

## CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

Date: January 13, 2023

To: Kimberly Craig, Chief Executive Officer

From: Nicole Eastin, BS  
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AHCCCS Fidelity Reviewers

### **Method**

On December 6 - 7, 2022, Nicole Eastin and Annette Robertson completed a review of the Center for Health and Recovery, a Consumer Operated Service Program (COS). 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.

Center for Health and Recovery (CHR) formerly Center for Health Empowerment Education Recovery Service (CHEEERS). The name change was presented and approved by the Board of Directors in March 2022. CHR provides peer delivered support services to individuals with mental health and substance use disorders. The program is designed to provide and promote a sense of community and connection. Services are designed to assist individuals with managing symptoms of mental health, coping with substance use disorders and establishing recovery-based activities and behaviors, developing skills to manage and understand their health in order to improve wellbeing, gaining skills to obtain or maintain employment or earn a GED, and accessing resources and natural supports.

The individuals served through this agency are referred to as "members" or "participants", but 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 recovery.

This review was conducted remotely, using videoconferencing to interview members and staff.

During the fidelity review, reviewers participated in the following activities:

- Review and discussion with staff of a pre-recorded video tour of the CHR campus.
- Interview via video conference with the CHR Chief Executive Officer (CEO)
- Group interview by video conference with four supervisory staff: Center Director, Program Director, Community Program Manager, and Director of Quality and Compliance.

- Group interview by video conference with five nonsupervisory staff: Intake and Engagement Coordinator, Peer Support, Community Programs Coordinator, Recovery Service Plan Coordinator, and Recovery Support Specialist.
- Two video conference group interviews each with three participating program members.
- Review of the center's key documentation, including organizational documents, policy and procedures manuals, Board of Directors' meeting minutes, Advisory Council meeting minutes, annual reports, surveys and results, job descriptions, program schedules, curriculum, memorandums of understanding, CHR brochure, and the CHR participant handbook, among other documents.

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 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 program has filled seats on the Board of Directors ensuring the peer perspective is represented in the running of the program and future planning.
- CHR staff and members expressed being a part of the CHR community creates an opportunity to be themselves without judgment, have a safe place that supports personal empowerment that contributes to meaning and purpose, pride themselves as active participants in their recovery, and value the ability to provide support and guidance to peers.
- Staff and members indicated there are multiple avenues and daily activities for members to receive formal and informal peer support. Staff and members reflected how sharing personal stories instills hope and contributes to growth in their personal journey.
- Staff and members reported ample opportunities to contribute to the functioning of the campus, agency planning, and activities through such options as a suggestion box, participation on the Board of Directors and/or Advisory Council, during check-ins at Roundtable, and at the beginning of every group and activity.
- The program offers multiple opportunities, formal and informal, for members to improve practical skills and promote strategies related to personal growth and self-management.
- Linkages with external partners: CHR illustrates strong linkages with numerous external partners including collaborations with other peer run programs and advocacy organizations, traditional behavioral health providers, and other community partners.

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

- Hours: CHR is not open weekends or holidays. Seek opportunities to expand hours and consider offering weekend virtual groups or in-person community activities.
- Consciousness raising: Continue efforts to inform members about the consumer movement, encouraging them to look beyond

themselves to contribute to a larger consumer community.

**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	97% of the CHR Board of Directors (BOD) identify as persons with lived psychiatric experience. All officers of the BOD are persons with lived psychiatric experience. There are three member representatives serving on the BOD. The BOD meets every other month in-person, or by videoconference.	
1.1.2	Consumer Staff	1-5 5	Per staff interviewed, there are 37 employees at CHR, of which 92% have lived psychiatric experience, and all staff in leadership positions identify as such.	
1.1.3	Hiring Decisions	1-4 4	Staff in the position to make hiring decisions are persons with lived psychiatric experience. The CEO has final approval of new hires to ensure processes are followed.	
1.1.4	Budget Control	1-4 4	Numerous opportunities exist for members to impact budgetary decisions including participation on the BOD and the member elected Advisory Council. Additionally, opportunities for member suggestions occur during programming, by submitting comments to the suggestion box, and one to one meetings with staff and members of the BOD. Since the last review, staff received a salary increase and the BOD approved a new incentive program for direct service staff to receive quarterly bonuses.	
1.1.5	Volunteer Opportunities	1-5 5	AT CHR, members can volunteer in many ways, scheduled and unscheduled. Formal activities include service on the BOD and Advisory Council. Members can also volunteer with the facilities crew, facilitate, or co-facilitate groups,	

			maintaining the onsite garden, providing tours to outside agencies and new members, and members with a food handlers card can help in the kitchen with cooking, prepping, and serving. Offsite volunteer activities occur weekly which includes preparing food boxes at local non-profit organizations. Staff reported that there are currently staff that were once participants of the program.	
<b>1.2 Participant Responsiveness</b>				
1.2.1	Planning Input	1-5 5	Several paths are available to members to provide program planning input. Some of these include serving on the BOD and/or Advisory Council, speaking individually with BOD members and Advisory Council members, and during the daily Round Table, Lunch and Learn, and Campus Connect meetings. Also available is communication through the CHR member social media platform and scheduled or impromptu one to one meetings with CHR staff. Members can also make suggestions by completing a survey at the end of each group. These surveys are also attached to the suggestion box and monthly staff encourage all participants to complete one as well. The surveys are reviewed by the Advisory Council and then given to the CEO. One member interviewed reported suggesting installing safety grab bars for the restroom in a newly acquired building and the request was granted.	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	CHR members are informed at intake of their grievance rights and the procedure for filing a formal complaint can be found in the <i>CHR participant handbook</i> . Grievance forms are located at the front desk. Staff reported assisting members with filing a grievance when requested. Opportunities exist for members to share dissatisfaction and concerns pertaining to the program by sharing freely during one to one	

			meetings with staff, groups, other scheduled daily activities, and the Advisory Council monthly meetings. Members can submit concerns by completing communication forms and monthly satisfaction surveys. In addition, as a part of the standard operating policy, CHR has a grievance and whistleblower protection policy for staff.	
<b>1.3 Linkage to Other Supports</b>				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	<p>Staff reported linkage with traditional mental health services has improved and indicated good relationships and enhanced communication occurring with clinical teams by phone, email, and in-person. Case Managers are welcome to come to the campus to meet with members, deliver medications and check in with staff on progress and barriers of members participation. CHR has expanded their campus and now have additional space for members to meet with Case Managers privately, in addition created a space for members to meet virtually for appointments with their clinical team, Psychiatrist, and/or Therapist.</p> <p>Staff reported accepting invitations to meet with clinical teams, using the opportunity to present on program services, and inviting program members to share testimony to the benefits of involvement. CHR recently held an art show and clinical teams, BOD, supporters, and funders attended. Staff also reported receiving referrals from SMI clinical teams and General Mental Health providers. The program will connect members to additional services in the community when needed.</p> <p>Staff reported partnerships with Valleywise to provide peer support services to those recently released from prison, and Aurora Behavioral Health by providing transition services to members. CHR reported relationships with the</p>	

			Office of Individuals and Family Affairs, Arizona Health Care Cost Containment System (AHCCCS), and Mercy Care Regional Behavioral Health Authority.	
1.3.2	Linkage with Other COSPs	1-5 5	CHR has continued to meet monthly with other COS programs where information, resources and activities are shared. Additionally, AHCCCS Complete Care Health Plans are invited to attend the COS meetings monthly. The CEO serves as a Board Chair of the Peer and Family Career Academy, and CHR provides training to that organization. Additionally, the program collaborates with Hope Inc. in Tucson, and has partnered with two other COS programs providing peer support services through Phoenix Municipal Court.	
1.3.3	Linkage with Other Service Agencies	1-5 5	CHR described several collaborative relationships with other community services agencies including Ability 360, St. Mary's Food Bank, St. Vincent De Paul, Arizona Department of Corrections, March of Dimes, Women's Health Innovations of Arizona, Triple P Parenting program, among others. CHR also has relationships with agencies that provide funding including grants such as Enterprise Holding Company, City of Phoenix, Fry's Community Rewards program, Arizona Department of Health, Maricopa Association of Governments, and Amazon Smile program.	
<b>Domain 2</b>				
<b>Environment</b>				
<b>2.1 Accessibility</b>				
2.1.1	Local Proximity	1-4 4	CHR's 27,000 square foot campus is centrally located near a population cluster in Phoenix. The area includes a range of commercial businesses and retail services, as well as residential neighborhoods.	

2.1.2	Access	1-5 5	The campus location is served by several bus routes located approximately 150 feet in any direction from CHR, and the Valley Metro Rail is located less than ¼ of a mile. For members that elect to utilize public transportation, bus passes are available through clinical teams and CHR offers day passes when needed. Generally, transportation to and from the campus is arranged by clinic staff through collaboration with CHR. In addition, CHR staff has access to the non-emergency medical transportation portal to arrange transportation. The program has five vans, including one wheelchair accessible, to transport members to and from campus for planned activities in the community. CHR secured an additional building located on campus resulting in additional parking for members, staff, and visitors.	
2.1.3	Hours	1-5 4	Per staff report and documents provided, the program is open Monday through Friday 8:00AM – 5:30PM, serving three meals and a snack daily. The program is currently closed on weekends and holidays. Staff reported that hours are determined through member input, tracking of attendance, and that participation is not yet back to pre-public health emergency numbers. Members interviewed reported satisfaction with the current hours of operation but indicated other members have expressed a desire for the program to re-open on Saturdays.	<ul style="list-style-type: none"> <li>Expand the hours of operation to include activities beyond typical business hours. 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/family obligations, appointments, or difficulty accessing reliable transport.</li> </ul>
2.1.4	Cost	1-5 5	Members of CHR have no monetary costs for services, including activities, meals, and community outings.	
2.1.5	Accessibility	1-4 4	The CHR program can accommodate individuals with a wide range of disabilities and mobility challenges. The buildings are equipped with ramps, push buttons to open doors, wheelchair	

			<p>accessible bathrooms, and recently installed safety grab bars in all restrooms.</p> <p>Interpretation services are identified upon intake and are available for members upon request.</p> <p>Large print materials are available for members that are visually impaired. Staff reported that all members are equally able to participate in activities onsite and in the community.</p>	
<b>2.2 Safety</b>				
2.2.1	Lack of Coerciveness	1-5 5	<p>Members and staff reported members are free to choose when and how frequently they participate in the program. Staff reported the program is completely voluntary, promote choice, and members choose the pace at which they want to engage. Staff report referring to members' individual recovery plans which are developed at intake and support the members wherever they are at in their journey to help motivate.</p> <p>Individuals that come to the campus and want to attend the program but are not enrolled are not turned away, but instead are welcome to attend through a visitor's pass until CHR is able to obtain a referral. Family and natural supports are also encouraged to come to the campus to attend with members, including special events.</p>	
2.2.2	Program Rules	1-5 5	<p>Program rules and a disruption policy are located in the <i>CHR participant handbook</i> and reviewed with members at intake. Staff and members reported the disruption policy is posted throughout the campus. At the beginning of each program activity, rules and expectations are discussed. Members interviewed reported that during groups and other activities members will regulate their peers when disruptions occur.</p> <p>Members reported feeling safe at CHR and feel comfortable expressing concerns to staff.</p>	
<b>2.3 Informal Setting</b>				

2.3.1	Physical Environment	1-4 4	<p>Reviewers were provided with a video showing the campus and was viewed along with program staff available for questions and clarification. Upon arrival, members check into the front desk to complete a health review, temperature check, handwashing, and are then provided with a wristband to confirm they have completed the check in process.</p> <p>The campus environment is comfortable and spacious with art created by members displayed on the walls throughout. Motivational quotes are posted throughout campus and a “wall of recovery” at the front entrance sets the tone. All staff are afforded personal offices and support an open-door policy. With the recent expansion of the last building within the complex, including parking, an increase in outdoor activities occurs such as water balloon toss, lounging in the grass, and opportunities for outdoor fairs. Outdoor space is enhanced by a garden, patios equipped with awnings, seating, and misters. There are separate smoking and non-smoking sections available.</p> <p>An entire building is dedicated for arts and crafts. The campus also includes a kitchen, fitness and recreation area with a pool table and dart boards, adult education and computer lab, several group rooms all furnished with TV monitors, and a dining area.</p>	
2.3.2	Social Environment	1-5 5	<p>Staff and members conveyed the program offers continuous opportunities for support, and a welcoming and safe environment to build on relationships, making new friends which prevents feelings of loneliness and boredom. CHR offers a meaningful place to grow, learn of new resources, and to discover new coping skills.</p>	

			<p>There are minor distinctions between staff and members. Available to staff are name tags to help identify those working at the program to visitors, i.e., clinical staff and taxi drivers.</p> <p>During intake to the program, each member is assigned to one of two teams to enhance a sense of belonging. Staff stated it helps to build rapport with staff and other members assigned to the same team. Team assignment supports staff in recognizing when members have not attended programming therefore reaching out to encourage engagement. T-shirts provided to staff and members with the CHR logo are available to wear distinguishing team assignment which supports healthy competition during large, planned activities. Although members are assigned to a particular team, members can speak with any staff.</p>	
2.3.3	Sense of Community	1-4 4	<p>All members interviewed agree that they feel a sense of community and relate to others at the program. There are numerous group activities offered at CHR that focuses on connecting peers to one another. CHR has a social media platform for members of CHR to connect with each other online for support. One member reported utilizing the platform to post positive affirmations. Another member reported the greatest component of being a part of CHR is always having someone to talk to whether that is staff or peers. Further, a member indicated the diversity of members at CHR creates an opportunity to grow and not feel judged by each other's differences. Members connect with former and existing CHR peers outside the program through phone calls, pool parties, movies, and recently some gathered for Thanksgiving dinner.</p>	

<b>2.4 Reasonable Accommodation</b>				
2.4.1	Timeframes	1-4 4	Members at CHR are allowed to participate at their own pace and remain members of the program for as long as they wish. Some members attend daily, yet others may work and attend as schedules permit. Members that leave the program and return after an extended amount of time can do so with minimal administrative requirements.	
<b>Domain 3 Belief Systems</b>				
<b>3.1 Peer Principle</b>				
3.1	Peer Principle	1-4 4	Staff and members interviewed reported mutually sharing their stories of recovery, challenges, and values with each other without feeling judged or alone. Members reported opportunities for staff and peers sharing stories occur during groups, one-to-one contact with staff or peers, and organically outside of scheduled activities. All members interviewed indicated feeling supported by peers and in turn offer support to others of the program.	
<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. Members interviewed provided examples of a time when they assisted and supported another member at CHR. For example, assisting a member with physical limitations carry their items, helping members with reading materials, and supporting new members to CHR that are acclimating to the program. CHR encourages members to support others through a recognition system. When members are witnessed by staff going above and beyond, demonstrating recovery principles, members can earn credit for items such as movie tickets or hygiene supplies at the program shop.	

			Staff stated that helping others is a reminder of where they once were in their journey, and that it is rewarding to know they are making a difference in someone's life.	
<b>3.3 Empowerment</b>				
3.3.1	Personal Empowerment	1-5 5	Members interviewed reported that participation in CHR has helped them make positive changes in their lives by building confidence and self-sufficiency, increasing socialization, creating friendships, boosting relationships with family, and has decreased isolation. Staff asserted being a part of the CHR family has increased patience and understanding, boosted critical thinking skills, enhanced emotional intelligence, and have gained resources that foster helping themselves and other. One staff indicated serving others and helping people find their purpose in life, motivates, and drives them in their own journey.	
3.3.2	Personal Accountability	1-5 5	In addition to the CHR disruption policy being reviewed with members at intake and having it posted throughout the campus, staff reported personal accountability is promoted at CHR and members will hold each other accountable and at times can be more strict than staff. Often members address inappropriate behaviors before it is necessary for staff to intervene. One member indicated that members hold themselves to a higher standard when participating at the program.	
3.3.3	Group Empowerment	1-4 4	Members and staff interviewed expressed pride and empowerment in being associated with CHR. Members reported everyday they have the ability to contribute to the program by participation in the BOD, Advisory Council, and providing input to shape activities. One member reported wearing their CHR T-shirt on the weekends to show their pride of membership.	

			Staff reported the opportunities available to contribute services beyond CHR including working with inmates and officers within the Arizona Department of Corrections. Staff indicated recognition by the larger community and partaking in opportunities such as speaking from the peer perspective at local community agencies, participating at statewide conferences, and requests to provide training to local state agencies has created pride in membership.	
<b>3.4 Choice</b>				
3.4	Choice	1-5 5	All members interviewed agreed there is choice to participate in a variety of groups and activities at CHR. Every day the program offers diverse classes and activities during a block of time members can attend including skill programming, organized volunteer activities outside of the program, creative expression opportunities, and leadership opportunities. Calendars are printed and available throughout the campus and posted on the agency website. Announcements of upcoming events are posted on the CHR social media platform. Although, some information, including calendars on the CHR website, were not dated for the current month, staff indicated the activities often do not change so the posted calendar month is not updated. When the schedule changes the website is updated.	
<b>3.5 Recovery</b>				
3.5	Recovery	1-4 4	Staff interviewed reported recovery is the focus at CHR and members are able to define what it means to them. In addition, reported recovery looks different for everyone and that it is ongoing, self- directed, and everyone has the ability to look at their recovery the way they want. One staff defined recovery as a consistent routine and “every day is a lesson of blessing”. Another staff	

			<p>implied connecting members to specific activities that relate to their recovery needs empowers members to be heard and encourage members to learn and change as CHR works hard to ensure members do not leave the program for the reason that they came.</p> <p>CHR mission statement, vision and values are posted in the front lobby. CHR mission statement includes empowering individuals to achieve a healthy and meaningful life using recovery-based community services and shared experience.</p> <p>Members reported involvement with CHR has provided tools to work on their personal recovery goals and move on to better things in life. Recovery is talked about during every class, and members have the option to discuss their personal recovery. One member identified prior to attending CHR, they did not make healthy choices in life, stating at CHR they feel safe and have set healthy boundaries. Members interviewed reported their goals are reviewed with staff every three months, and having goals established aids in keeping themselves centered and grounded in their recovery.</p>	
<b>3.6 Spiritual Growth</b>				
3.6	Spiritual Growth	1-4 4	<p>Staff and members interviewed reported each class begins with a check in and opportunity to share how all participants are doing mentally, physically, emotionally, and spiritually. Interviewees expressed strong statements about supporting members in identifying how spirituality supports efforts in recovery and that everyone's beliefs are respected. In addition, CHR offers classes related to spiritual growth such as <i>Spirituality</i> and art making through <i>Expressions of</i></p>	

			<i>Hope</i> . Expression of spiritual beliefs and exploration is not forced on those that are uninterested.	
<b>Domain 4 Peer Support</b>				
<b>4.1 Peer Support</b>				
4.1.1	Formal Peer Support	1-5 5	Staff and members indicated there are multiple avenues for members to receive formal peer support including scheduled one to one meetings with staff, starting the day with <i>Roundtable</i> , and check ins before each group. In addition to <i>Lunch and Learn</i> , and <i>Campus Connect</i> at the end of each day, essentially all morning and afternoon groups offered at CHR incorporate members to receive formal peer support including <i>Anger Management</i> , <i>Grief and Loss</i> , <i>Self Help and Peer Skills</i> , <i>LGBTQ Support</i> , <i>Guided Relaxation</i> , and <i>Health and Wellness</i> .	
4.1.2	Informal Peer Support	1-4 4	Based on interviews, providing and receiving informal peer support occurs regularly between peer to peer and staff to peer. Connections exist during and after meals, walking to the next group, mingling outdoors, and staff have an open-door policy for unscheduled one to one meetings. Staff also reported celebrating accomplishments for members such as a general educational diploma (GED) graduation celebration and birthday celebrations monthly. One member reported even sharing a simple smile to someone that may be having a rough day can mean a lot.	
<b>4.2 Telling Our Stories</b>				
4.2	Telling Our Stories	1-5 5	The CHR website includes stories shared by CHR members relating to their support systems and how participation at CHR has helped them in their journey. Staff reported that the process of sharing personal stories helps to move members towards recovery. Sharing of stories may occur	

			<p>spontaneously both formally and informally, during activities and groups, one to one meetings with staff and peers, and with the larger community. An activity occurred recently where members created a mask that reflects their personal story and had the opportunity to present to the CHR community.</p> <p>Staff and members reflected how sharing their personal stories instills hope and contributes to their growth. Members reported sharing their stories with new members of CHR builds rapport and helps them feel welcomed. One member reported when others share their story it helps them practice their active listening skills and appreciate the courage. Another member reported by sharing their story it helps others see that there is light at the end of the tunnel. One staff reported connecting with a member that was struggling by sharing their own encounters from a similar situation to ensure the member did not feel alone. Another staff reported feeling a sense of privilege and trust when new members join CHR and share their stories allowing staff to better relate and share their experiences.</p>	
4.2.1	Artistic Expression	1-5 5	<p>CHR's expansion of the property by leasing the final building created a large space for arts and crafts activities to occur. <i>Expressions of Hope</i> classes are offered twice a day. The morning session offers structured activities related to skill building and focuses on healthy ways to express emotions and builds skill such as self-esteem, patience, social confidence, and practicing good manners. The afternoon sessions are "open studio" where members can enjoy arts and crafts of their choice such as painting, beading, pottery, crocheting, and jewelry making. Additional options of artistic expression include music with</p>	

			instruments, singing, acting, poetry, journaling, and karaoke. One member reported welcoming new staff to the program by making them a piece of artwork as a gesture to signify appreciation of them coming to work at the program.	
<b>4.3 Consciousness Raising</b>				
4.3	Consciousness Raising	1-4 3	Staff reported that members are typically provided notification of consciousness raising, educational activities, and community events via program participation, fliers, and posts on CHRs' social media. Members are encouraged to attend the Connections Conference and the NAMI walk, the third Thursday of every month during Lunch and Learn a forum is held with AHCCCS and staff discussed the members participating in the Office of Individual and Family Affairs (OIFA) Listening Sessions. Staff reported members sharing video blogs and their personal recovery stories on the CHR website and social media platforms. Although members interviewed reported feeling comfortable contributing to the larger community, members were not able to identify recent opportunities to contribute. Upon review of the CHR website and social media, the platforms lack information relating to activities that would contribute to peer empowerment and advocacy efforts.	<ul style="list-style-type: none"> <li>Continue efforts through skill training and mentoring, to encourage members to see themselves as valuable contributors to a larger peer community outside of CHR. Encourage ownership of social media content to engage, inform, and inspire peers, and their friends and family, outside of CHR. Train and mentor members in using their individual and collective voices to educate community decision makers on the peer perspective, the diversity of recovery experiences, and the ways in which policy decisions support and undermine recovery.</li> </ul>
<b>4.4 Crisis Prevention</b>				
4.4.1	Formal Crisis Prevention	1-4 4	Staff interviewed reported in general the program is designed to prevent crisis situations for members by incorporating skill-based groups such as <i>Skills for Self-Care</i> and <i>Crisis Prevention</i> , <i>Resilience in Recovery</i> , and <i>Skills for Improving Communication</i> . In addition, important means CHR utilize for formal crisis prevention is one-to-one connections and staying connected with clinical teams and family and/or guardians to	<ul style="list-style-type: none"> <li>Consider making training requirements relating to assisting members with an SMI in crisis regular and mandatory for supervisory and staff working directly with members. Train staff in the same model(s)/approach(es) so that there is a shared understanding of appropriate support that can be offered to members when experiencing a crisis.</li> </ul>

			<p>better share and exchange information about member’s needs. On occasion, staff connect with crisis services when warranted. CHR staff holds a High Needs Review to discuss the situation and next steps for members that are having particularly difficult challenges. Staff reported receiving <i>Crisis Intervention Prevention</i> training.</p> <p>Team assignment helps staff better recognize distress in members and are then more quickly to respond. One staff indicated accountability comes into play with member to staff assignments, this helps to ensure all members are being engaged by a staff of that team.</p> <p>Staff indicated the daily check in during the morning <i>Roundtable</i> and at the beginning of each group are an opportunity to assess and provide support when members are experiencing overwhelming situations. In addition, members can complete a <i>check in</i> form, and staff review those forms and follow up to identify additional support needed.</p> <p>Members interviewed confirmed daily check ins, groups and activities offered at CHR relates to crisis prevention by creating plans and building skills. Members identified participation in groups such as recovery, finding inner balance, self-care, relapse prevention, anger management, guided relaxation, and arts and crafts provide resources and techniques to manage distress. One member reported the CHR community experienced a loss and the program offered to bring in counselors to the campus for members that would benefit.</p>	
4.4.2	Informal Crisis Prevention	1-4 4	Members interviewed reported instances when they were able to come to the aid of other members that needed support and	

			encouragement while at CHR and after program hours. When members feel they need additional support to help another member in need, they will reach out to staff. Staff and members interviewed reported staff have an open-door policy and are available anytime. Staff interviewed reported knowing the members well and being able to recognize when a member may need support. Members interviewed indicated association with CHR makes them feel safe and supported and stated staff have provided awareness of the 988 hotline, warmline, and crisis services during holidays and after hours.	
<b>4.5 Peer Mentoring and Teaching</b>				
4.5	Peer Mentoring and Teaching	1-4 4	All members and staff interviewed reported being a mentor and having someone at the program that has mentored them, including members acting as mentors to staff at times. Staff reported CHR offers a supportive environment for employees and that they often provide support to each other.	
<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 formally structured problem solving and self-management groups and activities are offered daily and that 100% of members participate. Staff acknowledged that encouraging members to problem solve and working towards a solution promotes self-advocacy by utilizing skills learned during programming to resolve issues. Groups identified focus on areas including inner balance, relapse prevention, improving communication, anger management, recovery support skills, mindfulness, living skills, conflict resolution, self-help, justice involved, and relaxation skills.	

5.1.2	Receiving Informal Problem-Solving Support	1-5 5	Members interviewed reported receiving informal support in problem-solving on a regular basis from staff and other members. Interviewees reported this type of support occurs with members in passing, during meals, during groups and activities, and one to one interactions with member to member, staff to member, and staff to staff.	
5.1.3	Providing Informal Problem-Solving Support	1-5 5	All members interviewed reported providing informal problem-solving support to another member while at the program. One member described informal problem-solving support is one of the “tools” learned at CHR. Members described helping new members navigate the campus, inviting them to sit with them during activities, sharing resources, and offering to support and encourage all members in any way they can.	
<b>5.2 Education/Skills Training and Practice</b>				
5.2.1	Formal Practice Skills	1-5 5	Staff reported that every member participates in formal skills practice at CHR that equips them to fully participate in the community. Some of these activities include improving effective communication and confidence, establishing healthy boundaries, goal setting, relapse prevention, role playing, building friendships and relationships, and positive self-talk.	
5.2.2	Job Readiness Activities	1-5 5	Staff interviewed reported varying estimates regarding the percentage of members engaged in job readiness activities, 50 - 100%. Yet, staff did indicate all classes and activities offered provide pre-employment skills to members whether directly or indirectly. Job readiness activities and resources available to members include daily Pre-GED classes, Peer Support Training, communication classes, public speaking opportunities, basic computer training including creating an email account and assisting members	<ul style="list-style-type: none"> <li>Consider providing more concrete opportunities for members interested in seeking employment. Seek input from members how they would like to be supported in the goal of employment. Utilize staff trained in how member benefits could be impacted by work, i.e., Disability Benefits 101, to begin discussions, providing concrete support and information.</li> </ul>

			with responding to emails, public transportation training, volunteering in the kitchen and food handlers training that promotes listening skills, following directions and aids in working as a team. Staff provided examples of providing direct assistance with resume writing, mock interviews, scheduling interviews, and assistance with interview clothing and bus passes for members seeking employment.	
<b>Domain 6 Advocacy</b>				
<b>6.1 Self Advocacy</b>				
6.1.1	Formal Self Advocacy Activities	1-5  5	<p>Staff encourage members to identify needs and support steps to advocate for themselves. It was reported that every class CHR offers teaches members advocate skills. All members are involved in formal self-advocacy and assertive communication at CHR which begins with creating a recovery plan at intake to identify the recovery goals.</p> <p>Members interviewed reported participation at CHR has improved their ability to communicate their needs and have become better advocates for themselves. Staff reported assisting members with entitlement agencies by helping members making phone calls, role modeling, and coaching through the process. Staff interviewed reported commending members when they observe members advocating for themselves assertively rather than aggressively.</p>	
<b>6.2 Peer Advocacy</b>				
6.2	Peer Advocacy	1-5  5	Members interviewed reported assisting others in resolving problems they may encounter and report that they advocate on behalf of their peers. Supporting one another happens organically at CHR and after program hours. One member	

			<p>shared helping a peer with modifying transportation and another reported receiving support from CHR members through the social media platform when going through a tough time. CHR utilizes peer ambassadors for new members and facility tours. One staff reported that when members come to staff with suggestions or unmet needs within the community, staff or members will help in the process of filling out suggestion forms or will help connect with appropriate CHR staff to assist. Staff reported members are supported and learn from each other more often than any formal activities offered when it comes to incorporating peer to peer advocacy.</p>	
6.2.1	Outreach to Participants	1-5 5	<p>CHR uses multiple methods to engage and outreach members to inform them of groups, activities, and resources available. Members reported using the CHR website, social media platform, the campus bulletin boards, posted fliers, and during <i>Campus Connect, Lunch and Learn</i>, Advisory Council, and the BOD to become aware of happenings at the campus. Members reported that staff will outreach to check in with members that have not attended programming as usual. One member interviewed reported staff outreaching frequently, and when needed, daily, after a hospitalization, and feeling encouraged and uplifted by those connections made</p>	

## 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	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
<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	4
<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>		<b>Rating Range</b>	<b>Score</b>
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	5
<b>Domain 6: Advocacy</b>		<b>Rating Range</b>	<b>Score</b>
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>206</b>	
<b>Total Possible Score</b>		<b>208</b>	