utility and benefits of gathering data for funders, clients, & clinic or consumer operated programs (COSPs)

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Our Agenda

Defining Consumer Operated Service Programs

What is STAR and Why Did We Contract with ASU?

Challenges & Lessons Learned in Data Collection

Data, Data, Data

Making Use of the Data & Next Steps
Defining Consumer Operated Service Programs
### Defining Consumer Operated Service Programs (COSPs)

#### 5 Core Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Independent</td>
<td>Owned, administratively controlled, and managed by mental health consumers</td>
</tr>
<tr>
<td>Autonomous</td>
<td>All decisions are made by the program</td>
</tr>
<tr>
<td>Accountable</td>
<td>Responsibility for decisions rests with the program</td>
</tr>
<tr>
<td>Consumer controlled</td>
<td>Governance board is at least 51% mental health consumers</td>
</tr>
<tr>
<td>Peer workers</td>
<td>Staff and management are people who have received mental health services</td>
</tr>
</tbody>
</table>
Peer Service Agencies

Peer services

Peer Support Programs

Community Service Agency (CSA)

Peer service agencies

Consumer-Operated Service Program (COSP)
What Do COSPs Do?

• Build Community
• Facilitate Mutual Aid/Mutual Support
• Advocate
• Provide Services & Support
COSPAs Provide A Variety of Services

Drop In Center

Social & Recreational Opportunities

Arts & Expression

Structured Educational & Support Groups

Peer Counseling

Assistance with Basic Needs or Benefits

Crisis Response & Respite

Information & Referral
The Evidence Base for COSPs

Individuals attending COSPS were found to:

- Use problem-centered coping skills
- Use more coping strategies
- Achieve more education
- Score higher in social functioning
- Express more hopefulness and self-efficacy

The Evidence Base for COSPs

Participation in Consumer-Operated Services increases sense of overall well-being by building hope, empowerment, and social connectedness.

– Higher participation leads to greater increase in sense of well-being.

– Positive effects are not limited to one program type or model.
Do not have preconceived notions that a consumer-operated service should look or operate like a mental health center.

It won’t….It shouldn’t
S.T.A.R. – Stand Together & Recover Centers, Inc.

STARTED IN 1984 AT MARICOPA COUNTY PSYCHIATRIC ANNEX

- Officially Incorporated 1986
- 1st Location purchased with support from St. Luke's and Triple R
- Current – 3 Locations, Main Program, Young Adult Program, Fun Bunch, Catering
Why did STAR and ASU Collaborate?

- Measurable outcomes
- Past 5 yrs Federal and state legislature proposals for evidence-based practices
- Accountability
- Good steward of tax payer funds
- Improve on what works
- Reduced cost to the peer and community
Project Phases

I  Identify and prioritize the goals, objectives and evaluation or research questions

II  Literature review, create & match items for each outcome or evaluation/research question

III Create/establish a pool of items

IV Independent group of readers who review the items and determine face validity

V  Pilot test the questionnaires

VI Create Scantron versions of questionnaires
Development of the Data Collection Process

- Asking the right questions?
- Borrowing from some existing tools
- What do Peer Recovery Centers offer?
- Clear, Concise, Measurable, Respecting Culture, Confidentiality, Duration
- Testing the Tool
Characteristic of participants who utilized peer-run recovery services

Which services are participants utilizing at the recovery center? How often are they using these services?

Are participants satisfied with the services they use at the recovery center?
What do you want to know?

Are there differences (reduction or improvements) in outcomes over time?

Are there differences in outcomes by participant characteristics (e.g., gender, age, race/ethnicity, education, income source, diagnoses, military service, homelessness, involvement with law enforcement)?

Are utilized services related to outcomes? (Is frequency of service use related to outcomes?)
Data Collection Procedures

Anonymous & confidential self-report survey
Voluntary, recruitment occurs by STAR staff

Peer Recovery Center Intake Questionnaire (PRC-IQ)

Peer Recovery Center Quarterly Questionnaire (PRC-QQ)
### PRC-IQ

**STAR Peer Recovery Center**

**Intake Questionnaire**

This section is to be completed by the client.

1. **How long have you been utilizing STAR (in months)?**
   - [ ] Less than 6 months
   - [ ] 6 to 12 months
   - [ ] 1 to 2 years
   - [ ] Over 2 years

2. **What is your gender?**
   - [ ] Male
   - [ ] Female
   - [ ] Other

3. **What is your race?**
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African American
   - [ ] Hispanic/Latino
   - [ ] Other

4. **Have you received treatment before?**
   - [ ] Yes
   - [ ] No

5. **What is your highest level of education?**
   - [ ] Below High School
   - [ ] High School
   - [ ] Some College
   - [ ] Bachelor's Degree
   - [ ] Master's Degree
   - [ ] Doctorate

6. **Have you been in contact with a health professional due to a serious psychiatric, psychosocial or mental health diagnosis? (Please check all that apply):**
   - [ ] Mood Disorder
   - [ ] Anxiety Disorder
   - [ ] Substance Abuse
   - [ ] Personality Disorder
   - [ ] Schizophrenia
   - [ ] Other

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### PRC-QQ

**STAR Peer Recovery Center**

**Quarterly Questionnaire**

This section is to be completed by the client.

1. **During the past 30 days, have you...**
   - [ ] Been hospitalized or in a mental health facility
   - [ ] Had a psychiatric crisis or emotional distress
   - [ ] Missed work due to a mental health issue
   - [ ] Used alcohol or drugs

2. **During the past 30 days, have you...**
   - [ ] Missed a visit to a health care provider
   - [ ] Had a change in your medication
   - [ ] Had a change in your therapy
   - [ ] Had a relapse

3. **During the past 30 days, have you...**
   - [ ] Missed work due to a mental health issue
   - [ ] Used alcohol or drugs

4. **During the past 30 days, have you...**
   - [ ] Had a psychiatric crisis or emotional distress
   - [ ] Missed work due to a mental health issue
   - [ ] Used alcohol or drugs

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**Note:**
- [ ] If you do not understand a question, ask a peer or an expert or a primary care provider for help.
- [ ] If you are unsure about your answers, ask a peer or an expert for help.
Demographic Characteristics

- Female: 49.1%
- Military Service: 10.0%
- Latino: 18.9%
- American Indian: 3.2%
- African-American: 10.8%
- White: 65.8%
Educational Attainment

- College degree: 18.40%
- Attended college but did not complete: 20.10%
- High school diploma or equivalent: 33.90%
- Attended high school but did not complete: 17.80%
- Dropped out before high school: 9.80%
Diagnostic Labels (self-report)

- Other Disorder: 8%
- SubAbuse/Dep: 14%
- Personality Disorder: 24%
- Anxiety Disorder: 56%
- Psychotic Disorder: 55%
- Mood Disorder: 73%
Significant Lifetime Events

- Psych. Hosp.: 86.50%
- Suicide Attempts: 64.80%
- Arrested: 60.60%
- Jail/Prison: 54%
- Detox: 25.80%
- Homeless: 29%
Significant Lifetime Events:
# of Psych Hospitalizations & Suicide Attempts

<table>
<thead>
<tr>
<th>Event</th>
<th>Psych Hosp.</th>
<th>Suicide Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>13.60%</td>
<td>35.20%</td>
</tr>
<tr>
<td>1 – 3</td>
<td>31.70%</td>
<td>29.90%</td>
</tr>
<tr>
<td>4 - 6</td>
<td>24.90%</td>
<td>40.50%</td>
</tr>
<tr>
<td>7+</td>
<td>29.90%</td>
<td>13.30%</td>
</tr>
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</table>
“S.T.A.R. has saved my life. Very caring, loving, and down to earth people. And they shoot from the hip.”
Program Participation

- Less than 3 months: 33.5%
- More than 3 months but less than 1 year: 15.4%
- 1-2 years: 14.0%
- Over 2 years: 37.1%
“I feel so grateful, happy, excited coming to S.T.A.R. I’m making friends, staff and participants are kind, empathetic + compassionate caring also. Thank you for having this program available.”
Changes in Well-Being: Past 30 day Significant Events

- Medical Hospitalization
- Psychiatric
- Psychiatric Crisis
- Inpatient Detox
- Victim of Violent Crime
- Arrested
- Homeless/Shelter

Baseline
1st f/u
“By going to the budgeting group here at S.T.A.R. I have been able to save for things that been long range financial goals.”
Employment & Educational Participation

- Employed
- Volunteer
- Job Training
- GED
- College

[Bar chart comparing baseline and 1st follow-up participation rates for each category]
Lessons Learned in Data Collection

- Quarterly Follow ups
- View of Peer’s Own Health Compared to General Public
- Existing Initial Membership Info Gathering – Impact on Data
- Need for Staff Training on Survey Administration
- Fear of Consequences
- Tracking for Follow ups
- Staff assisting peers with reading and writing difficulties
- Scantron errors
Making Use of the Data
Making Use of the Data

- Educating and Building Trust with Members
- Meeting Up with STAR Members to Share Overall Data
- More Peers are Answering Substance Use Questions
Making Use of the Data

Program Changes at STAR

- Suicide Attempt Info
- Send all staff to ASIST training
- More Choice of Services
- Trained more staff on benefits education
Making Use of the Data

- Develop Collaborations with primary care physicians
- Making partnerships with Health Plans
- More Whole Health Education
- ILS Cooking Classes
Making Use of the Data

- Educating the Public and Legislature - dispelling myth
- Family Nights
- WRAP Classes
- Data Shows Significant Reduction in Crisis Utilization
Next Steps & Future Enhancements

Revised Peer Recovery Center Intake & Quarterly Questionnaire (PRC-IQ/QQ)

- Spanish version
- Ability for longer term tracking and participant characteristics comparisons on outcomes
- Compare with other COSPs both locally and nationally

Self report vs. service utilization (PRC data with RBHA encounters)