

Consumers As Providers: An Overview of a Pilot Training Initiative

Diane McDiarmid, L.M.S.W.

**The University of Kansas
School of Social Welfare
Office of Mental Health Research & Training
Twente Hall
Lawrence, Kansas**

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Charles A. Rapp, Principle Investigator

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Preface

Executive Summary / Abstract

Chapter 1

Consumer as Provider Program

Project Goals

- The pilot Consumer as Provider Program was developed, instruction and internship activities were successfully completed.

Consumer Characteristics

- Demographically, Consumer as Provider student participants consisted of eight females and six males. The average age of the consumer as provider student was mid 30's. The vast majority was unemployed and their income was most likely from government assistance programs. The level of education completion is quite varied, with all having attained at least a high school education.
- The entirety of Consumer as Provider (CAP) students had history of multiple psychiatric hospitalizations prior to entering the CAP program.
- All CAP program participants meet the criteria of severe and persistent mental illness.

Chapter 2

Results

Consumer Outcomes

- Sixteen individuals completed the application process.
- Fourteen individuals entered the program taking at least five classes.
- CAP students completed 60 hours of training over a 20-week period.
- CAP students completed 100 hours of internship activities over a 13-week period at either Wyandot or Johnson County Community Support Services.
- Fourteen team members of Community Support Services mentored CAP students.
- Twelve individuals graduated from the program, completing all required coursework and internship activities.

- Twelve CAP students completing internship activities received a \$200 stipend from the participating mental health center.
- For several students upon graduation, the internship position turned into a permanent paid employment at the sponsoring agency.
- Eight program graduates have secured a paid position in Community Support Services.

Student Self Confidence / Esteem

- CAP students bringing new perspective/ ideas to participating CSS teams
- Motivational factors identified by students in enrollment & course completion
- Indicators of rising student self-esteem were seen as CAP classes progressed.

Systems Effects

- Training and orientation activities were held for Johnson & Wyandot staff on hiring consumers as providers.
- Presentations have been made to individual agencies, CSS directors meeting, Kansas Consumer Conference on the program overview and replication of the CAP program.
- A one day session was held for both supervisors of CSS programs and mentors of CAP students. Technical assistance was offered at the conclusion of training to each program as requested.
- Two “Consumer as Provider Forums” were held to strategize on overcoming barriers and obstacles in hiring consumers as providers.
- Literature review written and distributed to increase awareness of the advantages of hiring Consumers as Providers.
- KU staff developed policies for inclusion of consumers as providers
- Several CSS programs have expressed interest in participating in the Consumer as Provider training program.
- Through advocacy efforts the Kansas Behavioral Science Regulatory Board initiated recommendations for inclusion of consumer as providers in social service settings.

Chapter 3 Evaluation Process & Outcome

- Key mental health center staff provided feedback on CAP program.
- A quantitative and qualitative evaluation was generated & administrated to graduating CAP students.
- A CAP Alumni” group has formed to continue with increasing knowledge, skills and supports for former CAP students and other consumer providers.

Chapter 4 Recommendations & Discussion

- From the results of the initial CAP program several changes are scheduled to occur in order to improve program performance and student learning.
- KU staff working with pilot community mental health centers (CAP coordinators & other CSS staff), will look at recommendations for improvement and change.
- Based on the first demonstration of Consumer as Provider project, the CAP program should be replicated in different sites.
- An educational liaison should be hired to work individually with each student, program coordinator/or mentor.
- Training coursework should be held during traditional times, as with any other college student.
- Mentors and program coordinators should receive additional CAP orientation.
- Internship site / mentors should provide each student with a detailed job description and specific expectations as a student/staff team member.
- Pre-screen applicants for entry into the CAP program.
- Transportation should be arranged and secured on an flexible, individualized basis for the CAP student when requested.
- Training coursework should be held during the traditional times as with any other college student.
- Further research needs to be taken. A longitudinal study researching several variables of the CAP is recommended.
- Increase employment options for CAP graduates.
- The CAP class should provide a stepping stone for students to transition into other training opportunities / classes / employment.

Chapter 1 Consumer as Provider Program

PROJECT GOAL

Hiring consumers as service providers in the field of community support is relatively new but ever increasing in the mental health field. This trend is developing due to the multiple benefits of hiring consumers as provider for the mental health agency, the consumers being served and to the consumer providers themselves.

The *Consumer as Provider (CAP)* training project had two purposes. The first purpose of this project was to increase the employability of people who have a severe and persistent psychiatric disability in community support programs and other human service settings. The CAP training was seen as an opportunity for persons to utilize their vast experiences and wisdom as recipients of the mental health system and to gain and enhance their helping skills.

The second purpose was to create the supports and mechanisms to assist community support programs to hire consumer-providers in their agency. The supports and mechanisms to assist CSS programs included:

- Providing information from the literature on barriers and strategies
- Facilitating forums of key stakeholders in the consumer as provider movement for guiding the development of agency policies and supervision methods of consumer providers
- Classroom training and internship activities for potential consumer providers
- Technical assistance, forums and training for agency personnel.

Consumer Characteristics

AT RISK POPULATION:

Geographically, Wyandot and Johnson County are two of the 13 counties that comprise the Kansas City metropolitan area. Each county is almost opposite of each other in the number of resources and demographics of population served. Johnson County is the most affluent county in the metro, and one of the most affluent in the country. By contrast, Wyandot is faced with high poverty, high crime and few formal resources.

The following table compares the demographics of the two participating counties, based on *1999 Kansas City Metro Market Profile* (The County Economic Research Institute).

County	Johnson County	Wyandotte County
Population	429,563	153,355
Per Capita Income	\$36,845	\$17,950
Total Employment	316,393	72,548
Total employment growth (1987 - 1997)	+ 4.0% 214,357 > 316,393	-0.1% 94,126 < 93,637
College degrees (% of population)	40.5%	10.3%
Population growth From 1990 – 1998	+2.4% 355,054 > 429,563	-0.8% 161,993 < 152,355

There is a great disparity between the two Kansas City metropolitan counties of Wyandotte and Johnson counties.

- Every county in the Kansas City metro area except Wyandotte added employment between 1987 and 1998 helping the area exceed the national growth rate.
- Johnson County led in numeric terms of employment growth, with the addition of 102,036 jobs during the period—53% of the metro’s total net growth.
- Johnson County had the area’s highest per capita income at \$36,845 – nearly 29% above the second place county.
- In the amount of college degrees, Johnson County leads the ranking of Kansas City area counties and ranks 16th nationally.
- Johnson County ranks first among Kansas City metropolitan area counties and has one of the highest levels (92.9%) of education attainment (population, age 25+ with least a high school diploma) of any county in the nation.
- In comparison, of the eleven counties in the Kansas City metro area, Wyandotte ranks last (69.9%) in level of educational attainment (% of population age 25+ with at least a high school diploma).
- In population growth, Johnson County lead the total population gain accounting for 46.4% of the metro’s total growth.
- Wyandotte County was the only county in the metro area to experience population loss during the period.

Individuals who have a severe and persistent mental illness and reside within Wyandotte and Johnson counties comprises the *At Risk Population*. Using the 1% of the total population formula (that the host mental health centers use) for estimating the number of adults with severe and persistent mental illness, Johnson County ‘s catchment area would include 1,534 adult individuals and Wyandot Mental Health Center includes 725 adults.

In the Wyandot County, 515 adults with severe and persistent mental illness are treated through Community Support Services. Of these 515, 362 receive case management and 153 participants participate in medication only services.

Criteria for acceptance into the CSS programs follow the National Institute of Mental Health (NIMH) criteria defining serious mental illness. Those guidelines are primarily concerned with the numbers and duration of hospitalizations and the prevalence of DSM IV-R Axis I diagnosis-requiring medication. It is likely that the CSS recipient will have at least two of the following criteria:

- (1) has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g. Alternative care home, partial hospitalization, inpatient hospitalizations, or emergency services).
- (2) Has experienced a single episode of continuous, structured supportive care other than hospitalization for duration of at least two months.

In addition, such individuals typically meet at least two of the following criteria, on a continuous basis, for at least two years:

1. is unemployed, is employed in a sheltered workshop, or has markedly limited skills and poor work history.
2. Requires public financial assistance for out of hospital maintenance and may be unable to procure such assistance without help.
3. Shows severe inability to establish or maintain a personal support system.
4. Requires help in basic living skills.
5. Exhibits inappropriate social behavior, which results in demand for intervention by the mental health and / or judicial system.

Once accepted into the Community Support Program most consumers receive case management services. Case managers assist in identifying, securing resources and assist in sustaining consumer driven goals. Case managers as well as other CSS personnel help to inform consumers of Consumer as Provider opportunities and support CAP students in their educational endeavors.

TARGET POPULATION

The *Consumer as Provider* project sought to target those individuals who have a documented severe and persistent mental illness and are receiving or have received community support services from Wyandot and Johnson County Mental Health Centers.

Process of Selecting the Target Population:

The Consumer as Provider staff designed and posted (with the help of CSS staff) posters announcing an informational meeting to discuss the CAP program four months before classes began. Case managers and others who have direct contact with CSS consumers were also provided with CAP information in an effort to inform consumers who seldom are on site at the mental health center, or who would have limited knowledge of the consumer as provider initiative.

Two months before the beginning of classes two informational meetings were held at the hosting CSS programs. A total of 40 consumers attended the informational meeting.

Included in the CAP information session was:

- an overview of topics covered in CAP training classes
- internship expectations and opportunities
- the application procedures
- question and answer session about the Consumer as Provider class and internship activities.

CAP applications were handed out to all participants, as well as leaving applications at each Center and with CSS staff who would have contact with consumers outside of the mental health center building.

Sixteen consumers completed the application process. All applicants came from either the Wyandot or Johnson CSS programs, except for one person from a distant CSS program. The application tool included information such as address, phone number and an academic and work history. Each applicant also submitted as part of the application, a

narrative statement about themselves and their rationale for being in the Consumer as Provider class.

All sixteen applicants were accepted under a self-selection policy, but only fifteen enrolled in the first class. Before the start of classes, the one person who applied from another center did not start classes because of the distance to travel to class, internship expectations, and decided to withdraw her application. After the first class, one applicant decided not to continue on, as the class and internship activities interrupted his work schedule.

Fourteen consumers continued taking classes with perfect attendance until one month into the program. At this point, one student, a mother of seven children made the decision to drop out of the program because she could not find decent, affordable childcare for her family and sought time to be with her children. All other students continued classes and internship activities with almost perfect attendance for the remainder of the activities. A month before graduation (the 16th week of class), one student dropped out as he found competitive employment in a non-mental health position in the community.

Twelve consumers completed the training classes and internship requirements (student demographics can be found in Appendix 1.). Students and CAP staff planned together a graduation / picnic party. Each student was supplied with several formal invitations to pass along to family, friends, mentors and others that the student wanted to invite to the graduation event. The graduation ceremony was held in a shelterhouse, in a county park and included each of the 12 students receiving certificates of completion of the Consumer as Provider training program. CAP students and instructor also bestowed special recognition and appreciation to CAP mentors and program coordinators.

TRANSPORTATION

The initial *Consumer as Provider* training program involved 60 hours of training over a 20-week period at The University of Kansas Regents Center in Overland Park, Kansas. Students were encouraged to find their own transportation to classes. In some situations, such transportation was not readily available and the community mental health centers assisted the student in obtaining access to transportation. On an average basis, 2 to 4 students were provided transportation by the mental health centers a week. Center staff encouraged peer supports for transportation, but were able to transport (if needed) students to class using agency vehicles. Students, using available normal community resources (such as car pooling with other CAP students or public transportation) arranged other transportation options.

CAP TRAINING DESCRIPTION

Classroom component

Students attended a weekly three-hour class held for 20 weeks at the Kansas University Regents Center (KURC). Classes included didactic presentations, discussion groups, experiential exercises, and in-class assignments. The core components of the curriculum included:

Table 1: Core objectives of the training

1. Appreciation of the historical, social, and cultural contexts within which the consumers-as-providers training occurs
2. Active listening, communication, and basic helping skills (e.g. summarizing, paraphrasing, congruency between nonverbal & verbal communication, etc.)
3. Ethics, boundaries, confidentiality and self-disclosure

4. Knowledge, understanding, and practice using the Strengths Model (e.g. strengths assessment, personal plan).
5. Community resource acquisition and community integration
6. Group supervision
7. Symptom and stress management, and coping skills
8. Biological elements of mental illness
9. Scope and methods of case management, attendant care and psychosocial group work
10. Documentation skills
11. Introduction to the consumer movement and the recovery paradigm
12. Ability to work as a team member

Each student received a Consumer as Provider training notebook with supplemental information (exercises, readings, bibliographies, etc.) included to enrich and build upon each week's lecture. Students were also supplied with the text: "The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness" (Charles A. Rapp, Oxford Press, 1998), notebook paper, mutual expectations, internship overview and a course syllabus. A wide variety of readings, a strengths assessment, group role play, a personal plan, and a formal paper demonstrating a working understanding of ethics, confidentiality, boundaries, and self-disclosure were assigned, completed and discussed in class.

Internship component

The two community support service centers that served as recruitment sites – Johnson County Mental Health and Wyandot Mental Health - were also internship sites. An internship coordinator and mentors were recruited at each site and oriented prior to the internship training. The classroom instructor also served as a liaison (meeting with mental health center staff involved in the project, meeting with students in the field, problem solving with both staff and students) for the internships. Mentors were to serve

as in-field role models, supervisors, and support persons for CAP students. Mentors were also required to meet at least weekly with the student for supervision and feedback. Each mentor completed a mid-term and final internship evaluation tool that was shared with the student and the classroom instructor.

A four hour internship commenced one month after the first training class and gradually increased over the course of training to 16 hours weekly. The internship totaled 100 hours over the 13-week period. CAP students were matched (by their request and internships available) to a variety of community support service settings. Extending the duration of internship to assist people in need of extra skills building time was an option, but was not exercised by staff or requested by any student or agency.

Seven internship tracks were available to students:

- case management (4 students)
- psychosocial (3 students)
- wellness team (2 students)
- attendant care (2 students)
- crisis-homeless (1 student)
- resource development (1 student)
- dual recovery (mental illness and chemical dependency). (1 student)

~note: some students were involved in more than 1 track during internship (i.e. one student worked on the crisis-homeless team as well as leading dual recovery groups).

Wherever possible, students were permitted to choose an internship track corresponding to their area of interest. To minimize role conflict, confusion and ambiguity, consumers were encouraged to complete their internship requirement at the site other than where they were receiving services. For practical and personal reasons, six consumers completed their internship at the same center where they were receiving treatment.

Participants were required to carry a caseload (size to be determined by KU instructor and agency) and adhere by agency policy and practices. As the internship was designed to put theory and skills from the classroom into practice, it was essential that all students had an opportunity to work with clients in a CSS setting. Weekly group supervision was available to students in a team setting at the mental health centers. As a component of the curricula, a time was available in class to process learning and experiences in the field.

Alumni association, mutual supports, and career development

At the completion of training, an alumni association was formed to focus on career development, mutual support, job placement, stress management, and other areas of interest to alumni. During the last month of the CAP class, the instructor discussed the idea of an alumni association with students. Students overwhelmingly requested that an alumni association be started. One of the students volunteered to find a meeting place and to contact his student peers to set a date and time. The first alumni meeting was held six weeks after graduation, with five students attending the initial alumni meeting.

Within three months of graduating, students involved in the alumni association elected a graduated CAP student as president, established a career development committee, and made ongoing plans for mutual support. Speakers at the alumni association meetings have ranged from a representative from Kansas Vocational Rehabilitation Services, and an experienced consumer-provider (who was hired years before the CAP initiative by a mental health center). At the third meeting, the alumni association voted to open its doors to other consumer providers currently working in the field who were not graduates of the first CAP training class. Future plans for the alumni association includes additional group speakers, recreational outings, advanced training activities and establishing a web site.

Table 2: Timeline for Consumer As Provider Project:

1998

- July: Literature review completed on Consumers as Providers.
- September: Training curricula developed. Syllabus completed.
- October: Internship placement/ protocol designed, potential sites contacted.
- November: Flyer advertising the Consumer As Provider program was distributed to area agencies and was posted in various agencies that consumers frequent.
- December: An informational meeting was held for all potential students about the CAP project.

1999

- January: Applications were accepted and processed and the enrollment process completed.
- February: Classes begun at The University of Kansas Regents Center.
- March: Internship started at 4 hours a week to be phased in until the student is spending up to 16 hours weekly in internship practice.
Resource material developed for agencies struggling with hiring of consumer providers.
- April: Mid-semester evaluation of the student's progress and mid-semester evaluation of the CAP program by students.
Developed and delivered Technical Assistance / Training package for participating internship sites.
- May: Students received first half (\$100) of internship stipend.
- June: Students complete internship. Students receive 2nd half of stipend (\$100).
Students complete Consumer as Provider training course.
Graduation ceremony & celebration occurs.
- July: Alumni association ~ first meeting held.
- Fall: A new semester of CAP classes begins. A journal article will be written about the CAP project by KU staff involved in the project.

Roles & Responsibilities

The University of Kansas School of Social Welfare took responsibility for:

- Overall Coordination of the Project
- Screening of Applicants
- Training Activities
- Technical Assistance to Agencies
- Literature Review (including) / Summaries of Barriers & Strategies for Overcoming Identified Barriers
- Continuing Education & Updates
- Problem Solving Teams
- Matching Internships and Liaison Support
- Limited Job Support Services
- Seeking of Student Stipends
- Providing Learning Materials for each Student

The Host Agency Was Responsible for:

- Participating in KU Training & Technical Assistance Activities
- Recruitment of possible consumer as provider students
- Arranged transportation to classes and internship placements for CAP students
- Provided internship and supervision to student interns
- Provided mid-term and end of semester student evaluation (shared with student and KU)
- Provided agency coordinator for CAP project (served as a liaison between the agency and KU to resolve potential problems)
- Provided agency orientation (as with any new employee) to student

- Allowed the agency's vocational team to assist the intern
- Provided the CAP student with a job description of duties
- Agreed to consider the student for new job openings in agency
- Provided each student with a \$200 stipend at the completion of internship activities
- Provide time for consumer provider graduate to gather for mutual support and professional development.
- Provide reasonable accommodations as required under the ADA, including flex-time
- Create a friendly and supportive work culture for consumer provider staff (managers discussing and role modeling for staff the importance of consumer providers in the workplace; other staff welcoming consumer provider interns as any student intern; including the CAP students in center activities, center/team celebrations, meetings, etc.).
- Agree to consider the hiring of graduate consumer providers in the mental health center

Student Expectations

- Attend Classes and Complete Class Assignments
- Satisfy Internship Requirements
- Meet with Mentors for Feedback & Support
- Perform Duties as Required in Job Description
- Be Up Front and Honest about Accommodation Needs
- Assist Agency Staff and KU Staff in Defining Barriers and Possible Solutions

AGENCY TRAINING AND TECHNICAL ASSISTANCE

At the participating agencies (whose clients are in the consumers as providers program), KU project staff offered two orientation sessions.

Session I:

The first session was conducted three weeks before the students started internship at the host agencies. A memo was sent to CSS personnel requesting volunteers to mentor Consumer as Provider students in training. Mentors were to be full-time, experienced staff who would be willing to supervise and mentor CAP students. Potential mentors and agency coordinators were invited to attend a half-day orientation session, led by the CAP instructor, on site at the host agency. Approximately, twenty-five staff members attended the orientation session.

Topics covered in the first orientation session were:

1. Description of the Project Including:
 - a. Purpose of the project
 - b. Values driving the Consumer as Provider initiative
 - c. Project components including copies of: *Consumers as Provider of Mental Health Services: A Literature Review & Summary of Strategies to Address Barriers* (Carlson & McDiarmid, 1999).
 - d. Review & discussion of roles and responsibilities
 1. Of K.U. School of Social Welfare
 2. Of the Mental Health Agency
 3. Of CAP Student Mentors
 4. Of the CAP Students

A question and answer session between the potential mentors, agency coordinators and CAP instructor ended the orientation session.

Session II:

The second orientation session held at mid-semester of the CAP training program, was an all day training and technical assistance consultation for Wyandot and Johnson County CSS personal. The overall theme of the initiative was the benefits and barriers of hiring consumer providers.

The morning session was targeted for supervisors and program directors. Topics covered included:

- Benefits and barriers of hiring consumers as providers from a supervisory perspective.
- Each participant received a monograph of the “CAP literature review: *Consumers as Provider of Mental Health Services: A Literature Review & Summary of Strategies to Address Barriers* (Carlson & McDiarmid, 1999).
- Supervisory practice strategies in developing skills and commitment to the hiring of consumers as providers. Confidentiality and dual relationships were highlighted.

At the conclusion of the morning session, the vast majority of morning participants (supervisors) requested to participate in the afternoon session.

The afternoon session was targeted for mentors of the CAP students and other CSS personal interested in the hiring of consumers as providers.

- Benefits and barriers of hiring consumers as providers in Community Support Services.
- Each participant received the monograph: *Consumers as Provider of Mental Health Services: A Literature Review & Summary of Strategies to Address Barriers* (Carlson & McDiarmid, 1999).
- Mentors identified specific struggles they had encountered in working with consumer as providers.
- The group identified through brainstorming and discussion, strategies to overcome barriers within the agency.

Technical Assistance has and will continue to be offered to Community Support personnel by KUSSW project staff. Technical assistance will be available in the following areas:

1. Technical assistance in formulation agency policy with regard to consumers as providers.
2. Technical assistance in advocacy & policy formulation with Behavioral Science & Regulatory Board (BSRB).
3. Problem solving of dilemmas and conflicts within the mental health setting.
4. In-house training of consumer providers and other staff.
5. Supervisory concerns such as dual relationships, confidentiality, etc.
6. Hiring practices
7. Reasonable accommodations and the Americans with Disabilities Act (ADA).
8. Retreats for current consumer-providers to help problem solve & and develop strategies to remain in the workforce
9. Assisting consumers to be informed and to become advocates within the system

It is our plan to facilitate a committee of stakeholders interested in policy and program development to give technical assistance to agencies involved in the consumers as providers program on an ongoing basis to assist in problem solving. KU & the stakeholder participants will also advocate with the state professional licensure board (social work, psychology, and counselors) to clarify and implement policies for inclusion of hiring consumers as providers in agencies.

Chapter 2: Results

Consumer Outcomes

Eighty percent (80%) of the students who enrolled in the training were unemployed at the time of application. The other twenty per cent worked part time in food service and retail receiving minimum wage compensation and lack of benefits. None of the students enrolling were currently employed as mental health providers.

Of the twelve students completing the training, seven actively sought paid employment in mental health upon graduation. Five of those were hired within two months. Two graduates are continuing their education, one is enrolled in a Kansas City area (BSW) social work program and another graduate has applied for entry into nursing school.

Student Self Confidence / Esteem

The Consumer as Provider initiative has had profound effect on the students who participated in the first pilot training, as well as the Kansas mental health system, in particular the two mental health centers who actively worked with the KU School of Social Welfare to mount the CAP training program.

The partnership between the consumer/student and the CAP program staff elicits strong emotional responses for each individual in the project. The success of the classroom experience is dependent upon the affective involvement of each individual in the program. The participants of the CAP program experienced a wide range of affective involvement.

As noted from reading the qualitative feedback from students (see Chapter 6), there were significant changes to the student participants of the pilot CAP project. From the instructor's (author) perspective, the vast majority of students started classes with very low self-esteem and with a defeatist attitude. Negative student emotions ranged from

feelings of inadequacy, fear, defensiveness, anxiety, depression, anger, overwhelmed, confusion and feeling discouraged.

Some of the comments the instructor heard the first couple of weeks in class were:

- *“I probably won’t make it in this class, but I wanted to find out what it was all about, so that is why I showed up”*
- *“The only reason I’m taking this is to show my parents I can do this,... I’ve always failed at everything!”*
- *“This is something that I dream about, but I figured I’d never be able to learn...with my mental illness.”*
- *“I want to give back...but I don’t know if I ever can.”*

Several of the students did not talk or join in classroom discussion during the first two weeks of class, choosing to observe their peers without comment. At this time, the instructor deviated from the schedule to facilitate a discussion on the student’s emotional responses to being a participant in the CAP classes. All students used this time as a forum to share their situations and receive support –positive reinforcement, emotional support, and strategies for stress management.

Example:

One student reported that she had been attending the weekly team meeting at the agency for several weeks and enjoyed the process and was learning fundamentals of group supervision first hand. The student reported in class that during the past week of internship, she had been asked by the team leader, to get up and step outside during the team meeting without an explanation. The student did not understand why this was requested and used time in the classroom to vent her frustrations. The instructor and peer students asked questions to further understanding of the student-intern’s situation. The student voiced her appreciation for the opportunity to discuss this situation and gain support and validation from her peers in the classroom.

The instructor (after class) called the agency coordinator and student's mentor and discussed the situation and described the frustration felt by the student intern. It turned out that the student intern's team wanted to discuss a problematic situation about a friend (consumer) of the intern and felt uncomfortable in doing so in front of the intern. It was identified that team simply asked the intern to leave without an explanation. The instructor, agency coordinator and mentor discussed ways to communicate this to this student in a helpful way. Also discussed, was how the student might possibly be able to brainstorm along with the team on ideas and resources that might help the consumer in resolving the problem, as the student knew this individual quite well.

Everyone had something to contribute and something to learn throughout this classroom activity. The outcome of these on-going classroom support sessions was increased self-esteem and confidence of the student participants

An indicator of the rising self-esteem and confidence reflected by the students was the ability to use humor in discussions and asking of questions. The majority of participants used humor to lighten a highly emotional subject or discussion. Self-confidence was also displayed in challenging the instructor on components of the lecture. Students were encouraged to engage in sharing opposing and supporting viewpoints on particular subjects. Students also cited examples of their own experiences of being a consumer to support the point they were trying to make. These types of self-disclosure added greatly to rich discussions, learning opportunities and to the cohesion of the CAP participants.

The above are just a few examples of how a supported educational approach can be successful in improving self-esteem (Beardsley, Kessler, & Levin, 1984; Hoffman & Mastrianni, 1992; Unger, Anthony Sciarappa & Rogers, 1991; Wolf & Dipetro, 1992; as reported by Cook & Solomon, 1993). Students begin see themselves as people with strengths and abilities, not people with deficits to be fixed. As an indicator of the CAP students growing self-confidence, the majority (all but 2) of graduating students set forth to seek and secure employment positions in the mental health field in order to help others.

Systems Effects

The Consumer as Provider training was a “novel idea” for the majority of individuals involved in mental health services. As CAP students participated in classes and internship activities, professional staff and other consumers took notice. The CAP students became role models for their peers – that indeed, being a consumer provider was possible! Often CAP students would come to class relating that several consumers wanted more information on the CAP program or someone wanted to enroll in the next session. There seemed to be a tide of unbridled enthusiasm being generated by consumers at the participating mental health center internship sites.

From a systems perspective, barriers continue to perpetuate themselves because major systems (mental health centers, communities, licensing boards of professional staff, families, state policy makers) fail to organize efforts to provide inclusion of consumers in the provision of mental health services. Community support programs need to provide case managers to help consumers individualize, organize, and achieve their education and life plans (Unger, 1993). Our experience to date is that most information about the Consumer as Provider program has been spread by word of mouth from consumer to consumer.

Student/consumers in the classroom have reported that in many situations, case managers *fail to inquire* about the consumer’s educational dreams and goals, instead they tend to *focus on short term solutions* towards vocational outcomes. Students reported frustration with previous attempts in the vocational realm. Many consumers aspire to meaningful jobs – jobs of their choice. With a lack of education, intermittent work histories because of psychiatric disabilities, few documented qualifications, and/or skills to apply for jobs that the consumer has interest in, many find themselves in unskilled, unsatisfying, and low paying positions. Such practices by case managers are incongruent with the values underlying Community Support Services.

Wyandot CSS had in the past hired consumers as providers and has made a strong commitment (in fact, leads the state in the commitment towards inclusion of consumers in all facets of CSS programs) to mount the task of adding additional consumers as providers as part of the CSS workforce. Wyandot has hired several CAP graduates, both recipients of Wyandot and Johnson County mental health services. Wyandot has also requested customized training and technical assistance for staff and consumers of their program on the benefits and barriers to hiring consumers as providers.

Johnson County CSS program has also hired CAP graduates. Johnson County has a policy of “not hiring individuals who are receiving services from Johnson County”. In order to be hired consumers must leave their current supports and seek services elsewhere. This has served as a barrier for several graduates of the CAP program who would like to work at Johnson County, which is where they live and know the program well.

CSS programs at both Wyandot and Johnson County have requested that another CAP program be mounted in the Kansas City metropolitan area.

Although significant strides have been made toward hiring consumers as providers, there still exist significant barriers for hiring. Such hesitancy to hire consumers has been blamed on issues such as dual relationships, supervision, confidentiality, lack of state policy in hiring consumers, etc. Solutions and strategies to overcome such barriers have been provided in the literature and various forums conducted by staff from KUSSW. Project staff from the knowledge gained in the pilot CAP training have provided training and technical assistance to Community Support personnel of the benefits and solutions towards inclusion of consumers in the role of mental health service providers.

Another systems level barrier often cited for non-hiring of consumers is the contradictory policy that exists in the Behavioral Sciences Regulatory Board (BSRB) policy concerning dual relationships. In order to overcome this barrier, the BSRB policy must be clarified

to support hiring of consumers. KUSSW is in the process of working with key actors (State Department of Mental Health, Association of Community Mental Health Centers and Community Mental Health Centers) in adopting policies and procedures, which will protect mental health center staff licensure with BSRB when hiring consumers as providers. KUSSW is also taking the lead in developing an agreed upon set of procedures for hiring consumers as providers which protects consumers from harm or exploitation.

Chapter 3: Consumer as Provider Evaluation

The evaluation of the Consumer as Provider initiative included several instruments and processes:

1. A quantitative instrument was administered to graduating consumer provider students.
2. A qualitative evaluation, both written and verbal was solicited from graduating CAP students
3. Written qualitative feedback from internship site coordinators was gathered.
4. A “Feedback Meeting” was held three weeks after graduation with mental health administrators, staff, mentors, student and instructor/project coordinator.

STUDENT SATISFACTION OF CONSUMER AS PROVIDER TRAINING:

Ten students in attendance at the last class of the CAP session were provided with an instrument to rate satisfaction of the training initiative. A consumer administered the instrument with the CAP instructor off site. Eight of the ten evaluation forms were returned. Two students missed the last class and were mailed evaluation instruments to complete. The absent consumers did not return the mailed evaluations.

The *CAP Student Satisfaction* evaluation instrument consisted of 20 Likert-scale rating items, and three open-ended questions. Each 5 point Likert item (rating range: 1= strongly agree to 5= strongly disagree) was designed to measure student reaction to a statement about one component of the CAP training and internship activities. Of the twenty items on the instrument, classroom and didactic components of the course were covered by twelve questions. The internship experience was reflected by eight questions; and one question focused on the integration of the classroom and internship portions of the training (a copy of the instrument is located in the appendix).

Student Quantitative Evaluation

The quantitative evaluation (N = 8) revealed high satisfaction with both the classroom instructor (4.75) and internship mentors (4.5). Areas also ranking high (all 4.38), centered around students general satisfaction of support and encouragement by instructor and internship mentors; competency of communicating clearly and effectively; good group facilitation; and good use of outside speakers.

The lowest ranking variable (2.63) centered on course educational outcomes. As this was the first CAP training, course content week-to-week was pre-planned with several educational outcomes that were to be mounted weekly. In reality, classroom lesson plan often was deviated from, as the needs of the students required more emphasis on supportive activities. Another variable that affected educational outcomes (as defined weekly on the curricula plan) was the need for frequent breaks. The instructor, with experience teaching on the bachelor's and master's level at the University of Kansas, was used to giving "traditional" students a five minute break after 1 ½ hours of classroom instruction. The CAP students attention spans would not permit this long of time during classroom session. The instructor working in concert with the students broke for ten minutes each hour. CAP students were also allowed to have drinks and snacks in the classroom during class.

Student Qualitative Evaluation

The qualitative (N = 8) outcomes consisted of students' written responses to three open-ended questions on the written course evaluation form.

Question A: *What aspects of the CAP training did you find the most helpful:*

Students reported that classroom discussions and acquiring knowledge in several areas (i.e. ethics and boundaries, the consumer movement, the strengths model); friendships that developed among other CAP students; mentioned several times was the on-going

support from classroom instructor (i.e. “seeing us as abled not disabled”); time instructor spent with students; how internship activities raised self-esteem was also mentioned. Two individuals had no response.

Question B: *What aspects of the CAP training presented the greatest challenges to your development as a consumer-provider?*

Difficulty in dual roles as consumer / provider was discussed by one student during the evaluation. The dual roles topic came up several times in the classroom setting by several students. One student for example, had difficulty with a consumer peer asking how someone on her caseload was doing. The student was able to handle the situation reporting to the peer, that she was to maintain confidentiality in her work.

Another student reported that they were strongly discouraged by their doctor to participate in educational endeavors, but with the student’s case manager and internship mentor offering supports and encouragement, the student prevailed and finished the (twenty week) CAP course. Two individuals had no response.

Question C: *What would you suggest to improve the CAP training for future classes?*

The written responses for this question ranged from suggestions for “up front assessment of readiness of CAP candidates; vocational assessments; to internship and classroom being “more organized”; better coordination between classes and internship sites; two students offered no response to written questions.

Verbal course evaluation feedback from students:

Students were asked to provide verbal responses on how the Consumer as Provider training course might be improved for future classes. The five main themes raised were:

- ❖ Employment
- ❖ Supports
- ❖ Training readiness of applicants
- ❖ Alumni Association

❖ Employment:

Of the twenty-one responses to the question on how the CAP project could be improved, *one half of all* responses discussed employment options.

Some suggestions included:

- “get a definite commitment for a good number of paying job slots for graduates” from mental health centers, independent living centers, consumer run organizations”
- “many different types of provider jobs should be available, not just case management”
- “vocational rehabilitation (through job search and job adjustment) should be available”
- “work on systematic ways to make sure graduate don’t lose medical and entitlement benefits”
- “address the concern of financial security after graduation”
- establish a “job placement office” for CAP graduates
- There was also a great emphasis on the desire to obtain employment by current CAP students: “Have more publicity about the program and graduation to inform and educate the community and potential employers.

❖ Supports

Comments on enlisting additional supports to assist students through the CAP training process included:

- “Vocational rehabilitation at SRS and community support centers should be heavily involved in supporting consumer going through (CAP) training”
- “...consider having different training for folks with more advanced prior knowledge and skills”

- “Have more consumer providers come in and speak to the class before internship begins, to help prepare...”
- Additional “validation for stress and strain students feel” was requested

❖ Training readiness of applicants

Because of the disparity in the CAP student’s educational experiences (from GED to doctorate) the training course was difficult to facilitate at times in order to reach and provide instruction to the varying levels of student backgrounds. Several comments mentioned this situation:

- “Selection of candidates should be more careful”
- Provide “recruitment briefing sessions for potential applicants for training”
- “Have greater continuity throughout the process of assessing candidates, selecting students”
- “Strive for a greater homogeneity of students in terms of prior education and training. Consider having different training classes for folks with more advanced prior knowledge, training and skills”

❖ Alumni Association

The possibility of an alumni association was discussed in the first CAP training class. Responses to this idea were also included in the verbal feedback evaluation. Some suggestions regarding the Alumni Association for CAP graduates were:

- “An alumni association is a must”
- Written material should be handed out to graduating students about the Alumni Association”

WRITTEN QUALITATIVE FEEDBACK FROM INTERNSHIP SITE COORDINATORS

At Wyandot and Johnson County internship site, a mental health center staff member volunteered to take on the on-site coordination. These two individuals worked tirelessly to promote and coordinate activities of the CAP internship. Each site coordinator (*Lori Davidson-Wyandot Co. and Sandra Lyke-Johnson Co.*) offered written feedback concerning their experiences and suggestions for future projects.

The **Johnson County** site coordinator offered suggestions in three categories: mentors, interns and classroom:

For mentors:

The main theme elicited from the evaluation was more complete, up-front orientation for persons potentially interested in becoming a CAP internship mentor. Suggested were:

- written job descriptions
- mentors working with CAP staff to develop curricula
- CAP staff meeting twice monthly with each mentor;

Enhancing communication, information and problem solving were the other themes to the written evaluation. Additional information on how to provide accommodations for CAP students; how to deal with confidentiality problems and information on barriers and strategies of consumers as providers in the workplace between CAP staff, mentors and students was suggested.

For interns:

The following summarizes suggestions offered for student interns from Johnson County:

- Applicants should be pre-screened and not be receiving services at Johnson Co.
- Interns should have job descriptions and efforts should be continued to place intern in their interest area (i.e. dual diagnosis, case management, etc.)
- Secure transportation before classes begin.

Training component

Suggestions of how to integrate the training component into the internship site were offered:

- Offer students unable to keep up, assistance
- More education on diagnosis and mental illness
- Clear CAP guidelines for direct service work
- More structure (e.g. specific hours that interns should work, specific tasks interns should complete, etc.)

The **Wyandot** site coordinator collected ideas over the course of the project and offered written feedback for suggestion.

Up front preparation for *internship site* was suggested. Areas to be addressed:

- Barriers/benefits of consumers as providers
- More time to “complete the basics” (training/internship/liaison overview)
- Have mentors from other participating CAP internship sites meet
- Written material for mentors (i.e. expectations/contact numbers)
- How to keep track of student hours
- Criteria for mentor selection

For the *CAP student interns*, Wyandot proposes:

- Provide specific training pertaining to the job students anticipate doing
- Job descriptions for students
- Provision of training on local resources
- Consider using the name “student provider”
- Stipends used for interview clothes, other school classes, transportation, or other job-related assistance
- Training for students on benefits and how working affects them
- Class approval for Vocational Rehabilitation reimbursement of student expenses.

FEEDBACK COMMITTEE MEETING WITH PARTICIPATING MENTAL HEALTH CENTERS

Purpose of the meeting

The purpose of this meeting was to gain feedback on the Consumers as Provider pilot training project. The K.U. CAP staff called the meeting approximately three weeks after the CAP student graduation. The feedback committee consisted of:

Wyandot and Johnson County Community Support Services Directors; Internship Site Coordinators; mentor representative; CAP student representative; Johnson County Mental Health Center Executive Director and the K.U. CAP project director.

The feedback committee offered to first identify the strengths (things that were helpful) of the Consumer as Provider project and made suggestions for improvement.

In addition, we identified central concerns that emerged over the course of the pilot training and discussed some strategies to deal with those concerns.

Central Themes and Concerns

- Dual relationships and whether or not to have interns/CAP employees at the same centers where they are concurrently receiving treatment.
- More ongoing support for consumer-providers.
- A more thorough and selective student admission process
- Greater emphasis on selecting mentors and mentor orientation
- Greater focus on preparation of organizational culture of internship sites, and ongoing technical support.
- Work out sanctioning arrangement with Behavioral Science Regulatory Board.

Strengths Identified

Aspects of the CAP Pilot Training that were effective.

Several themes emerged as the strengths and attributes of the Consumer as Provider project was discussed by meeting participants.

- ❖ Student experience
- ❖ Mentors
- ❖ Organizational culture enhanced
- ❖ Consumer peer interaction
- ❖ Learning opportunities

Student Experience

Participants at the meeting reported an overwhelming positive student experience from observations and staff/student and mentor feedback. Some of the indicators were:

- Increased self confidence of CAP students
- Sense of professional identity for CAP student interns
- The equal status of the student interns on the teams
- The ability of CAP student interns to work through fears, apprehensions and mistakes
- The ability of CAP students to “prove” themselves to family members and significant others
- CAP students interns were treated like new employees fostering a sense of professional identity and responsibility
- CAP students being able to shadow and work in tandem with mentors
- High completion rate (12 out of 14 graduated)
- Alumni Association is a great strength and new leaders are emerging within
- Five out of twelve CAP graduates getting paying jobs within two weeks of graduation

Mentors

- A large focus on boundaries, confidentiality, setting limits, and appropriate self-disclosure both from mentors and the classroom experience
- Positive interaction between interns and mentors and close relationships developing
- Recognition by mentors and staff that of the normal aspects of relationships with consumers
- Positive professional development of mentors
- Mentors learning from CAP students

Peers

A decreased sense of isolation on the part of a few previously employed consumer providers and CAP students serving as role models were other strengths of the CAP experience noted by meeting participants.

- Interest in CAP training generated by having student interns at the centers
- A ‘critical mass’ of consumer providers developing making it possible to revisit the idea of ongoing consumer provider mutual support groups.
- The encouragement felt by current providers from CAP student interns

Organizational Culture

It was reported that the impact of the CAP training initiative has impacted the organizational cultures at both community mental health centers.

Indicators:

- The ability of mental health centers to actually hire CAP student interns that would not have been hired without the CAP pilot training program
- Reduced stigma for consumers of mental health services (i.e. consumers seen as capable, caring and able to give back; consumers and staff members sharing similar interests and hopes with each other)
- Recognition by staff and mentors of the similarities between CAP interns and student interns in general

- The ability of student interns to interact with and learn from the entire team, rather than just the mentor was positive for everyone
- Using the strengths model as the central paradigm was a great asset
- Staff teams having exposure to positive experiences having consumers as part of the working team.

Learning

- Enhancement of effective consumer-centered social service practice
- Learning more about the recovery process of consumers as providers and consumer students
- The potential for research, publication, presentations and the dissemination of knowledge at conferences, etc.

SUGGESTIONS FOR IMPROVEMENT FROM FEEDBACK COMMITTEE:

As the committee suggested several suggestions for improvements, four themes emerged:

- ❖ Readiness of students
- ❖ Readiness of organization / system
- ❖ Supports
- ❖ Employment

❖ Readiness of students

- Have more thorough and selective admission process
- Spend more time matching students with internship sites and mentors
- Have mediator/liaison work out problems and conflicts that arise during internship

❖ Readiness of organization / system

- Prepare and train staff / administration for acceptance for CAP
- Spend more up-front time training and preparing mentors
- Spend more time preparing the environment on a systemic level to accept and support consumer providers
- Open training opportunities at a broader array of internship sites such as independent living centers, CRO's and other innovative sites.
- Develop clear policies and procedures for handling dual relationships
- Adopt a recovery paradigm in provision of mental health services

❖ Supports

- Have weekly support and supervision meeting for CAP trainees away from internship sites
- Bring current consumer providers into class, support groups, alumni association to provide mutual support
- Develop strong support component to address dual relationships, role transition and work stress
- Greater use of alternative learning techniques for students
- Increase supported education in general

❖ Employment

- Have more vocational/career development support for CAP students
- Increase the involvement of vocational teams at centers
- Increase the involvement of SRS vocational rehabilitation in CAP
- Work out "informed consent" agreement between new consumer providers and centers, which spells out risks and benefits up-front
- Work out clear policies to allow for treatment options for consumer providers

❖ Please See Appendix for Complete Set of Evaluation Tools and Results

Chapter 4 Recommendations

Consumers working as providers have in the last few years attained prominent attention in the field of mental health as enhancing the context of consumer centered services and the paving the path to self recovery. Consumer providers have many attributes that positively effect the work, such as their knowledge and wisdom of surviving the system, their first hand experience in the path to recovery from their mental illness, and lastly, their positive role modeling for other recipients of mental health services. Despite the increased attention on consumers as providers, there remains a lack of clarity concerning the preparation of consumers as providers, the supports that must be in place for sustaining consumers to provide services and barriers to inclusion in the mental health system. Training, practice models, system policies and empirical testing of the consumer-as-provider concept is in the earliest stages.

The following recommendations have been set forth from The University of Kansas School of Social Welfare's first pilot project experience in the Consumer-as-Provider training program by the consumer-students, internship / CSS staff and the author.

- ❖ **An educational liaison(s) will be hired to work individually with each student, program coordinator/or mentor.**

One of the strongest programmatic recommendations as voiced by students, agency personal and KU staff is, to have on an on-site supported education program liaison/coach who could work on a one-to-one basis with each CAP student to enhance skill development and support. As evidenced from the student verbal feedback and recommendations from both Wyandot and Johnson staff, the need for additional liaison/coach is paramount.

Another concern, gleaned from experience in the first CAP project was, to be successful, the Consumer as Provider program requires linkage between the mental health system

and the educational system. The role of academic program liaison can take on the purpose of informant/mediator between such complex systems. In this role of helper, informant and analyst, the advocacy effort can take on both a micro and macro focus effort towards the positive student goals. The academic program liaison role would focus upon:

- ~Academic coaching (check-in person, assistance with writing paper, studying, reading, tutoring, etc.)
- ~Increased outreach to students at internship sites
- ~Early problem identification
- ~Assistance with prioritizing study time
- ~Working with program coordinator, develop & deliver alternative learning techniques with students to enhance learning.
- ~Conduct group supervision
- ~Peer support groups, emotional support
- ~Prepare with coordinator, orientation session for students & mentors
- ~Coordination of alumni association duties
- ~Increased training of staff on consumer-as-provider strategies
- ~Removal of barriers to participation through reasonable accommodation.

Distinct, clear guidelines, based on both an understanding of working with consumer as provider students and the resources of the mental health center(s) and the University, can help all involved to design and define services to better serve the CAP student and the CSS program.

❖ Mentors and Program Coordinators should receive additional CAP orientation.

The strongest recommendation gathered from evaluations at both internship sites was the need for up front preparation of persons potentially interested in becoming a CAP internship mentor. Staff requested detailed orientation session(s) at the beginning of the CAP program. The following areas should be covered:

~Overview of course: several orientation sessions shall be planned and implemented in assisting mentors and integral program staff of the CAP program. Along with the didactic material, mentors should given a *mentor packet* to include:

- Values and purpose of CAP movement
- The KU CAP initiative
- Course syllabus
- Student expectations in classroom;
- Integrating classroom learning into the field internship site
- Consumer as provider literature review
- Expectations of a CAP mentor
- Support and Liaison activities
- Enthusiasm, motivation & hope in service delivery
- Sample job descriptions
- Evaluation tools for student progress
- Question & answer periods to be included in each session, as well as CAP staff to be available to take calls between sessions, before and after class and during internship.

❖ **Internship site / mentors should provide each student with a detailed job description and specific expectations as a student/staff team member.**

Analysis of the student and mentor feedback sited the need for specific, detailed job descriptions. The job description should be a “collection of performance oriented

tasks” (Rapp, 1992),. A succinct description of the job description serves as a contract or simply stated “an exchange of promises” (Reiman, 1992). Having a clear, specific job description and set of expectations assists both the student and the mentor in focusing upon the student’s skills and learning as the internship advances. In this pilot CAP program, internship options varied from serving as case manager to psychosocial group facilitator to finding housing and resources for individuals who are homeless to delivering attendant care services. Because of the array of job expectations, each student should receive a job description for the specific duties they are responsible to carry out.

❖ **Pre-screen applicants for entry into the CAP program**

The analysis found a consistent agreement between students and staff for a more thorough and selective student admission process. In fact “training readiness of applicants” was one of the most cited requests for CAP improvement by students. Students in the classroom several times displayed frustration with peers that were not contributing to discussion, needed remedial assistance and sometimes were disruptive.

CSS staff also sited this as a dominant factor in “readiness for fit” for the student intern in the work setting.

- It is recommended that upon application, potential students be interviewed before the onset of classroom activities by KU staff, CSS staff representatives (internship coordinator/ consumer provider/mentor) to assess the candidates motivation, background and goals for entering the CAP program.

~A Note of Caution:

The pre-screening of applicants should not be a process where the selection is made on the person most likely to succeed. The CAP program is not an elite program. It is designed to be inclusive rather than exclusive. Screening would help the potential student to be informed and prepared to undertake the challenge of the CAP program. When looking at the various journeys that individuals make on their pathway to recover, often it is difficult to determine who will succeed and who will not. This paradox was

apparent by *the success of students* who were told time and again (by peers, mental health professionals, family members. etc.) that their participation was a waste of their time-- that they were most likely to fail. The utility of pre-screening would to select individuals who are motivated, able to control symptoms, use wellness techniques and be prepared to succeed in the classroom and internship activities of the CAP program.

❖ **Secure Transportation**

The analysis also found that the need of transportation was time consuming and sometimes frustrating for CSS staff. Several of the students by the end of the first month of class, teamed with a peer for rides to and from class. This was not the case when it came to completing internship hours. Because the types and locations of internship varied greatly from student to student, often the mental health center had to supply transportation *daily* for students to and from the internship site. Another difficulty was the lack of transportation by students who were delivering *outreach* case management services. This barrier led to several consumers having to travel to the mental health center in order to meet with their intern/student case manager.

- It is recommended that the need for transportation be assessed in the applicant's interview before the commencement of class.
- It is also recommended that each mental health center assist in providing transportation for the consumer/student to and from class and to internship sites as requested by consumer-student.
- Students will be encouraged to link with other students for car pooling and natural transportation options be accessed (bus, use of family vehicles, etc.)
- Students should be encouraged to work with Vocational Rehabilitation to secure transportation (car) as part of their vocational goals.

❖ **The Consumer-as-Provider (CAP) program should be replicated in different sites.**

The students in the initial CAP classes could be typified as “pioneers”-- exploring and blazing a path of hope for other consumers to follow. These individuals took a huge leap of faith in participating in the pilot project. They became role models for their peers and provided much needed feedback and insights in order to increase on the program’s effectiveness and outcomes.

In their struggle to gain the valued role of student, then consumer- provider, their peers took notice. About half way through the coursework and internship, KU was getting requests from many other consumers to have additional training courses. It is believed that the increased interest from other community support program participants was due to the current CAP student’s increasing self-confidence, success in internship and eventually in gaining employment within the mental health system.

- It is recommended that another training course and internship activities be held in the same area.
- As Kansas is a predominately rural state a CAP program should be conducted in a rural setting. Recommendations include having a training course, internship and technical assistance available to a rural Kansas community support program. This could be accomplished in several ways:
 - ✓ *-On-site classes* conducted by KU staff once weekly in rural community.
 - ✓ *-Group supervision and support meetings* conducted once weekly (held on a different day than classroom activities) in a rural community
 - ✓ *Interactive video conferencing* – Participants from rural center could be linked by interactive video conferencing capabilities to other classroom(s) for curricula.
 - ✓ *Training of trainers* interested programs could send a selected staff member to a training session on conducting classes and teaching core

Consumer as Provider curricula. Each participant would receive a training manual, as well as *required* on site technical assistance, supervision and outcome evaluation.

❖ **Training coursework should be held during the traditional times as with any other college student.**

In the quest to “normalize” the experience for the consumer-as-provider student, it is recommended that classroom activities are held the same times (semesters) as other college students that may be interning at the mental health center (i.e., social work, nursing, occupational students, etc.). Benefits for the CAP student could be attending orientation with all other students (being addressed as the student group), building supports and friendships with other students, and being seen by staff and providers as one of the student group versus a client in a specialized training program.

❖ **Increase employment options for CAP graduates**

The vast majority of students graduating from the CAP program stated that they wanted meaningful employment in a mental health agency. The following recommendations are offered:

- As part of the curricula, job readiness should be incorporated. This could take the form of interviewing skills, dress/appearance for interviewing, filling out job applications, how and when to request reasonable accommodations, composing a resume, etc.
- Increase the involvement of Vocational Rehabilitation services in working with CAP students.
- KU would be available to assist CMHC’s in the development of policy around consumers as providers.
- Agreements between new consumer providers and mental health centers outlining risks and benefits should be written and adopted.
- KU staff and representatives from mental health centers and consumers will meet with BSRB to clarify policies around hiring consumers as providers.

❖ **The Consumer-as-Provider class should provide a stepping stone for students to transition into other training opportunities and classes.**

One of the benefits/outcomes of Consumer as Provider program was increased self-confidence and a sense of hope. Several individuals stated interest in pursuing college classes. Some significant results in easing transitions into post secondary education have been shown using specialized skills teaching classrooms (Hoffman & Mastrianni 1993); and, in training for specific vocational goals (e.g., case management aides) (Housel & Hickey, 1993). A five year research and demonstration project (using specialized education classes) findings using a supported education approach led to “increased participation in other post secondary education environments, increased employment, decreased hospitalization, and increased self esteem” (Unger, 1993). Several students shared during the course that “*having something to look forward to, having to make it to class one more week*” kept them on their road of recovery and the path to self-discovery.

The lack of credentials due to under-education may lead to fewer options, choices and access for persons with psychiatric disabilities, as well as loss of control over one’s destiny. The personification of college student is highly valued in American society; the role of a person with a mental illness is devalued. Looking upon one’s self as a college student who is a functioning, capable member of the community, takes on a different aspect for the consumer of mental health services. The consumer who is a college student working towards their goal of obtaining a higher level of post-secondary education, sees their illness as something that has to be managed in the pursuit of the educational goals. This is quite different than the total emphasis on living with mental illness symptomology. This option of educational participation is befitting to the Recovery and Strengths paradigm.

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APPENDIX:

Appendix 1. Student Demographics

Thanks to Gene Deegan for his assistance in data collection.

Number of students (N) = 15
Gender: Female = 9 (60%); Male = 6 (40%)
Age: Range = 28 to 56 years

*Mean = 40.7 years

Academic history:

High School or GED (12 years) = 2 (13.3%)
College course work, no degree (13 years) = 4 (26.7%)
Associate degree (14 years) = 2 (13.3%)
Bachelor's degree (16 years) = 5 (33.3%)
Master's degree (18 years) = 1 (6.7%)
Doctorate (20 years) = 1 (6.7%)
*Mean = 14.8 years; Median = 14 years; Mode = 16 years

Mental health training and experience:

No formal training or experience = 6 (40%)
Coursework and/or experience = 9 (60%)
Mental health related degrees = 5 (33%)
Bachelor's in Therapeutic Recreation = 1
B.S. W. = 1
Bachelor's in Occupational Therapy = 1
M.S. in Psychology = 1
Doctor of Psychology = 1

Appendix 2:

Student Satisfaction of Consumer as Provider Training:

Quantitative evaluation data *N = 8:*

The following data summary includes the Likert-scale items on the evaluation form. It also indicates:

- a) the number of people who chose each given response for every item
- b) a measure of positive agreement with the presence of the course attribute described by each item (the Sum of [the weights¹ of each response multiplied by the number of people choosing that response] – divided by the total number of responses to each item); and,
- c) a global measure of positive agreement with the desired positive attributes measured by all of items (the sum of the 20 “measures of agreement” – divided by 20). Note that both the “measures of agreement” and the “global measure of agreement with training quality” range from **1** (strongly disagree) to **5** (strongly agree), with a **3** indicating a neutral response (“can’t decide”). A higher score indicates higher the agreement with the quality that was being measured. A perfect score of positive agreement with any quality is **5**.

¹ Strongly disagree = 1; Disagree = 2; Can’t decide = 3; Agree = 4; Strongly agree = 5

Consumer as Provider Training Evaluation Form and Summary Data.

For each of the following items, please circle the letter corresponding to the statement that most closely describes your reaction:

1. The written course outline states the desired educational outcomes clearly and specifically.

- a) strongly agree (**2**)
- b) agree (**1**)
- c) can’t decide (**0**) measure of agreement = **2.63**
- d) disagree (**2**)
- e) strongly disagree (**3**)

2. The assigned readings helped me to gain the knowledge and understanding necessary to work effectively as a consumer-provider.

- a) strongly agree (3)
 - b) agree (0)
 - c) can't decide (3)
 - d) disagree (2)
 - e) strongly disagree (0)
- measure of agreement = 3.5

3. The assigned paper helped me to clarify the ethical considerations and boundary issues I will confront as a consumer-provider.

- a) strongly agree (2)
 - b) agree (3)
 - c) can't decide (2)
 - d) disagree (1)
 - e) strongly disagree (0)
- measure of agreement = 3.88

4. The classroom presentations/discussions helped me to gain the knowledge and skills necessary to become an effective consumer-provider.

- a) strongly agree (2)
 - b) agree (5)
 - c) can't decide (1)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = 4.13

5. The classroom exercises helped me to build the skills and competencies necessary in my work as a consumer provider.

- a) strongly agree (3)
 - b) agree (2)
 - c) can't decide (3)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = 4.0

6. The "outside speakers" presented material relevant to my development as a consumer provider.

- a) strongly agree (3)
 - b) agree (4)
 - c) can't decide (1)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = 4.25

7. The outside speakers communicated clearly and effectively.
- a) strongly agree (3)
 - b) agree (5)
 - c) can't decide (0)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = 4.38
8. The classroom instructor demonstrated a thorough knowledge and understanding of the course material.
- a) strongly agree (6)
 - b) agree (2)
 - c) can't decide (0)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = 4.75
9. The classroom instructor communicated clearly and effectively.
- a) strongly agree (3)
 - b) agree (5)
 - c) can't decide (0)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = 4.38
10. The classroom instructor was a good group facilitator.
- a) strongly agree (3)
 - b) agree (5)
 - c) can't decide (0)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = 4.38
11. The classroom instructor was supportive and encouraging of my development as a consumer-provider.
- a) strongly agree (5)
 - b) agree (1)
 - c) can't decide (2)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = 4.38

12. The classroom experience helped me to feel comfortable and confident in my development as a consumer-provider.
- a) strongly agree (3)
 - b) agree (3)
 - c) can't decide (1)
 - d) disagree (1)
 - e) strongly disagree (0)
- measure of agreement = **3.88**
13. My internship orientation provided me with the knowledge about the organization that I needed to work well as a CSS team member.
- a) strongly agree (4)
 - b) agree (2)
 - c) can't decide (0)
 - d) disagree (2)
 - e) strongly disagree (0)
- measure of agreement = **4.0**
14. My internship orientation helped me to feel welcome and comfortable as a consumer-provider.
- a) strongly agree (3)
 - b) agree (2)
 - c) can't decide (0)
 - d) disagree (2)
 - e) strongly disagree (1)
- measure of agreement = **3.5**
15. My internship mentor demonstrated knowledge and competency as a mental health provider.
- a) strongly agree (5)
 - b) agree (2)
 - c) can't decide (1)
 - d) disagree (0)
 - e) strongly disagree (0)
- measure of agreement = **4.5**
16. My internship mentor helped me to deal with ethical and boundary issues.
- a) strongly agree (4)
 - b) agree (2)
 - c) can't decide (0)
 - d) disagree (2)
 - e) strongly disagree (0)
- measure of agreement = **4.0**

17. My internship mentor was supportive and encouraging of my development as a consumer-provider.

- a) strongly agree (5)
- b) agree (1)
- c) can't decide (2)
- d) disagree (0)
- e) strongly disagree (0)

measure of agreement = **4.38**

18. The supervision I received during my internship was thorough and adequate.

- a) strongly agree (2)
- b) agree (1)
- c) can't decide (1)
- d) disagree (3)
- e) strongly disagree (1)

measure of agreement = **3.0**

19. The staff in general at my internship site was supportive and encouraging of my development as a consumer provider.

- a) strongly agree (4)
- b) agree (3)
- c) can't decide (1)
- d) disagree (0)
- e) strongly disagree (0)

measure of agreement = **4.38**

20 There was adequate integration between the classroom and internship components of my training.

- a) strongly agree (2)
- b) agree (0)
- c) can't decide (2)
- d) disagree (3)
- e) strongly disagree (1)

measure of agreement = **3.13**

Global Measure of Training Quality 4.0

Qualitative evaluation data

Students' written responses to the open-ended questions on the written course evaluation form. Responses are direct quotes from students.

- a) What aspects of the Consumers as Providers Training did you find most helpful?
- 1) Class discussions
 - 2) Diane's support – in the form of a positive attitude and seeing me and my peers as abled, not disabled, was a powerful force in helping me continue with this class; The time I spent with my case manager getting support, clarity, advocacy. She advocated for me in ways I don't even know about to help facilitate the early part of my internship and helped me sort through my concerns, fears, etc. with the whole concept of being a CAP
 - 3) The ethics/boundaries discussion paper. The didactic and practical training in the Strengths model. The presentation on the Consumer Movement;
 - 4) Communication between students in class;
 - 5) The internship raised my self-esteem which is also physical;
 - 6) Acquired knowledge in the following areas: Mental illness, Strengths assessment concept, Dual diagnosis, plus friendships developed, plus internship;
 - 7) no response;
 - 8) no response
- b) What aspects of the Consumer as Provider Training presented the greatest challenges to your development as a consumer-provider?
- 1) Time limitations;
 - 2) The dual role in team meetings;
 - 3) The fact that my doctor has discouraged me from being a provider (direct one-on-one) was not a secret from my case manager or mentor. The fact that I received a ton of support from being in the class and then on the internship was a huge factor that kept me from quitting the class. I don't know if this was a very "real-life" type experience... But do know it helped me continue the recovery process and see my own strengths, develop better boundaries, feel more confident again as an employable person;
 - 4) Communication between staff and consumers on every subject;
 - 5) Being brain dead. This encounter in the total was a visible challenge;
 - 6) The internship;
 - 7) No response;
 - 8) No response

c) What would you suggest to improve the Consumer as Provider Training for future classes?

- 1) Be more organized (teacher and internship sites) I was given a voice mail # at the next to the last week of internship at Jo. Co. CSS, then never received a code, and I had messages;
- 2) There should be another person to handle problems and help to integrate the classroom and internship parts of the program, and to help us deal with stress;
- 3) Start with support from other consumers as providers, do some vocational assessments, learn about self-care/stress management on the job, etc. We didn't stick with the syllabus and although I understand why, it still made it hard to feel on-course for the class. Education levels were different among peers and this has created some marked differences in employment outcomes;
- 4) Make a job available to those who deserve it and need it and want it;
- 5) An extended program after CAP classes;
- 6) Up-front assessment of CAP candidates with a focus on potential fits for internship and future employment, better coordination between classes and internship, focus on job development skills (i.e. resume, interviewing, etc., etc., get a commitment to hire CAP graduates, better organization of the internship;
- 7) no response;
- 8) no response

Verbal course evaluation day feedback from students – June 9, 1999

How might the training be improved for future classes?

1. Have more consumer-providers come in and speak to the class before internship begins, to help prepare folks for what's coming up.
2. Include more support for the classroom and training experiences.
3. Provide a better overview and realistic description of the training requirements, challenges, strengths required, and possible remedial preparation necessary to begin training. This should be given at "recruitment briefing sessions" for potential applicants for training.
4. Selection of candidates should be more careful.
5. Provide more validation for the stress and strain students feel.

6. Get a definite commitment for a good number of paying job slots for graduates from mental health centers, independent living centers, CRO's, etc.
7. Vocational rehabilitation at SRS and CSS's should be heavily involved in supporting consumers going through the training.
8. A variety of internship and job placements should be available with graded levels of stress and required experience.
9. Have greater continuity throughout the process of assessing candidates, selecting students, and ongoing vocational rehabilitation through job search and job adjustment.
10. Many different types of provider jobs should be available, not just case management.
11. Mental Health Centers should specify what they mean by hiring commitment, in terms of slots made available for hire CAP students after graduation.
12. There should be a "job placement office" for CAP graduates.
13. An alumni association is a must.
14. Greater financial incentives should be given to students during training and when hired.
15. Address the concern of financial security after graduation.
16. Work on systemic ways to make sure graduates continuing into the field as consumer-providers don't lose medical and entitlement benefits.
17. Written material should be handed out to graduating students about the Alumni Association, "advanced" training programs (e.g. CNA, AA, BA, etc.).
18. Strive for a greater homogeneity of students in terms of level of prior education and training. Consider having different training classes for folks with more advanced prior knowledge, training and skills.
19. Forge clearer job paths respecting the unique position of consumers as providers.
20. Acknowledge students who drop out of the training to avoid declining class cohesiveness.
21. Have more publicity about the program and graduation to inform and educate the community and potential employers.

Appendix 3:

Written qualitative feedback from the internship site-coordinators

Johnson County

*The Johnson County site coordinator supplied the written list of feedback, as follows:

For mentors

1. Written job descriptions for mentors with time lines
2. Clearer standards for evaluation of performance
3. More education for mentors before training begins
4. Clarity as to how to handle a situation where an intern misses 2-3 days; no shows; fails to put in the required number of hours each week; doesn't make up missed time
5. Mentor meetings with KU staff twice a month
6. Feedback to mentors as to whether or not intern is attending classes regularly
7. Mentors partner in the training through setting the agenda and developing curriculum
8. Provide mentors with guidelines about accommodating hours for students
9. Assist mentors to establish individualized, identified accommodations
10. Have resources available for guidance in dealing with acute problems as they arise
11. Clarity in guidelines for how to deal with interns when they violate confidentiality
12. Consider giving mentors the authority to suspend an intern from the program when/if problems cannot be resolved
13. Guidelines on how to handle triangulation issues, e.g. an intern talking bad about a mentor to other interns but not discussing her concerns with her mentor

For interns

1. Prescreening of applicants
2. Only have CAP interns at JCMHC-CSS who are not receiving services here
3. Fewer CAP interns at one time
4. Greater explanation early on to participants as to JCMHC job requirements
5. Provide transportation without relying on team for transportation
6. Greater effort to place interns in their field of interest
7. Eliminate double standards – have the same standards as for other students

For the training component

1. Gear classroom presentations for the general functioning of the group; offer students unable to keep up assistance outside of the classroom
2. Moeller training for CAP students
3. More education for interns as to diagnoses and specific mental illnesses
4. More structure for the program
5. Clearer CAP guidelines for direct service work

Wyandot County

“Here are the ideas that I have collected over the course of the project. Please note that some of these ideas we have already decided to implement or have agreed they are not in the project’s best interest”. (from Wyandot site coordinator)

IDEAS

- Discuss titles for students...are they CAP students? Is there any concern about disclosure within our agency?
- Transportation to class and internships
- Clarify the liaison role
- More preparation for mentors (include information on barriers/benefits and any other articles about Consumers as Providers)
- The orientation session was good but we needed more time to complete the basics
- Some mentors wanted to get together for support, others didn’t. Also possibly have mentors meet from both/all agencies.
- Restrict the number of students an agency can provide placements for
- Be sure to “normalize” the experience, treating students as any other student in the agency
- Would it be helpful to provide specific training pertaining to the job students anticipate doing (e.g. sessions on case management, attendant care, etc.)
- More specifics about the positions available for consumers to choose
- Job readiness assessment/better assessment prior to acceptance into class
- Job descriptions for students
- Local resources, information on the community for the students (both agency-wide and the wider community)
- Packets for mentors (including expectations, contact numbers, etc.)
- Better definitions for the mentor role and how they are selected (should this be consistent across agencies?)
- Location of training
- Consider using the name “student provider”
- It would be nice if we could figure out a way to pay the stipend to our interns, not our consumers
- Maybe the stipend could be for interview clothes, other school classes (like Americorps), transportation or other job-related assistance
- Get class approval for Voc Rehab reimbursement of expenses (clothing, transportation, etc.)
- Better training for students on benefits and how working affects them
- Who is responsible for keeping track of student hours...is this necessary?

Appendix IV.

Summary of the KU/Johnson/Wyandot CAP Pilot Training Feedback Meeting – July 8, 1999

Purpose of the meeting

The purpose of this meeting was to gain feedback on the consumers as providers training. We set out to first identify the strengths (things that were helpful), and then took suggestions for improvement. In addition, we identified central concerns that emerged over the course of the pilot training and discussed some strategies to deal with those concerns.

Central Themes and Concerns

- Dual relationships and whether or not to have interns/CAP employees at the same centers where they are concurrently receiving treatment.
- A more thorough and selective admissions process
- More ongoing support for consumer-providers.
- Greater focus on preparation of centers, staff and mentors, and ongoing technical support.
- Greater emphasis on selecting and training mentors.
- Work out sanctioning arrangement with BSRB.

Strengths Identified

Aspects of the CAP Pilot Training that were effective.

1. Positive changes in the physical appearance of CAP student-interns.
2. Increased self-confidence in CAP student-interns.
3. Sense of professional identity for CAP student-interns.
4. Mentors' serving as positive role models for their interns and interns emulating them.
5. Positive interaction between interns and mentors and close relationships developing.
6. Recognition by mentors and staff that of the normal aspects of relationships with consumers.

7. Recognition by staff and mentors of the similarities between CAP interns and student interns in general.
8. The ability of mental health centers to actually hire CAP student interns that would not have been hired without the CAP pilot training program.
9. Staff teams having exposure to a positive experience having consumers working with them.
10. Five out of twelve CAP graduates getting paying jobs within two weeks of graduation.
11. The relatively high completion rate (of 14 that showed up for class, 12 graduated).
12. A positive experience for the personal and professional development of staff who were mentors.
13. Mentors learning from CAP student interns with life experience, academic background, and training that the mentors sometimes did not have.
14. Using the strengths model as the central training paradigm was a great asset.
15. The ability of student interns to interact with and learn from the entire team, rather than just the mentor was a positive for everyone.
16. The equal status of the student interns on the teams.
17. The process of other consumers being able to observe fellow consumers succeed and act as positive role models.
18. Interest in CAP training generated by having student interns at the centers.
19. CAP student interns serving as strong positive role models for other consumers.
20. The ability of CAP student interns to work through fears, apprehensions and mistakes.
21. Being able to have good communication and a close connection between the two centers and CAP training liaisons was good.
22. The ability of CAP student interns to “prove” themselves to family members and significant others.
23. CAP student interns were often treated pretty much like new employees fostering a sense of professional identity and responsibility.
24. CAP student interns being able to shadow and work in tandem with mentors on difficult cases.

25. A large focus on boundaries, confidentiality, setting limits, and appropriate self-disclosure both from mentors and in the classroom experience.
26. Really nice connections between previously employed consumer providers and new student interns coming in.
27. The support felt by current consumer providers from the new student interns.
28. A decreased sense of isolation on the part of the few previously employed consumer providers.
29. A “critical mass” of consumer-providers developing making it possible to revisit the idea of ongoing consumer provider mutual support groups.
30. The alumni association is a great strength and new leaders are emerging within that organization.
31. Reduced stigma for mental health consumers.
32. Having a variety of tracks (case management, psychosocial, attendant care, wellness, vocational, crisis-homeless, dual diagnosis) for trainees to choose from and work into.
33. The potential for research, publication, presentations and the dissemination of knowledge at conferences, etc.
34. Learning from conferences, the literature, and networking what other programs are doing that is successful.

Suggestions for improvement from CSS personal:

1. Have a more thorough and selective admissions process with input from a variety of admissions committee participants including internship site representatives, consumers, current consumer providers, CAP alumni, etc.
2. Have points for natural, destigmatized “self-selection”/departure for trainees.
3. Have a weekly support and supervision meeting for CAP trainees away from the internship sites.
4. Have more vocational/career development support for students going through the program.
5. Spend a lot more time preparing internship site staff and administration for accepting consumer provider students into their culture and training them.

6. Spend more time training and preparing mentors.
7. Develop a stronger support component to address dual relationships, work stress, and role transition.
8. Increase the involvement of vocational teams at centers and state SRS vocational rehabilitation.
9. Bring current consumer providers into class and support groups to provide mutual support.
10. Spend more time preparing the environment on a systemic level to accept and support consumer providers.
11. Develop clear policies and procedures for handling dual relationships.
12. Take a more holistic approach toward the provision of services in general which incorporates the recovery paradigm.
13. Work out an “informed consent” agreement between new consumer-providers and centers, which spells out the risks and benefits up-front.
14. Work out clear policies to allow for treatment options for consumer providers.
15. Greater use of multimedia and possibly audio reader for supported education.
16. Increase supported education in general.
17. Open training opportunities at a broader array of internship sites such as CRO’s, ILC’s, innovative sites, etc.
18. Have a broader variety of tracks for trainees to go into.
19. Make sure the CAP training model is replicable across the state of Kansas including rural areas.
20. Spend more time matching interns with internship sites, tracks, and mentors.

Have a mediator/liaison to work out problems and conflicts that arise during the internship.

Appendix V

**Consumer as Provider Training Project
Understanding of Project Information**

1. The purpose of the consumer-provider training project is to increase the employability of consumers of mental health services (people who have a psychiatric disability) in community support programs. The project is only open to people who have a major psychiatric disability. There is no fee for participation in the project.
2. The Consumer-Provider Training Project is conducted by the University of Kansas, School of Social Welfare (KUSSW) through the Office of Mental Health Research & Training. The project is sponsored by a contact through the Department of Mental Health (MHSATR). The project is not a college credit course through KU, School of Social Welfare.
3. Participation in the project involves 90 hours of training over a 15 week period.
4. Participation in the project involves 100 hours of internship over a 10-week period at community internship sites. Assignment of internship at a particular site depends on availability. An individual participating in an internship will hold a volunteer position at the participating internship site.
5. The training does not guarantee a job, but increases the knowledge and skill-base of consumers interested in working in mental health, community support. Any consumer applying for a job must meet the educational and experience requirements for the job (e.g. must have a Bachelor's Degree for a Case Management position).
6. The KUSSW has requested to the Kansas MHSATR that the Consumer-Provider Training would meet the educational/experience requirements for the position of attendant care.
7. Educational support on learning goals will be provided by KUSSW project staff depending on the individual needs of each participant.
8. If transportation to project activities (classes/internship) is needed, options will be provided by the mental health center serving the participant.
9. As part of this project, a long-term follow up on participant outcomes of CAP training will be studied as part of a formal research/evaluation.

I understand the information outlined above and agree to participate in the project.

_____ (Signature) _____ (Date)