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Executive Director Experiences with Consumer Operated Service Provider Governing Board Members

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Walden University

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Merideth McCallick Erickson

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Walden University
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Abstract

Executive Director Experiences with Consumer Operated Service Provider Governing

Board Members

by

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MA, Argosy University, 2011

BS, Union Institute and University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Public Policy and Administration

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Abstract

Consumer Operated Service Providers (COSPs) are programs that are directed and administratively controlled by mental health consumers for their peers. As such, many mental health consumers have been placed in the position of serving on a COSP and often with unclear descriptions and no training. As a result, there is often a disconnect between the will of the board and the vision of the executive director, leading to tension and the possibility of failed mission. Using servant leadership as the guide, the goal of this case study was to explore the experiences of executive directors who operate Consumer Operated Service Providers (COSPs) in Texas that specialize in mental health recovery support services to better understand how they work with mental health consumers serving as their governing board members. Data were collected through semi-structured interviews with 7 executive directors of COSPs in Texas. Interview data were inductively coded, then subjected to a thematic analysis procedure. Findings revealed that the concept of servant leadership is commonly used to empower board members and create healthy working relationships between boards and executive directors, particularly around the area of motivating board members to engage with the organization. It was also revealed that the existence of COSPs, in conjunction with traditional governing boards, provides a good balance and perspective relative to strategic planning activities and fundraising. Positive social change implications include recommendations to executives of COSPs to more adequately mobilize and train consumer board members in order to achieve organizational goals that often include consumer focused care and treatment for a wide range of mental health issues.

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Dedication

This is dedicated to all of the mental health consumers serving on the boards of COSPs and to the executive directors who participated in this study. The work that you do makes a tremendous difference in the lives of people with persistent mental health issues, their families, and the communities in which they operate. Thank you for all you do for others.

This is also dedicated to my Grandmother Mary, who valued education and inspired me to continue mine as far as I wanted to go; she's been with me in spirit as I have been on my journey to complete my doctorate.

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My children, Calvin, Elizabeth, and Benjamin, you are my inspiration. Thank you three for your unwavering support and encouragement on this journey. I want to thank my parents, family, friends, and my excellent staff for the wonderful words you have offered up to encourage me along the way. To my mother especially, who has never stopped believing in me. Words cannot truly express what your support and love mean to me.

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Chapter 1: Introduction to the Study

Introduction

Board members are a valuable resource for executive directors, and their service affects the nonprofit organization that they serve in both positive and negative ways. When people with persistent mental health issues serve on the governing boards of consumer operated service provider (COSP) organizations there can be a great deal of value added to the programs and services offered. However, there are also a various challenges that can come with mental health consumers serving as board members. A consumer is someone who currently receives, who has received, or who is at significant risk of needing mental health services. At a basic level, consumer board members have self-identified as consumers of mental health services generally and typically receive or have received services such as individual or family counseling, peer support, and/or substance abuse counseling from the organization specifically (Newberry, 2004). The receipt of mental health services and not a mental illness diagnosis translates to membership in a COSP and secures roles for them in other areas within the public mental health system (Tanenbaum, 2014). The COSPs provide services that are based upon peers support principles such as mutuality and shared experience through appropriate and relatable disclosure of the peers' stories of recovery. COSPs are increasingly serving Veteran's and their families as well as dually diagnosed consumers that have both a mental health and substance use disorder.

The Substance Abuse Mental Health Services Administration (SAMHSA; 2011) has stated that the COSP model is evidence-based practice within the mental health

recovery field. COSPs are unique among traditional nonprofit organizations in that at least 51% of their board members and 50% of their staff have experiences with persistent mental health issues (SAMSHA, 2011). The COSPs are independent nonprofit organizations whose administrative and financial control resides with its consumers (Tanenbaum, 2012). Consumer board governance is credited with making mental health nonprofit service organizations responsive to community needs (Wright, 2013).

According to Ostrow and Leaf (2014), it is extremely important to understand this type of nonprofit organization and to sustain them as part of our nation's evolving health and mental health care system. These understudied nonprofit organizations are recognized as a vital component of the mental and behavioral health care and social support system as consumer participation in mental health care and recovery support services has been known to empower consumers and has been endorsed internationally as a human rights issue for well over a decade (Stewart, Watson, Montague, & Stevenson, 2008). It is important to note that the mental health consumers who serve on the COSP boards are essentially the main ingredients of mental health policy (Tanenbaum, 2014). As the COSPs are evidence based programs that are directly, administratively controlled and managed by mental health consumers for their peers, they are at the center of mental health policy and state funding. Currently there are only seven COSPs that receive funding from the state of Texas, although there are more that are under development independently of state or federal appropriation.

Traditionally, board members nominate people with a common vision and dedication to serve the organization, the mission, and the cause. COSP board members are recruited a bit differently from those in traditional nonprofits. The consumers serving on the boards represent the typical low-income clients, and these clients might lack the capacity to govern, harming organizational performance (Wright, 2013). The COSP consumers of the nonprofit's services are selected by the executive directors based on their level of recovery and their willingness to serve the mission of the organization (, SAMHSA, 2011). The executive director takes the nomination to the board, and the other members then interview the potential board member in order to vote to bring that particular consumer on board (SAMHSA, 2011). Conversely, the nonconsumer board members are recruited by both board members and the executive director (SAMHSA, 2011). There are discussions that must take place between the board members and the executive director regarding the needs of the organization, their roles and responsibilities, and the requirements of the funding entities that support the COSP (Stewart et al, 2008).

In order to be effective, a nonprofit organization needs a strong board that understands its roles and successfully carries out its responsibilities. Based on the article by Stewart et al, (2008), without clear descriptions and common understandings of their roles, ongoing support and access to leadership, and adequate preparation we may well be setting up consumer board members to fail in a system that has already failed so many of them. The board becomes the guardian of the mission and ensures that the organization

lives up to the commitments it has made to the consumers being served, the community, and the funders (Stewart et al, 2008).

Consumer board participants often enter the board membership lacking confidence and fearing that their contributions will not be valuable, and the intimidating atmosphere of a formal board setting adds to these fears (Newberry, 2004). Mental health consumer board members often lack a sense of true business acumen. There is potential for consumers who lack the capacity to govern to harm the organization's financial performance (Wright, 2013). Board members must be highly capable, be informed about key constituents and the community, as well as be willing to be engaged in the mission of the organization (Brown & Guo, 2010). In the *Journal of Primary Care & Community Health*, Wright (2013) concluded that the governing boards need to find the right balance between the invaluable input of consumers and the expertise and relevant skills of professionals.

Board members should be provided with orientation and training in order to become more knowledgeable about the nonprofit organizations they serve (Brown & Guo, 2010). Effective orientation and training may help board members to better understand their roles and responsibilities as well as become more successful in their administrative, personnel, finance, program, and community relations roles. In order for consumer governance to be strengthened there is a need for greater education and training of board members to improve their competence (Wright, 2013).

Board member performance in traditional nonprofit organizations has been a topic of interest and studied in years past; however, there is a lack of research for COSP board performance. The research presented by this case study contributes to the knowledge of COSP board member effectiveness and organizational sustainability. In the wake of the Affordable Care Act, COSPs will continue to play an expanded and vital role in the mental health care system (Wright, 2013). The COSP stakeholders, including administrative staff and board members, can easily adapt these research findings into their own organizational goals, objectives, strategies, programs, and activities in order to achieve overall success. There are arguments in favor of a manual for consumer practice centered on the need for standardized orientation and training for new members and regulating practices for COSPs (Stewart et al., 2008).

The COSPs play a significant role in positive social change as they are a fundamental component of the systems of care for people with mental and behavioral health disorders. In order to progress the mental health reform agenda, there is a need to move into a realm of practice that addresses the persistence of stigma and discrimination and to effect meaningful mental health consumer participation on COSP boards and staff positions (Stewart et al., 2008). Giving people from underserved populations in the community a seat at the table will continue to be impactful as there are movements to a new model of care in an attempt to control health care costs, improve the quality of mental health care, and confront the social determinants of health and wellness (Wright, 2013).

Additionally, this study contributes to positive social change by moving toward consistent training and supporting the mental health consumers that serve on governing boards. Improved orientation and training practices will lead to better performance of the board members and the COSPs. The COSPs offer recovery support services provided by consumers for the benefit of other consumers, and they are governed by the consumers for their peers. It is important to have an enhanced understanding of this type of nonprofit organization and continue to monitor changes associated with policies that are intended to provide better access to mental health care that promotes wellness and recovery (Ostrow & Leaf, 2014).

Background

One of the problematic areas with the COSP boards of directors is not their willingness to serve; rather, it is often a misunderstanding of the roles and responsibilities of the board members themselves as well as the governing board's function as a whole. Many mental health consumers have been placed in the unreasonable position of being engaged in board service roles with unclear descriptions and no training (Steward et al., 2008). The availability and quality of training and support for mental health consumers serving in these roles is limited and variable, which leads to a considerable amount of confusion within the consumer movement and leaves the COSPs lacking.

The National Practice Standards for the Mental Health Workforce stated how mental health recovery service organizations are expected to involve consumers as active participants in planning, implementation, and evaluation of their programs and services

(Stewart et al., 2008). There is no standardized training for consumer support workers or for those who supervise and manage consumers. The gap in knowledge related to orientation, training, and support needs of mental health consumer board members prompted this case study. COSPs are at greater risk for failure when the board members are not properly trained, do not maintain their roles, and/or are unable to fulfill their responsibilities.

I designed this case study to gain a better understanding of the experiences of the COSPs in Texas and the content that should be included in the consumer board member orientation and training to ensure successful participation and service on these unique nonprofit boards. Some nonprofit boards serve the purpose of representing different identity and/or special interest groups in the community, and the COSPs represent the needs of mental health consumers (Abzug & Galaskiewicz, 2001). The board members perform important governance and oversight functions and have the ultimate responsibility of ensuring the COSP lives up to its mission. Board composition is the key to COSPs and the organizations are judged by who is on the board of directors. Because of the oversight role, the governing board represents the organization to the community (Abzug, & Galaskiewicz, 2001). The COSPs have a unique governing system with at least 51% of their board members living with persistent mental illnesses (SAMSHA, 2011). The research question is not whether or not people with persistent mental illnesses can be board members, because they can and do serve on traditional boards as well as COSP boards, but rather what executive directors think the orientation and training

should contain for these board members. The additional research question is what personnel that conducts the orientation and training of the consumer board members. These questions helped to gain an understanding of what the potential impact is on the nonprofit organization related to the orientation and training processes.

The literature review reveals that traditional nonprofits orient and train their board members in order for them to serve more effectively, fundraise, and assist in program development. When the COSPs in the case study did not conduct proper orientation and training to help their members fulfil their roles, there can be a negative impact on these organizations. Additionally, this study brings the knowledge of traditional nonprofit organization boards and COSP boards together; in essence, it works to bridge the gap between the two types of nonprofit organizations. Regardless of the type of nonprofit organization, there is an ongoing need for increased understanding of the necessity for orientation and proper training of the board members in order for them to effectively fulfill their roles and govern the organization they serve.

At the time of this study, there was little literature on the governance of the COSPs but were recommendations for further research and consideration to comparing COSPs with other organizations that are not subject to the consumer governance requirement (Wright, 2013). This recommendation assisted with connecting literature on traditional nonprofit governing boards to COSP governing boards. In the assessment report on COSPs written by the University of Texas Center for Social Work Research (UTCSWR; 2011), the researchers conducted a mixed methods study of seven Texas

COSPs for the Department of State Health Services (DSHS) and the need for board training and development was revealed (Kaufman, Manser, Espinosa, & Brooks, 2011). The assessment provided valuable information on the COSP organizations, their executive directors, and the board of directors to the DSHS leadership. In the assessment report, the researchers presented data on the programs and services offered the demographics of the staff, board, and consumers, as well as the relationship between the COSP and the local mental health services clinics (Kaufman et al., 2011).

Problem Statement

It is necessary to understand the perceptions of the executive directors regarding their board members with persistent mental health issues and their needs for orientation and training in order to improve board member effectiveness. Executive directors work to recognize the unique challenges consumer board members have fulfilling their fundraising and governing roles that must be overcome in order to operate the COSP effectively. The board represents the organization to the broader community, and they have a responsibility of ensuring that the COSP expends resources in a fiscally responsible way (Abzug. and Galaskiewicz, 2001). When board members underperform, the nonprofit is adversely effected. Nonprofit leaders have traditionally identified fundraising as their boards' greatest weakness. Board Source (2012) reported that board members feel unprepared for financial oversight and fundraising.

Executive directors and board members should make time to learn the roles and responsibilities of board service. The need for consistent orientation, training, and

development of board members with persistent mental health issues is apparent in the UTCSWR assessment (Kaufman et al., 2011). The availability and quality of training and support for bringing consumers up into new roles on the boards is limited and varies within organizations (Stewart et al., 2008). Consumer governance appears to have harmful effects on the financial performance of the organizations, and there is a clear need for greater education and training of board members to improve their competency with finances and other areas of governance (Wright, 2013).

Research Questions

The following research questions (RQ) guided this study:

RQ1: What do the seven executive directors of the Texas COSPs experience when working with a board of directors that includes individuals with persistent mental illness?

RQ2: What board orientation and training content do the executive directors of Texas COSPs perceive is necessary for board members when their board includes individuals with persistent mental illness?

Purpose of the Study

The purpose of the case study was to understand the need for board orientation and the content of the specialized training of COSP board members with persistent mental illness to improve board member performance from the perspective of the executive directors. Board member performance impacts the functionality and success of the organization. The objectives of this study were: (a) to explore executive director

perceptions of their board members with persistent mental health issues, (b) to understand what content should be included in the orientation and training, and (c) to describe the role that board development plays in the effectiveness of the COSPs.

Organizational effectiveness is of the utmost concern to the executive directors of the COSPs. The board members should understand how vital their roles are to the success of the nonprofit organization. The research findings will provide a better understanding of what the executive directors of the seven COSPs feel should be included in the orientation and training of the board members and the need for consumer board members with persistent mental illnesses to better understand their roles and responsibilities.

Nature of the Study

As the executive director of a mental health service-oriented nonprofit organization and board member on a variety of other nonprofit organizations, my research interest lies in understanding consumer board member effectiveness and the relationship between the board and executive directors. An effective nonprofit board increases organizational survival rates, adherence to mission and vision, community and client service delivery, program development, financial stability, and understanding of their roles and responsibilities (Green & Griesinger, 1996; Herman, Reinz, & Heimovics, 1997). Understanding how other nonprofit organizations orient and train their board members will add to the knowledge and expertise in the nonprofit arena. Board members come to organizations with different levels of experience and the board members with persistent mental health issues may or may not have the right skills or experience to do

their jobs effectively. Learning from the executive directors about their experiences with consumer board members, and the orientation and training practices will add to the field of study.

Orientation and training of the consumer board members adds to the knowledge of their roles and responsibilities in serving on the board, which results in stronger board members. Strong board members understand and fulfill their roles and perform tasks that are required of their service which lead to more meaningful consumer participation on COSP boards (Stewart et al., 2008). This qualitative case study included interviews that I conducted with each of the executive directors of seven COSPs in Texas. In order to recognize the need for specific content in the orientation and consistent training for the board members of these unique nonprofit organizations who have persistent mental health issues, the focus was on the COSP executive directors to gain their perspectives. The qualitative case study methodology allows for rich interpretation of the data that are collected by the researcher (Stake, 1995).

Theoretical Framework: Servant Leadership Theory

The servant leadership theory was first introduced in Greenleaf's (1970) essay, "The Servant as Leader." Greenleaf was considered one of the nation's leading experts on leadership development and wrote the article in response to the country's leadership crisis and to improve leadership in the United States. Greenleaf explained that a servant leader realizes their success comes from their followers' success. Servant leaders have a natural

feeling that they want to serve, and to serve first and that conscious choice brings one to their leadership role (Greenleaf, 1970).

The servant leadership theory encompasses 10 traits: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of others, and building communities (Brown, 2015). Servant leaders are defined by their innate ability to bring humility, integrity, and servanthood into their roles by caring for, empowering, and developing their followers while carrying out tasks and the processes of goal setting, leading, visioning, team building, and shared-decision making (Brown, 2015). Humility promotes empathy and ultimately culminates into servant leadership (Gill, 2013). More specifically, servant leaders are optimists who have empathy for people who lead through service (Gill, 2013).

Followers will grow when their leaders have compassion and empathy and they are accepted for who they are (Greenleaf, 1970). Greenleaf (1970) stated that people will grow taller when their leaders empathize and accept them for who they are, even as their performance is being judged critically in terms of their capabilities. Humility and empathy are related in that in order to be empathetic, a leader first humbles themselves (Brown, 2015). Empathy from executive directors promotes trust between them and the consumer board members. The COSPs programming focus is on empowering others to achieve success, and this translates directly to the executive directors and board members. Executive directors focus on empowering their followers rather than building up their own status or ego.

Servant leadership, humility, and empathy are all connected. Leaders must know the issues that plague their followers, exercise humility, and show empathy with those followers in order to lead those people (Brown, 2015). Servant leaders possess intuition that enhances their ability to identify issues in society and implement solutions (Brown, 2015). The servant leadership theory connects to the COSPs as the executive directors, who are servant leaders, put the needs of their consumers, employees, and communities first. COSPs exist to serve others and servant leaders live to serve. Individuals and organizations should work together as servant leaders in the communities in which they operate (Gill, 2013). Servant leadership emphasizes serving beyond employees to include the customers, investors, and other stakeholders in an organization (Gill, 2013).

Methodology

In this study, I used a case study methodology. The case study method is deemed appropriate when the questions are of the “how” and “why,” behavioral events cannot be controlled, and the focus of the study is on contemporary events (Yin, 2009). The qualitative approach allowed for strategies that were consistent with a case study design including personal interviews of the executive directors and document review of seven COSP boards. I created an interview protocol and questions for each of the executive directors of the seven COSPs in order to glean insight into their experiences with their board members. The goal of the interviews was to gain a better understanding of the relationships between the board members with persistent mental health issues and the executive directors with regard to who carries out their orientation and training processes.

I also asked questions regarding the need for orientation and training of their board members as well as the content they feel should be included in the orientation and training of the consumer board members. Through the interview questions, I also collected data related to the perceptions of the executive directors regarding consumer board member effectiveness related to their roles and responsibilities as outlined in the organizational bylaws. I interviewed the seven COSP executive directors via telephone and in person and collected their responses. Word mapping assisted with grouping the responses into like categories. The interview responses in the case study were expanded upon, and my analysis of the data will be discussed in greater detail in Chapter 3.

Definitions of Terms

The following definitions clarify and restrict the meaning of the terms for the purposes of this case study:

Board of directors: The members who make up the governing board of the nonprofit organization (Nicholson, 2004). Boards in this study are a group of individuals charged with the ultimate responsibility for organizational activities and effectiveness.

Consumer: This term refers to an individual who is currently receiving or has received services for a mental health diagnosis (Kaufman et al., 2011).

Consumer operated service provider (COSP): An organization in which mental health consumers make up the majority of the staff and board of the organization (SAMHSA, 2011). SAMHSA (2011) set the standards that 51% of the board and 50% of

the staff being mental health consumers, and established the definition of these mental health service organizations.

Nonprofit organization: A nonprofit organization is a group organized for purposes other than generating profit and in which no part of the organization's income is distributed to its members, directors, or officers (Legal Information Institute, 2015). *Persistent mental illness:* A chronic mental illness with complex symptoms that require ongoing treatment and management. Persistent mental illness effects: self-care, mood, thinking, interpersonal relationships, family, role performance, basic needs, and feeling (University of North Carolina (UNC), 2015).

Assumptions and Limitations

Assumptions

The assumptions of the study were that the executive directors would participate voluntarily, provide full and truthful remarks, and that the information collected from the participants would address the RQs being studied.

Limitations

One of the limitations of the study was researcher bias, which is common in qualitative studies. The process of qualitative case study is subjective, and there is potential for preexisting expectations and ideas of the researcher to cloud the data collection and interpretation (Creswell, 2009). The researcher should remain focused on the case study without allowing inappropriate and unnecessary tangents to enter into the research project (Creswell, 2013). I have been a board member of several nonprofit

organizations and the executive director two nonprofit organizations in Texas and brought this knowledge and my expectations of what could be learned to the processes of data collection and analysis.

Another limitation of the case study was the potential time involved and the demand for the focus of the researcher. Yin (2009) recommended having participants review their transcripts after interviews. There is potential for the review to lead to changes in responses that can influence the outcome of the analysis. The purpose of the reviews is to be sure that the researcher captured the executive director responses correctly.

Researcher bias was another limitation that prevents unprejudiced consideration of RQs and can occur in the planning, data collection, and analysis phases of research. A thorough understanding of bias and how it affects study results is essential for scholarly research. Information bias is one way to classify errors in which bias occurs in the measurement phase of research (Patton, 2002). Credible research strategies must not be biased to serve the researcher's vested interests and prejudices (Patton, 2002). Interviewer bias has the potential to occur when the researcher is familiar with the issue they are studying (Patton, 2002). There is also selection bias that has the potential to occur during identification of the study population (Patton, 2002). Researchers understand that the ideal study population is one that is clearly defined, accessible, and reliable (Patton, 2002).

Patton (2002) also discussed neutrality as a stance that is not easily attainable; in essence, the credible research strategies should include techniques for helping the researcher become more aware of and deal with personal biases, selective perception, and theoretical predispositions. Due to the inclusion of human beings as the data collection instruments, the researcher must thoughtfully reflect on potential sources of bias and limitations (Patton, 2002). As the researcher, I took steps to reduce the possibility that I could inadvertently bias or prompt responses from the participants. I attempted to prevent bias by using the interview protocol and informing the interviewees that the research was not meant to prove or disprove a particular hypothesis or point of view.

Bracketing could potentially be used as a technique for addressing bias (Creswell, 2013). However, bracketing personal experiences is difficult due to interpretations of the data that always incorporates the assumptions that the researcher brings to the topic (Creswell, 2013). Creswell (2013) feels that bracketing could be used to suspend understandings in a reflective move that is meant to cultivate curiosity, thus the researcher needs to decide how their own personal understandings are to be introduced into the study.

Measures Addressing Limitations

By using secondary data from the assessment performed by the UTCSWR (2011) and the executive director interviews, I improved the credibility of the results. Creswell (2009) recommended journaling and memoing. Journals were used for documenting my thoughts and feelings through the process, including after each interview to process the

notes made during the interviews. The research was conducted according to the Institutional Review Board protocols.

Significance of the Study

There is a great deal of stigma surrounding behavioral and mental health issues, and this can transfer to nonprofit board service as well. Consumer-run organizations recognize their consumers are not just peers, but as true leaders and members of a participatory democracy within the organization (Tanenbaum, 2014). The mental health consumers may or may not have professional business experience and/or financial knowledge, which has the potential to make board service a bit more challenging for them when combined with their illnesses (Wright, 2013). While there is a great value added to the COSPs when they include the consumers in decision making, there is also the potential for challenges associated with consumer board members who lack knowledge and experience related to governance, operations, fundraising, and sustainability.

The boards of the COSPs perform important governance and legitimation functions. They have the responsibility of ensuring that the nonprofit is living up to the mission and is fiscally responsible. Due to their oversight role, the board often comes to symbolize or represent the organization to the broader community (Tanenbaum, 2014). The stakeholders judge the organization by seeing who is serving on the board of directors, thus the composition and knowledge of the board members is important to the COSPs (Abzug, & Galaskiewicz, 2001). In this case study, I focused on the experiences

of the executive directors with the consumer board members to determine what orientation and training currently exists and what is desired for the COSP board members.

Tanenbaum (2014) stated that COSPs should be studied as civic organizations rather than as mere service providers, which leads to connections within the political science arena as COSPs relate to participatory democracy. The findings of this study contribute to the body of knowledge of COSPs, consumer board member effectiveness, executive directors, and the organizations as a whole. While the number of COSPs in Texas is small, these mental health service organizations provide an essential service to the communities in which they operate. The communities in which these organizations operate vary from small rural towns to major metropolitan cities with populations ranging from 27,000 to over 1,000,000 (Kaufman et al, 2011). The numbers of consumers the COSPs serve also varies with each organization. The smallest COSP serves approximately 400 consumers while the largest serves over 1,000 consumers annually (Kaufman et al, 2011).

Summary

In this chapter, I introduced the research topic of the study. The RQs were framed within the context of the theoretical background, the significance to current investigations, and the current practices related to orientation and training of the board members of the COSPs. In this study, I focused on the perceptions of the COSP

executive directors about the board members with persistent mental health issues, their effectiveness, as well as their orientation and training.

The research population for this study was made up of executive directors who operate the seven COSPs in Texas. Through their responses to the interview questions and review and reflection on the results of the COSP assessment performed by the UTCSWR, I gained knowledge of how, when, where, and by whom the key phenomena occurred. The phenomena in this study were the effectiveness, orientation, and training of consumer board members with persistent mental health issues; servant leadership; and COSPs. The study's results have the potential to assist scholars, practitioners, and executive directors to recognize how orientation and training of the board members of COSPs impacts the COSPs' performance and effectiveness.

In Chapter 2, I will review nonprofit literature related to board effectiveness, orientation and training of board members. I will also review literature related to governance of mental health service organizations. Additional literature will be reviewed that pertains to the theoretical framework, the servant leadership theory, and boards comprised of consumers and consumers who have persistent mental illness.

Chapter 2: Literature Review

Introduction

The literature documented in this chapter was the result of my review and research into the topic of nonprofit board members and their relationships with executive directors, board member service, and COSP governance. The results are not entirely comprehensive given the scarcity of literature available on COSP boards and consumer board members. The literature on traditional nonprofit organizations that I review in the chapter will cover the formation of the organizations and their governance. The literature on the COSPs will include organizational formation and programs and a small number of articles on actual mental health consumers serving as board members of these unique nonprofit organizations. Through the literature included in this review, I attempted to begin filling the gap in the literature and paving the way for future research related to the need for COSP board orientation and training, governance, and examination of consumer board member roles.

The literature I found on traditional nonprofit governance, orientation, training, and board development was helpful in building the foundation for the research on COSP board development and how these nonprofit organizations can be affected by the performance of their boards and board members. The SAMHSA (2011) published a COSP Tool Kit that contains a great deal of information on the formation of COSPs, governance, and programs. Much like with traditional nonprofit organizations, an active and committed board of directors is central to the success of a consumer operated

nonprofit organization (SAMHSA, 2011). In this chapter, I will discuss the many factors which contribute to governance quality and the principles that are vital to quality governance.

Literature Search Strategy

My literature search included major databases, key search terms, and search engines, all accessed through the Walden University Library. All of the references in the literature review are primary sources. There is a great deal of professional interest in how the nonprofit organization board members contribute to the COSPs they serve, and academic interest in understanding the functionality of the COSP boards via the executive directors. I kept these interests and Walden's mission of positive social change in mind when conducting this research. The keyword search terms I used in the search for books, journal articles, and dissertations included: *case study methodology, COSPs, COSP governance, COSP board members, COSP board member orientation and training, COSP assessment, COSP management and leadership, accountability and transparency of board members, nonprofit board members, nonprofit management and leadership, nonprofit governance, nonprofit board orientation and training, mental health organizations, mental health nonprofit organizations, community mental health nonprofit organizations, effective nonprofit board members, mental health consumers and board service, servant leadership, servant leadership theory, and consumer participation on nonprofit boards.*

Overview

In this review of the literature, I will build a foundation on the extant literature on nonprofit organizations and COSP board members. This study was inspired by the assessment conducted by researchers at the UTCSWR (2011) for the DSHS, and conversations with those researchers helped to formulate the RQs (Kaufman, et al., 2011). Diversity on nonprofit boards potentially leads to greater levels of accountability, and the COSP boards are by nature genuinely diverse. The board members are ultimately responsible for the organization that they oversee.

Governance quality and organizational success have an ongoing association that is both positive and systematic. Nonprofit boards can make a difference on behalf of the organizational stakeholders and add true value to the board, or it can deprive the organization of its true potential (Pointer & Orlikoff, 2002). Executive directors should take stock of the type of board that they have. The roles that board members are to fulfill as the governors of nonprofits should be more fully understood, and in order to do this, orientation and training should occur as part of board member service.

COSPs are nonprofit organizations in which the executive director is primarily a consumer and with at least 51% consumer representation on the board of directors, these nonprofits are deemed board-and-staff-run (Segal, Silverman, & Tempkin, 2011). . In these organizations, the authority resides in a structured consumer leadership hierarchy rather than a collective decision making processes (Segal et al, 2011). This type of COSP is more wide-spread and easier to develop as they do not require the creation and time-

intensive implementation of a collective governance process (Segal et al, 2011). The biggest challenge with the COSPs is to ensure that the people in the executive leadership roles are accountable to the consumer membership (Segal et al, 2011).

Nonprofit governing boards are not often effective at carrying out their roles and responsibilities, and there is long standing evidence of the *board gap*, which is the difference between the performance and the expectations placed on board members (Herman, 2009). Many organizations that have experienced the board gap identify or develop effective practices or strategies to improve their performance (Herman, 2009). There is a level of psychological ownership that the board members must feel for the organization, and they must face the reality that there are rewards for board service that are a result of their membership versus their successful performance on the board (Herman, 2009).

The servant leadership theory assisted me with identifying key phenomena related to the consumer board members, executive directors, and the COSPs as a whole. Included in this chapter will be an examination of how other researchers interpret the phenomenon of nonprofit board member effectiveness and the impact that orientation and training of the consumer board members has on the fulfillment of their roles according to the perception of the executive directors of the COSPs. It is important to understand how others interpret their roles and responsibilities of consumer board members, and this study will use that understanding to contribute to the body of knowledge in the field.

Consumer Operated Service Providers (COSPs)

In 1976, the President's Commission on Mental Health was established, which further advocated for the rights of mental health consumers (Kaufman et al., 2011). Since then, national consumer organization groups, such as the National Depressive and Manic-Depressive Association and the National Alliance on Mental Illness, appeared in addition to the Center for Mental Health Services (CMHS) of the federal government (Kaufman et al., 2011). The creation of these groups and organizations represented a push toward a mental health system in which the consumers are recognized as active participants in and as instrumental components of treatment, support, and recovery (Kaufman et al., 2011).

The President's New Freedom Commission on Mental Health (2003) was charged with determining the unmet needs and barriers to care for individuals with severe mental illnesses as well as making recommendations to improve the current delivery system. As a result, the Commission proposed a transformed mental health system that is, among other things, consumer and family driven. The ultimate goal of the transformed mental health care system is to promote recovery (President's New Freedom Commission on Mental Health, 2003). Therefore, treatment and supports within a community should be tailored to the needs of the individual (i.e., patient-centered). The individual plan of care should offer an array of coordinated treatment options; should include consumers and the family of the consumers in the planning of services, treatments, and support; and facilitate access to available community resources (President's New Freedom Commission on Mental Health, 2003). COSPs represent a promising service delivery

mode that may help the current public mental health system achieve these goals (President's New Freedom Commission on Mental Health, 2003).

Recovery-oriented services are often successfully provided through consumer-run organizations and by consumers who work as providers in a variety of settings, such as peer support and psychosocial rehabilitation program (President's New Freedom Commission on Mental Health, 2003). The COSPs are peer run service programs that are owned, administratively controlled, and operated by mental health consumers and emphasize self-help as their operational approach (SAMHSA, 2011). Consumer-operated services may be called other names such as: consumer operated service programs, consumer-run organizations, peer support programs, peer services, or peer service agencies (SAMHSA, 2011). The roots of consumer-operated services are deeply embedded in the tradition of self-help, in the civil and human rights movements, and in the vision and experience of recovery among persons with psychiatric difficulties (SAMHSA, 2011).

COSPs are viewed as organizations that promote recovery while working in concert with traditional mental health agencies and have become a major component of the mental health care system that are recognized as effective in fostering recovery (Segal et al., 2011). The COSPs are unique nonprofit organizations that are centered on providing mental health recovery support programs at little to no cost in their communities (Segal et al., 2011). COSPs are peer run service programs that are governed and operated by mental health consumers and emphasize self-help as their operational

approach that are governed by a board of directors made up of a minimum of 51% mental health consumers and 49% community members (SAMSHA, 2011). The COSPs are a critical source of primary care for uninsured and low-income persons in both urban and rural areas (Wright, 2013). Based on the literature, it could be assumed that the COSPs bridge the gap that exists in the community mental health care system. The self-help component is tied to consumer board service as they are serving on the boards of the organizations when it is determined that they are at the right stage of their recovery to do so.

According to the SAMHSA COSP Tool Kit (2011), there is a perceived conflict with having a board of directors that coincides with some of the longstanding ideals of the consumer movement, which emphasizes making decisions based upon the consensus of the people who use the service. However, within the required legal structure of nonprofit organizations, there are ways to ensure that the board of directors represents the needs of program participants (SAMHSA, 2011). Involving the consumer board members in nominating and interviewing other potential board members ensures that the potential board members understand the needs of their participants and support consumer input in board decisions. Executive directors of COSPs should also be providing the board with all of the information necessary to evaluate the programs and services that the COSP offers, while including the needs and desires of the consumer participants that are assisting them with their board service (SAMHSA, 2011). The founding principles of consumer-led organizations emphasize the central importance of bottom-up versus top-

down administration in the consumer movement's terms and democracy-controlled decision making among self-help participants versus board-staff run decision making in the COSPs (Segal et al., 2011).

COSPs have made positive contributions to the alleviation of past stigmatization and disempowerment (Segal et al., 2011). According to Potter and Mulkern (n.d.), by the late 1980s, despite the expansion of COSPs and growing acceptance of peer-delivered services, there was little research that had been done on the effectiveness of consumer delivered services. In response to the lack of research and literature on consumer programs, the CMHS funded a multisite evaluation study of 13 varied programs across the country beginning in 1988 (Potter and Mulkern, n.d.). This 3-year project produced evidence that peer-run services increased social skills, decreased inpatient services, and improved the self-confidence of their consumers (Potter and Mulkern, n.d.).

Consumer operated mental health service programs vary greatly in their form and function; however, the thought behind the general philosophy of all peer-delivered services is that those who have been there are the best helpers (Potter and Mulkern, n.d.). The common themes of the consumer operated mental health service providers are hope and recovery (Potter and Mulkern, n.d.). The motto of nothing about me, without me echoes within and the values of personal choice, empowerment, and self-determination are infused throughout the peer-led mental health services, distinguishing them from others (Potter and Mulkern, n.d.).

The assessment of the seven COSPs in Texas by Kaufman, Stevens-Manser, Espinosa, and Brooks (2011) was valuable for the secondary data that it provided for this case study. The questions asked in the interviews of the executive directors were created based on the assessment report and I developed this study by picking up where the assessment report left off in an effort to conduct recommended research from the researchers from the UTCSWR. The surveys included in the assessment were also a vital part of the secondary data that was beneficial to the research outcomes.

Drucker (1990) stated that executive directors must focus on the abilities not weaknesses and never emphasize these weaknesses; however, this could pose to be even more challenging with a COSP. It is important that the executive directors use the members the way they are rather than how they would like them to be and not to focus on the traditional board member or ideal performance but really to understand who is serving and what they can do and build up from there (Drucker, 1990). The executive directors of the COSPs take stock of who they have on their boards and their abilities. There is also a need for them to take on different roles than would be demanded of them in a traditional nonprofit due to the unique makeup of the board of directors. The executive directors will need to be mentors to guide, teachers to develop skills, judges to evaluate progress, and encouragers to cheer on their board members with persistent mental health issues (Drucker, 1990).

Consumer Board Members

A board of directors is best defined as being a group of peers where no one person has any more authority over anyone else that belongs to the group. The board members each need to take responsibility for the behavior of the group; however the board chair has authority that is needed to keep the board on track via rulings (Carver & Carver, 2011). Previous studies suggest that mental health consumers often lack professional skills that are relevant to nonprofit governance; they make programs less efficient, and may ultimately be ineffective as board members (Wright, 2013). Ultimately the governance of the COSPs should be under the reigns of consumers who are more representative of the program participants than those from the outside community who lack experience with the mental health care system. COSPs are community-based nonprofit organizations that symbolize the mental health community representation by having mental health consumers dominate boards (Guo & Musso, 2007).

As the COSPs became more sophisticated organizations, many of these unique nonprofits felt the tension between their principles of consensus-based decision making and the need for a formal board of directors (SAMHSA, 2011). At times the COSPs worked to resolve the tension by developing organizational bylaws that mandated the majority (or all) of the directors are self-identified mental health consumers, hence the stipulation that 51% of the board are mental health consumers according to the SAMHSA designation mentioned previously. Ultimately, it is recommended the governance of the COSPs should be under the reign of consumers who are more representative of the

program participants than those from the outside community who lack the experience with the mental health care system (SAMHSA, 2011). Wright (2013) stated that the COSPs that are federally qualified must have a consumer majority governing board. This majority means that at least 51% of the board members must be consumers at the nonprofit center, with at least one visit for services within the past 2 years (Wright, 2013).

Many of the COSPs encourage current or past consumers to become board members as part of their recovery journey. It is also helpful to have board members who bring additional expertise to the organization with banking, accounting, law, community organizing, media relations, business management, and marketing (SAMHSA, 2011). Carver and Carver (2011) purport that board member expertise is relevant to governance, but not management, and the nonprofit board members should not be recruited based on skills that mirror the skills of the staff. The membership speaks on behalf of the ownership rather than their personal perspective and organizational accountability is to be put above personal gratification (Carver & Carver, 2011).

Other COSP board members have strong existing community networks, ties to key organizations or resources, or experience in grant writing and fundraising. When recruiting board members, the COSPs are often tempted to find the people who have the most experience in consumer run services or mental health advocacy, but all too often these people are busiest with other commitments. The executive directors need to ensure that the consumer board members understand that they are expected to bring their expertise and resources to their duties as a board member, and that they have the time and

interest in fully participating to be productive. The representatives of disadvantaged groups may have the philosophical commitment, but may fail to contribute effectively if they lack the skills of articulation, expression, political “savvy”, and the ability to work within established procedures of the organization (Newberry, 2004).

The COSPs can ensure that they retain participant control, through a board of directors by making sure that the bylaws are explicit about the role of the board, including aspects of the program where it does not hold direct authority (SAMHSA, 2011). This can also be achieved by encouraging members to attend board meetings, contribute to the discussions and problem solving, and encouraging the consumer board members to get involved in board committees for specific activities or special interests and initiatives. There is also an opportunity that consumer board members have to develop and support interest in decision making by making sure members has the authority to make decisions about things important to them and to the organizations (SAMHSA, 2011).

Through the empowering processes that they experience, consumer board members work to fulfill their roles and regain hope, self-esteem, and self-confidence lost through stigmatization as persons labeled “mentally ill” (Segal et al., 2011). Executive directors of the COSPs work to build up the board members’ self-esteem and praising them for the smallest successes in hopes of increasing the board productivity and reducing their performance anxiety. The governing boards of the COSPs must find the appropriate balance between the valuable input of their consumer board members and the

skills and expertise of professionals (Wright, 2013). Based on the literature reviewed, the assumption can be made that the consumer board members are empowered by their service. Additionally, the executive directors recognize that the consumers offer insight into the mental health care system via their lived experiences.

Case Study Methodology

The case study approach allows for a more holistic understanding of a phenomenon within a real-life context from the perspective of the participants (Boblin, Ireland, Kirkpatrick, & Robertson, 2013). Case study is one of several qualitative research methods that is appropriate for answering the how or why, unraveling the complex nature of a single group or situation, and can incorporate multiple research strategies within a single project (Creswell, 2003; Stake, 1995; & Yin, 2009). The case study does not use a variety of methodologies to validate findings, but rather to create a whole picture to answer the research through descriptions and explanations. Case studies allow the researcher to explore a concept or a phenomenon, with an emphasis on the contemporary experience (Stake, 1995; Yin, 2009). The case study also has the ability to incorporate the experiences of the researchers as well as the study participants which will lead to a much richer understanding, while still introducing the potential issue of misrepresentation (Stake, 1995).

Case study researchers have often characterized the qualitative case study approach as a contextually based tradition where-in difficulty exists in separation of the case from the context (Boblin, et al., 2013). Yin (2009) presented a structured approach

to case study research, and he advocates for a more formal conceptual framework and prepositions that are tested and accepted or refuted as data are collected and analyzed. Yin (2009) also feels that the researcher must remain detached, neutral, and independent of what is being researched. The desire is there to understand a complex social phenomenon which allows the researcher to gain that holistic and meaningful characteristic of the real-life events (Boblin et al., 2013).

Nonprofit Governance

Board governance matters and it has a true impact on nonprofit organization success or the lack thereof. Governance is difficult due to the demands for accountability, increasing size of organizations, and the rate of change that takes place in nonprofit organizations. The stakeholders and consumers demand higher levels of board performance and contributions. Governance is quite often less than perfect in many nonprofit organizations, and all of the board members need to understand their true importance. While the executive directors understand the need for orientation and training of board members, the board members do not always grasp the gravity of their service related to sustainability and success.

Unfortunately, there are far too many boards that are operating well before their full potential due to the lack of knowledge of board service and their roles and responsibilities. When this occurs, the organization and the consumers are far too likely to suffer the consequences. Pointer and Orlikoff (2002) agreed that board performance and consumer board member contributions can be greatly improved through proper

orientation, training, and development. The board members should fully comprehend what governance should be at its best, the many factors that contribute to governance quality, and the principles that are vital to quality governance (Pointer & Orlikoff, 2002).

Executive directors should embrace their role as a developer and make sure that there is capacity building and high impact governing decisions take place (Eadie, 2009). The board members should be accountable for themselves as a whole, as the board is vital to the success of any of the capacity building efforts of the organization. The executive director takes on the bulk of the responsibility for seeing that the board leadership capacity strengthened. In essence, a good board is made better by the work of the executive director, which includes orientation and training. The executive directors need to be in tune with the emotional and psychological dimension of their board members in order to develop them accordingly (Eadie, 2009).

Eadie (2009) explained that the executive directors work to empower the board members by leading from behind the scenes because the board has to be strong in their commitment as well as have an in-depth understanding of the nonprofit organization. The majority of the issues occur on boards when there is inadequate knowledge of board governance and leadership, which explains why it is vital to have proper orientation and training in place. Eadie and Drucker (1990) are in agreement that careful selection and orientation is half of the battle and that human resource development has a higher benefit-cost ratio. The truth is that there are further complexities that occur due to board members with persistent mental health issues. There is greater potential for emotional resistance

from board members with persistent mental illnesses. Additionally, the mental health and wellbeing of the consumers is at risk when they serve as board members without adequate support and supervision (Stewart et al., 2008).

The article by Harrison and Murray (2012) builds on the background of successful nonprofit boards. Understanding the different perspectives of the leadership qualities and what has made them successful enhances the knowledge and enabled me to compare and contrast with the COSP board members. The authors used a grounded mixed methods theory, which is similar to the 2011 UTCSWR assessment of the seven COSPs in Texas that contains reports from the executive directors. Carver and Carver's article (2001) explains that it is important to look at the board as a group, not individual board members because it is the entire board that speaks for the stakeholders, not individual board members, except as he or she contributes to the final board product. While roles and responsibilities are derived for individual board members, they must draw them from the roles and responsibilities of the board as a group, not the other way around. Therefore, board practices must recognize that it is the board, not individual board members, who have the authority (Carver & Carver, 2001).

The article by Hodge and Piccolo (2011) is important as it aids the understanding of the impact that the board has regarding financial diversity, sustainability, and growth of nonprofit organizations. Funding is extremely important to nonprofits, and the COSPs often have a difficult time securing funding due to lack of consumer board member experience with grant writing and fundraising. When funders have issues with

productivity of the board members, the financial support that they extend the COSPs can be negatively affected. Including consumers on the board may harm the operating margins, which impacts the organizational sustainability in the long term (Wright, 2013). The article published in the *Public Administration Quarterly* (2011) works to establish the case for effective nonprofit board of directors in order to compare them to the COSP boards. Understanding how the boards can affect the nonprofit organizations overall including funding and financial vulnerability is important.

There are special challenges that occur with the COSP boards and the executive directors in that the executive directors are typically much more advanced in the business arena than the board members. At times there are situations that occur with regard to power struggles between the chairs and executive directors (Jager & Rehli, 2012). Nonprofit board members should feel that they are part of a team. The insights shared in the article written by Nicholson, Newton, and McGregor-Lowndes (2012) helps to build the case for successful nonprofits in order to make comparisons between the traditional nonprofits and COSPs.

Many of the board members of the COSPs have never served on boards, and Smith (2009) focused on being helpful for establishing the best practices for success. The board members should work toward success in their specific roles, and the authors explained how to achieve success on boards through board member orientation and educational efforts. The COSP boards are innovative in that they have mental health

consumers at the helm of the organizations, and Jayske (2012) exchanges views on innovations regarding board practices.

Lichtsteiner and Lutz (2012) discussed self-assessments of nonprofit boards and their importance to successful governance. As a result, self-assessments were utilized as part of the interview process in order to assist the researchers with gathering information from the executive directors about their boards. Many nonprofit boards utilize self-assessments for their members and the executive directors alike. Vividovich and Currie (2012) explored the value of interlocking directorships on board governance. The well-developed boards could prove to be beneficial for the effective governance of the nonprofit organizations. For the COSP boards that oversee the operations and the executive directors, orientation and training are essential. Herman (2009) focused on how well nonprofit boards operate. There are levels of responsibility that are created and defined by the bylaws for their roles as members and officers. The roles and responsibilities section of the bylaws should be covered in the recruitment and orientation of the board members who are embarking on their service commitment.

When a board is educated and understands what they are to do, there is a greater possibility that they will be successful in fulfilling their roles and responsibilities (Herman, 2009). Additionally, there are instances when the consumer board members express a desire to augment the position descriptions to better fit their abilities and this could be an issue for other board members and the organization as a whole. The COSP boards should have a bylaws committee to review and revise the position descriptions to

ensure that the organization is not going to be negatively impacted. The consumer board members must commit to serve to the best of their ability, and the other board members must understand that their level of commitment could be greater. It should also be noted that there is potential for tension if the non-consumer board members are less amenable to consumer board service (Wright, 2013).

The commitment to service from the executive director and the board members are at a higher level when board members have persistent mental health issues. This is not to say that these consumers should not serve, however it is important to note the dynamics are different than those of a traditional nonprofit board. There is a need to strengthen the education and training of the consumer board members in order to improve their competence with regard to finances and other board service issues (Wright, 2013).

The literature research revealed that the level of personal involvement within nonprofit organizations is one of the factors that the service-minded business leaders take very seriously. Smith (2009) offers that the desire that most corporate leaders have for feeling a stronger personal connection to the nonprofit organization's mission before they commit to serving on the board. Much like the consumers who feel a deep connection to the COSPs, their desire to serve is strong. The ideal board members have a deep connection and experience that will benefit their board service and the organization as a whole. There is a direct connection with the research in this informative article and the participants of the COSP assessment conducted by the UTCSWR (2011). The beauty of the consumer board members is that they are deeply connected to the organizations in

which they serve because they receive services there; they have valuable insight into the experiences of the other consumers. The COSP board members have a level of personal connectedness that can rival that of traditional nonprofit boards. Under the right conditions, there is no doubt that the consumer board members can have a positive impact on the nonprofit organizations that they govern (Wright, 2013).

Servant Leadership Theory

Modern leadership theories have grown out of the traditional behavioral/human relations, traditional trait, and contingency leadership theories (Claar, Jackson, & TenHaken, 2014). The servant leadership theory was first introduced in 1970 by Greenleaf. One of the key insights into servant leadership is that the best way to lead is to serve, and the best way that leaders serve is to lead. Amongst the current leadership theories servant leadership is gaining attention (Claar et al., 2014). Servant leadership is an overarching philosophy for leading others and has an impact on organizational citizenship behaviors (Feldman, 2014). Servant leadership is being researched within many contexts and cultures and it is found to be a legitimate theory that helps followers succeed (Brown & Bryant, 2015). The servant leadership theory is about transforming an organization into a successful entity through inspiring and empowering people to excel. Servant leaders inspire others who want to follow them and emulate their behaviors (Russell, 2016).

There are nine functional attributes of servant leaders: vision, honesty, integrity, trust, service, modeling, pioneering, appreciation of others, and empowerment (Brown &

Bryant, 2015). These attributes are supported by eleven accompanying attributes: communication, credibility, competence, stewardship, influence, teaching, visibility, listening, persuasion, encouragement, and delegation (Brown & Bryant, 2015). Servant leadership also influences the culture of the organization as positive work attitudes and behaviors lead to positive changes in performance.

Unlike the other forms of leadership is the underlying concept of “leader as servant” (Brown & Bryant, 2015. p.16). Greenleaf (1970) enlightened others through his writings as to the 10 mechanisms of servant leadership: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and community building. These mechanisms and the characteristics of servant leaders likely influence the organization, the culture, and performance (Brown & Bryant, 2015). Six key characteristics of servant leaders were later identified by Van Dierendonck (2011) empowering and developing people, humility, authenticity, interpersonal acceptance, providing direction, and stewardship. The intangible benefits of servant leadership are feelings of accomplishment, happiness, fulfillment, community, and seeing others succeed (Lussier & Achua, 2015).

Van Dierendonck (2011) illustrated the underlying process of servant leadership that is based on theory and evidence from the literature that focused on a servant leader’s motivation to both lead and serve. Servant leadership has an impact on the leader-follower relationship and the climate of the organization, which will lead to positive job attitudes and increased performance, team effectiveness, sustainability and corporate

social responsibility, and the follower's self-actualization (Brown & Bryant, 2015). The values of servant leaders have been examined at great length in literature. Servant leadership is morally grounded and inspirational, and the values are manifested in attitudes and behaviors that create the essence of servant leadership (Schein, 2010). Greenleaf (1977) stated that servant leaders will lead out of their desire to serve others, and they make the conscious choice to lead.

Greenleaf (1970) asserted that the servant leader works to ensure that the least privileged are not further deprived. The servant leader does not make irrational selfish decisions that have potential to harm individuals or organizations (Monroe, 2013). A servant leader is defined based on the individual's character which makes it improbable that the true servant leader will be coercive, especially to those who are the most vulnerable (Greenleaf, 1970; Monroe, 2013). A leader has to have the desire to serve before becoming a leader to be a true servant leader, and Claar et al. (2014) asserted that leaders may be able to learn to serve by leading while there is also potential to learn to lead by serving.

A leader develops a connection with servant leadership by self-identifying with the values and beliefs of serving according to Sun (2013). Servant leaders must consider and decide whether or not to participate in the decision making process with their own best interests to combat self-serving decisions. Someone who identifies with the servant leadership style has a passion for the service of others (Claar, et al., 2014). Northouse

(2013) put their followers first, assist them with personal development, inspires them to take on responsibilities, and personal growth.

Cycle of Benefit in Servant Leadership

In order to be a servant leader, the decision to serve the needs of their followers is made (Greenleaf, 1970; Russell, 2016; & Sipe & Frick, 2009). Those who aspire and grow as servant leaders do not consider what the benefits will be to their own life, but rather the benefits to their followers and the organizations in which they lead (Russell, 2016). Servant leaders do however benefit from seeing others succeed. Grant (2013) stated that the dual reward of servant leadership is the strength of the leader-follower relationship. The cycle of benefit begins as the follower benefits when their needs are met by the servant leader, and they are in turn able to meet the needs of the leader, and from that the leader benefits (Grant, 2013; Greenleaf, 1970; Spears, 2010; Ton, 2014). The cycle's dual reciprocal relationship comes from the leader-follower relationship and begins with the leader serving their follower (Russell, 2016).

There is a vision that the followers believe in and work towards that is established by the servant leader (Spears, 2010). The vision sets the foundation for moving forward. The leader empowers the followers, is committed to their growth, and meets their needs so they can grow (Spears, 2010). There is a sense of belonging when the servant leader builds the community within their organizations, which also fosters shared decision making and in turn cultivates the followers' sense of community and ownership (Russell,

2016; Spears, 2010). Shaw and Nelson (2014) found that because there is a sense of community and ownership there is greater satisfaction for the followers.

Followers grow from the opportunities that are provided to them, and they benefit from the leader's service (Greenleaf, 1977, 2002). This service will strengthen the followers' trust in the leader (Chan & Mak, 2014). Trust in turn relates to reduced turnover and greater commitment and loyalty to the organization. Commitment and loyalty result in the organizational growth which is considered to be an achievement of the leadership (Ton, 2014). When there is greater organizational growth, committed followers, and happy customers there is an increase in profits and Ton (2014) attested that this is a financial benefit to the leader. Within the cycle, the self-interests of both the leader and follower are met through the intangible and tangible benefits (Russell, 2016).

Servant Leadership at the Group and Organizational Level

Leaders who desire to use servant leadership must understand that particular style and improve on characteristics that relate to service (Claar et al., 2014). Organizations make an attempt to identify leaders and sustain leadership, thus practitioners would benefit from a greater understanding of servant leadership (Peterson, Galvan, & Lange, 2012). This understanding aids in the leadership selection process and Peterson et al. (2012) postulated that it will also help organizations as they plan for how servant leadership should be encouraged amongst executives who have already been part of the organization. Organizational climate is one of shared perception of policies, practices,

and procedures while culture is made up of the shared assumptions, values, and beliefs that define the nature of the organization itself (Brown & Bryant, 2015).

Schein (2010) explained that new members of organizations are socialized by others as to the way to think, feel, and behave based on the assumptions, values, and beliefs. The social exchange process generates and sustains an organizational climate where the followers will feel safe using their own knowledge for decision making with the absence of fear of failure, which allows for the continuous development and learning (Brown & Bryant, 2015). Servant leadership relates to procedural justice while it creates a sense of fairness through its sensitivity to follower needs, ethical orientation, and the focus on their growth and wellbeing (Mayer et al., 2008; Sendjaya & Pekerti, 2010).

There is community building and a safe organizational climate through the focus on trust, fairness, goals of the organization, societal good, and the needs of employees, board members, and other stakeholders (McGee-Cooper & Looer, 2001). Delegation, empowerment, and participatory leadership are crucial aspects of the servant leadership climate. Servant leadership is empowering, and those who are empowered are more engaged in organizational support which in turn encourages followers to go the extra mile (Feldman, 2014). The possibility exists that servant leadership contributes to higher quality of leader-member relationships, which results in positive follower behaviors, greater cohesion and coherence of the organizational culture (Feldman, 2014). The followers reciprocate the leader support they receive which creates a continuous cycle of

influence that will impact leadership, organizational climate, follower attitudes, and overall performance (Van Dierendonck, 2011).

Schein (2010) presented the idea that leadership and organizational culture are linked and are in reality only understood when combined, and the values of the leaders are intertwined within all of the levels of the organizational leadership which forms the basis for the culture of the organization. Also noted by Schein is the idea that once a culture is in place, the organizational values will assist with selection of leaders who fit within the culture. Social capital could very well be the key factor that links changes at the leader-follower level of analysis to changes in the overall culture and organizational performance (Feldman, 2014).

The culture will also influence the behaviors of leadership, shape perceptions and decisions (Jaskyte, 2010; Walter & Bruch, 2009). New challenges will provide opportunities for cultural development and establishment of new values (Schein, 2010). Cultures are changed when the assumptions, beliefs, values, and learning experiences of new members influence the changes (Brown & Bryant, 2015). Servant leaders will develop cultures where their followers in turn become servant leaders (Melchar & Bosco, 2010). Liden, Eayne, Liao and Meuser (2014) noted that the servant leadership culture is related to customer service, organizational identification, performance, creativity, and the intent to stay with the organization. Servant leadership leads to spiritual, nurturing, and safe cultures that are a bit more suited for static environments (Brown & Bryant, 2015).

Servant leadership is linked with the group and organizational performance and team collaboration and effectiveness (Hu & Liden, 2011). Leaders who practice servant leadership that lack narcissism are effective organizational leaders related to performance and return on investment (Peterson, Galvin, & Lange, 2012). Servant leadership promotes an innovative organizational climate (Chan & Mak, 2014; Yoshida, Sendjaya, Hirst, & Cooper, 2014). At the organizational level those with charismatic and transformational leadership styles fall short of producing corporate social responsibility while the servant leaders influences corporate social responsibility and sustainability through the involvement within the community and creating positive stakeholder relationships as a result (Brown & Bryant, 2015).

Servant leadership appeared to offer a leader style that appeal to followers and organizations alike (Claar et al., 2014). The servant leader's awareness of the organizational environment combined with their own innate ability to conceptualize goals with the future in mind that the followers are willing to work toward (Russell, 2016). Ultimately, the followers will believe in the goals because they believe in the leader. Servant leaders are not only the servants of their followers or customers; they serve the organization (Claar et al., 2014).

Dierendonck and Nuijten (2011) asserted that through the focus on empowerment, accountability, humility, standing back, authenticity, courage, forgiveness, and stewardship both the servant and leader can be measured. As relationships are developed and trust increases functioning teams within the organization are formed which improves

the potential for success of the organization (Claar et al., 2014). One of the ways to improve organizational performance through servant leadership practices that increase the trust in management and in the organization itself (Claar et al., 2014). Trust in a leader is the belief that they truly care about their followers, not just what they can do for the leader and/or the organization (Claar et al., 2014). Chatbury, Beaty, and Kriek (2011) discovered that significant trust amongst lower level employees and their managers when the servant leadership style is utilized. Servant leadership is an antecedent of trust, and Sendjaya and Pekerti (2010) found that there are ways to strengthen trust: role modeling, appearing concerned for others and respecting them, and acting consistent with their ideals.

Influence of Servant Leadership

There are positive benefits to followers in the systematic review of 39 servant leadership studies that was performed by Parris and Peachey (2013). In their findings, Parris and Peachey found that servant leadership is both valuable and viable on both the individual and organizational level, which has positive influence on effectiveness of individuals and teams. Organizational loyalty and commitment to serve their followers is another key component of servant leadership which correlates to greater provosts and organizational growth (Grant, 2013; Russell, 2016). Within the leader-follower relationship, both give of themselves in service to the other and there is a continuous reciprocal relationship that results in greater service (Russell, 2016).

The relationship between servant leadership practices, positive organizational benefits, and follower success is revealed in multiple studies (Chan & Mak, 2014; Paris & Peachey, 2013; Shaw & Newton, 2014). In their servant leadership study, there is positive job satisfaction amongst followers, as well as increased trust between the leaders and followers according to Chan and Mak (2014). The research conducted by Shaw and Newton (2014) revealed that there is greater job satisfaction and loyalty to the organization when leaders are perceived to be servant leaders. Davidson, Jamieson, and Johnson (2014) and Chen, Zhu, and Zhou (2014) found that the power of the leader-follower relationship influences identity and the commitment to one another positively impacts identity and the organizational environment.

When the servant follower is committed to the leader when they feel that the leader's vision meets the future needs and that they protect the follower and organization (Russell, 2016). There is an embedded trust between leader and follower. The follower has trust that the leader will make the right decision and is willing to carry out their leader's vision, this reciprocal influence and trust is part of the relationship within servant leadership (Russell, 2016). The leader is willing to empower their follower, and the follower will carry out the vision without micromanagement and direct supervision by the leader (Russell, 2016). Additionally, the motivation and self-efficacy of the follower is what allows for empowerment to take place (Russell, 2016).

The reciprocal relationship of trust and empowerment includes the trust in the leader and the leader trusting the follower to operate outside of the power and decision-

making structure that exists (Ndoye, Imig, & Parker, 2010). There is greater success and achievement that occurs out of this trust-based relationship (Hayes, Caldwell, Licona, & Meyers, 2015). Hayes et al. (2015) reported that when there are greater commitments to the leader and positive behaviors there is greater development of wealth and organizational success. When the leader empowers the follower, the follower is more able to actualize their own creative and innovative talents, which results in higher satisfaction for followers and ultimately customers which leader to higher profits and organizational growth (Chen et al., 2014; Russell, 2016). Where servant leadership is practiced there is leadership trust, increased employee engagement and reduced turnover, greater customer service, follower creativity, improved job satisfaction, and innovation (Chan & Mak, 2014; Liden et al., 2014; Russell, 2016 Shaw & Newton, 2014; & Yoshida, et al., 2014).

Board Development: Orientation and Training

According to Drucker (1990) nonprofit service develops people; ultimately it either helps them to grow or it stunts them. This is especially true for board members with mental health issues, and the executive directors must pay attention to the board members in the event of a crisis response to stressful situations during service. Consumer participation in the mental health services organizations has been championed as a human rights issue for well over a decade (Stewart et al., 2008). The consumer board members must focus on performance related to their roles and responsibilities, unfortunately many mental health consumers have been placed in the untenable position of being engaged in representation and advocacy roles without proper training and no position descriptions

(Stewart et al., 2008). Frank conversations about the specific tasks that are to be completed during their service should be discussed, as well as assigning a mentor to the new nominee.

Recruiting and orientation of board members are increasingly important, especially when there are demands for higher levels of accountability and performance by board members (Herman, 2009). Consistent education and training of board members is part of their essential development. New issues are emerging and the organizational challenges will change over time, which further illustrates the need for continuous training. Governance related conferences, workshops, and seminars provide an excellent opportunity to learn about a broad range of issues and ideas (Pointer & Orlikoff, 2002). Board retreats offer up a unique opportunity to educate, facilitate, and focus on issues outside of the board meetings. Quite often, nonprofit consultants are hired to assist with the training and development of nonprofit boards.

Poor orientation impairs performance both immediately and in the long term. The board members should start off on the right foot and be cultivated to their full potential. New members should be appreciated for the assets that they are (Pointer & Orlikoff, 2002). Below is a list of components that should be included in the orientation of board members that Pointer and Orlikoff (2002) suggested:

- Someone at a higher level is hired or assigned to manage/oversee the process (e.g. consultants)

- Orientation is designed to accomplish objectives that develop foundational knowledge and skillset to introduce members to climate/culture of boards and nonprofit organizations. To help them to be a part of the group and motivate them to participate and contribute.
- It is a process, not a one-time event; it should be throughout the first year of service/membership.
- Multiple approaches such as discussions and meetings, written materials specific to the organization, books and articles, in-service programs and briefings, and other governance education programs.
- Key subject matter includes the nature of the environment that the organization operated in and who the most important stakeholder groups are. Makes the new members familiar with the vision, mission, and goals of the nonprofit and the structure, management, services, challenges, competencies, and collaborations.
- The new member should be introduced to the entire board: members, committees, culture, bylaws, policies, plans, mode of operation, and to the true nature of their governance roles, responsibilities, duties, and obligations.
- Mentoring is incorporated by pairing up a new member with a seasonal one. The mentor offers guidance, advice, and coaching to the new member

in their first year of service. This is one of the most important orientation strategies.

- The process is consistently assessed and redesigned as necessary.

A key part of board development is assessment, and boards should do self-assessments in order to help with coaching and the development process of each member. Performance, accountability, and contribution are essential elements for building and maintaining the assessments. These assessments should be done before the service terms are up, before members are renominated, and they should be based on the criteria that are established from the expectations within the bylaws (Pointer & Orlikoff, 2002).

Consumer Operated Service Provider Board Member Orientation and Training

While the current literature on orientation and training of the COSP board members is lacking, there are connections that can be made between traditional nonprofit board members and the COSP board members. There are significant gaps in our knowledge in relation to the education and support needs of consumer workers and board members in the mental health system (Stewart et al., 2008). According to the SAMHSA COSP Tool Kit (2011) there is a fundamental aspect of nurturing consumer voices and leadership via identifying, training, and supporting emerging consumer leaders for nonprofit governing boards. There is a steady stream of potential leaders and emerging leaders that are most definitely requisite to the sustainability of meaningful consumer participation and of COSP service initiatives (SAMHSA, 2011).

It is important to understand that in every city in the United States there is a mix of consumers who have both experience with the diagnosis of a serious psychiatric disorder and have the professional skills that are key in developing and governing the COSP. It is imperative for the board members and executive directors to identify and support this pool of competent and invested persons (SAMHSA, 2011). There is rhetoric with consumer participation that is not matched by effective strategies that ensures that consumer involvement is underpinned by relevant training and supportive infrastructure (Stewart et al., 2008).

One of the mental health policy makers agrees that as a whole there cannot be too much time spent on hammering out the vision, the mission or specific roles in achieving the vision, the values that guide decisions, and the definitions of the service components for the COSPs. When there is a lack of clearly articulated purpose, priorities, and focus creates confused and reduces effectiveness of the COSP board members (SAMHSA, 2011). The COSP Took Kit (2011) discussed the availability of training and technical assistance that is critical to establishing and sustaining viable consumer run nonprofit organizations. When there is a lack of adequate training, technical assistance, and field based membership some COSPs struggled or failed; therefore, addressing these needs up front is wise from the standpoint of sustainability (SAMHSA, 2011). This statement by those in the field of COSPs assists with establishing the need for training for the consumer board members. The availability of quality training and support for consumers taking up these roles is limited and variable, leading to considerable confusion within the

consumer movement and leaving services that employ consumers, or engage them in voluntary capacities, open to accusations of tokenism and exploitation (Stewart et al., 2008).

When an organizational board nominates anyone who has had little to no board experience being a board member with other nonprofit organizations, it is most helpful to provide orientation and training on the duties and limitations of a board and how a board operates to carry out these duties (SAMHSA, 2011). Ideally, qualified mental health consumers are recruited to the board and the board members are oriented to be better educated about the organization and trained for board service (Brown & Guo, 2010). Carver recommends that the board members spend a great deal of time investing and gathering knowledge while also spending half of their time becoming educated because information is essential for board performance and decision making (Carver & Carver, 2015). The executive director should also ask more experienced COSP board members to mentor the new members in order to give them a stronger sense of their role and responsibilities. It is understandable that some COSPs struggle because their board members may not take their responsibilities seriously, thus there is potential for issues fulfilling their roles to surface.

Board Member Roles and Responsibilities

When boards understand their obligations, or their purpose, they will have a better idea of how they should be structured and function. Infrastructure and composition are essential to initial success. Structure refers to the way the governance work is divided,

shared, and coordinated while board composition focuses on characteristics, knowledge, skills, experience, perspectives, and values. Board members must be highly capable, be informed about the organization and key constituents and the community, and be more willing to create and engage in the “work” of the nonprofit (Brown & Guo, 2010). These are the resources and systems that facilitate the board and its work. The most important role of the board is to ensure that the nonprofit resources and capacity are extended so that the stakeholders benefit.

The nonprofit board is also there to represent, protect, and advance the interests of the stakeholders and acts on their behalf; in essence they are acting as their agents (Pointer & Orlikoff, 2002). Herman (2009) illustrated what a successful board of directors looks like. The board member responsibilities are: fund-raising, financial oversight, evaluation of the chief executive officer or executive director, planning, policy making, monitoring programs, community relations, public advocacy, performance review, and advising management (Herman, 2009). Determining what makes a successful board of directors is that goal of the literature in order to draw conclusions about the COSP nonprofit boards.

Roles and responsibilities are the essence of governance, and in order to be effective the nonprofit board must fulfill their responsibilities and their roles. Responsibilities are ‘the what’ and the roles are ‘the how’ aspects of board governance. The board must recognize that they are responsible and are to be held accountable for ensuring that the organization is well managed by the executive director. Nonprofit

boards have to understand that they are meant to govern and not manage. Essentially, the board recruits the executive director, who is directly responsible to the board, and they are to focus on fulfilling the vision and accomplishing their goals on behalf of stakeholders and consumers (Pointer & Orlikoff, 2002). Nonprofit boards are responsible for their own performance and contributions to the organization. The board must have efficient and effective infrastructure, composition, and structure. Board members should: (a) make personal contributions to the organization, (b) fundraise, (c) advocate for the nonprofit organization, (d) advice and counsel the executive director on their management role, and (e) perform operational tasks (Pointer & Orlikoff, 2002).

The four main responsibilities of the board are:

1. Formulate organizational ends, vision, key goals in addition to ensuring strategies are aligned with goals and vision;
2. Ensure high levels of performance;
3. Ensure the organization produces high-quality programs that meet the client needs; and
4. Ensure board effectiveness, efficiency, and creativity (Pointer & Orlikoff, 2002).

Three roles the board must perform are:

1. Policy formulation with specific directives and expectations;
2. Decision making, choosing among alternatives regarding board input; and

3. Oversight monitoring and assessing key aspects of organizational performance and outcomes (Pointer & Orlikoff, 2002).

Summary

Peer-run organizations such as COSPs are an essential part of the mental health care system. Many of these organizations do not maintain a traditional organizational structure because of the grassroots nature of peer support within the mental health care system (Ostrow & Leaf, 2014). The research into COSPs and their governance is important to federal, state, and local efforts to sustain these peer support programs as part of the national evolving health care systems. COSPs as a nonprofit and voluntary organization contribute to democratic governance by being representative of the interests of their constituents to the state (Guo & Musso, 2007). Understanding the impact of consumer board members is vital to the success of orientation and training of board members with persistent mental health issues.

Inviting, promoting, and preserving consumer voices are core principles of the COSPs. While a board of directors holds the ultimate legal responsibility for a COSP, it is critical that the participants be actively involved in shaping the program, its policies, and its operations (SAMHSA, 2011). This active involvement is fundamental to the culture of the COSPs and establishes the tone for all facets of the nonprofit organization. When mental health consumers are involved in the management of the COSPs, they are put into a unique position to promote wellness and recovery through the support of others with persistent mental health issues and behavioral health disorders. COSPs with higher

community representation on their boards were more effective in developing policies that reflected the needs and concerns of their communities (Guo & Musso, 2007).

The consumer board members are empowered through their positions of service. Each board member should feel as if they are doing something meaningful and significant, and their sense of doing something important will inspire achievements. Consumer board members reflect the recovery community principles, values, and culture in the organizations that offer mental and behavioral health support services. Disadvantaged constituent groups serving on nonprofit boards many deliver a potent symbolic message to the members that the COSP values their needs and perspectives (Guo & Musso, 2007). When there are clear expectations and clearly defined roles explained to the board members through orientation and training consumer board members are more successful in their roles.

The third chapter will include the explanation of the study methodology. There is a logical progression from explaining the general reasoning for the study design moving to a detailed description of the study methods. Integration of the researcher includes awareness of ethical concerns, throughout the explanations and descriptions. Topics will include how the study participants were defined, successful selection, and participant recruiting. The research instruments used will be described and authenticated. I will also explain the data collection and analysis procedures. Researcher bias and other ethical issues will become transparent and there will also be an explanation to minimize their

impact. I will also discuss the trustworthiness of the study by addressing the credibility, transferability, dependability, conformability, and other related topics.

Chapter 3: Research Method

Introduction

In Chapter 3, I will present the case study methodology for this research. The qualitative case study design was selected because it leads to a rich description of the phenomenon that is being studied. Stake (1995) said that the strength of a case study is that the researcher is able to incorporate their own personal experience along with that of the participants, but must be careful that they do not misinterpret the data that is collected. This chapter will contain four main sections that will be followed by a summary.

Restatement of Purpose

There is a great deal to be learned about the COSPs via the executive directors as their roles are impacted by the consumer board members. The purpose of this case study was to explore the experiences of the executive directors and the cognitive representation of working with COSP board members who have persistent mental health issues. The objectives of research were:

1. To explore the recruitment, orientation, and training of COSP boards;
2. To understand any challenges the executive directors encounter when working with consumer board members;
3. To identify themes and patterns that emerge from the data to describe the role that proper orientation and training of consumer board members plays in successful governance of the COSPs; and

4. To make recommendations for possible policies and procedures related to recruitment, orientation, and training of the consumer board members to enhance success of the unique mental health service organizations.

There is a need to help nonprofit board members perform better in order for them to help the organizations that they govern to fulfill their missions. Nonprofit executive directors offer up a necessary voice in the boardroom; however, they may have a difficult time carrying out their job duties without the full support of the board of directors. The executive directors of seven COSPs in Texas are responsible for ensuring proper orientation and training of their consumer board members with persistent mental illnesses in order for them to perform their duties effectively.

Case Study Research Design

As governing board members, the consumer service board members should be knowledgeable about governance and understand their roles and responsibilities. Understanding how the COSP executive directors currently educate and develop their board members regarding their roles and responsibilities as organizational governors will shed light on overall functionality of the board and the organization. The central question that I researched was: How do executive directors of COSPs educate their consumer board members with persistent mental health issues? To determine the answer, I also developed sub questions through the interview process:

RQ1: What challenges do the executive directors of seven Texas COSPs face when working with a board of directors that includes individuals with persistent mental illness?

Interview Question 1: What information is given to potential consumer board member candidates who are being recruited for board service positions?

Interview Question 2: How do consumer board members learn the skills needed to fulfill their roles effectively?

Interview Question 3: As an executive director, what challenges to you face when working with a board of directors that includes individuals with persistent mental illness?

RQ2: What board orientation and training content do the executive directors of the COSPs perceive is necessary for board members when their board includes individuals with persistent mental illness?

Interview Question 4: Who provides the orientation and training to the consumer board members so they can learn about organizational governance roles and responsibilities?

Interview Question 5: As a COSP, what board orientation and training content do you believe is necessary for board members when the board includes individuals with persistent mental illness?

Central Concept of the Study

The central phenomenon of this study was COSP board member service as it relates to the experiences of the executive directors working with the consumer board members of these unique nonprofit organizations that provide mental health recovery support services. I conducted a case study about the relationship between executive directors working with consumer board members of the COSPs in Texas. From the results of the study, a description of the executive directors' perceptions based on their experiences was created. Through this study, I was able to ascertain what the executive directors think and feel about using mental health consumers to serve on their board of directors.

I provided a basic outline as to what traditional nonprofit board membership looks like in the literature review. Interview responses from the executive directors worked to flesh out the structure of the core concept of COSP organizational governance via their board of directors. Additionally, through this case study, I performed a search for underlying structures of governance for these unique nonprofit organizations as well as made note of the themes and patterns that emerged from the explanation with my interpersonal communications with the executive directors.

Servant Leadership Theory

Using the perspective of the servant leadership theory, I was able to examine the consumer board member orientation, training, and service through the eyes of the executive directors of the seven COSPs. The theory was also used as a supervisory guide

for board member and staff engagement and development. I studied the perceptions of the executive directors related to their consumer board member governance. Throughout the last decade or more, there has been a great deal of interest in the composition, conduct, and decision making of nonprofit governing boards. This interest is evidenced by the research conducted and published on traditional nonprofit governing boards in both professional and scholarly journals.

The board-executive director relationship has long been at the heart of discussions, but the characteristics, board roles, legal liability, and other topics have also received their fair share of attention by researchers. The servant leadership theory is widely accepted in the field due to its intuitive nature and is grounded in the notion that great leadership begins with the desire to serve others (Greenleaf, 1970). The theory was incorporated into this case study as the COSP board members are at different levels of maturity with regard to their board service, and the executive directors use their servant leadership traits when working with their board members with persistent mental health issues. The continuous circular relationship of servant leadership fits the COSP model in that the consumers are served by the organization, they become board members who are served by the executive directors and are empowered, which builds trust as they serve and grow (Greenleaf, 1970). Hayes, Caldwell, Licona, and Meyers (2015) maintained that the trust-based relationship encourages success and achievement.

I used the servant leadership theory in creating the interview questions that I asked the executive directors about their leadership as they work with their board

members. Additionally, the model assisted with evaluation of the data collected from the executive director interviews. The servant leadership theory was used as the model as it stresses leaders should adapt their behaviors based on the requirements of the board members to fulfill their roles and responsibilities and because of the unique needs of each of the board members serving the COSPs (O'Reilly et al., 2014).

Methodology

Participant Selection Logic

The key subjects of the study were selected for their leadership roles, as executive directors, at each of the seven COSPs in Texas, and their prior participation in the assessment performed by the UTCSWR (2011). The participants were informed about the significance of the assessment regarding the information gathered by the researchers on the COSPs as well as the importance of gathering further data from them regarding their consumer board members and the orientation and training practices at each COSP. The executive directors who participated in the case study varied in experience and length of tenure within the organization. The seven COSP executive directors were selected for this case study based on their participation in the COSP Institute hosted by Via Hope, a Texas mental health resource, who was contracted by DSHS to provide training and technical assistance to the COSPs (Kaufman et al., 2011). In Texas, the seven COSPs are funded by the DSHS through a subcontract with the seven local mental health authorities (LMHAs) located in close geographical proximity to the COSPs (Kaufman et al., 2011). In order to gain an understanding of the COSP-LMHA models, determine how COSPs

could be expanded throughout the state, and identify training and technical assistance needs that would assist COSPs in developing the organizational capacity to become more self-sustaining, the DSHS contracted with the UTCSWR to conduct an assessment of the COSPs and their associated LMHAs (Kaufman, et al., 2011).

Instrumentation

I created the interview questions keeping the COSP assessment (2011) results and recommendations for future research in mind. The recommendations for future research at the close of the assessment report were to assess the orientation and training that occurs at the COSPs in Texas. The goal of this case study was to gain a better understanding of the perceptions of the executive directors in relation to the board members with persistent mental health issues that serve on the boards and the orientation and training content used for the COSP board members.

Procedures for Recruitment, Participation, Data Collection, and Analysis

Recruitment and Participation

I recruited individual participants through telephone calls and e-mails to the executive directors of each of the seven COSPs. The executive directors were personally invited to voluntarily participate in the case study research from the 7 organizations across the state of Texas. All of the executive directors accepted the invitations to participate.

Data Collection

Semi structured interviews permitted me to gain a better understanding, one directly from the executive directors, while the secondary data collected from the 2011 COSP assessment aided in providing rigor. When the appropriate approvals for access and permissions were received, I collected the data through one-on-one interviews with the seven executive directors with substantially open-ended questions. Videos of the interviews were not made, and there were no voice recordings made of the interviews. Field notes were recorded by hand with immediate impressions in addition to the transcripts of the information that was provided by the interview participants. The transcripts were shared with the participant who will provide them with the opportunity to review the notes and clarify any misunderstandings.

I prepared a list of questions for approval by the IRB to be sure that as much information as possible was captured (see Appendix A), and the questions were grouped for the type of information desired. The semi structured interviews were conversational in nature and questions were not necessarily asked in numerical order to gather the information from the executive directors. In some instances the conversations answered questions before they were asked due to the nature of the subject matter at hand. There were not any formal instruments used for this research.

Interviews

One of the main characteristics of the interviews was that they were conducted face-to-face (if the COSP was located within driving distance, I drove to the participants'

location), or with the help of technology, in direct contact via telephone, at an agreed upon time by the participants. Interviews are typically organized around a specific unit or category of staff (Boblin et al., 2013). The interview format has advantages, according to Creswell (2003), as the interview participant is able to provide historical content and their own personal reflections, while the researcher is able to act as the guide and director of the conversation (p.186). This study contained interviews with seven executive directors. Two weeks prior to the interviews, the participants were asked to sign a written consent form and mail it back to me in a self-addressed stamped envelope that I provided in order to save the original consent form. I then made copies of the signed forms and returned a copy to the participants. I contacted the executive director participants via telephone and e-mail to set up the case study interviews.

Via the consent form and interview protocol, the executive directors were reminded that their participation was voluntary and that the information that they provided via the interviews and their comments would be kept completely anonymous. Participants were also informed that they would not be compensated in any way for their participation and that if at any time they desired to be withdrawn from participation that they could do so without penalty. The interviews ranged from between 45 and 60 minutes in length, which was dependent on how much conversation occurred. The final transcripts were presented to the executive directors for their review and clarification as well as any additional comments that they wished to make regarding the topic within 2–3 weeks after the interviews were conducted.

Data Analysis

Qualitative case study data analysis requires synthesis, evaluation, and analysis. The qualitative study used words for data, and was reduced, displayed, and conclusions were drawn and verified in order to be presented (Miles & Huberman, 1994). The plan to analyze the data concurrently with data collection was consistent with the recommendations of Stake (1995) and Creswell (2003). During data collection, assertions were also noted about what was being described by the executive directors. The assertions according to Stake reflected the researcher interpretations and understanding of how the executive directors perceived the phenomena of mental health consumers serving on COSP boards of directors.

I transcribed the interviews from the extensive notes that were taken during the interviews. Additionally, I read through the transcripts and obtained an overall feeling for them while I was identifying significant phrases or sentences that were directly related to the experience of being a COSP executive director. As a result, there was a formulation of meanings and I grouped them into the topics that were common to all of the interviewees' transcripts.

The research helped to illustrate several aspects of the phenomenon being studied. I used bracketing in the context of my own writing as it was necessary to acknowledge and make an attempt to set my words apart from the other participants in order to mitigate the potentially negative effects of preconceptions that may have tainted the research process (Tufford, 2012). The data collection consisted of seven interviews that were

conducted at the COSPs at multiple locations in the state of Texas. The interviews were either in person or via telephone; I did not use Skype at any point during the research.

There was a systematic data analysis procedure of the significant statements, meanings, and descriptions of the essence of the phenomenon that appear in the results of the interviews. As the researcher, I followed the recommendations of Moussakas as Creswell (2013) explains. Spreadsheets were used to illustrate any significant statements, meanings, and theme clusters that showed how the researcher moved from the raw data to the descriptions of the essence of the study to the final discussion section. The study concluded with the descriptions of the experiences of the COSP executive directors.

Data Reduction and Display

The data collected were hand reduced and collated by me. When the raw data were collected, it was simplified, abstracted, and transformed into useful groupings of summaries, clusters, and themes continuously while it also worked to maintain the contextual information consistent with Miles and Huberman's (1994) recommendations. I did not use any software for data reduction based on the small sample size being used in the case study; however, there was potential to make the decision to use NVivo software once data were collected from the interviews. Based on the results gleaned from the interviews, I opted not to use the software. I used spreadsheets that I designed myself for written analysis and interpretations.

Codes were created and assigned for participant identification to preserve the anonymity of the participants. Once data was collected, the transcripts were cut and

pasted into groups that corresponded to the questions asked and identified by the participant codes. Color coding helped to aid in interpreting the information. I did not use charts and other graphics for displaying data during the analysis process, thus they will not be used in this final paper.

Issues of Trustworthiness

Rigor was a necessary part of the design, data collection, and reporting. Concrete research actions were carefully taken and guided the readers through the methodology choices and decisions that added to rigor (Gibbert and Ruigrok, 2010). For the nature of the research being conducted, there was a need for internal and construct validity over external validity while there was an argument for the “appropriateness of a given research question” (Gibbert and Ruigrok, 2010. p.728) rather than generalization of findings, and to document any of the difficulties, setbacks, and emerging problems that were encountered during research (Gibbert and Ruigrok, 2010. p.730).

Validity, Transferability, and Reliability

Yin (2009) recommended using multiple sources of evidence, and creating a chain with evidence and having key participants review the draft reports which worked to establish construct validity. Additionally, pattern matching, explanation, building, addressing any opposing explanations and use of logic models also worked toward establishing internal validity. Collecting data from several participants addressed the issue of multiple sources. Transcripts of the interviews were given to participants to review and confirm the content, which aided validity.

For this case study research, creation and maintenance of logs and personal field notes included anecdotal notes, analytical notes, and thoughts in addition to the interview transcripts of the primary data which assisted with ensuring validity. Themes were not created; rather topics were determined by using literature to provide comparisons and evaluations that provided further validity. Transferability is also known as external validity.

In order to ensure reliability and the ability to duplicate the research procedure, it is necessary for the entire procedure to be documented completely and accurately by the researcher (Yin, 2009). Reliability was determined after the research was conducted by “the findings being consistent with the data presented” (Merriam, 2009, p.222). The review process by the dissertation committee fulfilled peer examination criteria. The log that was kept during data collection and analysis phases of the project and to record the researcher procedures, thoughts, questions, decisions, and inclusion of charts as needed are in-line with Merriam’s (2009) recommendations for achieving reliability: multiple methods for data collection, peer examination, and the investigator’s position and data trial.

Ethical Considerations

The research was guided by a set of ethical principles that were established for biomedical and behavioral research by the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979): respect for people, beneficence, and justice. The purpose to ensure that the participants understand

their participation was voluntary and that no participant was harmed in any way either physically or mentally. The required training modules in ethical behavior of researchers has been completed through the Collaborative Institutional Training Initiative as of 2012 and the IRB approval was received via e-mail prior to any contact that was made with participants regarding this research.

In order to address the issue of respect for people, the researcher is required to respect the individual's autonomy and to use special care for those who may have any type of diminished capacity. The participants were advised both orally and in writing via written consent of their voluntary participation in the research and of their freedom to remove themselves from the research at any time without penalty. The participants were also made to understand that this research is for information gathering only, and were not intended to be therapeutic. All public records about the COSPs and the executive directors were coded which provides anonymity. It should be noted that people with diminished capacity were not included in this case study research.

Beneficence, or the protection of the participant's well-being, was addressed by me via the principles of "doing no harm" and if there was potential for harm or risk then it was up to me to maximize the possible benefits and minimize the possible harms. The case study research did not include any action or activity that could potentially pose a risk for the participants. The executive directors were not manipulated psychologically, they were only asked to answer questions asked of them honestly related to their own perceptions.

Additional ethical considerations were based on the relatively small sample size with the executive directors to be commenting on the skills gaps amongst their consumer board members. The COSPs are a small community, however there were not any identifiable characteristics used by the participants during the interviews, nor was there any identifying information that the readers could use to identify the COSP that was being discussed. None of the consumer board members were described or named by the research participants. The participants did discuss their past and present consumer board members through giving examples and discussing experiences; however there were no remarks made that would enable me or readers to identify them.

There was the assumption that there were not any special circumstances that were to be addressed through the case study research. Documentation throughout the project will be kept in the home of the researcher on both hard and electronic copy for at least 5 years in a locked file cabinet that only I have access to, as required by Walden University. Destruction of the hard copies of any research materials via shredding or burning and any digital media holding the electronic files will be destroyed or overwritten in 5 years.

Summary

Qualitative case studies have received increased attention within healthcare research (Boblin, et al., 2013). This qualitative case study adds to the field of research related to the consumer movement and mental health care systems. This chapter begins with a restatement of purpose and in the first section the research design and rationale are

described, including the research question, central constructs, and research tradition. In the next section, the role and responsibilities of a qualitative researcher were explicated and integrated, including an explanation of management of researcher biases. The third section provides a detailed description of the study methodology with a focus on participant selection procedures and recruitment efforts.

The data collection instruments were identified, explained, described, and justified. There is an emphasis placed on how the instrument creation, justification, and description are connected to the RQs. A description of the research strategy includes data collection using sets of responses and comparative analysis. The research process was documented through journaling about the experience. In the fourth section, issues of credibility, trustworthiness, and transferability were covered. Description, analysis, and reflections of the ethical procedures of the research are also included. This section contained plans for participant recruitment and confidentiality. Explanation and descriptions of how to secure and disseminate any and all confidential data, as well as, acknowledgement and management of any conflict of interest or power differential concerns within the researcher role are further explained in this section. All of the required documentation that was related to the Walden University IRB requirements was submitted upon approval of the proposal. The IRB approval number is 07-13-16-0382644 and it expires on July 12, 2017.

In Chapter 4, I will present the data collected, the results of the data analysis, and the findings of the case study. I will present the interpretation of the results of the interviews with the executive directors of the COSPs regarding their experiences with the governing board members

with persistent mental health issues. I will present the results in sections for ease of understanding.

Chapter 4: Results

Introduction

In this chapter, I will present the data collected, the results of the data analysis, and the findings of the case study. To add to the empirical research on nonprofit organizations, this study brings a distinctive element to governing board service by examining the COSP executive director experiences with consumer board members. In this study I focused on seven executive directors of Texas COSPs in order to better understand their experiences with their consumer board members with persistent mental illnesses. This chapter is arranged into six sections: the study and the researcher, participant composition, data collection and analysis, topics, lessons learned, and a summary.

The Study and the Researcher

Case studies allow for a deeper understanding of the subject matter (Creswell, 2009). The purpose of this case study was to understand the need for board orientation and the content of the specialized training of COSP board members with persistent mental illness in order to improve board member performance from the perspective of the executive directors. The two RQs that guided this study were:

RQ1: What challenges do executive directors of Texas COSPs face when working with a board of directors that includes individuals with persistent mental illness?

RQ2: What board orientation and training content do executive directors of Texas COSPs perceive is necessary for board members when their board includes individuals with persistent mental illness?

The study objectives determined the focus of each RQ. For example, one of the objectives was to explore the ways that the COSPs conduct orientation and training of their consumer board members. The findings of my literature review revealed that orientation and training of board members impacts their performance, and in order to improve board member effectiveness proper orientation and training should be conducted. Therefore, I created two RQs to discover the challenges executive directors face and the content the executive directors have used during the orientation and training process with consumer board members. The insight gained was intended to help future COSPs and consumer board members with their internal orientation and training processes. I designed this study to contribute to this knowledge and understanding.

Researcher Background

I received my Bachelor's degree in psychology, my Master's Degree in business with a specialization in management and leadership, and have earned many certifications in nonprofit leadership and management, grant writing, and mental health first aid. At the time of the study, I was an executive director of a successful COSP in Texas. I have been the executive director of the mental health nonprofit organization for 3 and a half years. Prior to becoming the leader of the COSP, I was a volunteer leading groups and working with consumers, as well as a board member and vice president of a local nonprofit board.

I have held numerous board positions over the span of my career. Prior to my position with the COSP, I was the assistant director and employer relations manager for the Career Services Department at a university in Texas and served in various positions on nonprofit boards. I have also worked for the DSHS. Prior to my work at the state, I successfully ran a faith-based nonprofit organization for 5 years. I also have extensive outside sales experience that has helped me in my nonprofit role.

I became interested in this dissertation research topic when I participated in discussions about COSP sustainability and challenges with colleagues at a national mental health services conference in Austin, Texas and realized that other COSP executive directors worked with consumer board members with little to no board service experience. I also reached out to, and met with the researchers from the UTCSWR, who conducted the 2011 COSP Assessment for the DSHS. This topic was selected to investigate how consumer board members learn on a more formal basis about governance and their responsibilities as governing board members. This topic has been one of great importance within the mental health recovery movement and the COSP arena and has great implications for future research as well as funding for consumer board member orientation, training, and development.

Participant Composition

The executive directors of the COSPs who participated in the case study have varying degrees of experience at the helms of their organizations. Three of the executive directors were active on boards of other nonprofit organizations at the time of the study,

while the others reported that they were not serving on boards at the time of the study but had past board service experience. No executive directors were excluded from the selection process. The average level of experience as an executive director of a COSP was 9 years, while the least amount of time served as an executive director was 3 years.

I followed the original protocol that was detailed in Chapter 3. Emphasis was placed on the data collected from the interviews. Three interviews were held in person on different dates and times at different locations as arranged with the participants, while the remaining interviews were conducted via telephone at scheduled dates and times. I asked questions as they were written in the interview protocol; there were no questions that were omitted. No additional questions were added. Some of the participants offered additional information that they felt was relevant to their COSPs, board members, and the research at the close of the interview. I duly noted this information as additional comments during the transcription process.

Data Collection and Analysis

I sent e-mails to the selected executive directors to request participation in the research. The Walden Consent Form encouraged the participants to ask questions or express their concerns prior to agreeing to be interviewed. Three respondents asked questions via e-mail, and I responded via e-mail and telephone to be sure that their questions were answered prior to conducting the interviews. I assigned numbers to each of the interviews and the corresponding transcripts to maintain the anonymity of the participants. Each participant was e-mailed summary transcripts of their interviews. I

retained the e-mail addresses and phone numbers in order to ensure that any concerns were addressed regarding the research process.

There was a great deal of consistency with the responses achieved in the interviews that were conducted. I followed the recommendation of Merriam (2009) and began the data analysis with the first interview data collected and then continued as additional interviews were conducted. The initial data analysis began during my review of the interview transcripts and journaled notes. Transcripts were broken down by each question answered in order to aggregate each individual question. The information was transferred to a spreadsheet for easier manipulation. Spreadsheets helped me develop themes as data were analyzed deeper. The transcript review comments were also included into the data collection and analysis. I maintained the anonymity of the participants through the use of numbering, such as Participant 1 (P1), Participant 2 (P2), etc.

Topics

In my review of the notes and transcripts from the interviews, it was evident that the executive directors recognize their consumer board members as valuable assets to the COSPs. Nine key topics were developed from the data collected that illustrate the experiences of the executive directors with their consumer board members:

1. Information given to potential board members
2. Orientation
3. Training
4. Who conducts orientation and training

5. Challenges
6. Overcoming challenges
7. Successful consumer board members
8. Impact on COSP effectiveness
9. Recommendations

Information given to potential board members. The first bit of information that is given to the potential consumer board members is organizational history. All seven of the participants reported that they provide this important background information to the potential board members in order to paint a clear picture of where the organization has been. The second most important piece of information provided is related to the needs of the organization. Explaining the current and future needs of the organization to the potential board members is a large part of the orientation according to the participants. Additionally, P7 offered that they give the potential board member an overview of who is on the board currently and any issues that have occurred with board members stepping down, taking a leave of absence, as well as obstacles to success that have occurred.

Each of the seven executive directors also makes sure that their potential board members are given a set of roles and responsibilities or a board member job description that is customized to fit their individual COSP boards. P3 uses e-mail to provide electronic copies of the bylaws, roles, responsibilities, and a calendar of board meetings to the potential board members, while the other executive directors reported that they

provide paper copies of each of those items during the initial meeting with them (P1, P2, P4, P5, P6, and P7).

Orientation. The orientation practices that the COSP executive directors use were very similar in length and scope of information given. The seven participants said that their orientation was more of an in-depth discussion of the organization, the whole board, and what is expected of the consumer board members. There were a few differences in that P5's organization has an actual "Board Book" that they said was, "created by the Texas Mental Health Consumers organization that the executive director has used for several years." While the other COSPs reported that they use small packets with information they created themselves. The "Board Book" according to P5 "includes organizational foundation materials: bylaws, financial documents, list of current board members and their contact information, staff and organizational chart, current COSP structure and descriptions of services, and a copy of the most recent Strategic Plan." This was quite a bit more extensive than what was included in the board member packets that the other organizations use.

The other COSP executive directors stated that they include board member job descriptions, roles and responsibilities, board meeting calendars, and some include fundraising events that are prescheduled. P1 added that they review the Robert's Rules of Order to the consumer board members during the orientation in an effort to introduce them to the board meeting experience. Robert's Rules of Order is a guide for conducting board meetings and for making group decisions. Groups and boards of directors typically

use them as a way to run meetings effectively and fairly. The commonality amongst several of the participants was that their orientation happened one time for approximately 2 hours prior to the consumer board member candidate attending their first meeting. However, one executive director, P3 reported that once the potential board member attended a meeting and becomes voted in as a board member, they will be required to attend another orientation session with them and a current board member to ensure that the incoming board member understands all of their responsibilities and questions can be asked in a safe and confidential environment.

During the interview, P7 said that “there are definitely expectations of the consumer board members and that they are made to understand that they are on a working board, and they will have to contribute during their time of service.” P1 stated that they felt that their orientation process takes longer than one session because of the diminished capacity of some of the consumers who serve, and they want to be sure that these consumer board members understand what is expected of them before they serve. The other executive directors reported that their orientation was only held one time with the new consumer board members and that it was not ongoing (P2, P3, P4, P5, P6, and P7).

Training. Conversely, five of the seven executive directors interviewed stated that the training that has been conducted for their consumer board members is ongoing. Another commonality amongst all of the seven participants is that the first stage of training is conducted within 2 months of the consumers joining the boards according to

the participants. Training content was similar for all of the COSPs; however, there were three organizations that conduct more in-depth trainings according to the answers of P2, P5, and P6. Governance practices are technical and can be taught. P2 said that they focus on, “fiduciary duties, obeying and honoring fiscal management, how the finances function, their board member contributions financially, time, service, the benefit to the COSP, and fundraising.”

P3 in particular reported that they feel governance is best taught by doing. Their method is best defined as on the job training for the organization’s consumer board members (P3). The executive director said that “there are times when background and legal information is provided to help with decision making.” The organization’s board members were trained in conducting annual executive director evaluations, voting procedures, fundraising basics, roles and responsibilities, and governing protocols (P3). P1 reported that they train the consumer board members on “what a healthy board of directors is, general board member training, value of community relationships, and of the need to thank donors.”

Strategic thinking is another area that was reported to be part of the governance training. Three executive directors (P2, P3, and P6) reported that they created specific and focused financial literacy training for the consumer board members who were treasurers. These officers needed to learn more about all of the financials: budgets, profit and loss, as well as conducting financial reviews and reporting. Reviewing budgets and comparing the budget to actuals on a quarterly basis was part of the training for the

treasurers. Reading profit and loss reports and reviewing them in order to report to the rest of the board is an integral part of the focused training that the treasurers receive according to these participants (P2, P3, and P6).

All seven of the participants noted that specific training content on adhering to mission and vision are also conducted along with how to revise or rewrite their missions and visions; there are in-depth discussions about mission creep that occur. P7 discussed mission creep and the issues that surround this issue related to funding and growth of the COSPs. There is a risk in “chasing funding” and losing focus of the mission of the organization. P7 also said that there are some consumer board members that are “steadfast in making sure that the mission is not forgotten, and peer support is at the core of their operations, while others want to chase any money that is out there.” During the first interview, P1 stated that there was a great deal of time discussing what mission creep meant with all of the consumer board members because they did not understand what it meant. P7 said that their board vice president was “hyper focused on mission creep once he understood it better.”

Bylaw review and revision is another area of training that was reported to be conducted, and P3 mentioned that the consumer board members did not feel that the bylaws fit their organization because they were very “legal and business like.” This opened up another avenue for focused training to be conducted on how to make sure that the bylaws fit the organizations and represent the consumers who are on the board. Advocacy is another important item that was mentioned by P2 during the second

interview conducted for this research. The participant also mentioned that this item has been one that is intimidating to the consumer board members because of their mental health diagnosis and overall confidence.

Who Conducts Orientation and Training

The participants reported that each of them conducted the orientation independently with the potential consumer board member. After the consumer board member candidate attended a board meeting, one (P7) of the participants included an active consumer board member to join another orientation session. Another participant (P3) reported that they were the only person who conducted the orientation of the consumer board members; they opted not to include another board member. P5 holds an initial meeting with the potential candidate and establishes a mentor/mentee relationship for a period of 6 months to ensure that the new consumer board member is properly supported and oriented to board member service.

Each of the participants mentioned that when funding permitted, they would include an outside consultant to conduct the training of their entire board of directors. That being said, it was revealed through the interviews that more often than not, the executive directors train the incoming board members themselves due to budget constraints. P6 has had grant funding in place in the past to keep an outside consultant on retainer for a year to conduct training, work on bylaws, strategic planning, and other issues that need to be addressed by the board. P6 in particular felt that the training was more successful when the outside personnel conducted it because the board knew money

was spent on the training. During the interview they said, “The message is the same, but the person delivering it is paid to do so and that makes the board take it more seriously” (P6).

All seven of the participants reported that they would prefer an outside consultant conduct the training as it is very time consuming and it takes them away from their executive director duties, however “finances stand in the way of hiring someone,” said P7. P1 said they feel that when they were able to have an outside consultant come in and conduct training that is was a “huge part of the board member success.” They also said that when there is an outside trainer, there are “no preconceived notions” and they “wouldn’t have gotten as far without the outside consultant,” (P1).

Challenges

The challenges that the executive directors discussed during their interviews were quite unique to consumer board members. Consumer board members were reported by one of the study participants to have a great deal of “self-stigma due to their persistent mental health issues, and they carry this stigma to their board service” (P1). During the first interview, (P1) stated that their consumer board members experienced bullying from the nonconsumer board members. The nonconsumer board members would “question what the consumer board members do” (P1). The nonconsumer board members were not focused on the “value of lived experience” and only focused on the problems with the consumer board members’ leadership skills (P1). This has created a great divide within the board itself.

The seventh interview of the executive directors revealed that one of their nonconsumer board members stepped up, but also overstepped boundaries and the executive director's authority (P7). The overstepping created a rift that resulted in hard feelings and resentment amongst the board and ultimately the board member was asked to step down by the board chairperson. P1 also reported that there are some overbearing board members who were overpowering the consumer board members and attempted to overpower the executive director on more than one occasion. P3 also said that there is a challenge with the consumer board members respecting other consumer board members' boundaries.

Another participant (P4) reported that the consumer board members' attention spans are limited due to their development and illnesses. Executive directors (P2) and (P5) said that there is a need for the consumer board members to understand that it is "not just another meeting that they have to attend" (P2) that "governance does not mean taking over, and that they are not there to manage the organization" (P5). There is also a misconception that the board members are there to supervise all of the staff, not just the executive director, and this has caused some issues between the staff and board members (P7). Consumer board members often feel overwhelmed and unsure of their abilities which have been a challenge for the executive directors to help them overcome according to the interviews. The consumer board members were reported, by several of the participants, to be afraid to disappoint their executive director (P3, P4, P5, & P6), the

other board members, or the other consumers (P1, P2, P3, & P7) who were receiving services at the COSP.

P5 said during the interview that their consumer board member's mental health issues had profound impacts on the organization. For example, their former treasurer had severe depression whose symptoms impacted her service, and a former board chairperson had anxiety and bi-polar disorder which created limitations to networking, fundraising, and other duties of her service. Their illnesses ultimately led to both officers stepping down from their positions before their terms were up; they were not asked to step down but they felt it was best for their mental health (P5).

Two participants (P3 & P5) noted the SAMHSA guidelines regarding the state of recovery for mental health consumers to serve on boards in which the consumer board members have to be in a state of recovery that allows for board service. The issue of "state of recovery" poses a challenge if the consumers are not handling the stress of their roles well (P3), and it is difficult to know how they will handle themselves and the stress until they take on those roles (P5). P2 also stated that it is a real challenge because the consumer board members must be in recovery in order to serve effectively, and some of their board members have severe and persistent diagnoses that cause them to ebb and flow emotionally.

Another challenge that was mentioned to the researcher, by P7, was that of removing a consumer board member from the board due to inability to fulfill his/her duties. It is the responsibility of the chairperson, however when their chairperson was a

consumer, there were issues with them not wanting to hurt anyone's feelings or upset them. The participant added, "the chairperson knew they needed to be asked to step down, but didn't want to tell them they had to go because they were also a consumer" (P7). P4 said, "the consumers know that they can't just sit there, they have to be plugged in, they have to attend meetings and participate."

Executive directors discussed several issues related to their consumer board members related to fundraising. The consumer board members are often lacking in professional relationships (P2, P4, P5, & P7) that could bring in donors and business relationships that could increase the networking profile of the COSP. According to the first interview (P1), the outside networks are limited with most of the consumer board members based on their socioeconomic status and persistent mental health issues. The executive directors feel that too many consumer board members limit themselves (P1, P3, P4, & P5) and there is work to be done to improve their fundraising strategies.

The "fiduciary responsibility, giving, and fundraising by consumer board members" (P4) is another challenge that is faced by one of the COSPs. For instance, during the fifth interview, the executive director said, "the fundraising goal for each board member is \$5,000, yet the consumer board members set their own goal at \$500 and stop at that level." This issue creates resentment with other board members, as they feel that they are held to different standards than the consumer board members. There is an additional challenge related to consumer giving that P4 brought up during the interview. They said that there is some pushback from the consumer board members when they are

reminded that they need to pay their dues. The conversations about giving happen when they join the board and they commit to giving to the organization personally, however when it comes down to it, they have to be reminded constantly to give and the reasons why. “The consumer board members challenge me when I remind them that they need to make their financial contribution” (P4).

Overcoming Challenges

The interview participants (P1, P2, P4, P5, & P7) discussed how many of the challenges have been overcome with the help of the nonconsumer board members offering support and mentoring to the consumer board members. When an issue surfaced regarding having consumers on the board who were struggling, one of the executive directors (P1) held a special session that explained the value of consumer representation and the COSP model. Ultimately, when the consumer board members felt valued by the nonconsumer board members, their service improved according to the first participant.

Five of the participants (P1, P3, P4, P5, & P7) explained that they established job descriptions for the consumer board members which alleviated confusion. According to P5, the job descriptions for each of the officers, the board members, and the stakeholder committee members were created by the executive director and the board members to ensure that they were in agreement and adhered to the bylaws as well. Another executive director (P7) had to remind the consumer board members of the needs of the organization and the responsibilities of board members while the job descriptions were created.

According to the participants, there were occasions in which consumer board members had to be asked to step down from their roles as board members. This was reported to have been done by the chairperson and the executive director (P1, P3, P4, & P7) with a clear understanding that it was not a personal decision, but one that was the best for the COSP as a whole. (P6) made sure to prioritize the board meeting agendas to reduce confusion during the meetings for those consumers who have limited attention spans and trouble focusing.

Several of the executive directors (P1, P3, P5, & P6) discussed the issue of self-esteem and how they worked with their consumer board members to empower them. They spent more time with the consumer board members to build up their confidence. One (P5) participant “worked one on one with their board members with depression and anxiety throughout their terms on the board in order to help them overcome their insecurities.” Another way that two participants (P1 & P7) said they worked to overcome challenges was to create advisory committees with consumer board members to reduce the stress and anxiety that the consumers experienced. This helped their anxious consumer board members to feel more relaxed and not have as much pressure put on them while still maintaining the proper ratio on the board. During the interview, the executive director expanded on the committee idea, “Serving on a Consumer Stakeholder Committee helps us to maintain the 51/49 ratio while the consumer board members learn about board service in a less demanding role” (P7).

Two other participants said that they overcame some of their challenges by “making sure that their board is small,” (P2) that they “handpick their members based on their level of recovery,” (P3) and they “do not include any non-consumers on the boards” (P2 & P3). This decision has worked for them with regard to not being judged by non-consumer board members, and these executive directors said they felt it was the best way to ensure their consumers were successful on the board. While this would not work for all, it is working for these two COSPs according to the participants. P5 said that they will conduct a “post job interview” when a consumer board member leaves the board, which has helped them to develop their strategies for orientation and training and supporting consumer board members during their time of service.

Successful Consumer Board Members

The consumer board members who were reported to be the most successful met with the executive director in between board meetings and discussed any concerns they may have about their service. One participant (P1) explained that there is a special called meeting that is used to explore the core passion and motivation with each of their consumer board members in an effort “for them to be more successful.” Other successful consumer board members were “clear on the mission and vision of the organization and their roles” to help the executive director (P7) achieve the goals set for the organization. Having clear and well established boundaries for the board versus right and wrong has helped the consumer board members to be more successful in their roles.

Successful consumer board members were reported by the participants (P1, P3, P5, & P6) to have attended all of the board meetings including orientation and training sessions, asked questions, and took their roles as board members seriously. “By being able to carry out their duties as governing board members and committee members the consumers were empowered” (P5) and their self-esteem was reported to improve (P2, P3, & P7).

Impact on COSP Effectiveness

Several of the participants discussed how their boards impact the COSP through their service in both positive and negative aspects. Successful consumer board members have made a positive impact on the effectiveness of the COSPs. Most of the executive directors (P3, P4, P5, P6, & P7) reported that when their consumer board members are “more effective it makes their jobs running the organizations much easier.” There were two exceptions to this statement with the first two executive directors that were interviewed (P1 & P2), in that they are struggling with ineffective board members, which is a real strain on the organization in many ways. The first interview (P1) revealed that the executive director is spending far too much time working with the consumer board members that the day to day duties suffer. During the interview, P2 reported that the fundraising and recruiting of new board members suffered based on the lack of effectiveness of their consumer board members.

When a COSP has “warm bodies” on the board (P5 & P7), it is a disservice to the board and the organization as a whole. These “warm bodies” need to become active

members to help the organization fulfill its mission. One participant (P7) discussed how the old board was made up of too many warm bodies, and they were replaced with consumer board members who were motivated and more focused to help the COSP. With the new consumers on board there was a chance for changes to take place and the culture shifted on the board to one of action. The more active consumer board members were, the attitudes of the other board members were improved and they noted that other board members, and the board as a whole became more effective (P7).

Fundraising was a specific area that was reported to improve when consumer board member effectiveness improved by two of the executive directors (P5 & P7). When their consumer board members were “more active and engaged” (P5), it freed up the other board members and the executive directors themselves to do “more fundraising and community engagement activities” (P7), which improved overall effectiveness of the COSP.

There is a definite move toward overall effectiveness for the COSP when the consumer board members understand that it is their responsibility that the organization carries out the mission and vision. Four of the participants (P1, P2, P4, & P6) offered that their consumer board members were much more focused on the programs and services than their non-consumer board members, and this created a good balance on the board which led to greater effectiveness of the COSP. P2 shared that they feel having consumers on the board is a benefit to the organization and helps the nonconsumer board members to understand consumer needs.

Recommendations from the Executive Directors

All of the participants had many thoughts and ideas to offer at the end of the interview that can serve as recommendations for the other COSPs to use. These recommendations come from years of experience as the leaders of the nonprofits and from their own experience serving on other nonprofit boards. The predominant recommendation given was to provide full and accurate disclosure of the “needs of the organization” (P1, P2, P3, & P4) “issues the COSP is facing” (P2, P4, P5, P6, & P7) and the “responsibilities of board members” (P1, P2, P3, P4, P5, P6, & P7). The potential consumer board members need to be clear and “understand the commitment they are making to the organization” (P1, P3, P5, & P6) by serving on the board or on a committee.

Another suggestion made by four of the executive directors was to “create an internal board member mentorship program for the first year of a consumer board member’s service” (P1, P3, P5, & P7). This gives the new consumer board member the opportunity to ask questions, and it is a learning opportunity for both the mentor and mentee as they both learn more about the COSP, governance, mental health issues, and each other. “Mentorship happens when an experienced consumer board member shares their own personal experiences from their COSP board service,” was said by P5 when interviewed. “The mentoring allows all of the board to get to know each other better and work more closely together” according to P7, who has created mentors on their board. The executive director (P7) mentioned that this keeps questions and confidentiality

within the governing board. This participant continued to say, “The executive directors and board members need to understand that it takes time to develop a cohesive and effective governing board and that conflict can and does happen” (P7). The executive director also felt that the mentoring relationships help smooth board transitions, organizational change, and any conflicts that may arise.

One of the recommendations that had been mentioned by more than one executive director (P1, P5, & P7) was to use their colleagues “at other COSPs who have a great deal of experience to serve as an outside consultant to conduct training for their consumer board members” (P7). P5 said, “There is so much knowledge and experience within the COSP leaders.” While they recognize that there could be an issue with expense for this, an aside was offered that it would serve the COSPs well to have a consultant with COSP experience and expertise train their board members. Continuing on this vein, P7 said:

What could be better? My board would really listen to them because they know about COSPs, and it would be so much easier because we wouldn't have to explain about our organization and the consumer board members. They would already have a built in understanding.

Another recommendation (P2, P3, P4, & P6) was to have “open board meetings” that can be attended by anyone who is part of the organization in an effort to better inform the consumers/members as all members have the potential to become board members. There was a caveat offered that special “closed sessions” could be held. Examples of closed

sessions were given by P2 that include but were not limited to: elections, evaluations, bylaw review, and budget meetings.

One of the recommendations made by more than one interviewee (P1, P4, P5, & P6) was to “create advisory committees or a stakeholder committee that is made up of only consumers from the organization itself that offers insight and information regarding program and service decisions” (P6). These committees would operate separately from the governing arm of the board of directors (P4). One of the executive directors (P1) has been using this type of organizational structure for their board and they said that it has worked very well for the organization, the consumers, and the other board members. Another participant (P3) reported that their board of directors is currently exploring this type of additional standing committee that will meet quarterly separate from the regularly scheduled monthly board meetings in order to bring more consumers to the board room. Participant three said, “The hope for the stakeholder committee is that it will be an improved pathway for the consumers to join the board” (P3). The way that these consumers advisory or stakeholder committees’ work is that they will begin their orientation and training as future board members through committee service (P4), and the organization will have more experienced consumer board members joining the governing board (P6). In essence this will create a “culture of learning” (P5) and “empowerment” (P3 & P5) for those consumers who are not quite ready to take on a full board member role.

Lessons Learned

The focus of the case study has been to learn more about the experiences of executive directors of COSPs working with consumer board members with persistent mental health issues. Interviews were conducted with seven executive directors of COSPs in Texas wherein they discussed their orientation and training protocols including the content and who conducts them. Additionally, the executive directors were asked about their successful consumer board members, challenges they have faced and how they have overcome those challenges, as well as their recommendations for other COSP executive directors working with consumer board members. The consensus of the interview participants was that it would be important for potential consumer board members to learn as much as they can about the COSP, their responsibilities, and the commitment that it takes to be a consumer board member prior to serving on the board.

During the orientation and training process honesty and openness about the history of the COSP and the expectations of them as board members is vitally important to consumer board member success. The documents provided to the consumer board members helped them to better understand the organizational history as well as the direction in which it is headed. The orientation and training were predominantly conducted by the executive directors, however when possible the participants would have preferred an outside consultant be hired to do so. Governance knowledge, financial health of the COSP, skills development in fundraising and event planning, and advocacy are key topics in the training offered to the consumer board members.

Summary

The overall result of this case study research for this group of participants is that the executive directors reported to be engaged much more with their consumer board members and spend much more time on orientation and training than with their nonconsumer board members. The executive directors had strong perceptions of the needs of their consumer board members for orientation and training to improve their effectiveness. These perceptions emerged from the topics and patterns that were revealed by the analysis of the empirical data provided by the executive directors themselves via the interviews conducted.

According to the results, holding the orientation prior to consumer board members being elected to the board was of great benefit as there were very little surprises when issues were discussed at board meetings and/or participation requests were made. Additionally, the orientation added to decision making with the board members who are new to COSP board service. Ongoing training being offered to the consumer board members works better according to the executive directors who were interviewed. Based on the information provided during the research consumer board members were more successful with consistent and ongoing board governance training and support from the executive directors. Additionally, the executive directors recognized that their consumer board members had levels of knowledge related to the mental health care system and bring diversity to the COSP which are of great benefit.

In the following chapter, I will provide an interpretation of the recommendations for other COSP leaders when working with consumers to orient and train them to be successful board members. I will also interpret and integrate the analysis, findings, and results of the case study research into the theoretical framework and peer-reviewed body of research that I discussed in Chapter 2. I accomplished this through descriptions of how the findings and results extend, confirm, or disconfirm knowledge pertaining to COSP consumer board member orientation and training, and impact on COSP effectiveness.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

The purpose of the case study was to understand the experiences of the executive directors of COSPs in Texas working with consumer board members with persistent mental illnesses. The objectives of the study were: (a) to explore executive director perceptions of their board members with persistent mental health issues, (b) to understand what content should be included in the orientation and training, and (c) to describe the role that board development plays in the effectiveness of the COSPs. Using the case study design, I conducted interviews with seven executive directors to learn more about the experiences with their consumer board members, orientation and training, as well as the impact that is made on the nonprofit organization effectiveness when board members perform their roles. The impact on the COSP can be positive or negative, which is dependent on how effective the consumer board members are in their roles. In this chapter, I will provide an analysis of the data collected and my conclusions as well as recommendations for future research.

Board members of nonprofit organizations are strictly volunteers, and consumer board members are no different. The executive directors that participated in this case study had a mixture of board experience and were engaged in various ways in other nonprofit organizations or COSPs. There is often a high level of expertise that is sufficient to guide the consumer board members in their legal and fiduciary responsibilities. COSPs have a strong selection and recruitment process for their

consumer board members, and their orientation program should also be strong so they are aware of the expectations and the main issues the board is focused on prior to becoming a board member.

Summary of Findings

There have not been many studies specifically addressing the orientation and training of consumer board members and the impact on the organization related to COSP board development, and this case study fills a gap that exists in the literature. Based on the study results, the consumer board members came to serve the organization with nothing more than their experience as consumers of the COSP and the mental health care system. Orientation sets the stage for the consumer board members through the content and the way that the information is delivered to them by the executive directors. The practice of conducting orientation with the potential consumer board members prior to becoming part of the board via election is part of the selection process for the COSPs. The orientation process, regardless of when it is conducted, is explained effectively in Gibelman's (2004) experience in both roles as a CEO and a board member.

Gibelman (2004) explained that the board members should be trained in the responsibilities of board membership even for those who have an understanding of the role and dynamics of boards and/or of the nature of the programs and services offered by the organization. Ongoing training occurs for all of the COSPs, for some it is like on the job training, while for others it is much more formal. There is an ongoing need to clarify board-staff roles (Gibelman, 2004). Some of the executive directors prefer to do one-on-

one training, while others conduct the training in a group. The overwhelming task for conducting all of the orientation and training is on the shoulders of the executive directors who are already stretched thin with daily operational duties. It was clear from the interviews that the ideal situation for training the consumer board members is to bring in someone from outside of the COSP to conduct the training.

The executive directors have made themselves more available to the consumer board members to assist them with understanding any of the issues that the board must handle in order to work on their effectiveness. Consumer board member effectiveness has a direct impact on the nonprofit organization. The executive directors felt that overall their consumer board members faced more significant challenges that impacted their effectiveness than the nonconsumer board members. Consumer board members do not know what they need to know about governance, so they do not know what to ask questions about. It again falls on the shoulders of the executive directors to anticipate the training needs of the consumers.

The area that the participants discussed the most was that of financial oversight and fundraising with regard to consumer board member effectiveness. Board member development in the area of fiscal needs of the nonprofit organization, underlying funding streams, and the importance of their development in these areas were found in Brown's (2005) research. Resource issues are said to be influential over board behaviors, for instance when there are poor resources the board is more likely to be engaged in fundraising and financial development (Brown, 2005). The consumer board members

struggle the most in these two areas based on the results of the interviews. These two areas have the ability to have the greatest negative impact on the COSP when the consumer board members are ineffective in their fiscal responsibilities, according to the research participants. Fund development reduces uncertainty for resource-constrained organizations, thereby being a vital part of board service (Brown, 2005).

Diversity is a concern for all nonprofit boards, and one area that should be paid attention to. While it was not an interview question, there were two of the COSP executive directors that reported their boards conduct assessments related to the skills and diversity of their board members. Diversity can and does take many forms, including but not limited to: color, ethnicity, background, financial status, professional status, gender, orientation, and such. Those two participants stated that their boards could be more diverse but that recruiting community members has been challenging. While two of the other executive directors interviewed disclosed that they do not have any one serving on the board that is not a consumer of their COSP, this is not common practice for all of the organizations. Everyone coming from a small pool of candidates could lead to a lack of diversity on the board, which could also negatively impact the organization. Parker (2007) postulated that diversity is important to the board's improved performance. One conclusion drawn from this portion of the interview results was that there was potential for recruiting practices to be a portion of the training process for the COSPs to help them have more diverse boards.

Interpretation of Findings

The examples from this study explain the orientation and training content for consumer board members of COSPs and illustrate how their service impacts the effectiveness of the organization. They also explain that in theory and practice there are a great deal of challenges that the executive directors face when conducting orientation and training of the consumer board members. Finally, they imply that those consumer board members with persistent mental illness pose great challenges for the executive directors who must work hard to overcome them.

In Chapter 2, I described servant leadership within the nonprofit organization. Based on the results of the interviews, there were great examples provided by participants that revealed that COSP executive directors were being true servant leaders. One of the participants specifically discussed how much time she spends with each of the consumer board members for orientation and training to ensure that they are prepared and empowered for service. Another interviewee stated that they hold weekly meetings with their consumer board members to provide peer support and encouragement. Brown's (2015) servant leadership theory includes 10 traits: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of others, and building communities. The COSP executive directors revealed that they possess most, if not all, of the traits based on the data collected. While this was not one of the intended results of the case study, the results presented themselves during the analysis of the entire interview data collected.

Another result of the interviews coincides with Greenleaf's (1970) explanation that the servant leader has a natural feeling that they will serve and serve first, which fit both the executive directors and the consumer board members. The executive directors revealed that they bring humility, integrity, and servanthood to their roles by caring for, empowering, and developing their consumer board members (Brown, 2015). These traits were evident in their responses to the interview questions. The executive directors care a great deal about their consumer board members and their mental health and work closely with them when they struggle both personally and professionally. They put their daily duties aside to work with their consumers. One participant said, "If they were not here, I wouldn't have a job to do. When they need help, it is part of my job to help them." One of the other executive directors said:

These are some of the strongest people that I have ever met and they inspire me every day. I can't imagine what they go through on a daily basis with their illnesses and they have such a desire to give back to the COSP.

The orientation and training of the consumer board members needs to include more than just the organizational history, financial literacy, and policy knowledge as previously mentioned in the results. With the executive directors and chairpersons helping the consumer board members learn their roles through orientation, training, and mentoring, there are noted improvements with their fulfillment of duties. Orientation and training should be for learning more about the COSP and how it is funded, financial literacy, about how the organization functions, and the needs of the board. The training

should be meaningful, relevant, and timely. Additional information should, include but is not limited to: the mission and goals of the organization, the consumer board member's financial commitment, time commitment, location of meetings, fundraising and community engagement activities that the COSP engages in, committees, and about board service being a good fit for the consumer. There was a great deal of emphasis placed on the training being more than on the job training after the background information is provided to the consumers. Beyond their boardrooms, the consumers participate in the daily activities at the COSPs and represent the organization at fundraisers and community outreach activities.

Also in Chapter 2, I described how the executive directors need to ensure effectiveness of the COSPs. The results support the idea that the consumer board members need to understand that they are expected to bring their expertise and resources to their duties as a board member and that they must have the time and interest in fully participating to be productive. The representatives of disadvantaged groups may have the philosophical commitment, but may fail to contribute effectively if they lack the skills of articulation, expression, political "savvy," and the ability to work within established procedures of the organization (Newberry, 2004). This point was made and discussed by each of the participants as they explained that their consumer board members have the passion for the COSPs, but they do not have board member experience to lean on to be successful.

Implications for Social Change

Walden University has published its finding that nonprofit organizations play an active role in social change (Walden Notices, 2012). Researchers have discovered that government, business, foundation, and individual funders for the social services have been progressively attentive in nonprofit effectiveness (Herman & Renz, 2008). The COSP stakeholders, that include the consumers who receive services and serve on the boards of directors, can use the results of this study into their own goals, plans, and the activities that carry out the strategies. This case study was based on the experiences of the executive directors who work with consumer board members with persistent mental illnesses. The results suggest that the orientation and training strategies used by COSPs include strong commitments to their roles and responsibilities that work toward effectiveness.

COSPs recognize emerging consumers within their organizations and are creating a culture of recovery and wellness for people who have lived experience with persistent mental illness. There is value in empowering people with persistent mental illness to become leaders amongst their peers. Through board service, consumers are given the opportunity to help the peers in their communities. Consumers embrace their board service and leadership roles to work toward improving the lives of their fellow consumers, changing policy, and reducing stigma and discrimination of people with lived experience of mental health issues. These are built in implications for social change

within this part of the recovery model for mental health consumers and the mental health service organizations.

Another area of social change impacted by this study is cultural intelligence. The cultural intelligence of the board members can be developed and helps them to understand what it is like to be from another identity group (Chobot-Mason et al., 2007). It is important to give consumer board gives members a chance and venue to talk about the issues that they face surrounding their identities as persons with persistent mental health issues in the community and the stigma associated with their illnesses. Additionally, being culturally intelligent leads to acting in culturally intelligent ways, which is a step toward addressing the social identity conflicts that often arise on the COSP boards. The benefit to the COSP board members is that they will be more effective as they adjust their behaviors and approaches to show their understanding of the different groups (Chobot-Mason et al., 2007). These cultural competencies result in changes in principles, attitudes, and behaviors. The nonconsumer board members grow in the understanding of the needs, value, and contributions of the consumer board members. There may be a reinforcement of the COSP's ability to value the board member differences and to work more successfully with identity-based issues if and when they arise in the future (Chobot-Mason et al., 2007). This is ultimately social change within the board that will flow into the community through the board members' social and professional relationships.

Recommendations for Action

This was a small case study of COSPs in Texas. There are three areas that I can recommend for action based on the study results: selection and orientation, ongoing training and development, and inclusion of outside facilitators. While this study was designed to be a small case study, the recommendations for action can be far reaching. This study can serve as a guide to help COSPs in their selection and recruitment as well as the provision of orientation, training, and development.

The first area that is a factor in the success and effectiveness of the COSPs is selection and orientation of consumer board members. The consumers need to be in a positive stage in their recovery where they are higher functioning and open to the commitment required for board service. It is recommended to build a board around needed experience and balancing diversity confirms the findings in the literature (Conger & Lawler, 2001; Finegold et al., 2001; Lawler & Finegold, 2006). Their lived experiences within the mental health field are essential to the COSP in that they offer invaluable experience that the non-consumer board members do not have. Orientation should give the new members a strong history of the COSP, 2 years of financial records, current budgets, any issues past or present that will need to be addressed, and the expectations of being a consumer board member. Having open meetings that consumers can attend is another recommendation for action that will help to orient the board members to their service. The overall goal is that the consumer board members are well informed and knowledgeable from the start.

Ongoing training and development is another area for a COSP that is crucial for consumer board members. The consumer board members would greatly benefit from scheduled training opportunities throughout the calendar year. Scheduling the trainings will help to inform the consumers of what knowledge is needed in order for them to carry out their roles and responsibilities effectively. This helps to avoid any surprises that may negatively affect the consumers. There should be more training offered than what is covered in the monthly board meetings to assist the consumer board members with decision-making and governance (Skotnitsky & Ferguson, 2005).

The third crucial area for a COSP is the inclusion of outside facilitators to conduct the training sessions. While this area includes added funding to the current budgets of the organizations, the overwhelming need for the COSPs to be able to bring in outside consultants or facilitators came through the data collected. This aspect would bring a two-fold benefit: relieving the executive directors of the task of being the facilitator and the board members take outside sources more serious according to the results. One of the executive directors further explained that even though it is the same information, it is packaged and delivered differently when it comes from an outside source. There is also the perception that the information has greater value when there is money spent on the training.

Recommendations for Further Study

My research used a case study methodology and explored seven executive directors of COSPs in Texas. The data collected in the study provides several ways that

consumer board members learn and the impact that these board members impact the organization. Further studies could use a different methodology, like a survey with a much larger sample size to broaden the reach of the study to other COSPs in the state of Texas and in other states. While it is understood what the roles and responsibilities of nonprofit board members are, it is not fully understood how they get there according to Miller-Millesen (2003).

The ongoing board development and training is critical to the success of the consumer board members and the COSPs. Studying the preferences and outcomes of the variety of development methods include face-to-face, individual, computer facilitated, combined approaches, and other ways should be researched to determine the best practices for COSPs to train their board members. Strong consumer board members are important to the success of the COSPs. Another potential focus of study is on the executive directors and their strengths and what it means to be a strong/effective COSP executive director. The results of this case study along with the results of other findings could help to move the knowledge of COSPs further as they relate to nonprofit governance theories.

Conclusion

My research looked at seven COSPs to better understand what the executive directors experience when working with board members with persistent mental health issues. Consumers have a strong sense of loyalty to the COSP and they want to serve the organization. The consumers learn what the board does and how they do it from the

executive directors with the orientation that occurs prior to service, via training, and by serving on the board. Ongoing training and development is crucial to success and effectiveness. The COSPs have established ways for their consumers to become more engaged in the nonprofit organization experience through volunteerism and board service opportunities beyond their participation in the day to day programs and services.

The outcomes of the case study were not surprising to me in that there are connections that can be made from traditional nonprofit governance, orientation and training practices to the COSPs that are apparent based on the results of the case study. However, there are also definite differences that came through the interviews that set the COSPs apart. Servant leadership is certainly one of the common threads that exists in the nonprofit arena, and is an overwhelming part of COSP service. It can be concluded that there is a need for the COSP to have a strong executive director who possesses the servant leadership traits in order for the consumers to be successful board members.

Consumer board members are emotionally connected to the COSPs and the executive directors and vice versa because of their strong personal connections. These connections are also to the mission of the organization and the other consumers who participate in the COSP programs and services. The strong connections are beneficial to consumer board service. The consumer board members should reflect diversity and knowledge of governance and the mental health service industry. The well-functioning board has had proper orientation and training to equip them with knowledge and skills to carry out their duties and fulfill their responsibilities. The challenges the consumer board

members face can be overcome with the right support from the executive director and fellow board members, and ongoing training to develop their knowledge and skills.

The executive directors were very candid and forthcoming during their interviews. The COSPs have committed individuals who fully support the organizations' missions. While most, if not all, of the consumers have never served on nonprofit boards before, their commitment and loyalty to the COSPs and the executive directors are unmatched. The executive directors work diligently to ensure consumer board member success and well-being. They are devoted servant leaders who understand their roles and fully support their consumers.

References

- Abzug, R., & Galaskiewicz, J. (2001). Nonprofit boards: Crucibles of expertise or symbols of local identities? *Nonprofit and Voluntary Sector Quarterly*, 30(1), 51–73.
- Ackerman, K., Clark, D., Cascone, M., Kreykes, W., & McPherson, B. (2012). Compensation for nonprofit health care board members: The right path or a minefield? *Inquiry*, 49(1), 9-14.
- Anderson, J. A. (2009). When a servant-leader comes knocking. *Leadership & Organization Development Journal*, 30(1), 4-15.
- Andres-Alonso, P. D., Azofra-Palenzuela, V., & Romero-Merino, M. E. (2009). Determinants of nonprofit board size and composition. *Nonprofit and Voluntary Sector Quarterly*, 38(5), 784-809. doi:10.1177/0899764008320501
- Black, G.L. (2010). Correlational analysis of servant leadership and school climate. *Catholic Education: A Journal of Inquiry and Practice*, 13(4), 437-466.
- Boblin, S. L., Ireland, S., Kirkpatrick, H., & Robertson, K. (2013). Using Stake's qualitative case study approach to explore implementation of evidence-based practice. *Qualitative Health Research*. doi:10.1177/1049732313502128.
- Bowen, W.G. (2008). *The board book: An insider's guide for directors and trustees*. New York, NY: W.W. Norton & Company, Inc.
- Brown, C. (2015). The servant leadership of Abraham Lincoln. *Servant Leadership: Theory & Practice*, 2(1), 95-101.

- Brown, S., & Bryant, P. (2015). Getting to know the elephant: A call to advance servant leadership through construct consensus, empirical evidence, and multilevel theoretical development. *Servant Leadership: Theory & Practice*, 2(1), 10-35.
- Brown, W. A., & Guo, C. (2010). Exploring the key roles for nonprofit boards. *Nonprofit and Voluntary Sector Quarterly*, 39(3), 536-546.
- Brown, W. A., & Iverson, J. O. (2004). Exploring strategy and board structure in nonprofit organizations. *Nonprofit and Voluntary Sector Quarterly*, 33(3), 377-400.
- Bryant, P., & Brown, S. (2014). Enthusiastic skepticism: The role of SLTP in advancing servant leadership. *Servant Leadership: Theory & Practice*, 1(1), 7-11.
- Callen, J. L., Klein, A., & Tinkelman, D. (2003). Board composition, committees, and organizational efficiency: The case of nonprofits. *Nonprofit and Voluntary Sector Quarterly*, 32(4), 493-520.
- Carver, J. (2001). Carver's policy governance model in nonprofit organizations. *Gouvernance: Revue Internationale*, 2(1), 30-48.
- Chan, S. C., & Mark, W. (2014). The impact of servant leadership and subordinates' organizational tenure on trust in leader and attitudes. *Personnel Review*, 43(2), 272-287.
- Chatbury, A., Beaty, D., & Krick, S., (2011). Servant leadership, trust and implications for the "Base of Pyramid" segment in South Africa. *South African Journal of Business Management*, 42, 57-61.

- Chen, Z., Zhu, J., & Zhou, M. (2014). How does servant leadership fuel the service fire? A multilevel model of servant leadership, individual self-identity, group competition climate, and customer service performance. *Journal of Applied Psychology, 100*(2), 511-521.
- Chobot-Mason, D., Ruderman, M., Weber, T., Ohlott, P., & Dalton, M. (2007). Illuminating a cross-cultural leadership challenge: When identity groups collide. *International Journal of Human Resource Management, 18* (Nov), 2011-2036.
- Claar, V. V., Jackson, L. L., & TenHaken, V. R. (2014, August). Are servant leaders born or made? *Servant Leadership: Theory & Practice, 1*(1), 46-52.
- Conger, J. A., & Lawler III, E. (2001). Building a high-performing board: How to choose the right members. *Business Strategy Review, 12*(3), 11-19.
- Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: Sage Publications
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Datta, D. K., Musteen, M., & Herrmann, P. (2009). Board characteristics, managerial incentives, and the choice between foreign acquisitions and international joint ventures. *Journal of Management, 35*(4), 928-953.
- Dierendonck, D. V., & Nuijten, I., (2011). The servant leadership survey: Development and validation of a multidimensional measure. *Journal of Business Psychology, 26*, 249-267.

- Dinh, J. E., Lord, R. G., Gardner, W. L., Meuser, J. D., Liden, R. C., & Hu, J. (2014). Leadership theory and research in the new millennium: Current theoretical trends and changing perspectives. *Leadership Quarterly*, 25(1), 36-62.
- Drucker, P. (1990). *Managing the nonprofit organization: Principles and practices*. New York, NY: Harper Collins Publishers.
- Eadie, D. (2009). *Extraordinary board leadership: The keys to high impact governing* (2nd ed.). Boston, MA: Jones and Bartlett Publishers.
- Eberle, T. S. (2010). Phenomenological lifeworld analysis and the methodology of the social sciences. *Human Studies*, 33(2/3), 123-129. doi:10.1007/s10746-101-9146-9
- Eisenhardt, K. M. (1989). Building theories from case study research. *Academy of Management Review*, 14(4), 532-550.
- Eisenhardt, K. M., & Graebner, M. E. (2007). Theory building from cases: Opportunities and challenges. *Academy of Management Journal*, 50(1), 25-32.
- Epstein, M. J., & McFarlan, F. W. (2011). Nonprofit vs. for-profit boards: Critical differences. *Strategic Finance* (March), 28-35.
- Feldman, D. C. (2014). What if we took servant leadership seriously? *Servant Leadership: Theory & Practice*, 1(1), 12-15.
- Finegold, D., Lawler, E.E., III, & Conger, J. (2001). Building a better board. *Journal of Business Strategy*, 22(6), 33-37.
- Gibelman, M. (2004). Reflections on boards and board membership. *Administration in*

Social Work, 28(2), 49-62. doi:10.1300/J147v28n02_04

- Gilbert, M., & Ruigrok, W. (2010). The “what” and “how” of case study rigor: Three strategies based on public work. *Organizational Research Methods*, 13(4), 710-737. doi:10.1177/1094428109351319
- Gill, E. (2013). Servant leadership: Quotes and definition of the model. Retrieved from <http://www.concordiaonline.net/what-is-servant-leadership/>
- Green, J. C., & Griesinger, D. W. (1996). Board performance and organizational effectiveness in nonprofit social services organizations. *Nonprofit Management and Leadership*, 6(4), 381-402.
- Greenleaf, R. K. (1970/2002). The servant as leader. In L.C. Spears (Ed.), *Servant leadership: A journey into the nature of legitimate power and greatness* (pp. 21–61). Mahwah, NJ: Paulist Press.
- Greenleaf, R. K. (1977/2002). *Servant leadership: A journey into the nature of legitimate power and greatness*. Mahwah, NJ: Paulist Press.
- Guo, C., & Musso, J. A. (2007). Representation in nonprofit and voluntary organizations: A conceptual framework. *Nonprofit and Voluntary Sector Quarterly*, 36(2), 308-326. doi:10.1177/0899764006289764
- Harrison, Y. D., & Murray, V. (2012). Perspectives on the leadership of chairs of nonprofit organization boards of directors: A grounded theory mixed-method study. *Nonprofit Management and Leadership*, 22(4), 411-437. doi:10.1002/nml.21038

- Heilmann, P. (2010). To have and to hold: Personnel shortage in a Finnish healthcare organization. *Scandinavian Journal of Public Health*, 38, 518-523.
- Herman, R. (2010). The promise of servant leadership for workplace spirituality. *International Journal of Business Research*, 10(6), 83-102.
- Herman, R. D. (2009). Are public service nonprofit boards meeting their responsibilities? *Public Administration Review*, 69(3), 387-390.
- Herman, R. D., & Renz, D. O. (1997). Multiple constituencies and the social construction of nonprofit organization effectiveness. *Nonprofit and Voluntary Sector Quarterly*, 26(2), 185-206.
- Herman, R. D., Renz, D. O., & Heimovics, R. D. (1996). Board practices and board effectiveness in local nonprofit organizations. *Nonprofit Management and Leadership*, 7(4), 373-385.
- Hodge, M. M., Hodge, M. M., & Piccolo, R. F. (2011). Nonprofit board effectiveness, private philanthropy, and financial vulnerability. *Public Administration Quarterly*, 35(4), 520-550.
- Hughes, R., Ginnett, R., & Curphy, G. (2010). Chapter 10: Contingency theories in leadership. In Hickman, G.R. (Eds.), *Leading organizations: Perspectives for a new era* (pp.101-121). Los Angeles, CA: Sage Publications.
- Hunter, E. M., Neubert, M. J., Perry, S. J., Witt, L. A., Penney, L. M., & Weinberger, E. (2013). Servant leaders inspire servant followers: Antecedents and outcomes for employees and the organization. *Leadership Quarterly*, 24(2), 316-331.

- Jäger, P., & Rehli, F. (2012, Winter). Cooperative power relations between nonprofit board chairs and executive directors. *Nonprofit Management and Leadership*, 23(2), 219-236.
- Jaskyte, K. (2012). Boards of directors and innovation in nonprofit organizations. *Nonprofit Management and Leadership*, 22(4), 439-459.
- Jenkins, P. M. (2004). *A case study development of the board of directors of a nonprofit organization 1970-2003*, (Doctoral dissertation, Pepperdine University, Los Angeles).
- Joyaux, S. P. (1991). The nominating committee: Effective tool for improving the board. *Fund Raising Management*, 38-42.
- Kaufman, L., Stevens-Manser, S., Espinosa, E., & Brooks, W. (2011). Consumer operated service providers and local mental health authorities: Assessment of current models, training, and technical assistance needs. *Texas Institute for Excellence in Mental Health, Center for Social Work Research, University of Texas at Austin*. Retrieved from <http://sites.utexas.edu/mental-health-institute>
- Levy, D., & Pearl, S.J. (2010). Richard Whatley and the gospel of transparency. *American Journal of Economics and Sociology*, 69(1), 166-182.
- Lichtsteiner, H., & Lutz, V. (2012, Summer). Use of self-assessment by nonprofit organization boards: The Swiss case. *Nonprofit Management & Leadership*, 22(4), 483-506.
- Liden, R. C., Wayne, S. J., Chenwei, L., & Meuser, J. D. (2014). Servant leadership and

- serving culture: Influence on individual and unit performance. *Academy of Management Journal*, 57(5), 1434-1452.
- Liu, D. (2008). Governance vs. management. Retrieved from <http://grault.net/adjunctindex.cgi?GovernanceVsManagement>
- Longo, M. A., Roussel, L., Pennington, S. L., & Hoying, C. (2013). The frontline clinical manager identifying direct reports' level of practice. *Journal of Pediatric Oncology Nursing*, doi:10.1177/1043454213493506.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation* (2nd ed.). San Francisco, CA: Jossey-Bass
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Monroe, K. (2013). Servant leadership: A virtuous cycle of service. [Web log comment]. Retrieved from: <https://greenleaf.org/servant-leadership-a-virtuous-cycle-of-service/>
- Newberry, D. J. (2004). The meaningful participation of consumers on mental health agency boards: Experiential power and models of governance (Order No. NQ94989). Retrieved from ProQuest Central. (Accession No. 305189596).
- Nicholson, G., Newton, C., & McGregor-Lowndes, M. (2012, Summer). The nonprofit board as a team: Pilot results and initial insights. *Nonprofit Management and Leadership*, 22(4), 461-481.
- Northouse, P. G., (2013). *Leadership: Theory and practice* (6th ed). Thousand Oaks, CA:

Sage.

- O'Reilly, F. L., Matt, J., & McCaw, W. P. (2014). Supervisor's interactive model of organizational relationships. *NASSP Bulletin*, 98(3), 185-197.
doi:10.1177/0192636514551043
- Ostrow, L., & Leaf, P. (2014, Feb.). Improving capacity to monitor and support sustainability of mental health peer-run organizations. *Psychiatric Services*, 65(2), 239-241.
- Pannucci, C.J., & Williams, E.G. (2010). Identifying and avoiding bias in research. *Plastic and Reconstructive Surgery*, 126(2), 619-625. doi:
10.1097/PRS.0b013e3181de24bc
- Parris, D.L., & Peachey, J.W. (2013). A systemic literature review of servant leadership theory in organizational contexts. *Journal of Business Ethics*, 113(3), 377-393.
- Parker, L.D. (2007). Internal governance in the nonprofit boardroom: A participant observer study. *Corporate Governance: An International Review*, 15(5), 923-934.
doi:10.1111/j.1467-8683.2007.00607.x
- Patton, M.Q. (2002). *Qualitative research & evaluation methods*, (3rd ed). Thousand Oaks, CA: Sage Publications.
- Peterson, S.J., Galvan, B.M., & Lange, D., (2012). CEO servant leadership: Exploring executive characteristics and firm performance. *Personnel Psychology*, 65, 565-596.
- Pointer, D., & Orlikoff, J. (2002). *The high performance board: Principles of nonprofit*

organization governance. San Francisco, CA: Jossey-Bass

President's New Freedom Commission on Mental Health. (2003). *Achieving the promise:*

Transforming mental health care in America. Final report. Rockville, MD:

Author. Retrieved from

<http://www.mentalhealthcommission.gov/reports/reports.htm>

Rhode, D.L. & Packel, A.K. (2009). Ethics and nonprofits. *Stanford Social Innovation Review*(Summer), 29-35.

Rhodes, D. (2014). How members of nonprofit boards of directors learn their roles and responsibilities: A case study. (Doctor of Business & Technology Dissertation), Capella University.

Russell, E. (2014). The desire to serve: Servant leadership for the fire and emergency services. Westfield, IN: Greenleaf Center for Servant Leadership.

Russell, E.J. (2016). Servant leadership's cycle of benefit. *Servant Leadership: Theory & Practice*, 3(1), 52-68.

Salzer, M. S. (2002). Consumer-delivered services as a best practice in mental health care delivery and the development of practice guidelines: Mental Health Association of Southeastern Pennsylvania Best Practices Team Philadelphia. *Psychiatric Rehabilitation Skills*, 6(3), 355-382.

Schein, E.H. (2010). *Organizational culture and leadership* (Vol.2). New York, NY: Wiley.

Segal, Steven P, M.S.W., PhD., Silverman, C. J., PhD., & Temkin, Tanya L, M.A., M.P.H.

(2011). Outcomes from consumer-operated and community mental health services: A randomized controlled trial. *Psychiatric Services*, 62(8), 915-21.

Retrieved from

<http://search.proquest.com/docview/1095834639?accountid=14872> on August 25, 2015.

Sendjaya, S., & Pekerti, A., (2010). Servant leadership as an antecedent of trust in organizations. *Leadership & Organizational Development Journal*, 31, 643-663.

Shaw, J., & Newton, J. (2014). Teacher retention and satisfaction with a servant leader as principle. *Education*, 135(1), 101-106.

Shogan, C.J. (2009). The contemporary presidency: The political unity of empathy in presidential leadership. *Presidential Studies Quarterly*, 39(4), 859-877.

Skotnitsky, L., & Ferguson, E. (2005). Building community capacity with non-profit boards in the inner city. *Canadian Journal of Urban Research*, 14(1), 32-35.

Smith, H. (2009), July 15). Tips for making the most of nonprofit board service. *North Western Financial Review*, 194(14), 5-18.

Solomon, P., & Draine, J. (2001). The state of knowledge of the effectiveness of consumer provided services. *Psychiatric Rehabilitation Journal*, 25(1), 20-27.

Stake, R.E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications, Inc.

Stewart, S., Watson, S., Montague, R., & Stevenson, C. (2008). Set up to fail? Consumer participation in the mental health service system. *Australasian Psychiatry*, 16(5),

348-353. doi:10.1080/10398560802047367

Servant Leadership Theory and Practice (2015). *Servant leadership: Theory and practice*. Columbus, GA: D. Abbott Turner College of Business.

Substance Abuse and Mental Health Services Administration. (2011). *Consumer operated services: The evidence*. (HHS Pub. No. SMA-11-4633) Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Sun, P.Y.T. (2013). The servant identity: Influences on the cognition and behavior of servant leaders. *Leadership Quarterly*, 24, 544-557.

Tanenbaum, S. J. (2011). Consumer operated service organizations: Citizenship as a core function and strategy for growth. *Health Care Analysis*, 19(2), 192-205.

Tanenbaum, S. J. (2012). Consumer operated service provider organizations: Organizational characteristics, community relationships, and the potential for citizenship. *Community Mental Health Journal*, 48, 397-406. doi: 10.1007/s10597-011-9408-7

Tanenbaum, S. J. (2014, August). Advocating self-advocacy: Board membership in a statewide mental health consumer organization. *Journal of Health Politics, Policy, and Law*, 39(4), 919-927. doi:10.1215/03616878-2744423

Tricker, B. (2009). *Corporate governance: Principles, policies, and practices*. New York, NY: Oxford University Press.

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social*

- Work, 11(1), 80-96.
- Van Dierendonck, D. (2011). Servant leadership: A review and synthesis. *Journal of Management*, 37(4), 1228-1261.
- Van Dierendonck, D., & Nuijten, I. (2011). The servant leadership survey: Development and validation of a multidimensional measure. *Journal of Business and Psychology*, 26(3), 249-267.
- Vividocisch, L., & Currie, J. (2012, Summer). Governance networks: Interlocking directorships of corporate and nonprofit boards. *Nonprofit Management & Leadership* 22(4), 507-523.
- Walden University. (2011). Walden University finds current state of social change engagement in America. Retrieved from:
<http://waldenu.edu/~media/Files/WAL/about/walden-univeristy-social-change-impact-report-global-survey-executive-summary.pdf>
- Widmer, C. (1993). Role conflict, role ambiguity, and role overload on boards of directors of nonprofit human service organizations. *Nonprofit and Voluntary Sector Quarterly*, 22(4), 339-356. doi:10.1177/0899764093224006
- Winter, D. G. (2010). Why achievement motivation predicts success in business but failure in politics: The importance of personal control. *Journal of Personality*, 78(6), 1637-1667.
- Wright, B. (2013). Consumer governance may harm health center financial performance. *Journal of primary care & community health*, 4(3), 202-208. doi:

10.1177/2150131913475818.

Wright, B. E., & Millesen, J. L. (2008). Nonprofit board role ambiguity: Investigating its prevalence, antecedents, and consequences. *American Review of Public Administration*, 38(3), 322-338.

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Thousand Oaks, CA: Sage Publications

Yoshida, D. T., Sendjaya, S., Hirst, G., & Cooper, B. (2014). Does servant leadership foster creativity and innovation? A multi-level mediation study of identification and prototypicality. *Journal of Business Research*, 67(7), 1395-1404.

Zimmermann, J. A. M. & Stevens, B. W. (2008). Best practices in board governance: Evidence from South Carolina. *Nonprofit Management & Leadership*, 19(2), 189-202. doi:10.1002/nml.218

Appendix A: Interview Questions

Date _____ Time _____

Location _____

Interviewer Merideth McCallick Erickson

Interviewee _____

Informed consent form signed? _____

Notes to interviewee:

Thank you in advance for your participation. As the researcher, I strongly believe your input will be valuable to this study. I will make every effort to ensure that confidentiality of your participation and your identity is protected.

Approximate length of interview: 45–60 minutes

Purpose of the research:

1. To gain an understanding of what the executive directors of the seven COSPs in Texas experience when working with a board of directors that includes individuals with persistent mental illness.
2. To gain an understanding of what board orientation and content the executive directors of the Texas COSPs perceive is necessary for board members when their board includes individuals with persistent mental illness.

Methods of disseminating results:

Transcripts of the interviews will be emailed to you for review. Once the research is complete, the study findings will be provided to you.

Interview Questions: These questions are intended to be able to describe the experiences of the executive directors of the seven COSPs. All efforts to maintain anonymity during the analysis and presentation will be strictly observed.

1. How long have you been the executive director of your COSP? Do you have any previous board service or executive director experience?
2. What information is given to a potential consumer board member candidate who is being recruited for a board service position? Who gives them the information?
3. What do you feel is the most crucial with orientation of your consumer board members? How long does the orientation last? Is it one time or ongoing?

4. What do you feel is the most crucial with regard to training of your consumer board members? How long does the training last? Is it one time or ongoing?
5. How do consumer board members currently learn about organizational governance roles and responsibilities?
6. As an executive director, what have you experienced that works well with your board of directors that includes individuals with persistent mental illness? And what challenges have you experienced with your board of directors that includes the individuals with persistent mental illness?
7. How do you think that you and/or other board members can meet those challenges?
8. What distinction do you make between orientation and training?
9. Who conducts the orientation of your consumer board members? Is it you or do you bring in someone else, if so, who?
10. Who conducts the training of your consumer board members; is it you or do you bring in someone else, and if so, who?
11. What recommendations do you have for other COSP executive directors with regard to orientation and training of your consumer board members?
12. Is there any additional information that you would like to discuss, or offer that is related to consumer board members, orientation and training, or any other board or COSP topics?