

CONSUMER OPERATED SERVICES (COS)

FIDELITY REPORT

Date: June 25, 2021

To: Kimberly Craig, President/Chief Executive Officer

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AHCCCS Fidelity Reviewers

Method

On May 17 – 18, 2021, Karen Voyer-Caravona and Annette Robertson completed a review of the Center for Health Empowerment Education Employment Recovery Service, or CHEEERS, 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 the Central Region of Arizona.

CHEEERS is a non-profit, member run recovery program, which focuses on individuals and families affect by behavioral health conditions. In addition to peer support programming, CHEEERS offers peer services to members transitioning from correctional settings, peer employment training, and a new peer support doula training for working with pregnant women with substance use disorders. The program was last reviewed in 2018. In the last 12 months, the campus footprint significantly expanded when the program leased adjoining office space that became available.

March 11, 2020, the Governor of Arizona made a Declaration of Emergency and an Executive Order in response to the pandemic, Coronavirus 2019 (COVID-19). Among others, recommendations were made to practice social distancing of six feet to avoid spreading the disease as well as limiting gathering of groups of more than ten people. This review was conducted during the pandemic and adjustments were made to the review process to observe the Governor's requests and to reduce burden on providers, including: reducing the sample size of member records reviewed, conducting staff and member interviews telephonically or videoconferencing, remote access to provider electronic health records when available, and other adjustments as needed to be in compliance with the guidance.

Before the public health emergency, CHEEERS embarked on the development of a new mobile application for member engagement as well as a plan to upgrade use of technology among staff. CHEEERS shut down briefly at the end of March 2020 for planning and strategizing to continue delivering services and responding to member needs. Staff developed a plan to open the center following public health guidance including social distancing, masks, temperature checks, hand sanitizing and surface cleaning, and health questions at check in. The emergency declaration hastened full implementation and training in new technologies so that staff were providing telehealth services to members. Staff conducted home visits to help members install the mobile application and *Go To Meeting* software on Smart phones, personal computers, or one of the 400 tablets made available to members enrolled with the Regional Behavioral Health Authority (RBHA). Staff also delivered essentials to meet basic needs

such as food boxes and hygiene products. CHEEERS reopened in late March with telehealth services and member outreach; staff could elect to work from home. By May 2020, in person programming was available on campus along with the remote platform, however, the campus shut down again in June for a few weeks due to a surge of exposure/positive tests for the virus among staff. CHEEERS reopened again in July and both campus and virtual services have been uninterrupted since then. Group rooms and workstations were adapted with new technology including video conference; CHEEERS adapted to capacity limitations by making groups available via streaming video to attendees in multiple locations on campus as well as to those participating via telehealth. Staff reported that the program's estimated 300 active members have responded positively to the virtual platform and other technologies; staff reported that the program plans to continue with the remote platform since it both provides members with an additional option for receiving support and expands its reach to those who otherwise would be without.

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

During the site visit, reviewers participated in the following:

- Video tour of the center's facility and individual interview with Center Director;
- Individual interview with the CHEEERS President/Chief Executive Officer (CEO);
- Group interview with five supervisory staff, Center Director, Director of Operations, Community Programs Manager, Director of Quality and Compliance, and Director of Finance and IT;
- Group interview with five nonsupervisory staff, Forensic Peer Support Manager, Training Specialist, Peer Support Specialist/Recovery Mentor, Intake Coordinator, and Facilities Lead;
- Group interviews with six members receiving peer services; and
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, policies, annual reports, training materials, job descriptions, weekly group and activity calendar, *High Needs Case Review Form*, *Participant Communication Form*, *CHEEERS Recovery Service Plan*, *CHEEERS Participant Handbook*, 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:

- Member responsiveness: CHEEERS leadership and staff was able to pivot quickly upon the declaration of public health emergency and

anticipate member needs, particularly those imposed by isolation and fear, including inventory of staff and member needs, hastening the launch of the CHEEERS app, and in April 2021 instituting programming via telephone and virtual/streaming platforms on Monday, Wednesday, and Friday mornings. Further, CHEEERS trained staff and members in new technologies, conducted home visits, and made efforts to fill in gaps presented by reduction of member access to behavioral health clinics.

- Planning input: Interviewees reported numerous opportunities to share in planning input at CHEEERS through such options as the suggestions box, periodic satisfaction surveys and those provided at the end of every group, a monthly Lunch and Learn, membership on the Board of Directors and the Advisory Council, and an open-door policy with staff. Members who are unable or not comfortable attending CHEEERS in person can participate in planning input activities via attending virtually or communicating with the program via the CHEEERS app.
- Linkages with external partners: CHEEERS describes strong linkages with numerous external partners including collaborations with other peer run programs and advocacy organizations, traditional behavioral health providers, and community partners such as the Department of Corrections.
- Outreach to members: CHEEERS uses multiple outreach strategies to get members connected to the peer support program and informed of activities and events within CHEEERS and in the larger community including calendars and fliers, the CHEEERS website, the CHEEERS app, and home visits. Additionally, members are encouraged to outreach each other.

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

- Board Participation: CHEEERS should fill vacant board seats such that 90% or more are people with lived experience to ensure the peer perspective.
- Volunteer Opportunities/Job Readiness Activities: As the community opens and public health guidance allows, ensure a formalized/structured volunteer effort, which can contribute to members' sense of purpose, ownership of the program, and an identity beyond disability status, serving as a steppingstone to contributions made in the larger community.

FIDELITY ASSESSMENT/ COMMON INGREDIENTS TOOL (FACIT)

Ingredient #	Ingredient	Rating	Rating Rationale	Recommendations
Domain 1 Structure				
1.1 Consumer Operated				
1.1.1	Board Participation	1-5 4	<p>CHEEERS has an eight-member Board of Directors, seven (88%) of whom are people with lived experience. The Board has the potential for 13 members. Of those seven, three are members/participants in CHEEERS recovery services. Two (67%) of the three-Board officers identify as people with lived experience; one of the officers is an active CHEEERS member.</p> <p>Staff reported that since the public health emergency, the Board has met every other month on a video conference platform.</p>	<ul style="list-style-type: none"> Seek to fill vacant board seats such that 90% or more are people with lived experience of psychiatric recovery to ensure the peer perspective is represented.
1.1.2	Consumer Staff	1-5 5	Per staff interviewed, 87% of employees have lived experience, and all leadership self-identify as such. The reviewers were told that the remaining staff are connected to the peer community as family members. Lived experience is part of CHEEERS hiring policy and written into job descriptions.	
1.1.3	Hiring Decisions	1-4 4	Hiring decisions at CHEEERS are made by peers. Members, though not necessarily those who serve on the Board, take part in the interview process and give input when hiring directors. Managers, most of whom are peers, have input in hiring their staff. The CEO has final approval of new hires to ensure that processes are followed. The CEO is hired by the Board, on which three members service.	

1.1.4	Budget Control	1-4 4	<p>Members have continuous input on the budget through participation on the Board, the member elected Advisory Council and the monthly committee meetings, and year-round opportunities to give feedback about programming, activities, and agency needs. Budget review includes salaries, by which recommendations are made to the Board based on a competitive review.</p> <p>The budget is developed by the finance department and reviewed in detail with the Board and members. Members give feedback about how money is allocated. The Board approves the budget at the annual board meeting.</p>	
1.1.5	Volunteer Opportunities	1 – 5 4	<p>Staff interviewed report that between 75 - 80% of members participate in volunteer activities at CHEEERS, both on a daily formal and informal basis, such as assisting in passing out fliers in groups or with clean up, and formally through assigned roles and special events. Formal opportunities include service on the Board and the Advisory Council, and Events Planning Committees. Members can also volunteer as Tour Ambassadors, providing tours to outside agencies and new members, and as Member Ambassadors, who are assigned to help orient new members to the program. Members can also co-facilitate groups and serve as room monitors to ensure that protocols related to the public health emergency are followed. Members and staff interviewed reported that some current CHEEERS staff began as program participants.</p>	<ul style="list-style-type: none"> As the community opens and public health guidance allows, ensure a structured volunteer effort, which can contribute to members' sense of purpose and ownership of the program. Organic, impromptu volunteer opportunities are valuable, but formalized volunteerism supports an identity beyond disability status and can be a steppingstone to contributions made in the larger community.
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5	<p>Interviewees reported numerous opportunities to give planning input with respect to policy and</p>	

		5	<p>programming, and they are described in the <i>Participant Packet Manual</i> received at intake. Members not only sit on the Board but are able to attend and give comment at the Board meeting, including on the virtual platform. The member elected Advisory Council meets monthly and is another such opportunity. Other forums to give input are the daily morning Round Table, the monthly Lunch and Learn, at virtually any group, and at one-on-one meetings with staff. Members can give their feedback in writing, including through the monthly <i>Participant Satisfaction Survey</i>, surveys collected at the end of every group, and by comments placed in the suggestion box. Staff described the high value placed on giving members' input and requests an immediate hearing and response, even if a decision or action cannot yet be made.</p>	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	<p>Along with the forums and opportunities described above, CHEEERS has a formal mechanism by which members can register dissatisfaction or grievances. Staff said that members are urged to come forward as soon as possible with complaints or grievances. Staff and members related an <i>open-door</i> policy that applied to all staff. Members can complete the <i>Participant Communication Form</i> for filing a complaint or opinion on issues internal to CHEEERS. Staff said that resolution to complaints is made within three days. If members are not satisfied with the resolution offered, CHEEERS staff will assist them in filing a complaint with their health plan.</p> <p>The participant manual also provides detailed written guidance on how to file a complaint related to the quality of any aspect of their health care, whether it is the care provided by a doctor or interaction with office staff. CHEEERS staff are</p>	

			available to assist members if requested as well.	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	Staff described strong linkages with clinical treatment teams. Staff said that the program continued to receive referrals from clinics and getting invitations to attend member staffings during the public health emergency. CHEEERS staff described efforts to ensure the exchange of clinic service plans and CHEEERS recovery plans in the interest of care coordination toward a common recovery vision. Staff described using an agency developed <i>High Needs Case Review</i> process to address concerns related to a member struggling to engage in programming, experiencing crisis or instability, demonstrating concerning behaviors or safety issues; the process includes steps to coordinating with case managers/clinical teams. Staff said that as the community has reopened case managers are now coming by looking for or to meet with members.	
1.3.2	Linkage with Other COSPs	1-5 5	CHEEERS reports that Consumer Operated Service Programs share an attitude of prioritizing member needs, only solidified by their heightened vulnerability during the public health emergency. Staff reported that this has fostered collaboration on projects to improve the system for peers and their families. Staff identified a partnership on the Targeted Outcome Committee to improve the Daily Living Activity – 20 (DLA-20) outcomes measurement tool. CHEEERS is also a primary membership organization for The Peer and Family Run Career Academy, with credentialed staff who assist in their trainings. Other partnerships with COSPs have facilitated covid vaccinations for members who want them, engaged members in a drama workshop and production, and facilitated the distribution of tablets to 400 peers to improve their access to behavioral health services during	

			the public health emergency. Staff said that some highly valued and jointly planned annual outings and events were cancelled during the last 12 months due to the public health emergency and that members and staff alike look forward to their return.	
1.3.3	Linkage with Other Service Agencies	1-5 5	CHEEERS staff described numerous relationships with service agencies and other community stakeholders. The agency has a collaboration with Aurora Hospital assisting individuals transitioning from crisis hospitalization. With its forensic component, CHEEERS has established a partnership with Perryville and Lewis prisons to provide weekly virtual parenting classes. The agency has also recently entered into a conversation with Maricopa County Superior Court to provide parenting classes to individuals in custody cases who have histories of mental health or substance use disorders.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 4	CHEEERS is located in Central Phoenix, between the busy 19th Avenue corridor and the Grand Canal Trail. The zip code is considered high-density. The area is surrounded by mixed use and residential development, that include a range of commercial businesses and retail services, as well as considerable single and multi-family residential neighborhoods.	
2.1.2	Access	1-5 5	The campus's location is served by several bus routes, sits approximately five blocks from Metro Light Rail, and is situated in close proximity to the Grand Canal Trail which serves pedestrians and those traveling by bicycle. The address and closest servicing arteries are lined with sidewalks in fair to good condition. The campus appears to have	

			adequate parking for the needs of both staff and members.	
2.1.3	Hours	1-5 4	CHEEERS is open from 8am - 3:30 pm Monday and Friday, 8am - 5:30pm Tuesday, Wednesday, and Thursday, for a total of 43.5 hours a week. The program is currently closed on weekends and holidays. Breakfast and lunch are provided Monday through Friday, and dinner is served on Tuesday, Wednesday, and Thursday for those staying through 5:30pm. Staff said that hours are developed with member input and based on participation data. No member interviewed expressed concern about the hours. Some members remarked that the center is short-staffed.	<ul style="list-style-type: none"> As the community reopens and members express greater comfort in attending in person events, explore the interest in and feasibility of evening, weekend, and holiday provisions. Shorter weekend hours or virtual weekend group options could be of value for members with limited ability to attend during the week due to work obligations, appointments, or difficulty accessing reliable transport. Assess adequacy of staffing capacity and make necessary adjustments.
2.1.4	Cost	1-5 5	Staff reported that no program fees are charged directly to members as the service is covered by their health plan. For those without insurance, the program has nontitle 19 funding available, and in some cases CHEEERS is successful in assisting members in obtaining coverage they are entitled to through AHCCCS.	
2.1.5	Accessibility	1-4 4	CHEEERS is accessible to members with a wide range of disabilities and mobility challenges. Staff reported that they work with clinical teams at intake to assess member accessibility needs and make arrangements to accommodate unique individual needs as they arise. The building is equipped with ramps, wall bars and push buttons to open doors, wheelchair accessible bathrooms, and the availability of a large print computer and backlit keyboard. CHEEERS contracts for American Sign Language (ASL) and foreign language interpretation.	
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5	Staff described promoting choice based on individual's unique recovery vision. Staff said that	

		5	there are no program requirements for participation; participation is encouraged but that for many members leaving their residence is a significant step forward. One member interviewed described a past pattern of isolating before coming to CHEEERS and a slow process of engaging in activities and groups that was respected by staff and peers alike. Some members, who are justice involved, may have court mandated activities but CHEEERS does not accept a role in enforcement but uses motivational approaches to assist members in making choices and recognizing potential outcomes.	
2.2.2	Program Rules	1-5 5	Program rules and a disruption policy are located in the Participant Handbook and reviewed with members at intake; members agree to program rules at intake. Staff said the rules are also printed on large posters and displayed throughout the center. Members reported feeling physically and emotionally safe at CHEEERS. Staff interviewed described enforcing rules in a nonpunitive manner, with staff first seeking to work with members violation of rules or experiencing conflict with others to understand the source of the problem and to identify appropriate means of resolving. Staff reported, and written policy showed, three levels of response that can include temporary or permanent suspension from the program. Not all staff or members were sure how rules were developed or if there were clear steps for reviewing and updating rules, however, most felt that changes could be made. No members interviewed expressed dissatisfaction with current rules, although a few members perceived that staff should intervene on rules violations and administer consequences more quickly. Staff noted that in some cases member choices may be	

			<p>a reflection of bigger issues such as substance use or homelessness and that care coordination with the clinical team may be warranted.</p> <p>Since the public health emergency, rules have been established related to health and safety such protocols for entering the building, including health interview, temperature check, handwashing, and an identifying wrist band. At the time of the review, some rules were being relaxed in response to easing of public health guidance.</p>	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 4	<p>The CHEEERS campus environment is spacious and comfortable. The increase in facility space allowed for individual staff offices, ideal for private meetings between members and staff. An entire building is dedicated to art making with various media. Dedicated space is also present for exercise, computer lab, cooking and meal preparation, as well as office/administration. The added square footage has been ideal for allowing the program to prepare the physical environment to respond to the requirements of public health guidance. Social distancing is accommodated through the arrangement of chairs and tables, as well as streaming services to allow programming to take place in more than one room, thus providing more space for members with health concerns or going unvaccinated.</p>	
2.3.2	Social Environment	1-5 5	<p>Members interviewed described an atmosphere of mutuality, respect, dignity, empathy, and understanding from staff who are also peers relating to their struggles and inspiring hope that recovery is possible. Staff identify personally as peers and are likewise acknowledged as such by members. Multiple members and staff</p>	

			interviewed shared that the social environment of CHEEERS was one of family.	
2.3.3	Sense of Community	1-4 4	Staff and members interviewed described the program as a community of peers. One member interviewed described a journey from isolation and withdrawal to one of increasing connection and engagement with others after joining the program. Some members interviewed reflect on a desire for the program to reach other peers who have not yet found a community to give hope and inspiration for recovery. Members interviewed reported looking forward to the return of the social outings and activities that occurred after normal business hours were put on hold due to the public health emergency.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 4	Members can participate in the peer support program for as long as they wish and are given the flexibility to engage on a schedule that fits their needs at any given time. As members discover successive recovery goals, such as establishing stable relationships and family life, completing educational goals, or returning to productive employment, members can reduce time spent at CHEEERS, attending according to their needs. With the launch of the virtual platform for groups, meetings and classes as well as the CHEEERS app, members can check in conveniently at nearly any time to remain connected and receive support.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 4	All staff interviewed reported that they self-disclose their stories of challenge and recovery when it serves to benefit the members. One staff reported using self-disclosure as a rapport	

			building device to start conversations when new members are uncertain why they have been referred to the program. Staff said that self-disclosure helps give members greater comfort in knowing that they are not alone in struggle, will be understood, and can experience improvement in their well-being. Members interviewed confirmed staff reports and agreed that they benefit from staff self-disclosure.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 4	Most members and staff interviewed reported the experience of helping others, at CHEEERS and elsewhere. Interviewees described helping peers as a valuable experience and an extension of their recovery. One staff said that helping members as their reason for working at CHEEERS.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 5	Members interviewed reported that participation in CHEEERS has helped them make positive changes in their lives. One member discussed taking a role in peer advocacy as a board participant while another discussed reconnecting with budgeting skills to successfully purchase a car and live more independently. Personal empowerment also extended to staff, including a staff who reported beginning at CHEEERS as a member, overcoming numerous obstacles through the peer support, and assuming a new role as helper and facilitator within the program.	
3.3.2	Personal Accountability	1-5 5	Members interviewed said that they are expected to be responsible, respectful of others, and seek staff assistance when problems arise between members. Staff said that expectations are outlined in the <i>Disruption Policy</i> . Staff said that the program tries to emphasize personal accountability by example, when members are recognized for achievements, contributions, and	

			progress made toward goals on the <i>Wall of Recovery</i> . Numerous staff discussed the importance of members making their own choices and not imposing their beliefs, values, or recovery on others. Several staff reported the use of <i>Motivational Interviewing</i> to help members consider the choices available, including the potential consequences, to come to their own conclusion.	
3.3.3	Group Empowerment	1-4 4	Members interviewed all agreed that they take pride in CHEEERS membership and being actively involved in shaping activities and contributing to the program. This may include serving directly on the Board or Advisory Council, providing suggestions and input at those meetings or other forums such as the suggestion box, surveys, or when speaking directly to individual staff. Members interviewed discussed feeling that they were able to make individual contributions to CHEEERS such as suggesting topics for future group discussions or by making and distributing blankets and jewelry to other members as a means of providing both practical support and delight and joy. Staff said that members showed their pride in being a part of CHEEERS by decorating a van for the NAMI Walk Car Parade and by wearing CHEEERS t-shirts that mark their affiliation when participating in the OIFA Listening Tour.	
3.4 Choice				
3.4	Choice	1-5 5	Staff described the importance of assisting members in developing highly individualized service plans based on their recovery goals. Members determine what is on their recovery plan, which activities and groups they want to attend to help them achieve those goals, and the frequency at which they participate. Staff said	

			that even small steps are important choices since, for some members, even leaving their home is a significant choice. Noting that clinic service plans often identify impersonal, clinical priorities, one staff said they work with members and case managers to ensure that members' unique recovery goals are added to the clinic service plans so all treatment partners are working toward a common vision. Members gave examples of choice making as an ongoing process, facilitated by groups and activities that address immediate and long-term needs. One member discussed choosing to work a vision board activity discovered at CHEEERS, creating it at home early in the public health emergency, to help maintain a focus on goals. Another member spoke about the choice to participate in a grief class which proved helpful in mourning the loss of a family member.	
3.5 Recovery				
3.5	Recovery	1-4 4	Recovery is written into the CHEEERS' mission statement. Several staff and members interviewed agree that the program does not impose values and specific recovery vision. Staff described the open-ended, personal, nature of recovery, which, across its course allows for the power to make choices, experience setbacks, define success, and determine new goals. Members expressed a hopefulness about recovery as being achievable for all, and each were able to identify personal recovery achievements. Some staff related considerable longevity within the program, first as members, then as staff, as testament to the program's commitment to recovery.	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4	CHEEERS offers a number of groups in which members can explore their connection to	

		4	spirituality or higher power, such as Spirituality Group, art making with Expressions of Hope group, yoga, and meditation. Staff said that spirituality was added as a part of the daily morning Roundtable check-in and at the beginning of each group. Members interviewed said that spirituality is supported with flexibility to allow each member to define how it is realized in their lives, whether at the physical, mental, or emotional level. Some members report being supported in having no spiritual orientation and do not experience external pressure to acknowledge one.	
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 5	Interviewees report that formal peer support can be provided one-on-one with staff or in groups. Morning and afternoon group options include Smart Recovery, Anger Management, Relapse Prevention, Self - Help and Peer Support, Women's Health and Wellness, Men's Health and Wellness, and the daily Roundtable. For member comfort about the public health emergency many groups can be participated at a social distance via streaming service throughout the center or through the virtual platform at home.	
4.1.2	Informal Peer Support	1-4 4	Although initially, some appeared unfamiliar with the term, upon further discussion, interviewees readily agreed that informal support occurs every day, throughout the day at CHEEERS. Staff and members said that it sometimes occurs after lunch, in the smoking area, and in small groups when members will mingle together after groups or activities. Staff said that almost everyone participates at some point in informal support. The capacity of members and staff to recognize	

			the need and respond to one another with unscheduled support, one staff remarked that seeing it “on a regular basis; the humanity of others is overwhelming.”	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 5	Members have numerous opportunities to share their stories of struggle and recovery. At CHEEERS the sharing of recovery stories is encouraged when members feel ready. Members can choose to share their stories in one-on-one meetings with staff, with each other over coffee, or in groups such as Seeking Meaning and Peer Support, Expressions of Hope, Grief and Loss, and the daily Roundtable. Sharing may occur spontaneously, or members can be invited to do so. One staff reported that this often occurs at intake, sometimes precipitated when staff break the ice with self-disclosure as a means of building rapport and orienting members to the program.	
4.2.1	Artistic Expression	1-5 5	CHEEERS’ expansion allowed for a Creative Arts Building where arts and crafts are produced daily. Various media are provided and supported. Expressions of Hope group occurs twice each morning and afternoon. Members attending the morning group are lead in guided experiences in which they are prompted to engage in creative projects that explore aspects of recovery such as social interactions, thinking outside the box, being independent, finding your way, and accepting differences. Afternoon group attendees are offered open studio where members work on projects of their choice and their preferred media, be it paint, collage, jewelry, or ceramics. The video tour provided to the reviewers showed member art displayed through the building and in staff offices. Members also talked about other forms of creative expression such as journaling	

			and poetry. One member reported that when unable to come to CHEEERS in person due to the public health emergency, staff brought art making materials to the member's home.	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 4	Members agreed that they see themselves as part of a larger community of peers. Several members and staff expressed the hope that the program could reach more peers in need of advocacy, support, and recovery. Staff reported that members are typically provided notification via fliers and posts on CHEEERS' social media on consciousness raising and educational activities, and community events sponsored by the RBHA. Staff said that members usually are encouraged to attend the Connections Conference to learn about resources and opportunities in the community; it was not held this past year due to the public health emergency. Staff said that the NAMI Walk was reimagined last year as the NAMI Car Parade for that reason and that members participated in that event. Both members and staff discussed the members participating in the Office of Individual and Family Affairs (OIFA) Listening Sessions, held in April on a virtual platform, and providing the peer perspective on a number of experiences including the impact of the public health emergency on their behavioral health.	<ul style="list-style-type: none"> CHEEERS should continue to empower members to participate in forums where they are active participants in educating community stakeholders on the experiences, challenges, and needs of people living with disability, as well as the solutions and interventions they find to be the most helpful.
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 4	Staff reported receiving training from the Crisis Prevention Institute. Staff said that the daily check-in at the morning Roundtable and at the beginning of each group is another opportunity to avert crisis, by giving members an opportunity to share and receive support with situations or concerns that threaten to overwhelm. Skill building groups offered daily at 10am help	

			<p>members to learn and practice emotional regulation skills necessary for managing distress, relationships, and difficult situations before they snowball into crisis. These skills include stress management, improving relationships and communication, setting boundaries, finding inner balance, and self-care.</p> <p>Staff also described efforts to stay connected with clinical teams to better share and exchange information about members' situations and needs.</p>	
4.4.2	Informal Crisis Prevention	1-4 4	<p>Staff discussed routinely practicing crisis prevention by getting to know members and keeping eyes and ears open for signs of something being different or off. Staff model this to members as well; members also reported responding with check-ins or alerting staff when something appears amiss with another member. Members will exchange contact information with each other and call for check ins or support. Members shared how they rallied to come to the aid of a member who had a health emergency on site and got staff so that the member could receive medical attention.</p> <p>Staff described the public health emergency as a catalyst for moving forward with launching the CHEERS app to keep members connected to support and resources through a period of uncertainty. The urgency to provide support and respond to anxiety, fear, and isolation also resulted in the quick adaptation to the provisions of groups and engagement via a virtual platform. Staff discussed the importance of getting in front of problems that members (and staff) encounter before they became a crisis.</p>	

4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 4	Nearly all interviewees reported having a mentor at CHEEERS and being a mentor. Several staff identified co-workers and members of leadership whom they viewed as mentors. Staff and members universally expressed high value in helping and supporting others. One staff described the importance of leading by example, noting that doing so demonstrates caring.	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 5	Staff reported that between 90 - 100% of members are engaged during the week in formally structured problem-solving activities. This may be individually between staff and a member in the development, through support and encouragement, in setting goals and identifying steps toward meeting them. Formally structured problem-solving often occurs in the numerous skill building groups offered in the morning such as those focused on communication, anger management, and boundaries. Recovery Planning, Relapse Prevention Skills, and Smart Recovery groups are examples available in the afternoon. Other opportunities that take place daily, such as Accessing Resources group and Expressions of Hope may involve support in finding resolution to practical, everyday concerns or in identifying, organizing, and implementing steps to produce an artistic product. Members interviewed identified at least one of these groups as among those they regularly attend.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	Nearly all members interviewed agreed that they have been the recipient of informal problem-solving support. Staff said that this occurs continually at CHEEERS. Members discussed	

			receiving support as validating and contributed to the feeling of safety experienced at CHEEERS.	
5.1.3	Providing Informal Problem-Solving Support	1-5 5	Nearly all members interviewed reported experiences of providing support to other members at CHEEERS. Members said this often occurs in the sharing of resources or providing examples of how they successfully managed similar situations. Providing support often happens organically, in casual conversation or upon a member-to-member check-in.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Skills Practice	1-5 5	Staff said that nearly every group at CHEEERS is designed to provide formal skills practice, necessary to maintain employment. Staff said the groups most popular are those focused on improving relationships, improving communication, and setting boundaries. Staff reported that nearly every member attends at least one group involving formal skills practice. It was noted by some interviewees that due to the public health emergency, outings in which members would typically engage in formal skill practice in community settings were put on hold; interviewees looked forward to their return.	
5.2.2	Job Readiness Activities	1-5 4	Staff interviewed reported various estimates about how many members engage in job readiness activities., Some staff perceived less member interest in employment goals because of the public health emergency. Estimates ranged from 25 - 100% of members participating. Job readiness activities available to members include, daily Pre-GED classes, Peer Support Training, direct assistance with resume writing, computer training, and the virtual doula training. One staff mentioned that the introduction of technology options implemented supported attendance and	<ul style="list-style-type: none"> As the community opens and public health guidance allows, ensure formalized/structured job readiness activities, which can contribute to members' sense of purpose and an identity beyond disability status, serving as a steppingstone to contributions made in the larger community.

			have helped some members develop competencies in using virtual platforms that have become commonplace in many work settings.	
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 5	Staff said that self-advocacy is a primary focus of CHEEERS and that 70 - 80% of members engage in formal self-advocacy activities. Self-advocacy begins with each member's recovery plan where members identify their unique recovery goals; staff then will assist the member in having recovery goals added to their clinic service plan to ensure the members priorities are addressed. Recovery Planning Group, which mirrors recovery planning done with the Recovery Planner but provides opportunities to discuss how to obtain resources and overcome barriers to recovery goals. Staff said that members are encouraged to speak up when their needs are not being met at CHEEERS and are supported in doing so with their clinical teams. Staff said that groups focused on communication skills, anger management, and boundary setting all help members become better advocates for themselves.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5 5	Numerous opportunities for members to practice peer advocacy exist at CHEEERS via participation on the Board of Directors and the Member Advisory Council, but also in attending those meetings and giving comment. In addition to the suggestion box and surveys, members can exercise peer advocacy by providing opinions and feedback about services and unmet needs within the CHEEERS community. Members are also assigned a peer when they join the program to orient to everything available to them. Most	

			members interviewed see themselves as able and willing to advocate for peers.	
6.2.1	Outreach to Participants	1-5 5	CHEEERS uses multiple avenues to outreach members and keeping them informed of activities and events within CHEEERS and in the larger community. Calendars are available to members on fliers, the website, and the CHEEERS app. One member reported that when they'd been out of contact, staff telephoned the member to check in and see how they were doing when. Staff said they will also outreach the clinical team when necessary, noting the importance of a signed release of information form (ROI). Staff reported that they visited members during the shutdown to install and train on the CHEEERS app, to deliver tablets, food boxes and other necessities, and to offer support and comfort during a period of possible isolation. Staff said that they also dropped off CHEEERS t-shirts to members to keep them excited about the program.	

FACIT SCORE SHEET

Domain	Rating Range	Score
Domain 1: Structure		
1.1.1 Board Participation	1-5	4
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	4
1.2.1 Planning Input	1-5	5
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
Domain 2: Environment		
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
Domain 3: Belief Systems		Rating Range	Score
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	4
Domain 4: Peer Support		Rating Range	Score
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	<u>5</u>

4.3	Consciousness Raising	1-4	4
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
Domain 5: Education		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
Domain 6: Advocacy		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
Total Score		204	
Total Possible Score		208	