

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

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Method

On July 24, 2014, David Lynde, T.J. Eggsware, Georgia Harris, Jeni Serrano, Karen Voyer-Caravona and Mimi Windemuller (Fidelity Reviewers) completed a fidelity review of 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 Maricopa County.

CHEEERS, which stands for the Center for Health Empowerment, Education, Employment and Recovery Services, is located at 1950 West Heatherbrae Dr. in Central Phoenix. The location is served by four bus routes and is in close proximity to a light rail station, and it appears that a majority of program participants reside in the center's same zip code or within one of the adjoining zip codes.

Originally founded as Survivors United as a drop-in center for the homeless and others in need nearly 25 years ago, CHEEERS serves approximately 400 individuals diagnosed with a severe mental illness and/or co-occurring disorders. CHEEERS leadership and staff describe their membership as "the most diverse pool of recovery," with program participants and staff that represent a wide mix of age, ethnicity, culture and socioeconomic backgrounds. Staff and participants take pride that the program is known for its inclusivity and willingness to accept individuals who have been rejected from other programs, and they commonly report theirs is a culture that believes in second chances.

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

- Tour of the center’s facilities, including the suites housing administrative activities; the center dining, kitchen, and computer lab; and the GED classroom and the peer employment training program;
- Interview with the Chief Executive Officer and the Chief Operating Officer;
- Review of the center’s key organizational documents, Articles of Incorporation, polices, annual reports, training materials, job descriptions etc;
- Focus group interview with four supervisory staff (the Center Director, the Assistant Center Director, the Quality Management Director, the Center Supervisor,) two nonsupervisory staff, and a Peer Support Specialist;
- Focus group interview with 20 – 25 peer/participants, representing a range of ages, economic backgrounds, cultures and ethnicities; and
- Informal, one-on-one conversations with program participants.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) Fidelity Assessment/Common Ingredients Tool (FACIT). This scale assesses how close in implementation an agency’s operation is to the Consumer Operated Services (COS) model by using specific observational criteria. The FACIT incorporates key components of the peer support and self-help philosophies. It is a 46-item scale that evaluates the *degree of fidelity* scored items (*ingredients*) adhere to the COS model. These ingredients are clustered into 6 domains: Structure, Environment, Belief Systems, Peer Support, Education and Advocacy.

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:

- Strong commitment to peer/consumer ownership of recovery as evidenced by 89% of staff and 100% of the Board of Directors self-identifying as peers;
- Adheres to principles of recovery and empowerment that emphasize inclusivity and choice, is free of coercion and allows for relapse and other set-backs;
- Participants place high value on the many opportunities the program provides for “giving back”, especially in the form of peer support and mentoring, and volunteering;
- The center is open every day, including the weekends, and provides evening hours two nights a week;
- The center is located on four bus routes and is in close proximity to a light rail station, and a majority of center membership resides within or nearby the center’s zip code;
- The center provides a truly community based opportunity for people from a wide variety of perspectives to share a common purpose related to promoting individual and group recovery opportunities; and

- The Peer Recovery Empowerment Program (PREP) and Wellness Recovery Action Plan groups provide numerous structured, educational, and skill building activities supporting recovery and self-peer advocacy.

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

- The Center's space appears inadequate for the number of participants engaging in programming and services;
- The Center's current layout and certain restricted spaces may be challenging for people with physical disabilities;
- The program might benefit from program evaluation measures that quantitatively and qualitatively track goals and outcomes, which could provide evidenced-based support for current projects or possible future funding requests;
- There are no apparent accommodations for participants who are deaf/hard of hearing or visually impaired; and
- There is a noticeable difference between not only the physical separation of the Center's administrative offices and the space devoted to participant activities and services, but also between the comfort and furnishings of those two spaces.

FIDELITY ASSESSMENT/ COMMON INGREDIENTS TOOL (FACIT)

Ingredient #	Ingredient	Rating	Rating Rationale	Recommendations
Domain 1 Structure				
1.1 Consumer Operated				
1.1.1	Board Participation	5 (1-5)	The CEO stated that “50-60% of board members are active (program) participants”. The rest of the board consists of peers or have a family member who is a peer. Advertisement for Board encourages application from consumers and/or their families.	<ul style="list-style-type: none"> It is recommended that the Board of Directors be identified or recognized on the agency website.
1.1.2	Consumer Staff	5 (1-5)	According to the CEO, 89% of the roster of 35 staff members, including the CEO, COO and Center Director self-identify as peers. Staff bios that tell their story are posted on the CHEEERS website and in center hallways.	
1.1.3	Hiring Decisions	4 (1-4)	Eighty-nine percent of staff and 100% of the Board are self-identified peers/consumers.	
1.1.4	Budget Control	3 (1-4)	Budget decisions reside with the CEO, CFO and the COO. The CFO was not clearly identified as being a “peer”. Staff, the advisory council (100% peer) and participants provide input into budget decisions. Budget allocation recommendations from the Consumer Advocacy Committee (CAC) are discussed by Board in meeting minutes.	<ul style="list-style-type: none"> It is recommended that financial report be posted on the agency website.
1.1.5	Volunteer Opportunities	5 (1-5)	CHEEERS offers participants numerous opportunities to volunteer on-site. Examples include: acting as floor monitors, helping with landscaping and janitorial duties, acting as an aide during bingo and karaoke sessions, as a clerk in the CHEEERS store, as a group aide and helping in the computer room. Participants can sign up to volunteer at any time on a volunteer sign-up sheet located in the pool room. Program	<ul style="list-style-type: none"> Consider setting up a member-restricted social media platform (Blogger, Facebook) to help alert participants about volunteer opportunities.

			participants attending the focus group repeatedly stressed the high value they place on “giving back” as opposed to only receiving.	
1.2 Participant Responsiveness				
1.2.1	Planning Input	5 (1-5)	Program participants have multiple avenues for providing input, including serving on the Board; the Consumer Advisory Committee (CAC), which meets twice monthly; the monthly participant meeting; and the suggestion box. Leadership and staff stated there is an open door policy where participants can share their concerns about programming and/or recommend changes. The CAC is typically where recommendations about programming changes originate. Also, meeting minutes reflected documentation of participant input.	<ul style="list-style-type: none"> Continue to explore and provide a wide array of opportunities for participants to be involved and have a “voice.”
1.2.2	Member Dissatisfaction/ Grievance Response	5 (1-5)	CHEEERS has a formal written grievance policy. Grievances can also be reported via the suggestion box and at the monthly participant meeting. Suggestion box submissions are read at the monthly participant meeting. An open door policy allows individuals to take their concerns directly to Leadership and staff if desired. CHEEERS also provides opportunities to express dissatisfaction through a quarterly satisfaction survey, where participants can rate groups using a rating scale. Participants can also take grievances or complaints directly to the Regional Behavioral Health Authority (RBHA). Meeting minutes reflected evidence that participants can express dissatisfaction.	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	3 (1-5)	CHEEERS receives referrals from the local clinics and also the RBHA for people being discharged from the hospital. Leadership and staff stated that more needs to be done to increase collaboration, communication, and coordination	<ul style="list-style-type: none"> It is recommended that CHEEERS leadership continue their outreach and engagement efforts with traditional mental health service providers in their vicinity, which appears to have increased in the past several months. The leadership

			of care for participants, noting some clinics may be holding on to their clients with their own in-house activities and programs. Case Managers (CM) are involved as much as possible in violations of the disruption policy that lead to temporary suspension from the program.	might consider asking for assistance in this effort from the RBHA.
1.3.2	Linkage with Other COSPs	5 (1-5)	CHEEERS participates in a three-day camping trip with other peer runs and has a quarterly softball game. The CEO is working on creating more open communication with CEOs from other COSPs, stating that they regularly meet for consultation and support in an effort to build credibility for peer run agencies. Participants who complete peer support specialist training and certification have gone on to attain employment as Peer Support Specialists (PSS) at other peer runs.	<ul style="list-style-type: none"> Continue recent enhanced efforts to promote and collaborate at the COS network level, as well as at the system level.
1.3.3	Linkage with Other Service Agencies	5 (1-5)	CHEEERS does outreach to agencies and nonprofits providing mental health (MH) services via presentations at meetings or at health/job fairs. CHEEERS also receives referrals from Department of Corrections/Parole for individuals leaving incarceration. CHEEERS is working with the RBHA to reach out to faith-based organizations.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	4 (1-4)	A recent demographic survey provided by the CEO indicated that a strong majority of survey participants reside in the same Central Phoenix zip code as the CHEEERS location. The rest of the survey participants live in nearby zip codes.	<ul style="list-style-type: none"> CHEEERS may wish to consider developing outreach activities directed to nonprofits and other agencies serving needs of peers/consumers in same geographic area.
2.1.2	Access	5 (1-5)	The Central Phoenix location is on four Valley Metro bus routes, within easy walking distance to a major light rail stop, and accessible via the Grand Canal pedestrian and bike path. Routes have sidewalk, some bus shelters and retail	<ul style="list-style-type: none"> It is recommended that CHEEERS explore opportunities to advocate for participant access/mobility needs (expanding bus routes, decreased circulation times, complete sidewalks, lighting and shade, etc.) via the City

			businesses where participants can rest or take a break from the sun. The center also offers a good deal of parking spaces.	<p>of Phoenix, Maricopa County and Valley Metro boards and commissions.</p> <ul style="list-style-type: none"> CHEEERS may wish to explore collaboration with Valley Metro regarding free on-site transit training, including travel tutors services.
2.1.3	Hours	5 (1-5)	CHEEERS provides a comprehensive schedule of services that includes numerous hours seven days per week for participants. Consistent with what is posted on the CHEEERS website, the program operates seven days a week for 65.5 hours. The program is open two evening a week to include dinner. The COO reports the program has never been closed except for major holidays.	
2.1.4	Cost	5 (1-5)	CHEEERS does not charge to receive services and programs. The current CEO recently opened services to Non-Title XIX individuals, and people can begin participating immediately without waiting for determination for reimbursement to occur.	<ul style="list-style-type: none"> It is recommended that the CEO continue to explore additional funding sources beyond the RBHA, such as through private giving and corporate contributions.
2.1.5	Accessibility	2 (1-4)	The exterior facilities at CHEEERS offer wheel chair ramps to allow access. However, the limited space of the interior, including narrow hallways and some doorways, may present barriers to people who use wheel chairs. Similarly, bathrooms did not appear to reflect universal design characteristics. There was no indication the program provided TTD for hearing impaired or deaf participants.	<ul style="list-style-type: none"> As center footprint expands, consider renovations and remodeling using features of universal design so areas, such as hallways and restrooms, are more accessible for people with physical disabilities and limitations. In the current space, make sure areas and bathrooms with the best accommodations for wheel chair access are clearly identified and labeled for participants.
2.2 Safety				
2.2.1	Lack of Coerciveness	5 (1-5)	Participants consistently reported no pressure from staff to participate in groups or other activities. Participants can earn <i>Recovery Dollars</i> for participating that can be used in the center store or for special activities/events. Participants spoke at length of the values placed on choice, empowerment and opportunity to decide for themselves. When discussing off-site trips, a	

			member stated, “The only real rule is to be on time.”	
2.2.2	Program Rules	5 (1-5)	From discussions, it appeared that some of CHEERS behavioral rules are lenient because they strive to accept everybody, including peers who have been refused service elsewhere but violations of the new participant-driven “disruption policy” seem to be enforced. Newly established program rules were developed with the help of program participants and are posted in the group room. Rules are reviewed before group meetings. Some rules appear to be strongly suggested such as “you are supposed to take a shower before you come, but you don’t get into trouble if you don’t.” Violations of serious rules that might pose physical or emotional harm to others can lead to temporary suspension from the program, with the individual being required to meet with the Center Director upon return to develop a corrective action plan. Reviewers observed in the Participant Focus Group that participants would occasionally give each other gentle reminders about rules related to communication, and that these prompts were accepted without conflict or argument. Participants consistently made positive statements about their program rules.	
2.3 Informal Setting				
2.3.1	Physical Environment	2 (1-4)	Staff all spoke of the need for more space. Staff commented, “there are things we want to do, like bring in exercise equipment, but we don’t have enough space” and “we are bursting at the seams.” During the tour of the Center, the Reviewers noticed that the space seemed inadequate to the number of people in attendance, and a sizeable number of people overcrowded the hallways. Staff mentioned a plan	<ul style="list-style-type: none"> It is recommended that the CEO and Leadership continue to pursue funding opportunities that support center footprint or allow the center to make renovations or changes to the physical structure that more efficiently and comfortably accommodate the participants.

			to expand the Center into the adjoining office space but indicated that funding has not yet allowed this to occur.	
2.3.2	Social Environment	4 (1-5)	Staff and participants talked about the importance of their shared experience in building trusting relationships that support recovery. Participants verbalized they feel heard and respected by the leadership and staff. One participant stated that he had “watched staff members grow” into their supervisory positions from more entry-level positions. During the tour, the Reviewers observed interactions between the CEO, staff and participants that were marked by warm, open, comfortable communication, and use of first names. While leadership often spoke of their “open-door policy” with participants, there were very distinct differences between the administrative offices and the space where participant programs and services occur. Not only was the admin office located in a separate suite with a separate entrance, but it also presented a more professional, comfortable look and feel.	<ul style="list-style-type: none"> • Consider ways to integrate administrative and participant space. • Look for opportunities to update the participant space with similar décor, furniture and fixtures as the administrative space.
2.3.3	Sense of Community	4 (1-4)	A variety of participants spoke at length of the sense of community and connectedness they have found at CHEEERS, with comments such as “This is a miracle”, “they don’t stereotype”, “we are sharing our lives with each other” and “life, love and companionship.” Several spoke of having found an environment where they do not experience stigma associated with SMI. One new participant discussed the emotional safety he has found at CHEEERS after years of feeling betrayed by others, and the “warm feeling I have about the people here.”	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	4 (1-4)	The program imposes no rules or timeframes on participation. Participants are free to use the	

			services and programs they need for as long as they need them. Participation is individualized, and CHEEERS embraces the concept of recovery journeys with ups and downs as a universal component of the process.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	4 (1-4)	Leadership and staff have their pictures and bios posted on the walls throughout the facilities. Participants also have the opportunity to share their stories in this format if desired. Participants are encouraged to use these stories as a guide to identifying some people who may be helpful in some peer-to-peer interactions. Some of the participants share their stories through art making that was also displayed on the center walls. Sharing stories is part of peer support training and individuals are encouraged to share their stories to the extent to which they feel comfortable.	
3.2 Helper Principle				
3.2	Helper Principle	4 (1-4)	Participants provide support and assistance to each other throughout the day, either formally in group or informally over meals or in the smoking area. Participants made comments such as “The clients are benefits specialists”, “Peers helping other peers”, and “Everybody would make a good counselor”. Participants described the credibility associated with the shared experience and the positive feeling associated with seeing peers finding solutions and overcoming barriers.	
3.3 Empowerment				
3.3.1	Personal Empowerment	5 (1-5)	Staff talked about the opportunities participants have to learn to advocate for themselves and each other because CHEEERS provides them access to resources. “Self-advocacy through the reassurance that they aren’t alone . . . we avoid	

			enabling by letting people do what they can for themselves.” Several program participants described the importance placed on giving back as opposed to only receiving services. One participant said CHEEERS has taught him that self-esteem is derived “from doing esteem-able things.”	
3.3.2	Personal Accountability	5 (1-5)	Participants are encouraged to acknowledge the consequences of their choices, including when their behavior has created a problem. Serious violations of the disruption policy may result in suspension. In order to return to the program, the participant responsible for the situation must meet with the Center Director and develop a corrective action plan. Participants have numerous opportunities to have a voice in developing programming that meets their needs through participation in the monthly meeting, the CAC, the suggestion box and the open door policy.	
3.3.3	Group Empowerment	4 (1-4)	Participants express pride in being a CHEEERS member and taking advantage of the numerous opportunities to volunteer and contribute to operating the center and to each other’s lives. Participants can develop Peer Recovery Empowerment Programs (PREPS) as long as they provide a curriculum. Monthly awards acknowledge the contributions of peers, participants and volunteers, which provides participants with examples of steps in recovery. Mission, Values and Vision statements emphasis empowerment of SMI/DD community.	
3.4 Choice				
3.4	Choice	5 (1-5)	Participants direct their own individual recovery and are provided options for how, what and when they will be involved in the center. Options available include “Out and About” activities in the community, PREPS and WRAP classes, DBT, Men	

			and Women’s Boundaries groups, and anger management. While participants receive Recovery Dollars for attendance, which can be used to purchase items in the CHEEERS store or for participation in special events, there is no coercion or penalty for not attending activities.	
3.5 Recovery				
3.5	Recovery	4 (1-4)	Recovery is identified as a core agency/staff value in Value statement. Everyone who was interviewed or observed seemed to embrace the philosophy of recovery, both as individuals and with respect to what the program expects from people. The CEO describes a philosophy that frames SMI and DD as “the new normal . . . things may not be exactly as they were before the diagnosis . . . CHEEERS is a place for second chances.” Peers can expect to experience setbacks and relapses without being shamed or stigmatized as failures. It is understood that harm reduction may or may not include relapses. Part of recovery is helping others through relapses and crisis. Participants discussed the personal growth they have experienced, including the way they now think about mental illness as well as their potential to learn and to contribute.	
3.6 Spiritual Growth				
3.6	Spiritual Growth	3 (1-4)	The CEO stated that spiritual expression is “an area that needs work”, adding that in the past, participants have been discouraged from all talk of religion and spirituality. Need to learn how to recognize and balance difference proselytizing and sharing spiritual views. A previous Bible Study group lead to discord among participants. In the focus group, staff discussed the importance of respecting group guidelines that acknowledge differences in belief systems. During the participant focus group, the Reviewers observed	<ul style="list-style-type: none"> • Look for staff training opportunities that address diversity of spiritual practices in recovery. • Staff may benefit from specific training on how to manage and respond to range of religious/spiritual expression in workplace or other settings.

			that a participant was able to refer to the importance of her faith without being interrupted or corrected by her peers.	
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	5 (1-5)	Leadership, staff and participants discussed the formal peer support program and several participants talked about goals of going through the peer support training program. Documentation of the training program was provided.	
4.1.2	Informal Peer Support	4 (1-4)	The CHEERS program offers numerous opportunities to provide informal peer support through socialization, sharing of stories, and helping with hospital visits. Program participants in the focus group expressed pride in their ability to support peers because “we have walked in their shoes.”	
4.2 Telling Our Stories				
4.2	Telling Our Stories	4 (1-5)	Leadership and staff have their bios posted in the hallways and on the website. Program participants who wish to share their stories can also post them in the hallway. Some members share their stories through visual art representations. Sharing stories to the extent the individual feels comfortable is part of the requirements for being a peer support specialist. There was no evidence of how this occurs within larger community.	<ul style="list-style-type: none"> • CHEERS might consider opportunities in larger community for telling stories as means of advocacy/public awareness such as speakers bureau, participation in public forums, or providing public comment. • The program might consider developing partnership with arts organizations for opportunities to bring stories to public attention in the form of art exhibits, or spoken word events.
4.2.1	Artistic Expression	3 (1-5)	The program employs a peer who is studying art therapy. Visual art representations are displayed on the walls of the center. There is no evidence of a space devoted to art expression. The Art FX group appears to include some rote “craft” activities such as wood burning, tie dye and balloon animals, but may limit the participant to	<ul style="list-style-type: none"> • Program may wish to consider possibility of created space that is specific to art making, that include immediate access to large sinks, storage for art materials, large tables and chair and plenty of floor space for larger group projects. • Art therapist may wish to explore adding more specific curriculum to the program, such as

			only superficial artistic engagement, and in some cases, may not be age appropriate. Crowded and restrictive space in the facilities would inhibit range of media that could be used.	creative journaling as a component to telling stories, Art FX, Anger Management, and Mind Over Mood groups.
4.3 Consciousness Raising				
4.3	Consciousness Raising	3 (1-4)	Participant focus group attendees spoke of themselves as part of a larger recovery community but there was little evidence they necessarily feel a connection to the community outside of SMI/MH.	<ul style="list-style-type: none"> • Look for opportunities for participants to share their stories (to the extent that they are comfortable) with the larger community through outlets such as Chamber meetings, speakers bureau, and media such as letters to the editor, social media and guest editorials. • Seek opportunities for participants to volunteer, sharing their strengths, talents and abilities with organizations outside the peer community.
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	4 (1-4)	Staff are trained to recognize risk factors associated with crisis and suicidal ideation and response. Staff follow up with supervisors when they recognize needs outside their scope, using crisis lines and contacting case managers and/or the local police when necessary. Staff said they are trained to look for escalation of risk, how to identify at-risk behaviors/red flags and how to help to de-escalate the situation. Staff and participants try to avert crisis by focusing on solutions and problem solving. Participants receive crisis prevention in WRAP/DBT/Good Grief, Anger Management, and Men and Women's Boundaries group, and de-escalation training.	
4.4.2	Informal Crisis Prevention	3 (1-4)	Participants report they support each other through de-escalation and informal counseling on-site, and several acknowledged that social interactions have helped them talk about problems. Participants reported to the Reviewers that they feel attendance in groups and activities has helped them to sidestep crisis. It was unclear	<ul style="list-style-type: none"> • Explore additional practices for crisis prevention and educate participants, so that they have multiple ways to deal with potential crises.

			what other informal mechanisms were used to avert crisis.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	4 (1-4)	Participants spoke of both CHEEERS staff and other members who they have watched grow in the program. Participants expressed pride in being able to offer support and contribute to their peers' recovery.	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	4 (1-5)	CHEEERS programming includes a significant amount of resources to help participants learn and utilize self-management skills, specifically, seven Peer Recovery Empowerment Program groups and one DBT-based group, such as anger management and relapse prevention skills. Wellness Recovery Action Plan groups are Men and Women's Boundaries and Grief. CHEEERS provided evidence of specific topics covered to the Reviewers. The CEO stated that the program tries to provide participants with "solutions". During the focus group, program participants repeatedly referred to these activities in positive terms. It appeared a majority of participants interviewed have engaged in self-management strategies.	<ul style="list-style-type: none"> CHEEERS may wish to consider utilizing an already published or developing a structured problem solving skills curriculum.
5.1.2	Receiving Informal Problem-Solving Support	5 (1-5)	Most of the program participants in the focus group reported receiving informal problem-solving support. Several specific examples were cited by participants involved in both providing and receiving informal problem solving supports.	
5.1.3	Providing Informal Problem Solving Support	4 (1-5)	A majority of participants interviewed reported providing informal problem-solving support. Participants clearly and frequently expressed the value in contributing to others through providing informal problem solving supports.	<ul style="list-style-type: none"> Educate participants about the importance and benefits of both giving and receiving supports to peers.

5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	4 (1-5)	The Center offers daily off-site activities to provide opportunities for practicing social skills in the community. Program participants are referred to groups and activities where they can practice skills and gain social confidence and help with self-advocacy. The program also has a strong peer support training component, with many participants stating interest in becoming peer support specialists.	<ul style="list-style-type: none"> It is recommended that CHEEERS explore ways to expand and enhance outreach efforts to engage at least 75% of program participants in formal practice skills activities.
5.2.2	Job Readiness Activities	4 (1-5)	Evidence of job readiness activities include employment preparation classes, computer skills, GED classes and numerous volunteer opportunities, including peer support certification and food handler licensing. CHEEERS pays for the first GED test and the food handler's license. CHEEERS staff stated they provide direct assistance with resume writing and writing letters of recommendation.	<ul style="list-style-type: none"> CHEEERS may wish to investigate volunteer opportunities that support job readiness outside the peer support and SMI/DD community, such as those that might exist at other nonprofits, in the arts, or on city/county boards and commissions. Inform participants about the array of job readiness activities available and that they are not just for those actively looking for employment.
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	4 (1-5)	CHEEERS programming incorporates an eight module Wellness Recovery Action Plan, which includes the development of a personal crisis plan; PREP classes include Relapse Prevention Skills and Anger Management. The Consumer Advocacy Committee meets twice a month and provides participants with a voice in directing programming that meets their needs. Participants are taught how to effectively call their case manager, doctor, nurse, crisis/warm line when they need assistance from traditional mental health services. It appeared that a majority of participants learn to more effectively use appropriate and assertive communication in their	<ul style="list-style-type: none"> It is recommended that CHEEERS explore ways to expand and enhance outreach efforts to engage at least 75% of program participants in formal practice skills activities.

			interactions at the program, as well as outside of the program.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	4 (1-5)	WRAP and PREP programming provide training and education in peer advocacy. Staff and participant focus group attendees reported that peers have assisted peers with such issues as SSI/SSDI questions and concerns related to housing providers.	<ul style="list-style-type: none"> It is recommended that the current program begin to provide targeted training or deliberate opportunities for all participants in this area [e.g. soliciting help from other peers in the center when a staff member is faced with a benefits question; creating impromptu learning opportunities for those who may not be familiar with advocacy issues, as those needs arise for those around them (in-vivo; teaching in-the-moment)].
6.2.1	Outreach to Participants	4 (1-5)	There were flyers and brochures located throughout the center. Group listings are posted on several large TV screens within the facilities. The center has sign-up sheet for volunteer opportunities within the program. There was no evidence of multi-media or social media promotion of the program or activities.	<ul style="list-style-type: none"> It is recommended that CHEEERS investigate using social media platform (Blogger, Facebook) as an outreach tool to membership.

FACIT SCORE SHEET

Domain	Score
Domain 1: Structure	
1.1.1 Board Participation	5
1.1.2 Consumer Staff	5
1.1.3 Hiring Decisions	4
1.1.4 Budget Control	3
1.1.5 Volunteer Opportunities	5
1.2.1 Planning Input	5
1.2.2 Satisfaction/Grievance Response	5
1.3.1 Linkage with Traditional Mental Health Services	3
1.3.2 Linkage to Other Consumer Operated Services Program (COSPs)	5
1.3.3 Linkage with Other Services Agencies	5
Domain 2: Environment	
2.1.1 Local Proximity	4
2.1.2 Access	5
2.1.3 Hours	5
2.1.4 Cost	5
2.1.5 Reasonable Accommodation	2

2.2.1	Lack of Coerciveness	5
2.2.2	Program Rules	5
2.3.1	Physical Environment	2
2.3.2	Social Environment	4
2.3.3	Sense of Community	4
2.4.1	Timeframes	4
Domain 3: Belief Systems		
3.1	Peer Principle	4
3.2	Helper's Principle	4
3.3.1	Personal Empowerment	5
3.3.2	Personal Accountability	5
3.3.3	Group Empowerment	4
3.4	Choice	5
3.5	Recovery	4
3.6	Spiritual Growth	3
Domain 4: Peer Support		
4.1.1	Formal Peer Support	5
4.1.2	Informal Peer Support	4
4.2	Telling Our Stories	4

4.2.1	Artistic Expression	3
4.3	Consciousness Raising	3
4.4.1	Formal Crisis Prevention	4
4.4.2	Informal Crisis Prevention	3
4.5	Peer Mentoring and Teaching	4
Domain 5: Education		
5.1.1	Formally Structured Activities	4
5.1.2	Receiving Informal Support	5
5.1.3	Providing Informal Support	4
5.2.1	Formal Skills Practice	4
5.2.2	Job Readiness Activities	4
Domain 6: Advocacy		
6.1.1	Formal Self Advocacy	4
6.1.2	Peer Advocacy	4
6.2.1	Outreach to Participants	4
Total Score		187