four (57%) reported that new staff and volunteers receive on-the-job training. Two organizations (29%) reported that new staff and volunteers participate in an informal new employee orientation.

In terms of tenured staff and volunteers, six (75%) reported that tenured staff and volunteers receive ongoing training. Four organizations (57%) reported tenured staff and volunteers receive supervision as a form of ongoing training, three (43%) reported that they attend trainings related to mental health or recovery, two (29%) reported they participate in online training (29%), and two (29%) reported they attend Mental Health Peer Specialist training.

### Program Development

Of the seven organizations that participated in the site visit and interview, six (86%) reported engaging in a formal process to identify and plan services and activities (i.e., via scheduled meetings). Four organizations (57%) reported engaging in informal processes to identify and plan services and activities (i.e., individuals offer ad hoc suggestions). In terms of who is involved in identifying and planning services and activities, four organizations (57%) reported that this is a collaborative effort jointly undertaken by both staff and members, whereas three organizations (43%) reported that is a staff-controlled process.

### Technology Resources

The eight organizations that participated in the survey reported having access to a variety of technology resources to support organizational operations. See Table 7 for a list of the technology resources that the COSPs in this study utilize. Some of the most common technological resources include social media access (n=8; 100%), internet access (n=8;

100%), email access (n=8; 100%), copiers and/or printers (n=8, 100%), computers (n=8; 100%), and an organizational website (n=7; 88%).

*Table 7. Technology resources.*

<b>Technology Resource</b>	<b><i>n</i></b>
Computer	8
Copier/printer	8
Email access	8
Internet access	8
Social media access	8
Website	7
Fax machine	5
Cell phone	3
Projector	2
Tablet	2
Credit card payment	1
Electronic member sign-in	1
Landline phone	1
Software	1

## Legal and Liability Management

Of the eight organizations that participated in the survey, seven (88%) reported that they have 501(c)(3) nonprofit status. Seven organizations (88%) reported that they have insurance coverage. Among the seven organizations that participated in the site visit and interview, six (86%) reported having general liability insurance, two (29%) reported having vehicle insurance, and two (29%) reported having directors and officers liability insurance. The following additional types of insurance were each reported by one organization (14%): errors and omission, health and life insurance, medical office liability, property insurance, transportation coverage, and worker's compensation.

## Data Management and Reporting

All of the seven organizations that participated in the site visit and interview collect and report organizational outputs. As a condition of receiving the SAMHSA block grant, all of these organizations report on the number of unduplicated contacts they make with individual members, the number of participants in each organizational activity or service, and the number of organizational activities or services provided. The majority (n=6; 86%) of organizations also collect organizational outcome data. The most common types of outcome data collected include member stories

(n=4; 57%), member outcomes survey data (n=2; 29%), and member satisfaction and feedback data (n=2; 29%). In addition to reporting on the Form N (the form used to report organizational activities to HHSC), organizations report on the data they collect via direct contact with the public (n=4; 57%), media and social media coverage (n=2; 29%), among other methods.

## Funding and Funding Development

Among the eight organizations that participated in the survey, the mean annual budget is \$126,493 (median= \$115,750; range \$26,000-\$282,450). Table 8 shows the different funding sources that the organizations in this study receive. Most commonly, seven (88%) receive funding from the SAMHSA block grant which is administered by HHSC and subcontracted through the LMHAs. Other common funding sources include grants (n=6; 75%), donations (n=6; 75%), fundraising (n=5; 63%), and a contract with the LMHA (n=3; 38%).

*Table 8. Funding sources.*

<b>Funding Source</b>	<b><i>n</i></b>
SAMHSA block grant	7
Donations	6
Grants	6
Fundraising	5
Contract with LMHA	3
In-kind donations	2
Revenue for services	2
Board member/ founder donations	1
Founder out-of-pocket	1
Medicaid	1
Membership donations	1
Other contracts	1
Texas Workforce Commission	1
VA Contract	1

The seven organizations that participated in the site visit and interview were asked to describe current funding opportunities that are in the process of being further developed as well as potential funding opportunities for the future. In terms of current opportunities, the most commonly described funding sources were fundraising events (n=5; 71%) and private donations (n=3; 43%). Other sources include state funding (n=1; 14%), revenue from services (n=1; 14%), grants (n=1; 14%), and funding diversification (n=1; 14%). The following potential future funding opportunities were described: Medicaid billing for services (n=3; 43%), revenue from services (n=2; 29%), private

donations (n=2; 29%), revenue from organizational activities (n=1; 14%), private foundations and grants (n=1; 14%), and online fundraising (n=1; 14%).

The seven organizations that participated in the site visit and interview were also asked to describe the most and least sustainable funding sources. Overwhelmingly, the SAMHSA block grant was described as the most sustainable funding source (n=7; 100%) because it has been a consistent funding source for several years. Other sustainable funding sources reported include fundraising (n=2; 43%), LMHA contract (n=2, 29%), and revenue generated from services (n=1; 14%). Less sustainable funding sources include private foundations or grants (due to inconsistency; n=1; 14%), private donors (due to inconsistency; n=1; 14%), fundraising (due to the fact that the results do not pay off; n=1; 14%), Medicaid reimbursement (due to billing requirements and a lack of people receiving Medicaid services; n=1; 14%), and the SAMHSA block grant (due to the fact that the recent increase in funding may not last; n=2; 29%).

The seven organizations that participated in the site visit and interview were asked to describe barriers to identifying and obtaining funding. The most commonly described barriers include organizational limitations (particularly those related to a lack of time and resources needed to apply for funding; n=4; 57%), funder requirements (particularly those that require applicants demonstrate tangible organizational outcomes or bear additional administrative tasks n=3; 43%), and competition for funding (n=3; 43%).

## Facilities

Among the seven organizations that participated in the site visit and interview, four (57%) rent their facility/facilities. One additional (14%) organization rents the main office facility and uses group meeting spaces that are donated in-kind. Two (29%) additional organizations utilize facilities that are donated in-kind.

## Training and Technical Assistance

The eight organizations that participated in the survey were asked about needed training and technical assistance (see Table 9). The most commonly reported training and technical needs include strategic planning (n=7; 88%), performance evaluation (n=7; 88%), fundraising (n=7; 88%), fiscal management (n=6; 75%), and nonprofit management (n=4; 63%).

*Table 9. Training and technical assistance needs.*

Training and Technical Assistance Need	<i>n</i>
Fundraising	7
Performance evaluation	7
Strategic planning	7
Fiscal management	6
Nonprofit management	5
Building public awareness	4
Developing strategic partnerships	4

Table 9. Training and technical assistance needs, continued.

Training and Technical Assistance Need	<i>n</i>
Personnel management	4
Program development	4
Supervision	4
Board development	3
Conflict resolution	3
Grant writing	3
Leadership development	3
Use of computers	2
How to create an accurate budget	1
Sustainability strategies	1

## Adaptability and Sustainability

### Strategic Planning

Among the eight organizations that responded to the survey, three (38%) reported having a strategic plan. Two of these three organizations reported regularly reviewing the strategic plan. Three organizations (38%) also reported having written goals and objectives.

### Partnerships and Alliances

Seven (88%) of the eight organizations that participated in the survey reported having strategic partnerships and alliances with other organizations. The most commonly reported types of partnerships and alliances include those with other community service providers (n=3; 38%), the local mental health authority (n=3; 38%), and mental health service providers (n=2; 25%).

### Community Outreach

All of the eight organizations that participated in the survey reported engaging in community outreach and networking. Table 10 displays the different community outreach methods that these COSPs utilize. Common methods include visiting businesses (n=8; 100%); organizational website (n=7; 88%), social media (n=7; 88%), community presentations about services offered (n=6; 75%), open houses (n=5; 63%), and fliers (n=5; 63%).

Table 10. Community outreach and networking methods.

Community Outreach Method	<i>n</i>
Visiting businesses	8
Social media	7
Website	7
Community presentations	6
Fliers	5
Open houses	5
Letters	3
Booths at community events	2
Media (TV and radio)	2
Advertising	1
Organizational events	1
Volunteering in the community	1

## Advocacy

The seven organizations that participated in the site visit and interview were asked to describe any advocacy efforts that they engage in. Six organizations (86%) reported that they engage in systems advocacy (i.e., assisting members with navigating service systems, advocating for themselves, and obtaining needed resources). Four organizations (57%) reported that they engage in legislative advocacy (i.e., advocating for legislative changes at local, state, and national levels related to mental health and peer specialists). Four organizations (57%) also reported engaging in community advocacy (i.e., participating in community change efforts, providing education to the local community, volunteering in the community).

# Discussion

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The purpose of this report was to explore the functions and capacities of COSPs in Texas. To do so, TIEMH conducted a survey of eight COSPs as well as conducted site visits and interviews with seven of those eight COSPs. In this section, key findings related to functional and capacity strengths and areas for improvement are discussed.

## Organizational Function

### Organizational Development and Mission

The core elements of organizational function in the domain of Organizational Development and Mission include:

- Description of the origins of the organization
- Written mission statement
- Written vision statement

The COSPs that participated in this study described aspects of organizational development, including age of the organization, who founded the organization, and for what reason the organization was founded. The median age of COSPs in this study was 19.5 years. Further, these COSPs were founded by people with lived experience of mental health issues in response to identified community needs and founders' negative experiences with traditional mental health services.

All eight organizations (100%) in this study have written mission statements. A mission statement helps to guide the overall function of an organization, clarify the organization's purpose, and unify the commitment of staff, leadership, and members (McKinsey & Company, 2001; Snow, 2012). Further, organizations with established missions may be more likely to actualize their social impact (McKinsey & Company, 2001).

However, in terms of an area for development, only four organizations (50%) in this study have written vision statements. Vision statements are important because they define the kind of world an organization wants to build (Lusthaus et al., 2002) and help an organization build that world (McKinsey & Company, 2001).

### Operational Management

The core elements of organizational function in the Operational Management domain include:

- The program of activities and services
- Members and membership management policies (e.g., requirements for membership)
- Staff and staffing management policies (e.g., job descriptions, benefits, etc.)
- Financial management policies and procedures
- Operational policies and procedures
- Member involvement in organizational operations

The eight COSPs that participated in this study offer a broad array of services and activities. All eight offer advocacy, one-on-one-peer support, and peer support groups. Seven organizations offer social and recreational activities. Six offer life skills training, the opportunity to work or volunteer at the organization, recovery engagement, and informal peer support/social engagement. Providing a diverse array of activities and services is an important indicator of organizational function (Schuh & Leviton, 2006).

Another functional strength of COSPs in this study is that, on average, 67% of staff (and 57% of volunteers) are peer providers. This is an important strength because research suggests that peer-run organizations are more likely to have innovative services (Sharma et al., 2014), better recovery-related outcomes (Corrigan et al., 2013), greater skill development opportunities (Brown, 2009), and a shared, democratic power structure (Segal et al., 2012) compared to non-peer-run organizations.

Further, 88% of organizations in this study have written job descriptions for paid staff. This is an important functional strength because job descriptions provide role clarity, clear guidelines for job performance, and may contribute to staff retention (Snow, 2012).

All of the organizations that participated in the site visit and interview reported having some type of financial management policy and procedures. Financial management policies and procedures ensure that assets are aligned with programming needs as well as promote transparency, integrity, and accountability (Snow, 2012).

The majority of the COSPs (88%) that participated in the survey reported having written by-laws. Written by-laws are important because they define organizational roles and duties as well as other operational policies and procedures. Therefore, by-laws provide guidance and protection for staff as well as assist organizations in adhering to rules and regulations (Lusthaus et al., 2002; Snow 2012).

The majority of the COSPs (86%) that participated in the site visit and interview reported that members are involved in the day-to-day operations of the organizations. Further, 100% reported that members are involved in the overall function of the organization. Member involvement in organizational operations is a key characteristic of peer-run and peer-involved organizations (SAMHSA, 2011; Clubhouse International, 2018b).

In terms of areas of possible functional development, only 25% of the eight organizations that participated in the survey reported having written job descriptions for volunteers. As previously stated, job descriptions provide role clarity, guidelines for performance, and contribute to retention (Snow, 2012). Having written job descriptions for volunteers is particularly important given that the COSPs in this study employ on average 12 volunteer staff members compared to an average of 6 paid staff members.

Staff job benefits are another area for development. Only one organization (14%) that participated in the survey reported providing staff with health insurance while three organizations (38%) reported offering no benefits to staff. Staff benefits are important because they help to attract and retain qualified staff as well as improve overall productivity and job satisfaction (Snow, 2012). However, the ability to provide benefits to staff depends heavily on funding capacity. The only COSP that provides health insurance to staff also reported the highest annual budget in this study.

Finally, only half (50%) of the organizations that participated in the survey reported having a written code of ethics. It is important for an organization to have a written code of ethics because it protects staff and members as well as

helps an organization achieve its missions (Snow, 2012). Additionally, half (50%) of the organizations reported that they do not ever review their policies and procedures. Regularly reviewing policies and procedures is important because it helps an organization ensure it remains up-to-date in the face of legislative, technological, and financial changes (Snow, 2012).

## Governance and Leadership

The core elements related to organizational function for the Governance and Leadership domain are:

- The board of directors
- The executive director
- The functions of the board of directors and the executive director
- Executive director's succession plan

The majority (88%) of the COSPs that participated in the survey reported having a board of directors. Furthermore, of these seven organizations with a board of directors, the average percent of peers serving on the board of directors was 62%. This is an important characteristic of peer-run organizations, which are defined, in part, by having a board of directors that is composed of at least 51% peers (Ostrow & Leaf, 2014). Another functional strength of the COSPs in this study is that 100% reported that the executive director identifies as a peer. This too is a key characteristic of peer-run organizations (Ostrow & Leaf, 2014).

In terms of areas for development, the average percent of members serving on the board of directors is 33%. Having members on the board of directors is important because this ensures not only that individuals with lived experience of mental health issues are represented on the board, but that individuals with lived experience of receiving services at the organization are represented on the board (Campbell, 2009).

Additionally, the majority of COSPs that participated in the site visit and interview (86%) reported that they do not have a succession plan in the event that a new executive director is needed. Succession plans are important because they ensure that an organization continues to run effectively in the absence of the executive director (Snow, 2012).

## Capacity Strengths and Needs

### Operational Resources, Knowledge, and Skills

The capacity elements related to Operational Resources, Knowledge, and Skills include:

- Staff and volunteer development
- Program development
- Technology resources
- Legal and liability management
- Data management and reporting
- Funding and funding development
- Facilities
- Training and technical assistance needs

All of the eight organizations (100%) that participated in the survey reported that new staff and volunteers receive training while six organizations (75%) reported that tenured staff and volunteers receive ongoing training. Training is an important capacity strength because it contributes to the ability of staff and volunteers to effectively do their jobs, which, in turn, contributes to the success of members.

Another capacity strength of the COSPs in this study is that the majority (57%) of the seven organizations that participated in the site visit and interview reported that staff and members collaboratively identify and plan services and activities. This is important because individuals who are affected by programming should be consulted regarding the planning and implementation of programming (Liket & Maas, 2015).

The COSPs in this study have access to key technology resources – 100% have social media access, internet access, email access, copier/printer, and computers. Technology resources, and in particular internet access, are important because they provide an avenue for stakeholders and the community to communicate with organizations (Liket & Maas, 2015) as well as allow organizations to access informational resources, people with knowledge and skills, and networking (Lusthaus et al., 2002).

Another capacity strength is that the majority of organizations (88%) that participated in the survey reported having 501(c)(3) nonprofit status. Legal status as a 501(c)(3) nonprofit helps organizations gain recognition and implement programs in an accountable manner (Snow, 2012). Additionally, 100% of the organizations that participated in the site visit and interview reported having some type of insurance coverage, most commonly general liability insurance. This is an important capacity strength because insurance protects organizations financially in the event of a lawsuit.

All of the seven organizations (100%) that participated in the site visit and interview reported collecting and reporting organizational outputs (e.g., member contacts, number of activities and services provided) and the majority (86%) reported collecting organizational outcome data (e.g., member outcomes, member satisfaction). Collecting and reporting on these types of data are important because they build institutional memory, contribute to organizational transparency, and attract donors (Liket & Maas, 2015; Snow, 2012).

Additionally, the COSPs in this study receive funding from a variety of funding streams. Most commonly, these organizations receive funding from the SAMHSA block grant, other grants, donations, and fundraising. In terms of capacity needs, the COSPs in this study commonly described barriers to identifying and obtaining additional funding. This is a key capacity need because additional funding could be used to hire more staff, provide staff benefits, and expand services and activities. Common barriers include organizational limitations, particularly in terms of a lack of time and resources needed to apply for funding, as well as fulfilling funder requirements, particularly those related to bearing additional administrative duties or demonstrating tangible organizational outcomes.

A small majority of the COSPs rent their facilities for services. Two organizations have facilities donated in-kind. One organization rents a main office and utilizes donated space for services. Access to space is necessary to support organizational function (Lusthaus et al., 2002). However, this capacity depends on funding capacity.

Finally, in terms of additional capacity needs, the eight COSPs that participated in the survey identified training and technical assistance (TTA) needs. The most commonly identified TTA needs include: strategic planning, performance evaluation, fundraising, fiscal management, and nonprofit management. It is important that organizations have access to a system for sharing knowledge, best practices, and technical expertise to enhance function (Snow, 2012).

## Adaptability and Sustainability

The capacity elements related to Adaptability and Sustainability include:

- Strategic planning
- Partnerships and alliances
- Community outreach
- Advocacy

The majority (88%) of the organizations that participated in the survey reported having strategic partnerships and alliances with other organizations. This is an important capacity strength because building partnerships can facilitate service coordination, illuminate partnering potential, and build resource-sharing possibilities (Snow, 2012).

All (100%) of the organizations that participated in the survey reported engaging in community outreach and networking. Community outreach and networking are important because they build relationships that can be leveraged to support organizational capacity and function as well as promote organizational transparency (Brown et al., 2016; Liket & Maas, 2015).

The majority (86%) of the organizations that participated in the site visit and interview reported engaging in advocacy efforts, including systems advocacy, legislative advocacy, and community advocacy. This is an important capacity strength because advocacy is an integral activity for peer-run and peer-involved organizations (Campbell, 2009; Clubhouse International, 2018a; Valentine et al., 2007).

In terms of capacity need, only 38% (n=3) of the organizations that participated in the survey reported having a strategic plan and of these three organizations, only two reported that they regularly review the strategic plan. A strategic plan is important, however, because it helps an organization move forward to accomplish its mission and regularly reviewing a strategic plan helps an organization ensure it remains up-to-date in the face of legislative, technological, and financial changes (Snow, 2012).

# Recommendations

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## Recommendations for Organizations

The COSPs in this study reported several function and capacity strengths. For example, COSPs in Texas have mission statements, have board of directors that are composed of a high percentage of peers, have executive directors that are peers, provide staff training, collect robust output data, have strategic partnerships and alliances, and engage in advocacy. However, many of the COSPs in this study could enhance function and capacity in some areas. TIEMH therefore makes the following recommendations for COSPs in Texas:

- If needed, develop a vision statement.
- If needed, develop job descriptions for volunteers.
- Prioritize staff benefits (e.g., health insurance, paid leave).
- If needed, develop a code of ethics.
- Regularly review organizational policies and procedures.
- Increase member representation on the board of directors.
- If needed, develop a succession plan for the executive director.
- If needed, systematically collect quantitative and qualitative data that demonstrates organizational effectiveness regarding member outcomes; these data can be used to secure additional funding.
- If needed, develop a strategic plan and review it regularly.
- Continue to seek out available training and technical assistance opportunities.

## Recommendations for HHSC

Based on the findings of this study, TIEMH makes the following recommendations to the Texas Health and Human Services Commission (HHSC) regarding steps that can be taken to support COSPs in Texas:

- Prioritize COSPs regarding the distribution of SAMHSA block grant funds.
  - The results of this report suggest that the increase in SAMHSA block grant funding has allowed COSPs to further develop their function and capacity.
- Increased funding should be allocated to COSPs.
  - Funding is particularly needed to provide staff benefits (e.g., health insurance, paid leave). Providing staff benefits helps to attract and retain qualified staff, increase productivity, and increase job satisfaction.
  - Funding is also needed to increase staffing capacity, particularly in regards to hiring staff who have expertise in grant writing and the administrative tasks related to securing and maintaining grant funding. Investing in staff resources may allow COSPs to become more financially secure in the future.
- Training and Technical Assistance opportunities for COSPs should be expanded.

- HHSC could invest resources into designating one COSP as the provider of training and technical assistance to other COSPs in the state. This COSP should have strong existing functions and capacities.
- HHSC could also provide funding for COSPs to receive training and technical assistance from an agency like the Texas Association of Nonprofit Organizations (TANO).
- Invest resources into collecting, analyzing, and reporting on COSP member outcomes, including but not limited to improvements in physical health, mental health, social outcomes, employment outcomes, and reduced healthcare costs. These data can be used to leverage additional funding for COSPs in Texas as well as influence legislation for mental health care in Texas.

## Recommendations for Future Research

Based on the findings of this study, as well as the existing literature on COSPs, TIEMH makes the following recommendations regarding areas of future research:

- Conduct more research to determine if and how members benefit from COSPs in Texas as well as to identify the mechanisms through which members may benefit.
- Conduct cost-benefit analyses to determine if increased COSP funding would save the state of Texas money by reducing overall health care costs (e.g., by reducing hospitalizations and the use of crisis services).
- Conduct more research to determine the best ways to support function and capacity development for COSPs in Texas.
  - Research should examine specifically how increased funding supports function and capacity development.

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## Appendix A: Organizational Function and Capacity Framework

The following table lists the elements and measures in the Organizational Function and Capacity Framework. The source column indicates the reference for a particular measure (denoted by a numerical code, see the bottom of the table for the full list of references). If no source is listed, the measure was developed by TIEMH researchers to elicit additional information. The data source column indicates if a measure was included in the survey, site visit, or interview. The report column indicates whether or not a measure is included in both this report and the site reports, or the site reports only. Site reports are available for COSPs funded by the SAMHSA block grant.

<b>Organizational Function</b>				
<b><i>DOMAIN: Organizational Development, Mission, and Purpose</i></b>				
<b>Element</b>	<b>Measure</b>	<b>Source</b>	<b>Data Source</b>	<b>Report</b>
Organizational Development	Age of the organization	1	Survey	Both
	Who founded the organization	8	Site visit	Both
	Reason(s) the organization was founded	8	Site visit	Both
	Areas of organizational development	8	Site visit	Site Reports
	Impetus for organizational development	8	Site visit	Site Reports
	Developmental milestones	8	Site visit	Site Reports
Organizational Mission and Vision	Organization has a mission statement	2,3,5,7	Survey	Both
	Organizational mission statement	2,3,5,7	Site visit	Site Reports
	Organization has a vision statement	2,3,5,7	Survey	Both
	Organizational vision statement	2,3,5,7	Site visit	Site Reports
	Things that embody the organizational mission		Site visit	Site Reports
Organizational Purpose	Unique purpose of the organization in the community	8	Interview	Site Reports
<b><i>DOMAIN: Operational Management</i></b>				
Program of Services and Activities	Number of days and hours organization is open to members	1,4,6,9	Site visit	Both
	Whether or not the organization offers services at more than one site	1	Survey	Both

<b><i>DOMAIN: Operational Management, continued</i></b>				
<b>Element</b>	<b>Measure</b>	<b>Source</b>	<b>Data Source</b>	<b>Report</b>
Program of Services and Activities, <i>continued</i>	Number of sites at which services are offered	1	Site visit	Site Reports
	Location(s) of the additional sites	1	Site visit	Site Reports
	Types of services and activities offered	1,4,6,9	Survey	Both
	Service and activity schedule	1,4,6,9	Site visit	Site Reports
	Work unit activities <sup>1</sup>	1,4,6,9	Site visit	Site Reports
	What services and activities are offered at different locations	1	Site visit	Site Reports
	How programming information is communicated to members	1,4,6,9	Site visit	Both
Members and Membership Management	Criteria to become members	1	Site visit	Both
	Guidelines members must follow	1	Site visit	Both
	Questions heard most often from members	1,4,6,9	Interview	Site Reports
	How members benefit from participation	4,6,9	Interview	Site Reports
Staff and Staffing Management	Number of staff	1,7	Survey	Both
	Number of volunteers	1,7	Survey	Both
	Number of part- and full-time staff	1,4,6,7	Interview	Both
	Number of part- and full-time volunteers	1,4,6,7	Interview	Both
	Number of staff that identify as peer providers	1,4,6,7	Interview	Both
	Number of volunteers that identify as peer providers	1,4,6,7	Interview	Both
	Number of staff that are Certified Mental Health Peer Providers	1,4,6,7	Interview	Both
	Number of volunteers that are Certified Mental Health Peer Providers	1,4,6,7	Interview	Both

<sup>1</sup> This measure is not included in any of the COSP reports because work unit activities are unique to Clubhouses.

<b>DOMAIN: Operational Management, continued</b>				
<b>Element</b>	<b>Measure</b>	<b>Source</b>	<b>Data Source</b>	<b>Report</b>
Staff and Staffing Management, continued	Whether or not organization has job descriptions for paid staff	2,3,5	Survey	Both
	Whether or not organization has job descriptions for volunteer staff	1,4,6,7	Survey	Both
	Types of benefits offered to paid staff	2,5	Survey	Both
	Questions heard most often from staff		Interview	Site Reports
	Staff strengths		Interview	Site Reports
Financial Management	Description of financial policies and procedures	2,3,4,7,8	Interview	Both
Operational Policies and Procedures	Whether or not organization has written policies and procedures	2,3,4,5,8	Survey	Both
	How frequently the written policies and procedures are reviewed	3,5	Survey	Both
	Whether or not organization has written bylaws	4,6,7,8,9	Survey	Both
	Whether or not organization has a written code of ethics	2,3,5,7	Survey	Both
	Description of additional written policies and procedures	2,3,4,5,8	Interview	Both
Member Involvement in Organizational Operations	How members are involved in the day-to-day function of the organization	4,6,9	Site visit	Both
	How members are involved in the overall function of the organization	4,6,9	Site visit	Both
<b>DOMAIN: Governance and Leadership</b>				
<b>Element</b>	<b>Measure</b>	<b>Source</b>	<b>Data Source</b>	<b>Report</b>
Board of Directors	Whether or not organization has a board of directors	1,9	Survey	Both
	Number of board members	1,4,5,6,7	Interview	Both
	Board composition: how many board members identify as peers	1,4,5,6,7	Interview	Both

<b>DOMAIN: Governance and Leadership, continued</b>				
<b>Element</b>	<b>Measure</b>	<b>Source</b>	<b>Data Source</b>	<b>Report</b>
Board of Directors, <i>continued.</i>	Board composition: how many organization members serve on the board	1,4,5,6,7	Interview	Both
	How frequently the board of directors meets	1,4,5,6,7	Survey	Both
	Whether or not board meeting minutes are made available to the public	2,3	Survey	Both
	Functions of the board of directors	8	Interview	Both
Executive Director	Tenure of the executive director at the organization	1	Interview	Site Reports
	Tenure as executive director	1	Interview	Site Reports
	Whether or not executive director identifies as a peer	1,4,6	Interview	Both
	Functions of the executive director	8	Interview	Both
	Whether or not organization has a written succession plan for the executive director	2,7	Interview	Both
<b>Organizational Capacity</b>				
<b>DOMAIN: Operational Resources, Knowledge, and Skills</b>				
Staff Development	Whether or not training is offered to new staff and volunteers	2,4,7	Survey	Both
	Type(s) of training offered to new staff and volunteers	2,4,7	Interview	Both
	Whether or not ongoing training is offered to tenured staff and volunteers	2,4,7	Survey	Both
	Type(s) of training offered to tenured staff and volunteers	2,4,7	Interview	Both
Program Development	Organization engages in formal program development	2,4,6,7,9	Site visit	Both
	Organization engages in informal program development	2,4,6,7,9	Site visit	Both
	If and how members and staff are involved in program development	2,4,6,7,9	Site visit	Both

<b><i>DOMAIN: Operational Resources, Knowledge, and Skills, continued</i></b>				
<b>Element</b>	<b>Measure</b>	<b>Source</b>	<b>Data Source</b>	<b>Report</b>
Technology Resources	What technology resources are utilized by the organization	1,5,7,8	Survey	Both
Legal and Liability Management	Whether or not the organization has 501(c)(3) nonprofit status	2	Survey	Both
	Whether or not the organization has insurance coverage	3,7	Survey	Both
	What type(s) of insurance coverage the organization carries	3,7	Interview	Both
Data Management and Reporting	Whether or not the organization collects data for reporting purposes	2,3,5,7	Survey	Both
	What types of data are collected (e.g., member information, outputs, and outcomes)	2,3,5,7	Interview and Site Visit	Both
	How data are collected	2,3,5,7	Interview and Site Visit	Both
	How and to whom data are reported	2,3,5,7	Interview and Site Visit	Both
Funding and Funding Development	Organizational budget	1,2,3,5,7,8	Survey	Both
	Funding sources	1,2,7	Survey	Both
	Current and potential funding sources under development	3,5,7	Interview	Both
	Most and least sustainable funding sources	8	Interview	Both
	Barriers to identifying and obtaining funding sources	2,5,7	Interview	Both
Facilities	Organization facility is rented, owned, or donated in-kind	1	Site visit	Both
	General location of the facility	4,5,6,8,9	Site visit	Site Reports
	Map of the facility (if applicable)	4,5,6,8,9	Site visit	Site Reports
	Strengths of the facilities	4,5,6,8,9	Interview	Site Reports
	Aspects of the facilities needing improvement	4,5,6,8,9	Interview	Site Reports
Training and Technical Assistance	Areas of training and technical assistance needs	2,7	Survey	Both

<b><i>DOMAIN: Adaptability and Sustainability</i></b>				
<b>Element</b>	<b>Measure</b>	<b>Source</b>	<b>Data Source</b>	<b>Report</b>
Strategic Planning	Whether or not an organization has a strategic plan	2,3,5,7,8	Survey	Both
	How frequently the strategic plan is reviewed	2	Survey	Both
	Whether or not an organization has written goals and objectives	2,3,5,7	Survey	Both
Partnerships and Alliances	Whether or not an organization has strategic partnerships and alliances	4,6,7,8	Survey	Both
	With what types of organizations there are partnerships and alliances	4,6,7,8	Survey	Both
Community Outreach	Methods an organization utilizes for community outreach	2,3,4,5,6,7	Survey	Both
Advocacy	Types of advocacy in which organization engages	3,5,7,8	Interview	Both

[1 – Kaufman, Stevens Manser, Espinosa, Brooks \(2011\)](#)

[2 – Snow \(2012\)](#)

[3 – The Nonprofit Association of Oregon \(2015\)](#)

[4 – Council on Accreditation of Peer Recovery Support Services \[CAPRSS\] \(2019\)](#)

[5 – Corporation for National and Community Service \(2017\)](#)

[6 – Campbell \(2009\)](#)

[7 – Marguerite Casey Foundation \(ND\)](#)

[8 – Lusthaus, Adrien, Anderson, Carden, & Montalvan. \(2002\)](#)

[9 – Clubhouse International \(2018b\)](#)

# Appendix B: Survey

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## About this survey:

The Texas Health and Human Services Commission (HHSC) has contracted with the Texas Institute for Excellence in Mental Health (TIEMH), a research institute in the Steve Hicks School of Social Work at the University of Texas at Austin, to describe the function and explore the capacity of peer-run and peer-involved organizations in Texas.

The purpose of this survey is to identify: 1) best practices for peer-run and peer-involved organizations, 2) the capacity strengths of these organizations, and 3) areas where these organizations need support to maintain, or develop, capacity. You are invited to complete this online survey because you are a director of a peer-run or peer-involved organization. Your responses will help build an understanding about the function and capacity of these organizations in Texas.

- The survey should take approximately 40 minutes to complete. If you are unable to complete the survey in one sitting, you may save your responses and continue when it is convenient.
- Your participation is voluntary. You do not have to answer every question. You may stop participating at any time.
- Your decision to participate or not will have no effect on your employment, your relationship with the Texas Health and Human Services Commission, or your relationship with the University of Texas.
- Your name, IP address, and email address will not be stored with your responses.
- The survey is confidential and survey records will be kept private. Data will be reported in such a way that your identity will not be revealed.
- The risks of participating in this survey are minimal, and are no greater than the risks ordinarily encountered in daily life.

If you have any questions about this survey you may contact Juli Earley at the Texas Institute for Excellence in Mental Health at the University of Texas, by phone: (512) 232-8599 or email: [juli.earley@austin.utexas.edu](mailto:juli.earley@austin.utexas.edu).

If you agree to participate in the survey, please click the "I Agree" button below.

- ☐ **I agree**
- ☐ **I decline to participate at this time**

1. Please select the term that best describes this organization.

- ☐ Clubhouse
- ☐ Recovery Community Organization
- ☐ Consumer Operated Service Provider (COSP)
- ☐ Other (please describe) \_\_\_\_\_

2. How long has the organization existed?

- ☐ Months \_\_\_\_\_
- ☐ Years \_\_\_\_\_

3. Does this organization provide services at more than one location?

- ☐ No
- ☐ Yes

4. Which of the following services or activities are available at this organization? Select all that apply.

- ☐ Advocacy
- ☐ Assistance navigating health systems
- ☐ Assistance with basic needs
- ☐ Bus passes or taxi vouchers
- ☐ Child care
- ☐ Computer/technology classes
- ☐ Crisis support
- ☐ Education/GED assistance
- ☐ Fitness/wellness classes
- ☐ Member self-advocacy training
- ☐ Housing assistance
- ☐ Life skills training
- ☐ One-on-one peer support
- ☐ Peer support groups
- ☐ Recovery education
- ☐ Social or recreation activities
- ☐ Social engagement/informal peer support
- ☐ Opportunity to work or volunteer at the organization
- ☐ Transportation using organization vehicle
- ☐ Vocational/employment assistance
- ☐ Warm line
- ☐ Wellness Action Recovery Planning (WRAP)

5. What other services or activities are offered by this organization? Please describe here.

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6. What is this organization's annual budget?

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7. From what sources does this organization receive funds? Select all that apply.

- ☐ Contract with Local Mental Health Authority
- ☐ Contract with Texas Health and Human Services
- ☐ Grants
- ☐ Donations
- ☐ Revenue from services provided

Other (please describe) \_\_\_\_\_

8. How many paid staff work at this organization?

9. How many volunteers work at this organization?

10. Does this organization have written job descriptions for paid staff positions?

- ☐ No
- ☐ Yes

11. Does this organization have written job descriptions for volunteer positions?

- ☐ No
- ☐ Yes

12. What benefits does the organization offer to paid staff? Select all that apply.

- ☐ Dental insurance
- ☐ Health insurance
- ☐ Paid sick leave
- ☐ Paid vacation
- ☐ Retirement plan
- ☐ None offered
- ☐ Other (please describe) \_\_\_\_\_

13. Does this organization hold staff meetings (for volunteer and paid staff)?

- ☐ No
- ☐ Yes
- ☐ Unsure

14. Does this organization have written policies and procedures?

- ☐ No
- ☐ Yes
- ☐ Unsure

15. How frequently are the written policies and procedures reviewed?

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Every two years
- ☐ Every five years
- ☐ Documents have not been reviewed

16. Do new staff (paid or volunteer) receive training?

- ☐ No
- ☐ Yes
- ☐ Unsure

17. Do tenured staff (paid or volunteer) receive ongoing training?

- ☐ No
- ☐ Yes
- ☐ Unsure

18. What technological resources does this organization have? Select all that apply.

- ☐ Cell phones
- ☐ Computers
- ☐ Copiers
- ☐ Email access
- ☐ Fax machines
- ☐ Internet access
- ☐ Tablets
- ☐ Social media access
- ☐ Website
- ☐ Other (please describe) \_\_\_\_\_

19. Does this organization track data for reporting purposes?

- ☐ No
- ☐ Yes
- ☐ Unsure

20. Does this organization have insurance coverage?

- ☐ No
- ☐ Yes
- ☐ Unsure

21. Does this organization have 501(c)(3) status?

- ☐ No
- ☐ Yes
- ☐ Unsure

22. Which types of training and technical assistance do you feel would benefit this organization?

- ☐ Board development
- ☐ Conflict resolution
- ☐ Developing strategic partnerships
- ☐ Fiscal management
- ☐ Fundraising
- ☐ Grant writing
- ☐ Leadership development
- ☐ Marketing/building public awareness
- ☐ Nonprofit management
- ☐ Performance evaluation
- ☐ Program development
- ☐ Personnel management
- ☐ Strategic planning
- ☐ Supervision
- ☐ Use of computers
- ☐ Other (please specify) \_\_\_\_\_

23. Does this organization have a board of directors?

- ☐ No
- ☐ Yes

24. How frequently does the board of directors meet?

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other (please describe) \_\_\_\_\_

25. Are the board meeting minutes made available to the public?

- ☐ No
- ☐ Yes

26. Does this organization have written bylaws?

- ☐ No (1)
- ☐ Yes (2)
- ☐ Unsure (3)

27. Which of the following does the organization have in a written format? Select all that apply.

- ☐ Mission statement
- ☐ Code of ethics
- ☐ Vision statement
- ☐ Goals and objectives
- ☐ This organization has none of these in a written format

28. Does this organization have a strategic plan?

- ☐ No
- ☐ Yes

29. How frequently is the strategic plan reviewed?

- ☐ Quarterly
- ☐ Annually
- ☐ Once every two to four years
- ☐ Every five years
- ☐ Never

30. Does this organization have partnerships or alliances with other organizations?

- ☐ No
- ☐ Yes
- ☐ Unsure

31. Please list the organizations with which there are partnerships and alliances.

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32. How does the organization communicate with the public? Select all that apply.

- ☐ Fliers
- ☐ Giving presentations in the community
- ☐ Hosting tours or open-houses
- ☐ Letters
- ☐ Social media
- ☐ Visiting local businesses and organizations
- ☐ Website
- ☐ Other (please describe) \_\_\_\_\_

You have reached the end of the survey!

Thank you for taking the time to participate.

You will have an opportunity to review your responses on the next page.

# Appendix C: Site Visit Guide

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## Site Visit Information and Consent

Thank you for agreeing to participate in this site visit. My name is [name], and I work at the Texas Institute for Excellence in Mental Health at the University of Texas School Of Social Work. The purpose of this site visit is to explore the function and capacity of peer-run and peer-involved organizations, as well as identify areas where organizations may need support.

This site visit should last approximately 60 to 90 minutes. The risks of participating in this site visit are minimal. You should experience no greater discomfort than you might on a normal daily basis. Participation in this site visit is voluntary. You may decline to answer any question, decline to provide any document, or end the site visit at any time.

Observations and your responses to questions will be documented in writing. No personally identifying information will be stored with the written site visit observations. Any photos taken will not include members or staff in the image. The responses collected today will be used to develop reports for your organization, and for the Health and Human Services Commission.

By agreeing to begin the site visit, you are giving consent to participate in the site visit.

May we begin the site visit?

## Instructions for Researcher

The site visit should be an open, collaborative process. This guide provides lists elements to observe and provides probing questions to ask. Please record observations or the information provided by the director about the measures listed. The probing questions should help elicit information. The researcher should not be limited to just these observations, and should record additional, relevant information at the researcher's discretion. **Measures in the checklist not explicitly observed or mentioned during the site visit should be addressed in the interview.**

## Site Visit Guide

Researcher, please check the box to indicate which documents are provided.

<b>Requested documents *</b>	<input type="checkbox"/> Mission Statement <input type="checkbox"/> Fliers, newsletters, or other documents used to communicate with the public <input type="checkbox"/> Other:
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## Organization History and Milestones

*Probing questions:*

*Would you please share with me a little about this organization's history?*

*How has the organization grown?*

*What are a few major milestones this organization has achieved since its founding?*

### Measures:

- ☐ How organization was founded
- ☐ Growth of organization
- ☐ At least three milestones of achievement

### Three Things

*Probing question:*

*If there were three things you could either show me, or tell me about, that embody the mission of this organization, what would those three things be?*

## Facilities: Environment and Accessibility

*Probing questions:*

*Would you please show me around the building?*

*What transportation options are available to staff? For members?*

*Does this organization rent or own the main offices?*

### Measures:

- ☐ Description of general location (area of town, street traffic)
- ☐ Proximity to local businesses and services
- ☐ Transportation options for members and staff
- ☐ Description of building exterior
- ☐ Description of interior
- ☐ Space for staff
- ☐ Main offices rented or owned
- ☐ For additional locations where services are provided, obtain: general description of location, transportation options for members, who provides facilities, and are these rented or provided in-kind.

## **Data Tracking and Management**

*Probing questions:*

*Would you please show me or describe to me how this organization tracks member information and participation?*

*What information is tracked?*

### **Measures:**

- ☐ How the data are tracked
- ☐ What member information is tracked
- ☐ What participation information is tracked

## **Programming**

*Probing questions:*

*What are the hours of operation? Where are these posted?*

*What are membership requirements? What guidelines do members have to follow?*

*Would you please tell me about a typical day of activities and services?*

*Would you please tell me about activities and/or services that occur weekly?*

*Would you please tell me about activities and/or services that occur monthly?*

*If services provided at multiple location, what services and activities are offered at the different locations?*

*How is information about the activities and/or services communicated to members?*

*How is the schedule of activities and/or services communicated to members?*

*How are activities and services planned?*

*How are new activities and services identified?*

### **Measures:**

- ☐ Record hours and days of operation and where these are posted
- ☐ Description of membership requirements and guidelines
- ☐ Description of daily, weekly and monthly activities/services
- ☐ Description of activity space (walking room, adequacy of space, environment, seating arrangements, furniture, décor on walls and furniture)
- ☐ Description of what program information is communicated to members, and how information is communicated
- ☐ Description of how activities/services are planned
- ☐ Description of how new activities/services are identified

## Peer-Run and Peer-Involved

*Probing questions:*

*Would you please share with me how members are involved in the day-to-day operations of this organization?*

*Would you please share with me how members are involved in the overall function of the organization?*

*Are members involved in revising policies and procedures, the selection of services and activities, or the hiring of staff?*

### Measures:

- ☐ How are members are involved in day-to-day operations
- ☐ How are members are involved in the overall function of the organization
- ☐ Members are included in the following organizational processes:
  - ☐ Hiring staff
  - ☐ Revising/developing policies and procedures
  - ☐ Selection of services and activities

## Appendix D: Interview Guide

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Thank you for agreeing to participate in this interview. My name is [name], and I work at the Texas Institute for Excellence in Mental Health at the University of Texas School of Social Work. The purpose of this interview is to explore the function and capacity of peer-run and peer-involved organizations, as well as identify areas where organizations may need support.

This interview should last approximately one hour and thirty minutes. The interview questions expand on the information you may have provided in the survey. This interview includes questions about five domains of organizational function:

- Management
- Resources, Knowledge, and Skills
- Governance and Leadership
- Mission
- Adaptability and Sustainability

The risks of participating in this interview are minimal. You should experience no greater discomfort than you might on a normal daily basis. Participation in this interview is voluntary. You may decline to answer any question or end the interview at any time.

This interview will not be recorded. Your responses will be documented in writing. For questions that require longer responses, I will review the response to ensure the information is captured accurately. I will be writing your responses while you speak.

No personally identifying information will be stored with the interview responses. The responses collected today will be used to develop reports for your organization, and for the Health and Human Services Commission.

By agreeing to begin the interview, you are giving consent to participate in the interview.

May we begin the interview?

### Note to Interviewer

Some items will have interviewer instructions in highlighted, italicized text. Please review these items before conducting the interview. The director will be given a copy of their responses to the survey to review prior to the interview.

When recording the responses in writing, focus on capturing the content, not the response verbatim. Focus for longer responses, review with the respondent before continuing to the next question. The respondent will have the opportunity to review the responses following the interview to assure reliability.

**To begin with, we would like to hear about this organization's purpose.**

1. What do you feel is the unique purpose of this organization?

**These next few questions ask about the staff and volunteers.**

2. What do you feel are three strengths of this organization's staff or volunteers?
3. What are the three questions heard most frequently from staff or volunteers?

**These next few questions ask about the members.**

4. What do you feel are three ways members benefit from participation in the organization?
5. What are the three questions you hear most often from members regarding services provided?

**Next, we would like to hear how this organization captures how members benefit.**

6. What types of data or information does your organization collect to demonstrate how members benefit from services at this organization? *(Interviewer prompts: stories and anecdotes, collection of outcomes data, observation, or satisfaction surveys)*

How does this organization communicate to others that members benefit?

**Next, we would like to hear about the advocacy activities of this organization.**

7. In what areas does this organization focus advocacy efforts? For instance, does the organization help people advocate for themselves? Does the organization engage in advocacy in the local community? At the state level?

**Now, please tell us more about funding opportunities.**

8. What potential funding opportunity has this organization identified? *(Interviewer prompts: donors, revenue opportunities, grants, events to raise funds, etc.)*

9. What are some barriers to identifying funding opportunities?

What are some barriers to obtaining additional funding?

10. On the survey, the following funding sources were listed for this organization: *(Interviewer: list sources from survey response)*.

Of these funding sources, which do you feel are most sustainable?

Why do you feel these funding sources are most sustainable?

Why do you feel the other funding sources are not as sustainable?

**Next, we would like to hear more about this organization's policies and procedures.**

11. Would you please describe what written policy and procedure documents this organization has? (*Interviewer prompts, if needed: financial management, membership, personnel, or service delivery*)
12. What types of insurance does this organization carry? (*Interviewer prompts: facility, vehicle, professional liability, or other.*)
13. Would you please describe for me the procedures this organization uses to manage its finances? (*Interviewer prompts, if needed: bookkeeping/accounting system, annual audits, or regularly reviewing the budget*)

**We would like to hear more about the leadership of this organization.**

14. How many people are on the board of directors?

How many board members are peers?

How many board members are family members of peers?

How many board members are members of the organization?

15. What functions does the board of directors perform for this organization?

16. How long has the executive director worked at this organization?

How long have they served as executive director?

17. Is the executive director a peer?

Yes / No

Is the executive director a family member of a peer or member?

Yes / No

18. What functions does the executive director perform for the organization?

19. Does this organization have a succession plan in the event a new executive director needs to be identified?

If so, would you please describe it for me?

We would like to ask your thoughts about these facilities:

20. What do you feel are three strengths of these facilities?

21. What are three aspects you feel could be improved?

For these last few questions, we would like to ask for more information about staff, volunteers, and the training they may receive.

22. How many of the \_\_\_ paid staff...

...work full-time?

...work part-time?

...are peer providers?

...are certified peer providers?

23. How many of the \_\_\_ volunteer staff...(Note: COSP only)

...work full-time?

...work part-time?

...are peer providers?

...are certified peer providers?

24. *(Note to interviewer: the format of this question will be modified based on the survey responses)*. Question 17 asks if new staff and volunteers receive training (yes/no/unsure).

If yes, in what areas do new staff and volunteers receive training?

Question 18 asks if tenured staff and volunteers receive ongoing training (yes/no/unsure).

If yes, in what areas do tenured staff and volunteers receive ongoing training?

If response is no, why do tenured staff or volunteers not receive training?

25. Do you have any other thoughts you would like to share?

**We have reached the end of this interview.**