

CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

Date: August 2, 2017

To: Kimberly Craig, CEO

From: Georgia Harris, MAEd
Karen Voyer-Caravona, MA, LMSW
AHCCCS Fidelity Reviewers

Method

On July 12, 2017, Georgia Harris and Karen Voyer-Caravona completed a review of the CHEEERS, Inc. - a Consumer Operated Service Program (COSP). This review is intended to provide specific feedback in the development of your agency's services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

The Center for Health Empowerment Education Recovery Services, or CHEEERS, is a non-profit community service agency (CSA), serving adult behavioral health recipients since 1990. CHEEERS is a peer-run and recovery focused program, where 89% of staff self-identify as persons with the lived experience of mental illness and/or substance abuse. In the last 12 months, CHEEERS has continued efforts to renovate existing and newly acquired office space in order to maximize comfort, design, and accessibility of staff offices, community space shared by members, and activity rooms for groups and individual engagement.

The individuals served through this agency are referred to as "participants" or "members"; 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.

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

- Tour of the center's facility conducted by the agency Chief Executive Officer, including observations of member/staff interactions and groups in progress;
- Interview with the Program Manager;
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, polices, annual reports, training materials, job descriptions, etc.
- Focus group with seven supervisory staff: the Director of Finance, the Director of Operations, the Quality and Compliance Manager, the Special Programs Manager, two (2) support Program Managers, and the Facility Manager;
- Focus group with nine nonsupervisory staff; and

- Focus group with nine participating program members.

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:

- **Peer principle:** Both members and staff interviewed discussed the significance of their shared experience of SMI and/or substance abuse in supporting their recovery. Not only did members report finding hope in self-disclosure between other members and staff, but all staff interviewed also discussed feeling continually motivated and inspired by the members they serve.
- **Personal empowerment:** The CHEEERS program not only provides members opportunities to experience personal empowerment, but members interviewed also discussed empowering themselves rather than it being only through staff intervention.
- **Spiritual growth:** All members interviewed agreed that a range of spirituality and philosophies are welcomed at CHEEERS; opportunities for spiritual growth can be found in artistic expression, yoga practice, individual prayer and quiet reflection. Members reported that their personal spiritual practice, as well as the lack thereof, was respected and supported.
- **Artistic expression:** Art is not merely an activity to keep busy at CHEEERS but a vehicle for personal expression, growth, reflection and the sharing of recovery stories. Members reported that opportunities for creative expression have been provided through a variety of creative means such as drawing, painting, poetry and journaling. Programs in music therapy, drama, and photo voice offered with external partners add opportunities for diversity of creative expression.
- **Consciousness raising:** CHEEERS provides members with multiple formats and forums to engage in consciousness raising to reduce shame and stigma among the peer community, including opportunities to be directly involved with carrying out advocacy efforts.

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

- **Accessibility:** In order to ensure that any current and future members who are deaf or hearing impaired can participate and benefit in CHEEERS programs to the fullest extent, review with all staff how to use TTY services.
- **Formal practice skills:** Though members and staff report consistent attendance in groups offered by the center, continue efforts to increase member participation in formal practice skills activities to 75% - 100%.

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	The CHEEERS Board of Directors (BOD) consists of 12 positions. Of those, eighty-three percent (83%) are self-identified peers or persons with lived experience. The Board has five officers, three of whom (60%) self-identify as peers. Three board members are active CHEEERS members receiving services.	<ul style="list-style-type: none"> The agency should fill Board of Directors positions with persons with lived experience.
1.1.2	Consumer Staff	1-5 5	Eight-nine percent (89%) of staff at CHEEERS are persons with lived experience. All CHEEERS administrators or supervisory staff self-identify as people with lived experience.	
1.1.3	Hiring Decisions	1-4 4	Hiring decisions are made by the CEO, the Program Manager and the other supervisory staff, all of whom are people with lived experience.	
1.1.4	Budget Control	1-4 4	CHEEERS members provide input into the budget through notes in the suggestion box and discussions with the CHEEERS Advisory Council (CAC), two of whom are members of the BOD. Member input is presented at BOD meetings. The Board develops and approves the final budget. Salary determination is an HR function; CHEEERS strives to stay competitive, using an area salary survey. Additionally, salary tiers are based on credentials, experience, and responsibilities.	
1.1.5	Volunteer Opportunities	1-5 5	CHEEERS members have numerous opportunities to volunteer both within and outside the program. Members can volunteer as a Peer Orientation Mentor, in the kitchen for Thursday and Friday night dinners, helping with janitorial work in the center, through co-facilitating groups, or	

			membership on the Advisory Council and Board of Directors. Members have been hired as Recovery Support Specialists upon completion of Peer Support Certification, as well as other positions. Opportunities to volunteer outside the program include at St. Vincent DePaul, St. Mary's Food Bank and with Graffiti Busters.	
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5 5	Members interviewed reported numerous opportunities to provide input into planning for services. Most members reported that the staff, including the CEO, is very receptive to their suggestions. The CAC meets the fourth Wednesday of each month and is open to members. The CAC members sit on the Board of Directors to offer member representation. Members can participate in the All Participant Meeting on the second Wednesday of each month. Non-BOD members can address the Board of Directors during the last 15 minutes of that meeting. Members can provide input through the suggestion box which is reviewed at the CAC. Members can also provide feedback directly to staff in one-on-one meetings and in groups.	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	The grievance policy is posted in the main lobby of the agency. A copy of the policy is provided to and reviewed with members at intake. Grievance and request for investigation forms are located on-line and at the front desk and are submitted to the RBHA if further action is needed. Staff described the center's "open door policy", and encourages members to talk to staff about complaints and dissatisfaction. Staff said members frequently want to speak directly with the Program Manager or the CEO regarding concerns.	

			In addition to the grievance form, members can submit concerns via the suggestion box, talk directly to members of the CAC, and discuss them at the All Participant Meeting. Members also can note dissatisfaction on Tracker forms; Members fill out the Tracker forms daily to report on the activities and groups they attended, as well as their response and/or feedback on services provided on that day. Members interviewed said that staff read all Tracker forms and follow up with them about feedback. Finally, members complete the quarterly Arizona State University Satisfaction Survey in which members can rate the benefits of groups and CHEERS services.	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	Staff described positive working relationships with clinic providers. Outreach and collaboration was described as reciprocal. CHEEERS staff provide Case Managers monthly reports on all members, and also exchange emails and phone calls to address member needs. Case Managers (CMs) visit the center to meet with members, and CHEEERS staff and members sometimes go to clinics to present on the agency's services.	
1.3.2	Linkage with Other COSPs	1-5 5	Staff interviewed reported strong and reciprocal linkages with other peer run programs. The COSPs meet twice annually for kickball and bowling tournaments and members are invited to attend health fairs at the other agencies. The agency CEOs meet monthly as a group with the RBHA. CHEEERS enjoys a partnership with the three STAR COS centers to assist members in learning health strategies for coping with suicidal ideation through the Journey of Hope groups. They also collaborate and share resources with the Peer and Family Referral Center at Ren, and participate in a drama workshop with Hope Lives.	

1.3.3	Linkage with Other Service Agencies	1-5 5	CHEEERS reports strong linkages with other service agencies including volunteer programs with St. Vincent DePaul and St. Mary's Food Bank, Ability360, ASU's High Octave Music Therapy, AARP, and Midwestern University. The members also participate in the satisfaction survey administered by ASU's Center for Applied Behavioral Health Policy. CHEEERS has a new relationship with the City of Phoenix Housing Department and an ongoing collaboration with the RBHA, to support members' access to and retention of independent community housing. Moreover, members reported attending the RBHA sponsored Connections Conference and participating in Disability and Human Services Day at the State Capital, where they staffed booths and visited legislative offices to directly share their recovery stories.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 4	CHEEERS is located in Central Phoenix, which is a major population cluster for the Valley Metro area. Staff said that many members live in the surrounding area, and can walk, ride the bus or bike to the center. The surrounding neighborhoods are equipped with sidewalks for pedestrian traffic.	
2.1.2	Access	1-5 5	CHEEERS is served by two bus routes, and some members also incorporate the light rail into their daily travel. Both public transportation options are accessible for individuals with mobility limitations. CHEEERS offers travel training to assist members unfamiliar with the public transportation routes, and assists them in acquiring reduced fare identification cards. For members who drive, the facility includes plenty of	

			free parking. Clinics arrange for transportation for members who live outside Central Phoenix. CHEEERS will arrange rides home via Uber if necessary for members who stay at the center later at night.	
2.1.3	Hours	1-5 5	CHEEERS operates from 7:30AM – 4:00PM Monday through Wednesday, Saturday and Sunday. The Thursday and Friday schedule runs from 7:30AM – 7:00PM. Hours of operation were derived from member preferences. CHEEERS is closed for July 4, Memorial Day, New Year’s Day, Thanksgiving, Christmas Eve and Christmas Day. CHEEERS tries to hold special activities on the day before major holidays and gives out information about other events taking place on the holiday. CHEEERS provides resources for when the center is closed, such as the Warm Line.	
2.1.4	Cost	1-5 5	Staff reported that member services, including meals, are free for Title 19 and non-Title 19 individuals. Members can use Recovery Dollars, which are offered as incentives to participate in groups, to pay for outings and for items in the CHEEERS mart for personal hygiene and other supplies, clothes, pet food, and some snacks.	
2.1.5	Accessibility	1-4 3	As CHEEERS has renovated its campus, it has installed wheel chair ramps to the buildings’ exterior where needed, widened hallways, and made the lobby and patio accessible. Attention has been paid to arranging furniture for ease of access for people with mobility challenges. A public address system (PA) is in place to announce events and the schedule for those who are unable to read or follow the daily schedule. Several computers in the computer room are equipped with large print screens for people with visual impairment, and the agency enlists translator services for individuals who are English language learners or are deaf/hearing impaired. The	<ul style="list-style-type: none"> • Ensure that all staff are familiar with how to use the TTY service if requested by members who are deaf or hearing impaired.

			television monitor in the dining room has closed captions and a voice amplifier. Although, the agency has TTY services for those who cannot hear, not all staff interviewed were aware of how to operate that system.	
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 5	Members interviewed reported a sense of emotional and physical safety at CHEEERS. Said one member, “We feel like we own the place; staff is here for us and we police ourselves.” No coercion or force is used respecting when or how members participate. Furthermore, members have a voice in policy decisions (e.g.; BOD, All Participant Meeting), including the right to disagree without fear of retaliation.	
2.2.2	Program Rules	1-5 5	Members and staff interviewed said program rules are outlined in the Disruption Policy. The Disruption Policy is posted in the center, as well as provided to and reviewed with members at intake. Staff said the disruption policy, which was developed by the Board with staff and member input, outlines a step by step process for addressing concerning behaviors. Staff report that CHEEERS has moved away from suspension in favor of helping people learn from their mistakes. They work with members to pinpoint the root causes of problem behaviors, in an effort to balance their tolerance for mistakes while maintaining safety procedures and a drug-free environment. Members are able to give feedback about the Disruption Policy and other rules at the All Participant Meeting.	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 4	The physical expansion of CHEEERS continues, along with renovations of existing space, including a new member exercise room. The agency plans to absorb neighboring office space for additional	

			programming when the current tenant vacates at the end of their lease. The renovations have allowed for larger and more accessible common areas, group rooms and hallways, as well as additional storage and additional bathrooms. The building's interior is painted in attractive colors and furnishings are attractive and in good condition. Member art, framed inspirational quotes, and bulletin boards with announcements and members' news decorate the walls throughout.	
2.3.2	Social Environment	1-5 5	The reviewers saw no obvious distinctions between members and CHEEERS staff. Interactions appeared informal, warm, and mutually helpful. Windows have been installed in the Recovery Coach office to facilitate ready engagement, and the doors were wide open for free member access. While some keypads remain in the administrative area and at exterior doors, this appeared to reflect a concern for member safety and the security of confidential information.	
2.3.3	Sense of Community	1-4 4	Members and staff interviewed described a strong sense of community and pride in membership. Members see themselves as having a contributing role at CHEEERS, and likewise, staff view members as their peers in recovery who give as equally as they receive. Members described CHEEERS like family, and in some cases, replacing family and their primary source of support. Members said that while "Vegas rules" (confidentiality) apply to CHEEERS members, staff encourages them to form true friendships with one another outside of CHEEERS; often members will meet for movies, coffee, and other activities.	

2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 4	Members said they participate at their own pace and attend groups and activities of their choosing. One member described being initially guarded toward others and reluctant to engage upon program entry. However, her pace was respected and she reported that she is now involved in PSS training and views herself as a leader among her peers. Members may exit or return to the program by choice. Some members have become largely inactive upon having attained specific recovery goals such as employment or reconnection with family or friends, but occasionally drop in for special events or when they need periodic peer support.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 4	The sharing of stories of struggle and recovery is accepted by members and staff at all levels at CHEEERS. Self-disclosure occurs in formal settings such as groups, namely, Expressions of Hope, Recovery Goals, a drama workshop, and Anger Management. Members also share informally during lunch or in the recreation area. Staff said they learn to do this in PSS training and will disclose at CHEEERS for the benefit of members. Staff said they find sharing their own recovery stories to be beneficial for their own journey, as well. One member said that he feels the caring of members reflected back at him, while another said the sharing of stories at CHEEERS has helped him in his own recovery.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 4	All members interviewed agreed that they have helped other members through listening, sharing, encouraging, and being attentive to changes in	

			behavior or attitude. Staff cited specific examples of helping, through working shoulder to shoulder with members on their personal issues of concern and sharing their own recovery stories to provide hope and encouragement.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 5	Both staff and members shared stories of feeling personally empowered within the CHEEERS program. One staff member said that allowing members to talk out their concerns to an accepting, nonjudgmental ear helps them arrive at solutions, remarking, "They have the answers within themselves". Several discussed how facilitating CHEEERS support and recovery groups further empowers their own recovery journey. Members described participation in CHEEERS as igniting a connection with their strengths and competencies, with one member stating, "I empowered myself" to take a necessary action with his clinical team.	
3.3.2	Personal Accountability	1-5 5	Staff and members interviewed referred to written and posted rules, such as the Disruption Policy, that guide behavior and culture at CHEEERS. Members felt the rules at CHEEERS allow for mistakes and learning, and take into account their behavioral health challenges. Staff said that some behavior problems are staffed with the clinical team so that everyone is helping the member succeed. Good behaviors are reinforced, and, to the extent possible (e.g., safety, drugs), negative behaviors ignored.	
3.3.3	Group Empowerment	1-4 4	Members expressed pride in being a part of CHEEERS where they can support and contribute to each other's recovery. Group empowerment at CHEEERS is evidenced by factors such as: members assisting in group and activity preparations, providing tours to new members,	

			and participation in the Board of Directors. One member interviewed reported that he co-facilitates a recovery group, while another discussed how several members contributed their stories to the agency website. Still another reported actively participating in direct advocacy efforts at the State Capitol. Staff interviewed said they can turn to each other for help during a hard day and to lend a hand with difficult interventions. Said one staff, "This is the best job I've ever had."	
3.4 Choice				
3.4	Choice	1-5 5	CHEEERS prints and makes available monthly calendars of group activities that take place both at the center and in the community. The calendar is also available on the agency website, where descriptions of the programs and groups are available. Copies of the All Participant Meeting minutes provided to the reviewers showed that members make suggestions for new groups and activities, and staff research and act upon suggestions when they are feasible. Module groups are offered at different times so that members do not have to sacrifice one desired group to attend another. Members make their own selection of activities in which to become engaged, and they may choose to take a break from the activity or group for whatever reason.	
3.5 Recovery				
3.5	Recovery	1-4 4	Members said that recovery at CHEEERS is defined by the individual. Peers attempt to set a good example for one another, but it is understood that members are at various stages of recovery and that outcomes are not standardized. Said one member, "It takes a village for recovery . . . support comes automatically and from the heart." Members said each member is responsible for	

			<p>their own recovery.</p> <p>Staff interviewed discussed the ups and downs of recovery and how the sense of community helps the entire group navigate challenges such as grief and loss. Several staff described how the CHEEERS family came together to grieve the passing of three members recently at a memorial service held at the center with the surviving families.</p>	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 4	<p>While CHEEERS prohibits religious proselytizing, members interviewed said that the center honors and respects each individual's spiritual needs. Some members said that they do not embrace any spiritual values and feel no pressure to do otherwise at the center. Spirituality or exploration of personal meaning and life's purpose can be had in a variety of creative expressive programming that is routinely offered such as poetry, drama, music therapy and art. The center offers Spirituality Group on Saturday morning where a variety of spiritual practices and belief systems may be discussed. Members said the memorial services at the center to honor the lives of recently deceased members supported everyone's grieving, regardless of religious viewpoints.</p>	
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 5	<p>Formal peer support is offered to members in groups scheduled throughout the week and one-on-one activities. Groups such as Wellness Recovery Action Plan (WRAP), Whole Health Action Management (WHAM), Expressions of Hope, and Round Table are offered multiple times during the week. One-on-one peer support with</p>	

			staff can be scheduled in advance or immediately as needed. Staff said that between 75% and 80% of members participate in formal peer support activities each week.	
4.1.2	Informal Peer Support	1-4 4	Staff and members said that informal peer support occurs throughout the entire day. Informal peer support often occurs over morning coffee or meals, during open art studio time, or while on outings. One member said that he received support from one trusted member merely by being in his presence.	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 5	Members reported they have numerous opportunities to share their recovery stories and are provided multiple tools for doing so. The telling of stories may be done in a variety of groups from Women’s Boundaries and Peer Support Training, to Round Table and Anger Management. Stories can come in the form of art, poetry and journaling, and a unique <i>photo voice</i> (an advocacy and research method used to document and reflect participants’ reality/lived experience) opportunity through a partnership with an area university. Members decide when and to whom they share depending on their readiness, which they determine. <i>Volunteer</i> and <i>Member of the Month</i> can post their written stories on center bulletin boards and others have posted their stories on the agency website for anyone to read. Others have shared their stories orally outside the center during advocacy and community education efforts. Members reported great pride in being able share their stories as sources of inspiration and motivation to others.	
4.2.1	Artistic Expression	1-5	Art is not merely an activity to keep busy at CHEERS, but a vehicle for personal expression,	

		5	<p>growth, and the sharing of recovery stories. Scheduled daily, CHEEERS provides structured art groups focused on recovery themes that are processed for content and feelings during and after art making. Open studio time is also scheduled daily for members to work on projects at their own pace. Considerable space is devoted to art making and storage of materials. Numerous examples of member created art hang throughout the buildings at CHEEERS. Some members report enjoying the poetry and journaling for creative expression. Programs offered in collaboration with other COSPs or other external partners include: music therapy, photography, writing, and a drama workshop. Members are encouraged to consider the value of art expression through regular attendance to such community events as the First Friday Art Walk and visits to community theater.</p>	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 4	<p>CHEEERS provides members with forums for consciousness raising such as attendance to the Connections Conference, the NAMI walk, and activities with other peer run organization such as the annual kickball tournament. The center also encourages members to be active participants in direct advocacy efforts. Members can help run booths at health fairs and share information about CHEEERS and their recovery stories. They have also attended the Suicide Advocacy Day and told their stories directly to state legislators.</p>	
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4	<p>Formal crisis prevention activities at CHEEERS begin at intake with getting to know the member</p>	

		4	and learning about their stated needs and goals. Skills for avoiding crisis can be developed in groups that include WRAP, WHAM, Peer Support Training (PSS), Anger Management Group, Women’s Boundaries, and Recovery Talk. Members reported that WRAP and PSS groups, in particular, have helped them manage symptoms associated with post-traumatic stress disorder through use of cognitive strategies, coping skills, and breathing exercises. Staff receive training in crisis prevention through RBHA provided Relias courses, de-escalation training at the annual all staff meeting, and Crisis Intervention Training. Staff meet one-on-one with members when behavior changes are noted and maintain contact with Case Managers about concerns. CHEEERS staff have helped members call the crisis line, and have transported members to crisis services.	
4.4.2	Informal Crisis Prevention	1-4 4	Members reported they try to help each other avert crisis through supportive talk, supportive listening, and mentoring. When necessary, members said they will advocate for their peers and alert staff when necessary. Some members interviewed said that they seek out their peers for guidance and support when they are approaching crisis, and also use the crisis numbers provided by staff if they are not at the center. Staff said that members are good at advocating for one another and often will come to the center because they are in crisis and want the peer support.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 4	All members interviewed agreed they have people they look up to at CHEEERS among the staff and membership. Staff interviewed reported being mentored by other staff but also learning from members, even in some instances, while leading recovery groups.	

Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 5	Staff said that between 80% - 100% of members attend some type of formally structured problem-solving activities at CHEEERS. These include not only modular programs such WRAP and WHAM, but also Your Wise Mind (Dialectical Behavioral Therapy), Good Grief (processing loss), Anger Management groups, Out N About (interacting in the community), and Bus Mobility Training. Staff reported they could verify this claim through the use of their Tracker reporting system.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	All members interviewed said they regularly receive informal problem-solving support. Informal peer-to-peer problem-solving occurs over coffee, meals, and during recreation and exercise, as well as in unstructured groups such as the daily morning Round Table (open forum discussions). Outside the center, Out N About and Bus Mobility Outing events and activities offer members and staff the opportunity to receive problem solving support, encouragement, mentoring, and feedback.	
5.1.3	Providing Informal Problem Solving Support	1-5 5	All members and staff interviewed said they provide informal problem solving support throughout the day. Members said they do this by listening and sharing their own stories, which creates trust and connection. This could occur in the open art studio, during Out N About activities, in the Recreation Room, or over center meals. One member described providing a peer guidance to outreach staff when his prescription ran out as an example of providing informal problem solving support.	
5.2 Education/Skills Training and Practice				

5.2.1	Formal Practice Skills	1-5 5	Skill building groups at CHEEERS include Women’s Boundaries and Men’s Health and Wellness groups (relationship and interpersonal skills), Let’s Dish (cooking classes), and Anger Management groups. Alternative Realities helps members cope with symptoms of paranoia, hallucinations, and speech disorders by learning to determine what is real and not real in their lives. CHEEERS also emphasizes community-based experiences for formal practice skill building. Staff described accompanying members on apartment searches and lease signings and to meetings with Social Security offices. Peers, both staff and other members, provide support and encouragement with social and interpersonal skills during Out N About activities. Several agreed that Out N About activities have helped them increase their comfort being in community settings and reduced their tendency to isolate due to social anxiety and stigma. Most members interviewed said they have engaged in formal practice skills activities, and staff said approximately 80% of members participate in formal practice skills on a regular basis.	
5.2.2	Job Readiness Activities	1-5 5	CHEEERS provides many options that promote job readiness including: GED classes, Peer Support Training, Let’s Dish (opportunity for a food handler’s card), a continuously staffed computer lab for resume writing and job search activities, on and off-site volunteer opportunities, and Bus Mobility Training. Staff report that 25% of members are actively seeking employment and that 90% of members participate in some type of job readiness activity.	

**Domain 6
Advocacy**

6.1 Self Advocacy

6.1.1	Formal Self Advocacy Activities	1-5 4	CHEEERS staff said that 50%-75% of members participate in formal self-advocacy activities. In addition to WRAP and Peer Support Training, a Recovery Goals group focuses on helping members create a unique path toward recovery and “develop principles that are individualized to meet the needs of [their] personal journey.” Several members interviewed described experiences of improved self-advocating, including with their clinical team.	<ul style="list-style-type: none"> Continue efforts to ensure that the most (75% - 100%) of members participate in formal self-advocacy efforts.
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5 5	Members strongly view themselves and each other as peer advocates. Members share resources they have located in the community and help one another search for them in the center’s Resource area and on-line in the computer lab. Members said they routinely provide encouragement and support in seeking help from staff and will alert staff if they see a peer approaching crisis. Members practice peer advocacy at the center level by serving on the CAC and Board of Directors, participating in All Participant Meetings, submitting recommendations and requests to the suggestion box, participating in the quarterly ASU Satisfaction Survey, and, when necessary, filing grievances.	
6.2.1	Outreach to Participants	1-5 5	CHEEERS keeps members informed about center news, programs, upcoming events, and peer advocacy efforts through the use of the agency website and the Facebook page; the agency newsletter; event flyers; the CAC and the All Participant Meetings; and postings on the numerous bulletin boards scattered throughout the five-building campus. Members perceive their attendance as important and reported that when they are absent from the center longer than usual, “someone notices”. Staff said that they make	

			follow up phone calls to members and Case Managers when members have been absent longer than normal. Staff said that members will call each other as well.	
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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	5
1.3.2 Linkage to Other Consumer Operated Services Program (COSPs)	1-5	5
1.3.3 Linkage with Other Services Agencies	1-5	5
Domain 2: Environment		
2.1.1 Local Proximity	1-4	4
2.1.2 Access	1-5	5
2.1.3 Hours	1-5	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	5
2.3.3 Sense of Community	1-4	4
2.4.1 Timeframes	1-4	4
Domain 3: Belief Systems	Rating Range	Score
3.1 Peer Principle	1-4	4
3.2 Helper's Principle	1-4	4
3.3.1 Personal Empowerment	1-5	5
3.3.2 Personal Accountability	1-5	5
3.3.3 Group Empowerment	1-4	4
3.4 Choice	1-5	5
3.5 Recovery	1-4	4
3.6 Spiritual Growth	1-4	4
Domain 4: Peer Support	Rating Range	Score
4.1.1 Formal Peer Support	1-5	5
4.1.2 Informal Peer Support	1-4	4
4.2 Telling Our Stories	1-5	5
4.2.1 Artistic Expression	1-5	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	4
6.1.2	Peer Advocacy	1-5	5
6.2.1	Outreach to Participants	1-5	5
Total Score		205	
Total Possible Score		208	