

APPENDIX 1:

COMMON INGREDIENTS OF COSPS (CAP Definitions)

December 3, 1999, revised March 9, 2000

The ingredients listed are commonly found in consumer-operated services, but each individual program will have more of some ingredients, and less of others. In fact, with the exception of the first ingredient (“consumer-operated), a program may be

missing some of these ingredients entirely and still be a viable, helpful consumer-run program. Therefore, it is not a checklist to see how programs measure up to a standard. Instead, it is a way to understand differences in style between equally valid approaches.

ELEMENT	DEFINITION	EXTRACTED ISSUES
STRUCTURE		
Consumer operated	<p>Consumers constitute the majority (at least 51%) on the board or group which decides all policies and procedures.</p> <p>With limited exceptions, staff consists of consumers who are hired by and operate the COSP.</p> <p>Consumers have control of the operating budget.</p> <p>Role opportunities for participants may include board and leadership positions, volunteer jobs and paid staff positions.</p>	<p>Board of Directors or decision-making group</p> <p>Staff composition</p> <p>Budget control</p> <p>Leadership roles for participants</p>
Participant responsive	<p>A COSP responds flexibly to the needs of participants.</p> <p>Consumers have ways to indicate dissatisfaction with their program and to have grievances addressed.</p>	<p>Flexible program.</p> <p>Process for complaints or grievances.</p>
Linkage to other supports	<p>A COSP offers linkage to other supports, with referrals to other community services, and networking with other consumer groups.</p>	<p>Linkage and referral to other services.</p> <p>Networking with other consumer groups.</p>

ELEMENT	DEFINITION	EXTRACTED ISSUES
ENVIRONMENT		
Accessibility	<p>Consumers can walk to the COSP or get there by public transportation; or the program comes to the consumer.</p> <p>Hours of operation are geared to the needs of participants.</p> <p>COSP programs are either free or charge a nominal fee. Program use is not dependent on ability to pay.</p> <p>Efforts are made to insure that consumers with physical and sensory as well as psychiatric disabilities can participate in programming.</p>	<p>Transportation to the COSP</p> <p>Hours of operation</p> <p>Cost of program or activity.</p> <p>Accessible to persons with physical and sensory disabilities.</p>
Safety	<p>The COSP provides a noncoercive milieu in which fears due to past traumatization are appreciated and assuaged, including trauma induced by the mental health system.</p> <p>There is no threat of commitment, clinical diagnosis, or unwanted treatment except in cases of suicide or physical danger to other participants.</p> <p>CLUSTER FOR DROP-IN: Norms/rules to protect the physical safety of participants are developed by consumers for consumers -- either by the participants themselves or by consumer staff -- and they are agreed to by all participants.</p>	<p>De-emphasis on clinical treatment or diagnosis.</p> <p>Policy for calling police or other agents for involuntary treatment or arrest. Policy for expulsion or suspension from the COSP.</p> <p>Rules of daily behavior.</p>
Informal setting	<p>Working toward common goals in a comfortable setting creates a sense of belonging and support.</p> <p>Rigid distinctions between “provider” and “client” do not exist.</p> <p>While some program components may be structured, there remains a sense of freedom and self-expression. The COSP provides a sense of fellowship, in which people care about each other and create community together.</p>	<p>Physical environment.</p> <p>Relationship between staff and participant.</p> <p>Spontaneity of participant behavior.</p> <p>Observed goodwill among participants.</p>
Reasonable accommodation	<p>CLUSTER FOR DROP-IN: No timeline is attached to participation in the COSP. No pressure to join and no time limit to participation. Schedules and tasks can be flexible and adapted to individual needs.</p> <p>CORE CONSENSUS: Reasonable accommodation to disabilities of all kinds is advocated and practiced in program and work settings.</p>	<p>Length of time allowed for participation.</p> <p>Requirements for membership or participation.</p> <p>Reasonable accommodation or flexibility in staff schedules and tasks.</p> <p>Reasonable accommodation for all disabilities.</p>

ELEMENT	DEFINITION	EXTRACTED ISSUES
BELIEF SYSTEMS		
Peer principle	<p>Relationships are based upon shared experiences and values.</p> <p>They are characterized by reciprocity and mutuality. A peer relationship implies equality, along with mutual acceptance and mutual respect.</p>	<p>Shared values, shared consumer experience</p> <p>Relationships peer to peer, participant to staff</p>
Helper's principle	<p>Helping oneself and others is a corollary of the Peer Principle. Working for the recovery of others facilitates personal recovery. Help or advice is friendly rather than professional, and does not demand compliance.</p> <p>All services at COSPs are based on peer-to-peer relationships, as part of the Peer Principle.</p>	<p>Peers help peers/</p> <p>Help does not require compliance.</p> <p>Skilled services provided peer to peer.</p>
Empowerment	<p>PERSONAL EMPOWERMENT</p> <p>Empowerment is honored as a basis of recovery. It is defined as a sense of personal strength and efficacy, with self-direction and control over one's life.</p> <p>Consumers are expected, but not forced, to be accountable for their actions and to act responsibly. Self-reliance is encouraged.</p> <p>GROUP EMPOWERMENT</p> <p>Belonging to an organized group that is recognized by the larger community contributes to the personal empowerment of the individuals within it. Both personal empowerment and group empowerment can be going on at the same time.</p> <p>As a group, the COSP has the capacity to impact the systems that affect participants' lives. Consumers participate in systems level activities at their own pace.</p>	<p>Personal confidence, efficacy, self-direction, decision-making</p> <p>Individual accountability and independence</p> <p>Pride of membership/ownership of COSP.</p> <p>COSP effect on systems.</p> <p>Participant participation in system activities</p>
Creativity and Humor	<p>ARTISTIC EXPRESSION</p> <p>Many consumers find artistic expression helpful in their recovery process. As a result, some COSPs offer group and individual opportunities for artistic expression.</p> <p>SENSE OF HUMOR</p> <p>An ability to laugh at oneself and at difficult situations is commonly found among COSP participants.</p>	<p>Use of art and other creative expression.</p>

ELEMENT	DEFINITION	EXTRACTED ISSUES
BELIEF SYSTEMS (continued)		
Choice	<p>Participation is completely voluntary, and all programs are elective and non-coercive. Choice of services includes the right to choose none.</p> <p>Consumers are regarded as experts in defining their own experiences and choosing COSP or professional services that best suit them. Problems to be addressed are those identified by the consumer, not by professionals.</p>	<p>Choice in services used. Right to choose no services.</p> <p>Participant view of personal experience</p> <p>Participant assessment of personal issues</p>
Recovery	<p>We believe in recovery. The recovery process is different for each individual. It is never defined rigidly, or forced on others by a COSP.</p> <p>Recovery describes a positive process that acknowledges strengths and enhances well-being.</p> <p>COSPs regard recovery as a normal human process which is unique for each individual. And like all human processes, recovery takes time and involves a whole range of human experiences.</p> <p>It may include ups and downs and also periods of no apparent change.</p>	<p>COSP definition of recovery.</p> <p>Recovery as a positive process, a strengths model.</p> <p>Recovery is unique for each individual. Recovery involves both time and a range of experiences.</p> <p>Acceptance of non-linear nature of recovery, times when no improvement is seen.</p>
Acceptance and respect for diversity	<p>Empowerment and hope are nourished through acceptance of persons as they are "warts and all."</p> <p>All behaviors are understood in ordinary human terms, never according to clinical interpretations.</p> <p>Consumers respect each other for the person they are rather than for the person they should be.</p> <p>Every person is afforded acceptance, respect and understanding based on his/her uniqueness and value as a human individual.</p>	<p>Behavior is regarded in common human terms rather than clinical labels. Stigmatizing attitudes and clinical labels are avoided.</p> <p>Participants are not required to change their fundamental views of self.</p>
Spiritual growth	<p>Spiritual beliefs and subjective experiences are respected, not labeled as symptoms of illness.</p>	<p>Spiritual beliefs and affiliations. Subjective experiences are respected</p>

ELEMENT	DEFINITION	EXTRACTED ISSUES
PEER SUPPORT		
Peer support	<p>Individual COSP participants are available to each other to lend a listening ear, with empathy and compassion based on common experience.</p> <p>Similar support may be provided in formal support groups.</p>	<p>Individual and informal peer support.</p> <p>Peer support groups.</p>
Telling our stories	<p>Personal accounts of life experiences are embedded in all forms of peer support and education.</p> <p>Open discussion occurs in peer support groups or among individuals.</p> <p>Sharing these life experiences may also be a tool for public education, thus becoming an effective means of eliminating stigma and making consumers more accepted within their community.</p>	<p>Personal testimony in peer support and education</p> <p>Spontaneity and free expression in conversation or meetings.</p> <p>Personal testimony in public forums.</p>
Consciousness raising	<p>Small support or conversation groups allow participants to “tell our stories” or share common experiences. These groups may be formal peer support groups or casual, ad hoc, conversations.</p> <p>Participants receive information about the consumer movement.</p> <p>New participants discover commonality with others, and this often produces the first dramatic change in perspective from despair to hope and empowerment.</p>	<p>Sharing experiences in groups.</p> <p>Learning about the consumer movement.</p> <p>Positive change of perspective as a result of participation.</p>
Crisis prevention	<p>Involuntary commitment is minimized through individual or group peer support, or by peer counselors, or by education and advocacy, by addressing problems before they escalate, by addressing problems before they escalate.</p>	<p>Rate of hospitalization before and after joining the COSP.</p> <p>Effect of peer support or counseling</p> <p>Effect of peer support or counseling.</p>
Peer mentoring and teaching	<p>Consumer staff or leaders serve as positive role models to other consumers and to each other. Individual participants act as mentors to others.</p> <p>Consumers teach skills and strategies to other consumers, either formally or informally.</p>	<p>Peer leaders as role models.</p> <p>Peers act as mentors.</p> <p>Peer as teachers in formal classes or trainings.</p>

ELEMENT	DEFINITION	EXTRACTED ISSUES
EDUCATION / ADVOCACY (accepted revision 11/10/1999)		
Self-management/ problem solving strategies	COSP programs or individuals teach and model practical skills and promote strategies related to personal issues, treatment, and support needs. The focus is on practical solutions to human concerns.	Formal educational programs for problem solving. Informal exchange of personal experience to enhance individual problem solving abilities.
Education	Consumers teach and are taught skills that will equip them for full participation in the community such as, daily living skills, vocational skills, job readiness, communication skills, relationship skills, goal setting and assertiveness skills. Consumers develop and improve social skills in a natural social environment. This is often a first step toward creating or re-establishing valued roles in the community and reintegrating into community life.	Formal or informal teaching and practice of daily living skills, vocational skills, job readiness, communication skills, goal setting and assertiveness skills. Participants reintegrated into the larger community.
Self advocacy	COSP participants learn to identify their own needs and to advocate for themselves when there are gaps in services. COSP participants learn to become active partners in developing their own service plans with traditional services to meet their needs. Consumers learn to deal effectively with entitlement agencies and other services.	COSP participants are better equipped to propose alternative services to meet their needs. COSP participants are more assertive in insuring that they receive the services they need from traditional agencies. COSP participants are more effective in obtaining services needed from other community agencies.
Peer advocacy	COSP participants assist other consumers in resolving problems they may encounter on a daily basis in hospitals and the community such as problems with treatment providers, community service agencies, family members, neighbors, landlords, other peers, etc.	Individual participants advocate for each other. Formal advocacy program. Outreach to participants.
Systems advocacy	The COSP uses a number of tools to bring about changes at the systems and legislative level. These tools may include testifying before the legislature, participating on boards, committees, and task forces, communicating directly with policy and lawmakers.	Systems advocacy by the COSP or by COSP members or graduates.
Community Education	The COSP uses public education or public relations to bring about positive changes in public attitude.	Public education efforts.

APPENDIX 8: FACIT (Current form) To be provided