Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

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CCSM Issues Development Committee First Draft 11/12/2020

Title: Responsibility of Mental Health Peer Recovery Centers to adhere to the principles of the COSP (Consumer Operated Service Programs) Model

In the 2017 RFP (Request for Proposals) for Mental Health Peer Recovery Centers, the SAMHSA evidence-based model called COSP was included in the contracts. This included site visits from trained peers to assess centers' fidelity to this model and any meaningful evaluations. In the 2020 contracts that OBH (Office of Behavioral Health) sent to providers they removed the elements of the COSP model which included fidelity review site visits. The CCSM believes that restoring the many aspects and the spirit of the COSP model is important in order to ensure that Mental Health Peer Recovery Centers are holding true to a peer run program. Because It is so critical to recovery that peers want to utilize models that are clearly in line with their consumer led values.

*Here is a weblink containing information on what a COSP model can look like: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.567.8142&rep=rep1&type=pdf

Recommendations:

1. If OBH wishes to not include the COSP model specifically in contract language, they should be obligated to include specific language that mirrors the spirit of the COSP model.

2. Evaluation teams of at least 2 people with lived experience and no conflicts of interest should be sent yearly with an approved evaluation process to check on MH peer recovery centers and this should be in Center's contracts.

3. There has been movement over the years to change membership to peer centers to include "any life challenges" vs strictly mental health/substance use. The CCSM recognizes that there are a variety of programs that support people with many types of life challenges. Mental health peer recovery centers are paid through precious little grant funds and the CCSM feels that those funds should

be dedicated to those communities as a priority. We are not trying to exclude anyone but rather focus resources on the specific challenges that centers are paid to work with and others should be referred to programming for their specific needs.

4. The CCSM is aware that mental health peer recovery centers have contract language to include both mental health and/or substance use as identifiers for participation. We are aware that there is not the same language in the substance use recovery centers that mirrors the other mental health center contracts. This needs to be the same for both mental health and substance use recovery centers.

5. There needs to be education throughout the State for all centers to understand both mental health and/or substance use challenges. For example, at mental health centers NARCAN is starting to be administered and for folks who may not have ever seen this, it can be upsetting. Adhering to the aspects of the COSP model could help to address these issues.

6. None of these recommendations will be effective if OBH does not enforce what they write into contracts. We need contract compliance if peer centers are to be effective.

Expected Outcomes:
If these steps are followed, we will maximize the resources allocated to these programs. Then we could best serve the communities they are intended for and produce the best outcomes for people in the mental health and/or substance use recovery communities.

We would like **to Hear From You:**

To submit feedback, ideas or a personal story relating to this issue statement, please send to the CCSM either by mail at: 219 Capitol St. Suite 7 Augusta, ME 04330 or email at vmccarty@maineccsm.org

DEADLINE TO RESPOND: December 7th, 2020

Thank you