

CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

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To: Kimberly Craig, Chief Executive Officer

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AHCCCS Fidelity Reviewers

Method

On July 6, 2016, Jeni Serrano and Georgia Harris completed a review of CHEERS- 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.

CHEERS -Center for Health Empowerment Education Employment Recovery Services, is a non-profit community service agency, serving adults with behavioral health challenges since 1990. CHEERS is a peer-run and peer-driven program; over 90% of program staff has experienced mental illness and/or substance abuse. Participants receive one-on-one guidance, individualized recovery support, and emotional encouragement from certified Peer Support Specialists. In March 2016, CHEERS welcomed a new CEO, acquired more building space for their campus expansion and completed renovations to some of the previously existing structures. The center has added office spaces, a new Board of Directors room, additional center restrooms, widened hallways, as well as four new group and activity rooms.

The individuals served through this agency are referred to as "participants" or "members", 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 a lived experience of recovery.

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

- Tour of the center's facility, which included observations of daily center activities such as members preparing food in the kitchen and groups and classes in session.
- Interview with the Program Director and Chief Executive Officer.
- Focus group with six participating program members.
- Focus group with seven nonsupervisory staff.
- Focus group with six supervisory staff
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, policies, annual reports, training

materials, job descriptions, 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:

- Eighty-five percent (85%) of board members and program staff self-identify as person with lived experience with mental illness. This composition allows for members to have input on operated services, budgeting control, and hiring decisions.
- CHEERS has multiple methods for gathering members' input. The program displays a significant commitment to implementing changes recommended by members.
- Hours of operation are geared to the needs of the participants. CHEERS is open 7 days a week. The center implemented extended evening hours on Thursday and Fridays, closing at 7:00pm, per the request of the members.

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

- Staff reported the linkage with other consumer-operated services as intense, but not reciprocated by the RBHA (Regional Behavioral Health Authority) clinics. The agency should continually research and work on methods for becoming more visible and integrated with clinical teams.
- Accessibility remains limited for individuals with physical disabilities; the program lacks an ADA accessible shower stall, wheelchair-accessible van, and adaptive computers for the visually impaired.
- Though both the staff and member groups were content with their level of social interaction with each other, current keypad locks on the doors restrict access, and informally decreases sense of 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)	Administrative staff reported there are 13 individuals on the Board of Directors; 11 self-identify as people with a lived experience, accounting for 85%. The Administrative staff reported that there are currently two vacancies and the agency is actively seeking to fill these vacancies. The Board of Directors are identified and acknowledged on the agency website, as well as in the center displayed on the wall.	<ul style="list-style-type: none"> • Agency should fill current Board of Director vacancies with persons with lived experience.
1.1.2	Consumer Staff	1-5 (5)	There is a total of 37 staff working for CHEERS. Nearly ninety-six percent (96%) of the current staff self-identify as people with a lived experience. Staff in the top administrative positions are included in this count.	
1.1.3	Hiring Decisions	1-4 (4)	Administrative staff reported that people with lived experience are responsible for all hiring decisions.	
1.1.4	Budget Control	1-4 (4)	Administrative staff reported that people with lived experience are responsible for all budget decisions. This process includes obtaining input from agency program staff, as well as the members through the advisory committee.	
1.1.5	Volunteer Opportunities	1-5 (5)	There are various volunteer opportunities within the center (i.e. in the kitchen, food/clothing pantries, co facilitating groups, and within the community). These events are all posted on the agency website, center bulletins and activity calendars.	
1.2 Participant Responsiveness				

1.2.1	Planning Input	1-5 (5)	There are numerous opportunities for members to provide input, such as going directly to the staff, attending the bi-weekly advisory committee meetings, monthly membership meetings, and utilizing the suggestion box in the center. Staff and members reported that they feel their suggestions and input are heard by the agency's administration.	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 (5)	Staff and members report that they are familiar with the formal, written grievance policy and the steps in the grievance process. All members receive the grievance policy during the intake process and it is posted in large print on the wall of the center.	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 (4)	Staff report that they send monthly progress reports for all members to clinical staff. They also reach out to Case Managers when the need to report specific member concerns or progress occurs. As in the past, staff report they continue to have challenges with contacting case managers, obtaining documents in a timely manner, or being invited to offer input with treatment planning for individuals who are active in the program.	<ul style="list-style-type: none"> CHEERS needs to continue efforts to work in partnership with clinical staff to better serve their mutual members. CHEERS needs to continue to offer education, and should be invited to offer input on treatment planning as well as be invited to member staffing's, in order to ensure services are unified and uninterrupted.
1.3.2	Linkage with Other COSPs	1-5 (5)	Staff and members report a strong linkage with other COSPs. Examples include participation in activities with other COSPs, such as the kickball tournaments, bowling tournaments, and community events such as the NAMI walk, community forums, and advocacy events. Administrative staff reported that all COSP CEOs continue to meet monthly, with the goal to work together to ensure that programs are similar and align.	
1.3.3	Linkage with Other Service	1-5 (5)	CHEERS has strong linkages with other service agencies in their community. The examples	

	Agencies		provided were diverse in nature. Agencies with employment supports, resources for clothing, food, shelters, volunteer opportunities, and dental and health care were mentioned. All of their partnering agencies are listed on their website with a link to contact information.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 (4)	CHEEERS remains centrally located, with nearby bus stops as well as light rail access. Members report that many of them reside close to CHEEERS and feel it is located in a safe neighborhood.	
2.1.2	Access	1-5 (5)	CHEEERS continues to assist members with arranging transportation as needed either directly or through their clinical staff. CHEEERS continues to offer bus tickets as needed, and offers mobility training classes and support.	
2.1.3	Hours	1-5 (5)	CHEEERS is open seven days a week from 7:30 am until 4:00 pm, with extended evening hours on Thursday and Friday closing at 7:00 pm. The program closes for major holidays, and program staff report that they make sure all members have access to lists of other resources for times when the program is closed.	
2.1.4	Cost	1-5 (5)	All of the program's services, supports, meals and activities are free to members.	
2.1.5	Accessibility	1-4 (3)	CHEEERS provides some accommodations for members with physical disabilities. Staff use the TTY relay service and make large-print materials available when needed. However, there are still limitations on accessibility for many members. For example, those who are wheelchair dependent are unable to access services such as the free showers and the center's shuttle van. In addition, the center has experienced an increase in members requesting computer time. For this	<ul style="list-style-type: none"> It is essential that the program provide access to a wheelchair-accessible vehicle for transportation to activities and events. In addition, the program must ensure the shower is wheelchair accessible and has grab bars built in. It is recommended that at least one computer is modified to meet the needs of individuals with disabilities such as speech, language and or sight impairments.

			reason, staff and members report that the center is in need of new and updated computer/technical devices for members of all ability levels.	Software and devices should be purchased to ensure accessibility; enlarging font should not be the only accommodation.
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 (5)	Program participation is based on individual preferences. Staff meets with every new member to develop a recovery service plan (RSP). Members select the groups, activities they would like to attend, and the pace in which they participate. Staff and members confirm that the RSP is a working document, and can be revised at any time.	
2.2.2	Program Rules	1-5 (5)	Staff and members report that the program rules and group expectations were formed by members and are posted around the center and in the group rooms. Staff and members report that they all feel safe at the program and feel that staff implement the rules as appropriate.	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 (4)	CHEERS continues to grow and has added a significant amount of square footage to the center to allow for an increase in classes, group rooms and <i>one-on-one</i> meeting rooms. CHEERS has recently been painted, and there is member artwork, inspirational quotes and program materials displayed on the walls throughout the center.	
2.3.2	Social Environment	1-5 (4)	The reviewers observed no obvious distinctions between staff and members. Interactions appeared warm, comfortable and genuine. Staff were seen in the center common areas and in class and meeting rooms interacting with members in a friendly and comfortable manner. Members reported that all staff and members share their lived experience as appropriate and that staff lead by example to provide hope and	<ul style="list-style-type: none"> • CHEERS needs to remove keypad entry locks from doors of spaces that do not hold sensitive or confidential information.

			<p>inspiration. Administrators report that staff and members eat lunch together and there are no separate staff lunch areas.</p> <p>There are numerous doors throughout the center with keypad locks, restricting access to various staff areas and creating a distinction between staff and member's entry.</p>	
2.3.3	Sense of Community	1-4 (4)	CHEERS offers numerous opportunities throughout the day to engage with each other and to create a sense of community. Members reported that they have created friendships that they view as their primary source of support.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 (4)	Participation is based on individual need; there are no timeframes by which individuals must participate, or by which they must terminate or graduate from services. The program does distinguish active members as those with contact in the prior 90 days. However, there was no evidence that members are closed unless there is no contact, the member requests closure, or the clinical team reports member requests to be closed.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 (4)	There are numerous opportunities to share their stories, with some electing to display their stories on the wall at the center, have their story posted on the CHEERS website and Facebook page, or sharing, as needed, with their peers one-on-one or in a group setting.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 (4)	Staff and members provided several examples during interviews where helping others also helped them with their own recovery. Members	

			and staff reported that through attending CHEEERS they have learned how to give and receive support, and now find themselves offering support to others outside of CHEEERS.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 (5)	Staff and members provided examples during interviews where being involved in CHEEERS has helped them make positive changes in their lives, offered social support and a sense of community, and helped to decrease isolation while increasing stability and self-sufficiency.	
3.3.2	Personal Accountability	1-5 (5)	Staff and members reported that they use the program rules and policies outlining expected behaviors, and consequences to hold each other accountable to create a safe environment.	
3.3.3	Group Empowerment	1-4 (4)	There are numerous opportunities for group empowerment. Members reported that they contribute to the center and volunteer to attend community events, meetings and clinical presentations to share their stories.	
3.4 Choice				
3.4	Choice	1-5 (5)	The program offers numerous groups and activities within the center as well as <i>Out-and-About</i> in the community. Monthly calendars are printed and available in the center as well as posted on the agency website. Members reported that they provide input on the groups and activities. Members participate at their own pace and at their own choice.	
3.5 Recovery				
3.5	Recovery	1-4 (4)	Staff and members reported that recovery is defined differently for each individual. Both groups also believe that CHEEERS honors individualized recovery as outlined in their mission statement. The CHEEERS mission statement is “to empower individuals and families affected by behavioral health conditions to	

			achieve a healthy and meaningful life through the use of recovery-based community services and shared experiences”.	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 (4)	Staff and members report that everyone has their own spiritual beliefs and are aware that spirituality is a significant part of recovery. CHEERS is a place where members are encouraged to express their spirituality, discuss differences and are encouraged to be open to other spiritual values.	<ul style="list-style-type: none"> Groups or activities that offer a spirituality component should be highlighted on the monthly group calendar or named with an identifying term.
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 (5)	The program offers a wide variety of peer support groups throughout the day, seven days a week. Peer group support ranges from individual mentoring to group classes such as Wellness Recovery Action Plan, Peer Support Training, and PREP stands for Peer Recovery Empowerment Plan groups. The programs monthly calendar offers the full list of groups by name and time, as well as the facilitator and room number.	
4.1.2	Informal Peer Support	1-4 (4)	Staff and members report that they receive and provide informal peer support throughout the day. Members reported that many of them have developed friendships and offer each other support and socialize in the community outside of the program.	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 (5)	There are numerous opportunities for members to tell their stories. Members spoke highly about first learning how to share their stories through the Wellness Recovery Action Plan (WRAP) and peer support groups. Members reported that staff offers support and guidance through this process	

			<p>and assists with writing down their story. Once their stories are written, members may display them on the wall in the center for others to read, or share their story at the member meetings, at clinic presentations and/or on the program's website and Facebook page. Members reported that telling their story is a valuable part of recovery. However, how, when and where it is shared is both a personal decision and voluntary.</p>	
4.2.1	Artistic Expression	1-5 (5)	<p>Reviewers observed several art pieces displayed on the walls throughout the center. CHEEERS has an art room filled with supplies and arts and crafts projects varying in interest and skill level. CHEEERS also offers other artistic activities such as music, dance, sewing, cooking, and crocheting. At CHEEERS, arts are used to express emotion, creativity, and to tell the members' stories and/or milestones in their recovery.</p>	<ul style="list-style-type: none"> • Arts and crafts is offered for an hour and a half five days a week at the same time of day. It is recommended that the arts and crafts classes be offered at different times of the day/week to meet the needs of members who work or attend later in the day. • It is recommended that the art studio be more accessible. Supplies and projects should be available and a studio should be open all day for members to gather and use art as a way to socialize in non-instructional format.
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 (4)	<p>CHEEERS staff and members who serve on other committees or are involved in the community bring back resources and information for their members on a regular basis. Information is placed in the lobby of the center, hung on center bulletin boards, displayed on the program website, and discussed in member meetings. Members feel they are provided with many opportunities through CHEEERS to participate in community events that teach them about the Consumer Movement. Most members feel well informed and able to contribute to the larger community.</p>	

4.4 Crisis Prevention

4.4.1	Formal Crisis Prevention	1-4 (4)	Staff and members work together to prevent crisis; this often starts at the intake session. During intake, members work with staff to discuss individualized recovery goals and identify supports. They also have the opportunity to sign up for the WRAP class where members work on identifying triggers, planning for periods of crisis and advocating for preferred care. Staff reported they receive ongoing training in crisis prevention and, if needed, utilize the crisis line or call the member's assigned clinical team.	
4.4.2	Informal Crisis Prevention	1-4 (4)	Staff and members reported they feel that due to the rapport they have with one another, often times people are able to talk about the problem or situation with a staff or a peer before it becomes a crisis. Staff and members gave examples of times that they were able to help others in the program or receive help.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 (4)	Staff and members reported that they each have a peer mentor in the program, gave examples of how they have received inspiration and guidance through their teachings, and shared experiences.	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 (5)	The program offers a variety of classes and activities to help members develop formal problem solving and self-management skills. Staff reported that average group size ranges depending on the day and the group; however, it is estimated that approximately 90% of members participate in formally structured problem solving activities.	
5.1.2	Receiving Informal Problem-Solving	1-5 (5)	CHEERS offers many <i>Out-and-About</i> events in the community and feel these activities provide opportunity for staff and members to receive	

	Support		informal problem-solving support as needed.	
5.1.3	Providing Informal Problem Solving Support	1-5 (5)	Staff and members report that members offer support to each other, helping each other solve problems, encouraging each other to speak in groups or in the community, supporting each other with participating in activities and events, using skills developed through participation of CHEEERS.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	1-5 (5)	The program offers many opportunities such as groups, classes, and volunteer activities where formal skills practice occurs. Members gave examples of times when they would volunteer for events in the community at the food bank, help orient new members to the center, or have participated in cooking classes in the <i>Let's Dish!</i> Program.	
5.2.2	Job Readiness Activities	1-5 (5)	CHEEERS offers several job readiness opportunities, within the center as well as in the community (i.e., pre GED classes, resume writing, computer skills, public speaking, food preparation training and food handler card). Administrative staff estimate that at least 90% of members participate in a job readiness activity whether they are ready to actively seek employment, working towards decreasing “benefits fears”, increasing confidence, furthering education, or in need of additional training or volunteer experience.	
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 (5)	CHEEERS offers classes that address self-advocacy such as Wellness Recovery Action Plan (WRAP) and Peer Support training. Most members have participated in these classes; they learn to	

			interact with others in the program or outside. Members gave examples of how they have learned to interact with each other, and with members of their clinical teams, voicing their suggestions and seeing change.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5 (5)	CHEERS offers many opportunities and activities that address advocacy such as attending the member advisory committee, serving on the Board of Directors, facilitating groups, attending community events and attending legal advocacy events, which afford the opportunity to learn skills to interact with others in and outside the program. Staff and members report that they believe most members have participated in these activities and see themselves as peer advocates.	
6.2.1	Outreach to Participants	1-5 (5)	Members are informed about the program and activities through the agency website, Facebook page, agency newsletter, program flyers posted in the center, and through the member advisory committee. Staff report that if a member has been absent more than usual, or for a length of time, staff will outreach the member directly by phone and if no contact they will call supports and the clinical team to attempt contact or get an update. Staff and members report that this process varies per person and depends on the rapport with each person.	

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	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	4
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	5
2.1.4	Cost	1-5	5
2.1.5	Accessibility	1-4	3

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	4
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	5
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	5
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	