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

Michael S. Shafer & Vicki L. Staples
ASU Center for Applied Behavioral Health Policy

Suzanne Legander
Stand Together And Recover Centers, Inc.
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**

**Independent**
Owned, administratively controlled, and managed by mental health consumers

**Autonomous**
All decisions are made by the program

**Accountable**
Responsibility for decisions rests with the program

**Consumer controlled**
Governance board is at least 51% mental health consumers

**Peer workers**
Staff and management are people who have received mental health services
PEER SERVICES

Consumer-run organizations

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
COSP Ps 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

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
<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
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<tr>
<td>I</td>
<td>Identify and prioritize the goals, objectives and evaluation or research questions</td>
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<tr>
<td>II</td>
<td>Literature review, create &amp; match items for each outcome or evaluation/research question</td>
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<td>III</td>
<td>Create/establish a pool of items</td>
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<td>IV</td>
<td>Independent group of readers who review the items and determine face validity</td>
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<td>V</td>
<td>Pilot test the questionnaires</td>
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<td>VI</td>
<td>Create Scantron versions of questionnaires</td>
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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)
STAR Peer Recovery Center
Intake Questionnaire

This section is to be completed by the client.

1. How many years have you been residing in STAR (please specify)?
   - Less than 5 years
   - 5 to 10 years
   - Over 10 years

2. What is your gender (if any)?
   - Male
   - Female
   - Other

3. Are you a veteran?
   - Yes
   - No
   - Don't know

4. Have you been in the military before?
   - Yes
   - No
   - Don't know

5. Please choose the answer that best describes your gender identity?
   - Male
   - Female
   - Other

6. Have you been in a health professional role as a doctor, nurse, psychologist, psychiatrist, or mental health counselor at any time?
   - Yes
   - No
   - Don't know

7. In the last 30 days, have you used alcohol or any substance?
   - Yes
   - No

8. Have you been hospitalized in the last 30 days?
   - Yes
   - No

9. During the past 30 days, have you been in contact with any of the following?
   - family
   - friends
   - neighbors
   - coworkers
   - other

10. Have you been treated for any of the following conditions?
    - Anxiety disorder, depression, bipolar disorder, schizophrenia
    - Substance use disorder (SUD)
    - Post-Traumatic Stress Disorder (PTSD)
    - Chronic pain
    - Other

11. Have you ever been in contact with the criminal justice system?
    - Yes
    - No

12. During the past 30 days, have you been in contact with any of the following?
    - family
    - friends
    - neighbors
    - coworkers
    - other

13. Have you been treated for any of the following conditions?
    - Anxiety disorder, depression, bipolar disorder, schizophrenia
    - Substance use disorder (SUD)
    - Post-Traumatic Stress Disorder (PTSD)
    - Chronic pain
    - Other

14. In the last 30 days, have you used alcohol or any substance?
    - Yes
    - No

15. In the last 30 days, have you been in contact with any of the following?
    - family
    - friends
    - neighbors
    - coworkers
    - other
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 graduate: 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

- **None**
  - Psych Hosp.: 13.60%
  - Suicide Attempts: 35.20%
- **1 - 3**
  - Psych Hosp.: 31.70%
  - Suicide Attempts: 35.20%
- **4 - 6**
  - Psych Hosp.: 24.90%
  - Suicide Attempts: 40.50%
- **7+**
  - Psych Hosp.: 29.90%
  - Suicide Attempts: 13.30%
“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 vs. 1st f/u comparison

- Medical Hospitalization: Baseline 16%, 1st f/u 4%
- Psychiatric: Baseline 12%, 1st f/u 8%
- Psychiatric Crisis: Baseline 8%, 1st f/u 4%
- Inpatient Detox: Baseline 16%, 1st f/u 0%
- Victim of Violent Crime: Baseline 4%, 1st f/u 0%
- Arrested: Baseline 0%, 1st f/u 0%
- Homeless/Shelter: Baseline 0%, 1st f/u 0%
“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.”
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
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)