

The Role of Consumer-Operated Services in a Transforming Public Mental Health System

**Executive Briefing
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Papers Resulting from the Research

- Mental health consumer-operated service organizations in the U.S.: citizenship as a core value and strategy for growth, forthcoming in Health Care Analysis. *Presented at the Midwest Political Science Association, April 2010.*
 - Characteristics associated with organizational independence in consumer-operated service organizations, revised and resubmitted to Psychiatric Rehabilitation Journal.
 - Consumer-operated service organizations: organizational characteristics, community relationships, and the potential for citizenship, under review at Community Mental Health Journal.
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Study Objectives

- To learn about the characteristics of COS and PSS organizations in Ohio
 - To describe internal structure and operations and external relationships of COSOs and PSSOs
 - To compare COSOs and PSSOs to determine the effect of organizational independence
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Study Methods

- Mail survey completed by:
 - 17 COSOs (organizations appearing both in OAMH's directory of COS and on ODMH's list of certified COS) and
 - 10 PSSOs (drawn for a stratified sample from OAMH's directory of PSSOs)

 - Telephone interviews by PI with subsample of survey responders, n=10.
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Descriptive Statistics: Demographics

	COS	PSS
Average Number of Years in Existence	15.7	18.9
Average Number of Members	237	96
Director Characteristics		
% Is a consumer	64.3%	50.0%
% Either attended graduate school or has a graduate degree	73.3%	75.0%
% Has organizational skills	53.3%	75.0%
% Has clinical skills*	60.0%	12.5%
% Has consumer experience	66.7%	50.0%
% Has clinical experience	60.0%	37.5%

□ *p<0.10

Descriptive Statistics: Organizational Structure and Operations

Operational Structure

	COS	PSS
Board Structure		
Average <i>board size</i> ^{***}	10	8
% Have <i>board committees</i> ^{**}	92.9%	50.0%
% of <i>board members required to be consumers</i> (average)	64.4%	65.3%
Operational Structure		
% Have <i>Table of Organization</i> ^{**}	73.3%	50.0%
Average <i>number of full-time employees</i> ^{**}	8.5	5.7
% Have <i>positions that only a consumer can fill</i>	73.3%	71.4%
% Have <i>formal disciplinary/expulsion procedures</i>	80.0%	71.4%

□ **p<.05

Operations Finances, Hours, and Performance Evaluation

	COS	PSS
Finances		
Median size budget**	\$200,000	\$74,500
Average number of <i>revenue sources</i> **	3.2	1.6
% Have <i>contracts</i> **	66.7%	37.5%
% Have <i>fees</i> **	46.7%	0.0%
Operational Hours		
Average number of <i>days</i> per week organization is opened**	5.5	4.6
Average number of <i>hours</i> per day organization is opened**	8.6	7.0
Ways of Evaluating Performance		
% Using <i>satisfaction surveys</i> *	100.0%	75.0%
% Using <i>outcome measures</i> **	100.0%	42.9%

□ *p<.10; **p<0.05

Operations: Services

	COS	PSS
Average number of services offered	13	11
% With members initiating services and activities	93.3%	85.7%

Descriptive Statistics: External Relationships

How Consumers Hear About the Organization

	COS	PSS
Average <i>number of ways that the consumer hears</i> about the organization*	4	3
% Hearing about organization from <i>mental health board</i>	80.0%	50.0%
% Hearing about organization from <i>mental health agency/provider</i>	86.7%	90.0%
% Hearing about organization from <i>hospital*</i>	53.3%	20.0%
% Hearing about organization from <i>other consumers</i>	93.3%	90.0%

□ *p<.10

Local Mental Health Board Relations

	COS	PSS
% Receiving <i>financial support</i> from local mental health boards*	100.0%	62.5%
% Of <i>budget</i> coming from local mental health board	83.4%	68.0%
% Considering themselves in <i>competition with provider agencies for local mental health board resources</i> **	80.0%	25.0%
Perception of <i>local board's commitment</i> to peer support/consumer-operated services**	Strong	Moderately Strong

□ *p<.10; **p<0.05

Relations with Mental Health Providers

	COS	PSS
% Having <i>relationships with mental health provider agencies</i>	93.3%	85.7%
% <i>Offering services previously provided</i> by a mental health provider agency	64.3%	37.5%
% <i>Having mental health provider agencies provide services previously offered</i> by COS/PSS	46.7%	12.5%
% <i>Making referrals</i> to mental health provider agencies	93.3%	62.5%
% <i>Receiving referrals</i> from mental health provider agencies	100.0%	87.5%
% <i>Providing information/educational materials</i> , including consumer expertise, to mental health provider agencies	78.6%	62.5%
% <i>Receiving information/educational materials</i> from mental health provider agencies	57.1%	75.0%

Non-Mental Health Community Organizations

	COS	PSS
% Having <i>relationship with non mental health organizations*</i>	100.0%	85.7%
% <i>Referring consumers to non-mental health community organizations*</i>	92.9%	62.5%
% <i>Receiving referrals from non-mental health community organizations*</i>	85.7%	25.0%
% <i>Providing technical assistance to non-mental health community organizations*</i>	42.9%	0.0%
% <i>Receiving technical assistance from non-mental health community organizations*</i>	50.0%	14.3%
% <i>Providing moral support to non-mental health community organizations*</i>	64.3%	25.0%
% <i>Receiving moral support form non-mental health community organizations*</i>	71.4%	42.9%
% <i>Participating in joint projects with non-mental health community organizations*</i>	57.1%	57.5%

□ *p<.10

Major Findings

- ❑ COSOs provide a range of services to their members.
 - ❑ COSOs are self-governing beyond what is required by law.
 - ❑ COSOs participate in reciprocal relationships with other organizations inside and outside the public mental health system.
 - ❑ COSOs provide more services to members, are more self-governing, and participate in more community relationships than PSSOs.
 - ❑ For some organizations, being a PSSO is a developmental stage in becoming a COSO.
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COSOs as Civic Associations

- ❑ In addition to being service providers, COSOs act as civic associations for their members and their communities.

 - ❑ Citizenship has been identified (Ware et al., 2007) as an important component of social integration and therefore of recovery.
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Implications for Policy

- ❑ Policy regarding COSOs should maximize their potential as service providers but not at the cost of their unique organizational characteristics and their potential as civic associations rooted in their communities.

 - ❑ COSOs should be encouraged to appeal to, cultivate, and communicate to others the citizenship of their members and not only their roles as providers and recipients of services.
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