

CONSUMER OPERATED SERVICES ADULTS

I. Definition of Service:

Consumer Operated Services (COS) represent an array of services, supports, and opportunities that are run and managed primarily by persons who have experienced mental illnesses and expand the continuum of services available to persons with mental illness. COS are those services where identified consumers interact with other identified consumers in both structured and informal environments. Consumer Operated Services (COS) may be provided exclusively by self-identified consumers (e.g., self-help, mutual support groups) or in partnership with consumer and non-consumer staff (e.g., case management, psycho-education). The sharing of personal experience is a critical element of COS and is part of what makes them beneficial. While some professionals have personal experiences with mental illnesses, they choose not to identify themselves as mental health consumers and do not share their personal experiences as consumers. Services delivered by persons who do not identify as consumers or share their personal experiences as consumers are not COS. A program where consumers serve only as advisors or on a board is not a COS.

Consumer Operated services are guided by the principles identified by the *Consumer-Operated Services Project* funded by the U.S. Substance Abuse and Mental Health Services Administration. These principles include:

- A. Structure – services are operated by consumers and are primarily responsive to feedback from participants.
- B. Environment – services are readily accessible in the consumer’s home community and provide a safe and voluntary atmosphere.
- C. Belief System –
 - a. recovery -the belief is that all participants have the capacity to accomplish their life goals;
 - b. diversity -each individual’s diversity is respected and behaviors are defined in ordinary “human” terms;
 - c. peer relationships are based on shared experience and values;
 - d. Creativity and humor are necessary ingredients to recovery;
 - e. Spirituality - an individual’s spiritual beliefs are respected and incorporated into the recovery process.
- D. Peer Support
 - a. Interpersonal support: participants are available to each other to listen and provide empathy in a non-threatening environment.
 - b. Telling one’s story: personal stories are used to motivate and serve as role modeling.
 - c. Peer mentoring and teaching: consumers learn from each other’s experiences.
- E. Education and Advocacy
 - a. Self-management and problem solving: participants learn practical skills and solutions to deal with day to day life issues.

- b. Information giving: participants teach and are taught community survival skills
- c. Self, peer, and systems advocacy: participants make sure barriers do not prevent them or their peers from achieving life goals.

There are a number of ways that consumers are involved as providers in the mental health system. The United States Psychiatric Rehab Association (USPRA) has identified several roles that consumers typically play in providing services:¹

- 1) *Consumer-operated services (Empowerment Centers/ Drop-in Centers)* – in these organizations, consumers serve as providers in the organizations that they manage. The consumers are responsible for the overall management of the organization including administration of the programs, staffing, and program development. They may be free-standing non-profits that contract with the mental health agency or receive funding from mental health agencies. The underlying principle behind these activities is that consumers have the ability to form creative, non-traditional services that add to the array of services available through traditional mental health avenues. They also have the potential to enhance the services that mental health agencies are already providing. These programs often serve an outreach and referral function as they can be the first point of contact a consumer has with the formal mental health system.
- 2) *Consumer Partnership Services (Clubhouses / Empowerment Centers)* – Consumers work in partnership with non-consumers to provide services. Consumers are employed by a mental health center or advocacy organization to provide services. Clubhouse programs (i.e., Clubhouse Program/Drop-In Center) provide help to consumers to develop or reestablish social relationships, a sense of self-esteem, group affiliation, and reintegration into a meaningful community life. Programs promote recovery through membership in the club and offer such supports as vocational and leisure activities, skills training, self-help, recovery groups and outreach. Consumer employees serve a number of functions such as peer specialists, consumer housing specialists, benefits specialists, outreach workers, case manager aides, and consumer advocates. The rationale behind hiring consumers in traditional mental health centers is that consumers can bring motivation, sensitivity and empathy to the job.
- 3) *Consumer Initiatives* – Consumer employees, such as peer specialists, initiate an activity that may be a part of the treatment continuum of a traditional mental health organization or complement services already offered. Paid consumers play a significant role in developing the program and carrying out the day to day functions of these programs. Examples of consumer initiatives include:
 - a) Teaching classes such as WRAP (Wellness Recovery Action Plan), coping with symptoms, managing stress, how to access benefits.
 - b) Running mutual support groups such as Double Trouble in Recovery (co-occurring 12- step groups) or diagnosis specific groups (i.e. depression, support).
 - c) Consumer support done in conjunction with clinical intervention (i.e., Dialectical Behavioral Therapy, Cognitive Behavioral Therapy).

¹ Mowbray C et al; 1994; *Consumers As Providers In Psychiatric Rehabilitation*; IAPSRs, Linthicum, MD

II. Admission Criteria:

All of the following criteria are necessary for admission:

- A. Individual has capacity for participation in an individualized plan of care directed towards building life skills.
- B. Must be able to be receptive to services in an unstructured environment without professional presence.

III. Exclusion Criteria:

Any of the following criteria are sufficient for exclusion from this level of care:

- A. The individual is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required.
- B. The individual requires a level of structure and supervision beyond the scope of the program.

IV. Continued Stay Criteria:

All of the following criteria are necessary for continuing treatment at this level of care:

- A. The individual's condition continues to meet admission criteria.
- B. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- C. Individual demonstrates a capacity to benefit from peer services.

V. Discharge Criteria:

Any of the following criteria are sufficient for discharge from this level of care:

- A. The individual exhibits severe disruptive, threatening, abusive or dangerous behaviors (e.g., suicidal/homicidal behavior, drug/alcohol intoxication, symptoms of psychosis) that require treatment at a more intensive level of care.
- B. The individual no longer wishes to participate in services at this level of care.

VI. Frequency of Review:

- A. Review is consistent with service plan reviews.