

**CONSUMER OPERATED SERVICES (COS)  
FIDELITY REPORT**

Date: August 1, 2018

To: Kimberly Craig, Chief Executive Officer

From: T.J. Eggsware, BSW, MA, LAC  
Annette Robertson, LMSW  
AHCCCS Fidelity Reviewers

**Method**

On July 10, 2018, T.J. Eggsware and Annette Robertson completed a review of CHEEERS, Inc. - a Consumer Operated Service Program (COSP). This review is intended to provide specific feedback in the development of your agency's services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

The Center for Health Empowerment Education Employment Recovery Services, or CHEEERS, is a non-profit, member-run recovery program. The program focuses on individuals and families affected by behavioral health conditions. Since the last fidelity review, CHEEERS staff renovated the center space to accommodate a gym area for physical wellness activities, added a group to support family of those experiencing an opioid or substance use disorder, and conducted community outreach to educate traditional health providers, representatives of the legal system, and other stakeholders about CHEEERS.

The individuals served through this agency are referred to as *participants*, but for the purpose of this report, and for consistency across fidelity reports, the term "member" is used. In addition, throughout this COS report, the term "people with lived experience" is used to reference self-identified people with lived experience of recovery.

During the site visit, reviewers participated in the following activities:

- Tour of the center's activity and group rooms and observations of member/staff interactions;
- Group interview with eight CHEEERS members;
- Group interview with seven supervisory staff;
- Group interview with nine nonsupervisory staff;
- Interview with the Center Director; and,
- Review of the center's key documentation, including: organizational documents, Board of Director information, polices, surveys and aggregate data, CHEEERS' mission statement/philosophy, training materials, job descriptions, the agency website, social media page, etc.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) Fidelity Assessment/Common Ingredients Tool (FACIT) of the *Consumer Operated Service (COS) Evidence Based Practice Tool Kit*. Using specific observational criteria, this scale assesses the degree to which an agency's operation aligns with a set of ideal standards established for high-fidelity COS. The 46-item scale considers the agency's operations in 6 domains: Structure, Environment, Belief Systems, Peer Support, Education and Advocacy. Each ingredient is rated on a point scale, ranging from 1 (not implemented) to 5 (fully implemented with little room for improvement).

The FACIT was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

### **Summary & Key Recommendations**

The agency demonstrated strengths in the following program areas:

- The peer principle is highly valued at CHEEERS. The majority of staff self-identify as people with a lived experience. Members reported that most staff share stories of their lived experience, and that there are multiple avenues for members to share their own stories. The agency website, social media page, newsletters and multiple activities allow for the sharing of recovery stories.
- Staff and most members affirmed that members contribute to the functioning of the center and activities.
- Staff reported they maintain mutually collaborative contacts with traditional mental health service providers. Examples include contacting clinic staff if co-served members experience a crisis and visiting clinics with members to educate them about CHEEERS
- Members and staff reported positive changes in their lives since joining CHEEERS. Members reported that involvement in the program helped to prevent or cope with difficult situations, and staff shared multiple examples of supporting members to resolve problems.

The following are some areas that will benefit from focused quality improvement:

- Seek member input in advance of potential changes to center operations. When members make suggestions, update them on the status of their suggestions. Some members interviewed expressed disappointment in changes to hours of operation and did not feel they were adequately involved in the decision.
- Seek input from all members regarding the distribution of meals or other related member concerns, as they arise. Some members expressed their frustration that if they participate in groups before lunch, when groups end, the lines for lunch are long and sometimes there is no food available after other members, who may not have attended group before lunch, receive their meals.
- Examine how staff and members view the expression of spiritual beliefs. There was dissonance between staff and member perceptions allowing for the sharing of spiritual beliefs. Members reported the sharing of spiritual beliefs was generally discouraged, but staff reported they welcome the sharing of spiritual beliefs.
- Encourage members to participate in job readiness activities and consider adding or training additional staff to facilitate job readiness activities. It may be useful to track member participation by specific group or activity. Events with lower than anticipated attendance can be evaluated to determine if enhancements are needed related to engagement, curriculum, or supports.

**FIDELITY ASSESSMENT/ COMMON INGREDIENTS TOOL (FACIT)**

<b>Ingredient #</b>	<b>Ingredient</b>	<b>Rating</b>	<b>Rating Rationale</b>	<b>Recommendations</b>
<b>Domain 1 Structure</b>				
<b>1.1 Consumer Operated</b>				
1.1.1	Board Participation	1-5 5	The agency website indicates that more than 51% of the eleven individuals on the Board of Directors have a shared mental health experience. Staff clarified that the website outlines the minimum standard. Staff confirmed that just over 90% of the Board of Director positions and 80% of the officers self-identify as persons with lived experience. CHEEERS members fill three seats on the Board of Directors.	
1.1.2	Consumer Staff	1-5 5	It was reported that the majority (at least 92%) of the staff at CHEEERS are persons with personal lived experience, and that all supervisory staff self-identify as people with lived experience.	
1.1.3	Hiring Decisions	1-4 4	Hiring decisions are made by the CEO, the Program Manager and the other supervisory staff, all of whom are people with lived experience. Staff reported that CHEEERS members participate in interviews with potential new hires and if current CHEEERS staff seek a promotion.	
1.1.4	Budget Control	1-4 4	Staff reported that the Board of Directors and administrative CHEEERS staff who oversee the budget are persons with lived experience. Input from CHEEERS members is primarily obtained through suggestion box submissions and through the member Advisory Council. Staff salaries were developed based on a survey of similar positions and compensation. CHEEERS uses a tiered system that factors credentials, experience, and position.	
1.1.5	Volunteer Opportunities	1-5	There are opportunities for members to volunteer at the program, and the majority of	

		5	members interviewed reported they regularly volunteer at the center or have volunteered in the past. Some of the opportunities for members to contribute to the center include: assisting in the kitchen or meal preparation activities, serving on the Board of Directors and/or Advisory Council, cleaning at the center, co-facilitating activities and groups with staff, and offering center tours. Staff reported that some CHEEERS employees started as members.	
<b>1.2 Participant Responsiveness</b>				
1.2.1	Planning Input	1-5 4	Members interviewed reported there were opportunities to provide input into planning for services during one-on-one time with staff, through suggestion box submissions, by attending the All Participants Meeting, or by discussing their concerns with the Advisory Council members. However, some members stated in some cases there were no actions on suggestions and felt their concerns were not taken seriously. Some reported they were not informed why a suggested change was not possible. During the interview, some members shared with other members their understanding why certain changes occurred at the center. Some members identified changes that occurred without input from all members.	<ul style="list-style-type: none"> <li>Review the member-input process to ensure all members have an opportunity to contribute. Some centers use an all-member voting process when considering changes to their operations.</li> <li>If not in place, notifying members in advance of the agenda for member meetings may help them plan for what meetings they want to attend based on discussion topics.</li> </ul>
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	The grievance policy is posted in the main lobby of the agency. Staff reported that they assist members to submit grievances to the Regional Behavioral Health Authority (RBHA). Members are encouraged to meet with staff one-to-one to discuss concerns at the center and staff reported they have an <i>open door</i> policy. Members fill out daily tracker forms to note their activities and groups attended, and sometimes include concerns or issues and staff will then follow-up with them. CHEEERS collaborates with Arizona	

			State University to complete a quarterly survey with members and the information is used to direct needs and changes to the program.	
<b>1.3 Linkage to Other Supports</b>				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	Staff described positive reciprocal working relationships with traditional mental health services (e.g., clinic staff). When members are out of contact, CHEEERS, or clinic staff, coordinate with staff at the other entity. If issues arise, collaborative staff meetings occur to discuss supports for the co-served member. CHEEERS staff collaborates regarding intakes; when visiting clinics or attending community events to present on CHEEERS services; and CHEEERS staff send monthly reports to clinic staff.	
1.3.2	Linkage with Other COSPs	1-5 5	Staff interviewed described collaborative and reciprocal relationships with other peer run programs. Events include socialization activities (e.g., kickball and bowling); a drama workshop and performance; and other community events. The agency CEOs meet monthly as a group with the RBHA. Additionally, some members reported they participate in activities at CHEEERS as well as another peer run program.	
1.3.3	Linkage with Other Service Agencies	1-5 5	CHEEERS staff and members appear to have linkages with other service agencies including volunteer programs with local agencies (e.g., St. Vincent DePaul), employment fairs, and conferences. Staff reflected on recently presenting to criminal justice system representatives about available supports through CHEEERS.	
<b>Domain 2 Environment</b>				
<b>2.1 Accessibility</b>				
2.1.1	Local Proximity	1-4	CHEEERS is centrally located near a population cluster in Phoenix. Staff reported many members	

		4	live in the surrounding area.	
2.1.2	Access	1-5 5	CHEEERS is in close proximity to bus and light rail. Both public transportation options are accessible for individuals with mobility limitations, in addition to the agency obtaining a wheelchair accessible van in the past year, as well as a passenger van for group excursions. CHEEERS staff offers travel training to assist members unfamiliar with the public transportation routes. For those members who elect to utilize public transportation, bus passes are available through clinic services and CHEEERS staff reported they have also provided passes. There is parking at the center for members who drive. Generally, transportation to and from the center is arranged by clinic staff through collaboration with CHEEERS and/or the members. Some members and staff gave examples of times where transportation was reportedly in place, but did not occur, or otherwise was not reliable and CHEEERS paid for the member transport.	<ul style="list-style-type: none"> <li>Provide examples to the RBHA when planned transportation problems arise so that RBHA staff is aware and have the opportunity to address specific issues as they arise.</li> </ul>
2.1.3	Hours	1-5 4	CHEEERS operates from 7:30AM – 4:00PM Monday, Wednesday, and Saturday, but has extended hours of 7:30AM – 7:00PM on Tuesday, Thursday, and Friday. CHEEERS is closed for commonly celebrated holidays including the day of, before, or after the holiday in some cases. CHEEERS staff provides resources to members to utilize when the center is closed. Staff stated that due to low member participation data on Sundays, it was determined that operations would cease. It was reported that certain Sunday activities were eliminated prior to that decision. It did not appear that all members had an opportunity to give feedback on planned changes to activities or hours before the changes occurred. Some members interviewed were satisfied with the current hours, but others	<ul style="list-style-type: none"> <li>Solicit member input to potential changes to the hours of operation to ensure hours conform to the hours most needed by members.</li> </ul>

			reported they engaged in Sunday activities before the change. Some expressed disappointment in the change and did not feel they were adequately involved in the decision. The agency social media profiles included an update to the hours of operation, closing the center on Sunday's, but extending hours on Tuesday to add another Let's Dish class for CHEEERS' skilled and experienced participants.	
2.1.4	Cost	1-5 5	Staff reported that there are no monetary costs to members for, including services, activities, meals, etc.	
2.1.5	Accessibility	1-4 4	The center has wheel chair ramps and added a power-assisted door to the main entrance to accommodate members with physical disabilities. Computers with large print screens are available for people with visual impairment. The agency has TTY services for those who are deaf or hard of hearing. Staff confirmed they were familiar with this service and utilized it. Wheelchair accessible bathrooms are located in the center lobby and near other group meeting spaces.	
<b>2.2 Safety</b>				
2.2.1	Lack of Coerciveness	1-5 5	Members interviewed reported they feel safe at CHEEERS. Some members reported they were required to do at least one or two groups a day when on site, but that one-on-one interactions with staff counted toward this expectation. Members reported that if they do not attend groups, there is a paper issued that puts them "on notice". Some members reported an increase in pressure to participate in groups since the implementation of the point system linked with staff recognition of positive recovery behaviors. However, some members noted that there were days they visited, elected not to participate, and staff respected their choice. Staff did not	<ul style="list-style-type: none"> <li>Inform members that participation in groups or other activities is encouraged, but not mandated. Seek to maintain a welcoming environment to all members so that members, who visit the center without participating, are allowed to engage at their own comfort level and pace.</li> </ul>

			reference any type of written or verbal notice to members for not participating. Staff reported participation is encouraged, but not mandated, and that members participate at their own pace. Staff stated they reference members' Recovery Service Plan goals to assist them in identifying a group to attend if the member is unsure.	
2.2.2	Program Rules	1-5 5	All members interviewed reported feeling safe at the center. Interviewees reported there is an agency-wide Disruption Policy posted in the center. Staff said the Board of Directors developed the Disruption Policy and members provided input some time ago. Some members reported newer members might not be aware of program rules or the point recognition system that helps members earn tangible rewards (e.g., grab bags). Staff stated they review rules with members for individual groups offered. There are additional rules to fit certain groups or activities. CHEEERS staff and members reported that if needed, staff talks with members about concerning behaviors, increasing their interventions if needed. Staff also highlighted a recognition board and affiliated point system as a way for staff to promote recovery principles.	<ul style="list-style-type: none"> <li>Consider reviewing program rules with members (e.g., at the all member meeting) to determine if the information applies or needs revision based on input from current members. CHEEERS staff reported they are expanding services, so reviewing the Disruption Policy and other program/group rules may be useful on a recurring basis.</li> </ul>
<b>2.3 Informal Setting</b>				
2.3.1	Physical Environment	1-4 4	CHEEERS staff improvements to the campus include a new member exercise room in modified office space, as well as large and smaller private spaces. There are spaces inside and outside the center for members to spend time, and an area with a small garden. Furnishings seemed to accommodate members' needs. Member created artwork is displayed throughout the campus. The kitchen is located centrally on the campus.	
2.3.2	Social Environment	1-5	Staff and members conveyed that the center offers a safe place for members to interact with	



		5	others, to reduce isolation, and to fill their day with meaning and purpose. Interactions between members and staff were observed to be warm and friendly. The reviewers saw no obvious distinctions between members and CHEEERS staff. Staff offices are dispersed through the campus, including near the lobby area. Staff reported the few keypads or locked doors were due primarily to protect confidential or other sensitive resources (e.g., computers). Staff reflected on the open door policy to being available to member needs.	
2.3.3	Sense of Community	1-4 4	Members expressed a sense of community and belonging. Some members described the family-like atmosphere of the center. Established members are linked with new members in a buddy system to orient them to the center and its activities. Some members reported they tended to isolate prior to joining, and others attributed positive life changes (e.g., maintaining sobriety) to their participation in CHEEERS activities. Some members reported that relationships they cultivated at the center carry over into other aspects of their lives. Staff stated they encouraged members to connect with their newly found supports outside of CHEEERS (in an effort to build their support network).	
<b>2.4 Reasonable Accommodation</b>				
2.4.1	Timeframes	1-4 4	Staff and members reported there was no required timeframe for members to participate or terminate support. Member participation in services is tracked to show how often people utilize certain groups or activities. Staff cited examples of members who no longer regularly attend the program due to gaining employment, and some do occasionally drop-in to greet people at CHEEERS.	

<b>Domain 3 Belief Systems</b>				
<b>3.1 Peer Principle</b>				
3.1	Peer Principle	1-4  4	Staff and members stated that staff shares their lived experiences with members during one-on-one contact and group situations. Interviewees reported the sharing of lived experience was helpful, offering opportunities to learn from each other. Staff job descriptions note that positions involve the “promotion of recovery and resilience through the sharing of personal experience(s) with a culturally diverse population of program participants, staff, and members of the community.”	
<b>3.2 Helper Principle</b>				
3.2	Helper Principle	1-4  4	Members and staff confirmed there are opportunities to assist others at the program. For example, new members are linked with more experienced members for tours and orientation. Most members interviewed reported giving and receiving support, and they appreciated being able to seek and receive support in a non-judgmental atmosphere. There is an incentive program in place. Members can earn points redeemable at the center by demonstrating recovery principles. In order to receive the incentive, staff must witness the behavior.	<ul style="list-style-type: none"> <li>Consider expanding or adjusting the point system linked with staff recognition of positive recovery behaviors so members are also empowered to recognize their peers.</li> </ul>
<b>3.3 Empowerment</b>				
3.3.1	Personal Empowerment	1-5  5	Interviewees reported their participation at the center was important to their recovery and empowered them to make positive changes in their lives. Similarly, staff affirmed that it was meaningful to them to have the opportunity to contribute to the program and help others. Members reported they have learned new skills to cope with symptoms, feel more comfortable voicing their concerns with staff at other agencies	

			and entities, decreased isolation, increased socialization, developed healthier boundaries, and some attributed participation in CHEEERS to them avoiding hospitalization, maintaining sobriety, and an increase in overall physical wellness. There is a special needs request process in place if members feel they need additional support or resources not otherwise available at the center.	
3.3.2	Personal Accountability	1-5 5	Members reported they are not pressured to take advice from staff or other members. Members reported they offer help to each other first when someone is having a hard day and do seek staff support when needed. A <i>Disruption Policy</i> is in place, and, when necessary, staff contact clinic teams to discuss issues with member behavior. To highlight member strengths, staff implemented a process to recognize positive expressions of recovery principles.	
3.3.3	Group Empowerment	1-4 4	Members and staff interviewed expressed a sense of acceptance and pride with their connection to CHEEERS. Staff reported members give recommendations for groups and outings in order to shape activities. Some members contribute through participation in the Board of Directors, council, facilitating tours, volunteer activities, and co-facilitating groups. Members also visit clinics and other settings, along with CHEEERS staff, to present their stories.	
<b>3.4 Choice</b>				
3.4	Choice	1-5 5	Staff reported they try to offer at least two activity options during all hours of operation, and sometimes more options are available. For example, based on the calendar received by reviewers, more than two center options are available at certain times, such as 10:00 – 11:30	

			AM and then after lunch at 1:00 PM. Separate calendars are available on the agency website for center activities, outings, and Expressions of Hope (i.e., artistic expression and craft classes). Activities between the calendars overlap and compliment each other. It was reported that based on their CHEEERS recovery plan, members select, and can modify, groups and activities they elect to participate.	
<b>3.5 Recovery</b>				
3.5	Recovery	1-4 4	Members and staff described recovery at CHEEERS as an individual process and, that each person is on their own journey and may be at different stages. CHEEERS' agency mission and values focuses on empowerment through hope, purpose and wellness. Shared values, referenced during interviews, include respect, empowerment, hope, wellness, responsibility, diversity, shared experiences, and collaboration.	
<b>3.6 Spiritual Growth</b>				
3.6	Spiritual Growth	1-4 3	Staff reported members are free to share their spiritual beliefs. However, some members reported staff discourages members sharing their spiritual beliefs. Staff and members affirmed there is a spirituality group offered on Saturdays. Members noted that there are fewer transportation options on the weekend. One member reported they share religious beliefs with a specific other member because they felt it would be acceptable. One member noted that there was a concern that the sharing of beliefs could result in an argument, and another cited their concern with other members proselytizing their beliefs.	<ul style="list-style-type: none"> <li>Review the available opportunities for members to freely share beliefs (e.g., possibly offering the spirituality class on both the weekend and weekdays, when there are more transportation options) and ensure staff offer consistent messaging to members regarding the agency philosophy.</li> </ul>
<b>Domain 4 Peer Support</b>				
<b>4.1 Peer Support</b>				

4.1.1	Formal Peer Support	1-5 5	Staff reported nearly all members participate in formal peer support. There are daily options for members to engage in formal peer support, including groups, activities, or one-on-one contact with staff. Members reported they participated in activities and groups that were meaningful to them, including those that address anger management, substance use, wellness, and expressing their feelings.	
4.1.2	Informal Peer Support	1-4 4	Members reported there are opportunities to provide and receive informal peer support. Staff reported nearly all members have participated in informal peer support, and cited activities such as the daily roundtable where members meet to check-in for open discussion, socialization events on and off-site (e.g., dances, birthday celebrations, karaoke), communal meal times, and through one-on-one contact with staff and other members.	
<b>4.2 Telling Our Stories</b>				
4.2	Telling Our Stories	1-5 5	There are formal and informal avenues for members and staff to share their stories, including on the newly implemented participant created newsletter in Spring 2018. Some members and staff share their stories during center activities, during special events, groups focused on recovery stories, creative writing, one-on-ones with staff, member meetings, or during visits to clinics when they present on CHEEERS' services. Some members participated in a videotaping of their stories, and there is a <i>Photovoice</i> presentation on the agency website. Members who receive positive citations from staff can elect to post in the center lobby a card stating the positive recovery behavior demonstrated.	
4.2.1	Artistic Expression	1-5	There are multiple opportunities at CHEEERS for members to engage in and express themselves	

		5	artistically. Members interviewed reported avenues for artistic expression were available and that some participate. Some of the activities focus on crafts and some include a more artistic expression. Member created items including paintings, drawings, and crafts are on display throughout the center. There is a room set aside for artistic endeavors and scheduled activities specific to artistic and creative expression. Activities include writing, beads, crafts, paint, gardening, other expressive forms (e.g., talent show), open studio time, and some members fabricated fine jewelry with staff guidance.	
<b>4.3 Consciousness Raising</b>				
4.3	Consciousness Raising	1-4 3	Information about events in the community is posted on an events board, the center social media page, and newsletter. CHEEERS' members and staff participate in forums for consciousness raising such as attending the RBHA Connections Conference, the NAMI walk, and activities with other peer run organization (e.g., kickball). Some staff reported they participated in local conferences. On the agency website and social media page, there are references to local events and staff participation in conferences outside of Arizona. However, some members interviewed reported they don't regularly receive information about the broader peer movement outside of CHEEERS.	<ul style="list-style-type: none"> <li>Seek to inform members of consciousness raising activities in their local and broader peer communities, including ways they can directly connect with, or contribute, to the member community outside of CHEEERS.</li> </ul>
<b>4.4 Crisis Prevention</b>				
4.4.1	Formal Crisis Prevention	1-4 4	Numerous formal crisis prevention activities are available. At intake, staff works with members to create a recovery plan. Groups with elements of formal crisis prevention skills meet often, and include coping with symptoms or building coping skills or creating a Wellness Recovery Action Plan (WRAP). Some members reported extended	<ul style="list-style-type: none"> <li>Ensure all staff trained in the same model(s)/approach(es) so there is a shared understanding of appropriate support that can be offered to members who experience a crisis.</li> </ul>

			<p>periods of recovery without inpatient treatment since connecting with the program. Some members reported that they also receive support to cope with medical issues. Members attributed positive changes, such as reduced isolation and recovery from substance use, to skills enhanced while participating at CHEEERS. Members reported they witnessed staff intervening to support other members who experienced a crisis at the program. Staff reported they are trained in crisis intervention; however, it is not clear if a common modality for intervention is taught to all staff. Some staff said they were trained in Applied Suicide Intervention Skills Training (ASIST), crisis intervention, and referenced on-line trainings.</p>	
4.4.2	Informal Crisis Prevention	1-4 4	<p>Members confirmed that there are opportunities to assist others with informal crisis prevention, and to receive assistance through interactions with staff and other members. Members reported offering support to fellow peers when struggling. Members check-in with others and inform staff if the issue is beyond what they feel they can provide. Supports may extend beyond behavioral health related crises. For example, one member reported they occasionally ask other members to notify staff if they are behaving differently as it may be due to a medical issue (e.g., sugar level). It was reported that when someone has a crisis, one or two staff members meet with the person in a private space to try to talk about the issue at hand, and, if needed, will assist the person to make contact with the clinic where they receive services, and support members in obtaining follow-up.</p>	
<b>4.5 Peer Mentoring and Teaching</b>				
4.5	Peer Mentoring and Teaching	1-4	<p>Peer mentoring and teaching at CHEEERS occurs between staff and members, staff to staff, and</p>	

		4	member to member. Interviewees affirmed they have people they look up to at CHEEERS, and from whom they can receive guidance and support. Members interviewed agreed that they had received mentoring and teaching as well as providing it to others.	
<b>Domain 5 Education</b>				
<b>5.1 Self Management/ Problem Solving Strategies</b>				
5.1.1	Formally Structured Problem-Solving Activities	1-5 5	Staff reported that nearly all active members participate or have participated in problem solving activities at CHEEERS. Many daily activities include problem-solving elements. Some examples of groups and activities include: anger management, WRAP, groups focused on developing boundaries, coping with symptoms, recovery from substance use, budgeting, and physical wellness. Members reported they enhanced or developed self-advocacy skills. One member said staff assisted them to resolve a housing-related issue.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	The program offers members avenues to identify their own needs and to ensure their needs are addressed. Support occurs during one-on-one interactions with staff or interactions with other members. Nearly all members interviewed said they received informal problem-solving support from others at the program. A daily roundtable occurs at the center. Staff facilitate other activities in and outside the center where members can enhance problem-solving skills.	
5.1.3	Providing Informal Problem Solving Support	1-5 5	Nearly all members confirmed that they provide informal problem-solving support to each other. Staff said members are encouraged to engage one another on this level. Some members (Recovery Ambassadors) assist new members during tours and orientation to the center and act	



			as a resource as they adjust to the setting. Informal problem solving support occurs in social interactions with other members, during groups or outings, and during one-on-one interactions with staff that are available to members at their request.	
<b>5.2 Education/Skills Training and Practice</b>				
5.2.1	Formal Skills Practice	1-5 5	A wide-range of activities are available at CHEEERS. These include volunteer outings, as well as through the kitchen; so, most members have participated in some type of formal skills practice. Members interviewed cited opportunities to enhance communication skills, to serve on the center related councils/boards, to receive assistance with resumes, and to search for employment. Administrators provided a list of skill classes/activities, including: Expressions of Hope (i.e., artistic expression and crafts), Out N About, Women’s Boundaries, Recovery Goals Bus Mobility, Anger Management, Your Wise Mind, Let’s Dish, Newsletter, and Food Box Outing. It was reported that most members participate in at least one of these activities regularly.	
5.2.2	Job Readiness Activities	1-5 4	Staff estimated that between 50-60% of members participate or have participated in job readiness activities. Pre-employment activities identified by staff include Pre – GED Group, Peer Support Certification Programming, Pathways to Employment and Computer Tutor. Some members receive support to pursue their general educational development (GED), volunteer outside of the center, engage in computer skills training, or participate in pre-employment groups or one-on-one contact with staff. One staff reported 60% of members obtained their food handler’s card. Members reported center staff	<ul style="list-style-type: none"> <li>Encourage members to participate in job readiness activities and consider adding or training additional staff to facilitate job readiness activities. It may be beneficial to track member participation by activity/group name. For groups or activities with lower participation, staff can work to engage members to participate, or seek member input to revise the curriculum.</li> </ul>

			work with members interested in employment (e.g., resume writing, and job searches). Some members co-facilitate groups.	
<b>Domain 6 Advocacy</b>				
<b>6.1 Self Advocacy</b>				
6.1.1	Formal Self Advocacy Activities	1-5  5	Members interviewed confirmed experience with self-advocacy activities at CHEEERS. Staff estimated that most members (80% or higher) have participated in self-advocacy training or informal peer-to-peer self-advocacy. Staff reported all members are engaged to develop a recovery service plan, and it is reviewed and revised every six months, or as needed. Additionally, the agency has a special needs request process for unique items not accounted for in other aspects of programming (e.g. emergency dog food supply). Staff reported one-on-one support includes assisting members to secure community resources and to develop budgets to prevent further financial crisis. Members also receive information about benefits through resources such as Disability Benefits 101.	
<b>6.2 Peer Advocacy</b>				
6.2	Peer Advocacy	1-5  5	Most members interviewed affirmed that involvement in the program led them to be more assertive when they interact with other service agency staff. Members advocate for themselves and each other, providing mutual support and encouragement. Members reported developing skills and confidence in self-expression. Members receive information on community events through postings at the center, the agency website, newsletters and social media page. Members are encouraged to engage in quarterly satisfaction surveys, submit written suggestions, meet one-on-one with staff, and serve on the	

			center council and the Board of Directors.	
6.2.1	Outreach to Participants	1-5 5	The daily schedule for recovery groups is posted on the agency website. There are links to the monthly schedule (June 2018), Out N About, and Expressions of Hope Activity calendars. The agency also has a social media page. An agency and member created newsletter are available at the center, as well as through a link on the website. Staff reported that phone outreach occurs if members miss days they usually attend. A subgroup of members with histories of not taking medications as prescribed receives specialized outreach, engagement and support to resolve barriers to them participating in services. Some members reported the agency has a social media page, but that some information is relayed by word of mouth. As a result, if members do not frequently go to the center, they may not be aware of activities. Some members voiced concern with certain members who attend only for meals or special events.	<ul style="list-style-type: none"> <li>• Confirm that the schedule posted to the agency website is for the current month.</li> </ul>

## FACIT SCORE SHEET

Domain	Rating Range	Score
<b>Domain 1: Structure</b>		
1.1.1 Board Participation	1-5	5
1.1.2 Consumer Staff	1-5	5
1.1.3 Hiring Decisions	1-4	4
1.1.4 Budget Control	1-4	4
1.1.5 Volunteer Opportunities	1-5	5
1.2.1 Planning Input	1-5	4
1.2.2 Dissatisfaction/Grievance Response	1-5	5
1.3.1 Linkage with Traditional Mental Health Services	1-5	5
1.3.2 Linkage to Other Consumer Operated Services Program (COSPs)	1-5	5
1.3.3 Linkage with Other Services Agencies	1-5	5
<b>Domain 2: Environment</b>		
2.1.1 Local Proximity	1-4	4
2.1.2 Access	1-5	5
2.1.3 Hours	1-5	4
2.1.4 Cost	1-5	5
2.1.5 Accessibility	1-4	4

2.2.1	Lack of Coerciveness	1-5	5
2.2.2	Program Rules	1-5	5
2.3.1	Physical Environment	1-4	4
2.3.2	Social Environment	1-5	5
2.3.3	Sense of Community	1-4	4
2.4.1	Timeframes	1-4	4
<b>Domain 3: Belief Systems</b>		<b>Rating Range</b>	<b>Score</b>
3.1	Peer Principle	1-4	4
3.2	Helper's Principle	1-4	4
3.3.1	Personal Empowerment	1-5	5
3.3.2	Personal Accountability	1-5	5
3.3.3	Group Empowerment	1-4	4
3.4	Choice	1-5	5
3.5	Recovery	1-4	4
3.6	Spiritual Growth	1-4	3
<b>Domain 4: Peer Support</b>		<b>Rating Range</b>	<b>Score</b>
4.1.1	Formal Peer Support	1-5	5
4.1.2	Informal Peer Support	1-4	4
4.2	Telling Our Stories	1-5	5
4.2.1	Artistic Expression	1-5	5

4.3	Consciousness Raising	1-4	3
4.4.1	Formal Crisis Prevention	1-4	4
4.4.2	Informal Crisis Prevention	1-4	4
4.5	Peer Mentoring and Teaching	1-4	4
<b>Domain 5: Education</b>		Rating Range	Score
5.1.1	Formally Structured Activities	1-5	5
5.1.2	Receiving Informal Support	1-5	5
5.1.3	Providing Informal Support	1-5	5
5.2.1	Formal Skills Practice	1-5	5
5.2.2	Job Readiness Activities	1-5	4
<b>Domain 6: Advocacy</b>		Rating Range	Score
6.1.1	Formal Self Advocacy	1-5	5
6.1.2	Peer Advocacy	1-5	5
6.2.1	Outreach to Participants	1-5	5
<b>Total Score</b>		<b>203</b>	
<b>Total Possible Score</b>		<b>208</b>	