

**C**RITICAL **E**LEMENTS  
**O**F AN **E**FFECTIVE **D**ROP-IN  
**C**ENTER **S**ERVING **P**EOPL**E** WITH  
**P**SYCHIATRIC **D**ISABILITIES

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## Introduction



Consumer-run organizations supporting people with psychiatric disabilities have played a major role in Michigan, alongside other psychosocial programs and mental health services. In particular, drop-in centers have increased from just a handful across the U.S. during the 1970s, to the existence of almost one per mental health area. As the principles of consumer participation, self-determination, and the value of peer mentorship begin to receive greater emphasis, the role of drop-in mental health centers for providing valued support, is in need of a fresh review in order to determine what characteristics support an effective consumer-run organization for people with psychiatric disabilities. The national multi-site study of consumer-run organizations (Campbell, 2003) provides some measurement tools for such an evaluation.

# Method

A survey was designed by Michigan State University researchers, staff from the Justice in Mental Health Organization, and consumer liaison and staff from the Department of Community Health to measure perceived important characteristics of a successful mental health drop-in center, as well as determine what is currently in place at existing centers. The program fidelity instrumentation, developed by the multi-site study on consumer operated programs (Campbell, 2003), was modified and utilized for the survey.

Directors of consumer-used mental health drop-in centers, as identified by the Michigan Department of Community Health, were sent surveys. In all, 53 organizations were approached and 30 responded to the survey. The directors were asked to rate the importance of a list of consumer-run elements they felt contributed towards the success of operating such a center on a scale of 10 to 40: 10= not so important, 20= somewhat important, 30= very important, and 40 =extremely important. The characteristics listed fell under the following categories: consumer-operated tasks, consumer-involved activities, accessibility of drop-in center, safety, informal/formal setting, peer support crisis prevention, education and jobs, advocacy, information collecting, service and community mental health relations. When the items under each of these categories were found to be statistically reliable ( $\alpha > .65$ ), composite scores were computed for the categories, otherwise the items were treated individually.

In addition, directors were asked to list the top three elements or areas which contributed to a successful drop-in center. These responses were content-analyzed for themes. Finally, the directors were asked to identify the various types of services offered at their centers by checking against a given list of such items.

# Results

Thirty of the 53 directors responded to the survey. The results are presented below under three sections: 1) Importance of Consumer-Run Elements at a Drop-In Center; 2) The Three Most Important Elements or Areas Identified by Directors; and, 3) Types of Services Offered at Drop-In Centers.

## Importance of Consumer-Run Elements



All of the characteristics listed received a ranking between *somewhat important* to *extremely important*, as shown in Table 1. The factors receiving the highest scores of importance fell under the category of *Access*. They were “Programs are free” and “Hours are consistent and geared to the needs of participants.” Safety, along with consumer involvement, consumer-operated tasks, and crisis prevention were also given high marks. There was also a value placed on having a working relationship with mental health liaisons, with less value placed on the importance of collecting information. (See Table 1 on page 4).

Table 1. Importance of Consumer-Run Elements at a Drop-In Center

<b>Consumer-Run Elements</b>	<b>Mean*</b>	<b>sd</b>
Access - Cost (Programs are Free)	37.24	4.55
Access - Hours (Hours are consistent & geared towards needs of participants)	36.00	4.98
Safety - Rules protect the physical safety of participants and developed by consumers for consumers	35.86	5.68
Consumer Involvement - Involvement in planning	35.33	5.71
Crisis Prevention - Involuntary hospitalization is minimized through peer support, education, and advocacy; consumer leaders serve as positive role models (alpha=.681)	34.35	7.36
Consumer Involvement - Volunteer opportunities	33.00	7.02
Consumer Operated Tasks (alpha=.678)	32.22	5.20
Consumer Involvement - Not paid for coming	31.33	10.08
Consumer Involvement - Linked with traditional mental health services	30.67	8.68
Consumer Involvement - Linked to other supports	30.00	9.83
Setting - Physical environment, choice, social environment, recovery, spiritual growth (alpha=.733)	30.00	3.40
Community Mental Health Liaison Relationship (alpha=.795)	29.11	8.45
Peer Support (alpha=.827)	28.97	9.17
Education & Jobs (alpha=.816)	28.93	6.53
Access - Participants funded by Medicaid	27.41	10.59
Access - Transportation	26.67	11.55
Collection of Information (alpha=.653)	26.00	7.12
Services - Housing, transportation, medication (alpha=.664)	25.19	8.02

\*range 10-40

The “relationship with community mental health” specifically measured working with the liaison in mental health. Since one of the current efforts of drop-in centers is to strengthen that relationship, the scores on individual items for that scale are presented in Table 2. The items that received higher importance were related to assistance without judgment and more specifically around proposal preparation for block grant resources.

Table 2. Relationships with Community Mental Health Liaisons

Items	Mean	sd	Not so Important	Some what Important	Very Important	Extremely Important
There is weekly contact with the liaison	25.00	11.67	N=6	N=7	N=9	N=7
The liaison helps prepare block grant proposals	31.67	9.13	N=2	N=4	N=11	N=13
The liaison is viewed as a partner in helping to manage the center	29.31	11.63	N=4	N=8	N=3	N=14
The liaison gives suggestions without judgment	31.79	9.83	N=2	N=5	N=7	N=14

Under the category, “Collection of Information,” the focus was on types of information centers would likely want to collect and is presented in Table 3 on the next page. Although the collecting of satisfaction surveys for improving the quality of the center was considered somewhat important, the collecting of Medicaid information was not.

Table 3. The Importance of Information Collection

Items	Mean	sd	Not so Important	Somewhat Important	Very Important	Extremely Important
Satisfaction surveys collected for improving the quality of the center	26.33	9.6	N=3	N=12	N=8	N=7
Information collected on the number of people who come every day	32.00	9.61	N=3	N=2	N=11	N=14
Information collected on the number of people who have Medicaid coverage	21.00	11.25	N=12	N=8	N=5	N=5
Information collected on number and type of services provided by center to consumers	24.66	10.08	N=6	N=9	N=10	N=5

### The Three Most Important Elements or Areas Identified by Directors

The three most important elements or areas of a successful center were identified by center directors:

1) **Free consumer charges and hours that met the needs of consumers;** 2) Having a **setting that promoted understanding, support, and recovery**, identified as “Climate of Support” (24 instances) was perceived to be very critical. Climate of support included words like “understanding,” “friendliness,” “camaraderie,” “compassion,” “consideration of consumer needs and listening,” and “having a large enough and diverse enough group of people on a consistent basis that anyone coming through the door would have someone to relate to.” The third and last area of importance was: 3) **Having consumer involvement and operation.**

**Funding** was also of high importance (11 instances). Funding included comments such as “to have funding increased for peer support,” “more money to hire more consumers for self

improvement,” and “financial support for ongoing operations and to improve services.” Six responses involved the following characteristics: **consumer run, staff and leadership of the center**, and **relationship with mental health**. **Recovery** was noted for 5 responses. **Center activities** were mentioned by 4 respondents. **Peer relationships, access, and board quality and commitment** were cited by three respondents as being of top importance.

This question stimulated responses that addressed the perceived importance of the quality of the context, particularly in supporting the needs of consumers and the factors that are critical to any highly effective organization: funding, leadership, and quality of the board.



### Types of Services Offered at Drop-In Centers

Each of the directors was asked to respond to a list of tasks that applied or did not apply to their center. Table 4 indicates those services utilized most frequently, which appeared to address the social and emotional needs of participants. Providing access to a setting in which friendships could be made, hopes engendered, and the availability of a listening ear were key items that most centers provided.

The next areas that centers seemed to address was advocacy for protecting the rights of consumers and supporting taking more active roles in decision-making about services received. About 75% of the center directors reported helping consumers become more independent; a little over half of them reported helping with such things as employment, meeting basic living needs, and finding a place to live. Employment was not addressed as central to the work centers performed, and assisting with getting further education was equally less reported as a thing that centers do. In a

context where organizational accountability is expected, the percentages associated with services offered by centers revealed elements that could be reported to their various stakeholder groups.

Table 4. Types of Services Offered at Drop-In Centers

Services	% Reporting that Service Already Available
Gives consumers a place to go	93.3
Gives consumers a place to make friends	93.3
Gives consumers someone to talk to	93.3
Helps consumers in crisis	90.0
Gives consumers hope	90.0
Helps to improve consumers' social relationships	90.0
Helps consumers improve their quality of life	90.0
Helps consumers get emotional support for coping with emotional crises	86.7
Helps protect consumers' basic human rights	86.7
Helps consumers make positive changes in their lives	86.7
Helps consumers get involved iwth recreational activities	86.7
Helps consumers take an active role in decisions about mental health svcs	83.3
Helps consumers stay away from drugs or alcohol	80.0
Helps give consumers meaningful activities in their lives	80.0
Helps consumers to live more independently	76.7
Helps consumers worry less about the future	70.0
Helps consumers avoid problems with the law	70.0
Helps consumers go to doctors' appointments	60.0
Helps to keep consumers out of legal trouble	60.0
Helps consumers with finding a job	56.7
Helps consumers with clothing, bathing, or laundry needs	56.7
Helps consumers with finding a better place to live	53.3
Helps consumers return to school	46.7

## Conclusion



The results of the survey indicated some core elements that center directors perceived to be important for drop-in centers for people with psychiatric disabilities. Center directors:

- Value centers that are free of charge and having hours to meet the needs of participants.
- Value having a setting that promotes understanding, support, and recovery.
- Value having consumer involvement and consumer operated centers.
- Report that the following elements are either very important or somewhat important: having relationships with the mental health liaison, helping with education and jobs, having access to the center, providing services for community living, and the collection of information.

Furthermore, directors specifically like the relationships with the mental health liaison in which:

- The liaison assists in preparation of block grant proposals
- The liaison is viewed as a partner in managing the center
- The liaison gives suggestions without judgment

As for data collection within centers, directors saw the importance of collecting:

- Attendance information
- Satisfaction information to improve quality of the center
- The types of services provided to the consumer

The identification of the top three elements in an effective center included:

- Having a climate of support
- Having adequate funding
- Being consumer run
- Supporting recovery
- Having strong organizational characteristics such as
  - quality staff and leadership
  - good relations with mental health
  - a quality board with strong commitment

Items measuring what centers do for consumers showed that they provide, for the most part:

- Services and supports for meeting social and emotional needs
- Access to a supportive setting providing hope and support of recovery
- Advocacy services and support for self-determination



About half of the centers indicated that they help consumers with:

- Employment;
- Meeting basic living needs
- Finding a place to live

The services offered by the drop-in centers provided data for some useful information gathering that might meet the needs of the various stakeholder groups involved with consumer-run drop-in centers.

Reference: Campbell, J., (2003) Program fidelity assessment: Common ingredients tool (FACIT).