

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

Date: December 18, 2024

To: Kimberly Craig, Chief Executive Officer

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AHCCCS Fidelity Reviewers

### **Introduction**

The Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education Behavioral Health Program to conduct Fidelity Reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Consumer Operated Services Fidelity Scale, an evidence-based practice (EBP).

### **Method**

On November 5 – 6, 2024, Fidelity Reviewers completed a review of the Center for Health and Recovery - a Consumer Operated Service Program (COSP). This review is intended to provide specific feedback in the development of your agency's services in an effort to improve the overall quality of behavioral health services in the Central Region of Arizona.

The Center for Health and Recovery (CHR), formerly known as CHEEERS, provides peer delivered support services to individuals with mental health and substance use disorders. Services are designed to assist individuals with: establishing recovery-based activities and behaviors, developing skills to manage and understand their health in order to improve wellbeing, gaining skills to obtain or maintain employment or earn a General Education Diploma (GED), and accessing resources and natural supports.

The individuals served through this agency are referred to as "members" or "participants", and for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used. For the purposes of this report, the phrase *lived experience* refers to persons with personal psychiatric care experience.

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

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

- Review and discussion with staff of a pre-recorded video tour of the center's facility with the Chief Executive Officer.
- Interview via videoconference with the Chief Executive Officer.

- Focus group by videoconference with five supervisory staff: Director of Operations, Center Director, two Program Directors, and one Community Programs Manager.
- Focus group by videoconference with six non-supervisory staff: Intake and Engagement Coordinator, Independent Living Specialist, Peer Support Specialist, and two Recovery Service Plan Coordinators
- Focus group by videoconference with five participating program members.
- Closeout discussion with the Chief Executive Officer and representative from the contractor with a Regional Behavioral Health Agreement.
- Review of the center's key documentation, including organizational documents, policy and procedures manuals, Board of Directors meeting minutes, Member Advisory Council meeting minutes, annual reports, surveys and results, job descriptions, program schedules, curriculum, memorandum of understandings, CHR brochure, and the CHR participant handbook, Survey Participant Demographics, among other documents.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) Fidelity Assessment/Common Ingredients Tool (FACIT) of the *Consumer Operated Service Evidence Based Practice Tool Kit*. Using specific observational criteria, this scale assesses the degree to which an agency's operation aligns with a set of ideal standards established for high-fidelity COS. The 45-item scale considers the agency's operations in 6 domains: Structure, Environment, Belief Systems, Peer Support, Education, and Advocacy. The scale rates fidelity items on a 1-4 or 1-5 points scale, which ranges from 1, indicating "Not implemented" to 4 or 5 (depending on the item), indicating "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:

- 93% of employees, including all direct service staff, identify as peers with lived or living experience, ensuring services are informed by staff with firsthand understanding.
- CHR demonstrates strong connections with a diverse network of external partners, including other peer-run programs, advocacy organizations, traditional behavioral health providers, and various community agencies.
- CHR provides opportunities for members to engage in activities that help them recognize their value as contributors to both the program and the broader peer community.

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

- Expand the board by recruiting individuals with targeted skills (e.g., legal, financial) who also identify as having lived/living experience. Ensure that at least 90% of board seats are held by those with such experiences, promoting alignment with the community served while integrating personal recovery perspectives with essential governance expertise.
- Continue efforts to educate members about the consumer movement, motivating them to expand their focus and contribute to the broader consumer community. Explore initiatives that actively encourage and support members in engaging in advocacy at the

local, state, and national levels. This should include providing guidance on how to participate in public policy campaigns, engage with legislators, and join relevant advocacy groups.

Ingredient#	Ingredient	Rating	Rating Rationale	Recommendations
<b>Domain 1 Structure</b>				
<b>1.1 Consumer Operated</b>				
1.1.1	Board Participation	1- 5 4	The CHR Board of Directors (BOD) is self-elected and meets in person every two months. Program participants serving on the are invited to apply. Currently, 89% of the BOD self-identify as persons with lived/living psychiatric experience. One board member identifies as a family member of someone with lived/living experience.	<ul style="list-style-type: none"> <li>Ideally, at least 90% of Board members (and 100% of officers) are people with direct lived experience of recovery.</li> </ul>
1.1.2	Consumer Staff	1- 5 5	Staff reported that 93% of employees self-identify as having lived or living psychiatric experience. One staff shared their personal journey of starting as a program member and becoming direct service staff.	
1.1.3	Hiring Decisions	1- 4 4	When hiring new staff, or considering internal transfers, staff consult members of the Member Advisory Council about potential candidates. The final hiring decisions are made by a staff member with lived/living psychiatric experience.	
1.1.4	Budget Control	1- 4 4	Member reported influencing budget decisions through formal channels such as participating on the BOD or the Member Advisory Council, and by completing satisfaction surveys or a communication form. Informally, members can provide input by directly approaching staff or the Member Advisory Council members with ideas or requests. Staff reported budget oversight follows a tiered structure, with program managers and staff managing specific budgets and allocating funds independently without requiring approval from senior management.	
1.1.5	Volunteer Opportunities	1- 5 5	Staff reported that all members engage in volunteer activities, both through organized community groups and daily tasks at the center.	

			<p>Structured opportunities include serving on the BOD, Advisory Council, assisting with food service and operations by volunteering in the kitchen or helping the Facilities Team with campus cleanliness, and helping with events and special projects. Members also volunteer weekly at a local food bank and community kitchen.</p> <p>Informal opportunities include helping other members move around campus, assisting with daily chores, or working in the garden. Members interviewed shared that these experiences, such as leading program tours or teaching Life Skills classes, have helped them achieve personal goals and overcome challenges. Additional opportunities include planning fundraisers, hosting meetings, or sponsoring events to collect hygiene items.</p>	
<b>1.2 Participant Responsiveness</b>				
1.2.1	Planning Input	1- 5 5	<p>Staff described several ways members provide input on program planning, including daily Round Table meetings, Lunch and Learn sessions, Campus Connect meetings, the monthly formal Advisory Council meeting, and monthly satisfaction surveys. Members participate in strategic planning, with the Member Advisory Council serving as a platform for sharing input directly with the BOD. Members reported that suggestions submitted through the suggestion box are voted on monthly by all program members, with the majority vote determining program changes. When changes require leadership approval, the CEO consults with the Member Advisory Council to determine the next steps. Recent suggestions that were implemented include a peer kickball tournament in collaboration with other COSPs, an installed basketball hoop, and Giant Jenga competition.</p>	•

			Based on a review of the Member Advisory Council meeting minutes and other documents provided it was unclear if follow-up to some member suggestions occurred.	
1.2.2	Member Dissatisfaction / Grievance Response	1- 5 5	CHR has a formal policy for addressing grievances and assessing peer satisfaction. The grievance policy and procedure are displayed on bulletin boards throughout the campus and included in the CHR member handbook. Grievance forms are available at the front desk. Staff assist members with the process of addressing grievances. Members can informally report grievances through monthly satisfaction surveys, anonymous suggestions in the suggestion box, discussing the issue during a group session, or by speaking directly with staff.	
<b>1.3 Linkage to Other Supports</b>				
1.3.1	Linkage with Traditional Mental Health Services	1- 5 5	Per interviews with staff, coordination with clinics occurs through sharing monthly summary reports with clinical teams and giving presentations to clinical teams about services. Clinical teams contact CHR to coordinate individual member outreach and engagement efforts. Staff reported members are welcome to utilize private office space on campus to attend virtual appointments with providers.	
1.3.2	Linkage with Other COSPs	1- 5 5	CHR provides members with various opportunities to engage in social and recreational activities in collaboration with other COSPs. CHR participates in monthly meetings with other local COSPs to exchange information, share resources, and plan activities. Additionally, CHR attends monthly meetings held by the Office of Individuals and Family Affairs. Collaborative events include kickball tournaments, health fairs, and open house art events organized with two other COSPs.	

1.3.3	Linkage with Other Service Agencies	1- 5 5	CHR has established partnerships with community agencies including St. Mary's Food Bank, St. Vincent De Paul, Arizona Department of Corrections, Valleywise, Herzing College, and Arizona State University. CHR supports members and other organizations through parenting programs, collaboration with local city courts, volunteer efforts at St. Mary's Food Bank.	
<b>Domain 2 Environment</b>				
<b>2.1 Accessibility</b>				
2.1.1	Local Proximity	1- 4 4	CHR's campus is 27,000 square feet and located in a densely populated area of central Phoenix, providing easy access to various commercial businesses, retail services, and nearby residential neighborhoods.	
2.1.2	Access	1- 5 5	<p>The campus is located near several bus routes within 150 feet and the Valley Metro Rail is located less than a mile away. Members can obtain bus passes through their outpatient behavioral health provider (clinical team), though many use taxi services to reach the center.</p> <p>Staff reported most members live within a 25-mile radius, with many residing within walking distance. Transportation is typically arranged by clinical teams. The program has five vans, and one is wheelchair accessible. The CHR campus has parking for members, staff, and visitors, with wheelchair ramps and push-to-open door switches at all entrances. Per staff and member interviews, the private campus has paved walkways connecting all seven buildings and members and staff both utilize these walkways for exercise during cooler months.</p>	
2.1.3	Hours	1- 5 5	Staff indicated program hours are based on member input and align with the times most needed and preferred by participants. The program currently operates more than 40 hours a week with a schedule	

			of Monday through Friday from 8:00 AM to 5:30 PM. The first Wednesday of each month the program is open until 1:00 PM, then closes to accommodate a staff meeting. The center is closed on weekends and holidays. Members interviewed expressed satisfaction with the current hours, some reported ongoing discussions regarding member interest for reopening the program on Saturdays.	
2.1.4	Cost	1- 5 5	CHR services, including activities, meals, and community outings, are provided to participants free of charge. The majority of members participating in services at CHR are covered by Medicaid/AHCCCS. Those with private health plans or no insurance, CHR will utilize other sources of funding to ensure services are provided at no cost to members.	
2.1.5	Accessibility	1- 4 4	The program is fully accessible and is committed to making accommodations so everyone can fully participate. The buildings on campus feature wheelchair ramps, push-to-open activation switches, wheelchair-accessible bathrooms, and safety grab bars in all restrooms. CHR has accommodations in place to support member participation in program activities such as large print materials, interpreter services, and a hearing-impaired teletypewriter (TTY) line. Staff reported that all members have equal access to participate in activities onsite and in the community. Staff will also assist members one-to-one as needed.	
<b>2.2 Safety</b>				
2.2.1	Lack of Coerciveness	1- 5 5	Members and staff reported that participation is voluntary and is tailored to meet individual members' goals, allowing members to engage at their own pace. During intake, recovery plans are developed and are updated as members' goals change.  CHR partners with Maricopa Integrated Health Systems through a targeted investment program to provide	



			<p>outreach, peer training, and resources for individuals involved in the justice system. These services span across multiple locations in the county and are voluntary. CHR does not track court-ordered directives or coordinate with legal entities regarding member participation. When members request information for legal purposes, leadership reviews and releases the data only at the member's request.</p>	
2.2.2	Program Rules	1- 5 5	<p>Staff and members reported that the program rules and disruption policy are outlined in the CHR participant handbook and reviewed with new members during intake. Staff reported members were involved in the development of the disruption policy which is also displayed throughout the campus. Additionally, members were involved in the development of group rules and those are discussed at the beginning of each group activity.</p>	
<b>2.3 Informal Setting</b>				
2.3.1	Physical Environment	1- 4 4	<p>The campus consists of five buildings in a private lot, connected via paved pathways and landscaped walkways. One member reported walking around the campus on the paved pathways to relieve stress.</p> <p>During the virtual tour, reviewers observed staff at the reception area welcoming members as they entered. The campus includes areas for members to congregate and offers a comfortable, spacious environment enhanced by new laminate flooring and colorful member artwork. The center has an indoor fitness room, pool table, an outdoor basketball hoop for recreation, a computer lab for adult education, several group rooms equipped with TV monitors, a kitchen, and a dining area. The outdoor space located on campus includes a garden and two patios with awnings and seating. One building is dedicated to arts and</p>	

			<p>crafts, and staff personal offices, maintaining an open-door policy.</p> <p>Members interviewed described the campus as a safe place and reported staff is always at the front reception area welcoming members as they enter, which contributes to a warm and welcoming environment.</p>	
2.3.2	Social Environment	1- 5 5	<p>Staff described the social environment as supportive, with efforts made to greet everyone and conduct frequent check-ins throughout the day. A recent dance exemplified this supportive atmosphere, as all joined in by dressing up in fun attire, fostering a sense of community and inclusivity.</p> <p>Members shared that participation in the program helps foster a strong sense of belonging, helping members to build friendships and support systems, and developing coping skills that have positively impacted relationships outside the center. CHR was described as a welcoming and safe community where members feel comfortable being themselves, with little distinction between members and staff.</p> <p>During the virtual tour, participants were gathered in the dining area, and interactions with staff appeared relaxed, with no visible distinctions or sense of inequality between staff and members.</p>	
2.3.3	Sense of Community	1- 4 4	<p>All interviewed members expressed a strong sense of belonging, describing CHR as a welcoming environment that fosters meaningful connections. Group activities build peer relationships and develop skills like communication and self-advocacy. One member emphasized the sense of togetherness and the organic development of friendships and community through shared experiences. Staff encourage connections within and beyond the</p>	

			program, including outings (e.g., shopping, movies), phone conversations, and strengthening bonds with current and former CHR peers. Staff and members reported participation in the Out and About group promotes a sense of community and encourages members to interact with one another outside of the program.	
<b>2.4 Reasonable Accommodation</b>				
2.4.1	Timeframes	1- 4 4	CHR does not have membership time limits, allowing members to engage at their own pace and without a set timeline. Schedules are flexible and tailored to individual recovery goals. Some members attend as their schedules permit, balancing work, school, or other commitments. Staff reported members returning after extended absences are welcomed back with minimal administrative requirements.	
<b>Domain 3 Belief Systems</b>				
<b>3.1 Peer Principle</b>				
3.1	Peer Principle	1- 4 4	Staff and members described program relationships as grounded in shared support and trust. Peer connections are marked by equality, mutual acceptance, and respect, with self-disclosure happening frequently. Both members and staff view these relationships as supportive and genuine, openly exchanging stories of recovery, challenges, values, and shared experiences, creating an environment free from judgment and isolation. Members reported having opportunities to discuss their psychiatric experiences or concerns during group sessions and one-on-one interactions with staff or peers, as well as outside of scheduled activities. All members and staff interviewed reported feeling reciprocated support and encouragement by both peers and staff.	
<b>3.2 Helper Principle</b>				

3.2	Helper Principle	1- 4 4	Both members and staff report that participants in the program help and support each other. Recent examples include offering help to those with physical challenges, assisting newcomers, sharing personal experiences that others can relate to, and engaging in casual conversations to build connections. About 80% of members have completed the Wellness Recovery Action Plan (WRAP) course. Members report that WRAP has helped empower them, while also encouraging both members and staff to demonstrate empathy and understanding, creating a supportive and caring environment. Support is offered voluntarily, allowing members to learn from one another. Staff expressed finding purpose and fulfillment in helping others, feeling rewarded by the positive impact they make on others' lives and the connection to their own growth and recovery.	
<b>3.3 Empowerment</b>				
3.3.1	Personal Empowerment	1- 5 5	Staff reported that members communicate needs through monthly surveys, providing feedback by utilizing suggestion boxes located in several places on campus, and the communication form, which allows for open dialogue. Members shared that their participation in CHR's program has led to positive changes in their lives, including the development of coping and life skills, increased self-confidence, reduced feelings of isolation, improved community connections, and strengthened relationships with family and friends. Another member expressed that attending the program has helped them set and achieve goals, as well as build the confidence needed to pursue new objectives, such as returning to college.	
3.3.2	Personal Accountability	1- 5 5	Members often address concerns or behaviors before it is necessary for staff to intervene. Members shared that program rules outline general expectations for treating one another with respect and fairness. While	

			there are consequences for rule violations, concerns are typically resolved through personal accountability before any corrective actions are considered.	
3.3.3	Group Empowerment	1- 4 4	Members and staff interviewed shared that participation at CHR gave them a strong sense of empowerment and fulfillment. Through participation in the Member Advisory Council, BOD, daily roundtable discussions, and monthly member meetings, members actively collaborate and contribute to the community. These activities strengthen group connections and foster a sense of support and provide valuable networking opportunities.	
<b>3.4 Choice</b>				
3.4	Choice	1- 5 5	Members interviewed described the program as having many options to participate in, such as art groups, relapse prevention groups, volunteering, and community outings. Members reported choosing their level of participation based on their individual recovery journey. CHR offers structured classes, like Peer Support Training, WRAP facilitator training, and pre-employment, adult education and GED classes, in which members are required to schedule with staff. Members can also attend daily groups that do not require commitment, as well as other scheduled activities. Members and staff reported members choose to participate in programming they enjoy. Members shared they are not pressured to participate and are often encouraged by their peers to join in scheduled activities which contributes to members' sense of community.	
<b>3.5 Recovery</b>				
3.5	Recovery	1- 4 4	Staff reported the definition of recovery is different for everyone. Some staff described recovery as a continuous process in which individuals grow and improve their lives. Other staff shared recovery as an	

			<p>individual's process of change and doing whatever one has to do to have a better life.</p> <p>The mission statement and program materials effectively communicate the program's hope-oriented approach. CHR's mission, vision, and values are prominently displayed in the front lobby. The mission emphasizes empowering individuals to lead healthy, meaningful lives through recovery-based community services, and shared experiences. Members report that interactions within the program embrace and respect individual differences.</p>	
<b>3.6 Spiritual Growth</b>				
3.6	Spiritual Growth	1- 4 4	<p>Members reported starting each group with a check-in addressing their mental, physical, emotional, and spiritual well-being. Staff noted that discussions about spirituality sometimes arise during check-ins, and the program offers a spirituality group. Activities like Expressions of Hope, writing, and meditation help members explore meaning and purpose. While spirituality is significant for some members' recovery, the expression is encouraged and not imposed, fostering an open and non-judgmental environment.</p>	
<b>Domain 4 Peer Support</b>				
<b>4.1 Peer Support</b>				
4.1.1	Formal Peer Support	1- 5 5	<p>Staff and members indicated there are several ways for members to receive formal peer support, including scheduled one-on-one meetings with staff, participating in daily roundtable discussions, and check-ins before each group. The program's monthly calendar lists six formal peer support groups offered weekly. Three of the groups are open art studio groups with a focus on peer support and are held in the Expressions of Hope creative arts building. The</p>	

			remaining groups include Connection/Support Peer Support group, Recovery Support Peer Support group, and Fun & Friendships Peer Support in Recovery. Additionally, peer support training, WRAP, and health and wellness activities groups are offered as part of the program.	
4.1.2	Informal Peer Support	1- 4 4	Based on interviews, informal peer support happens frequently, between peers and between staff and peers. Informal peer support is fostered through interactions during meals, between groups, in outdoor spaces, and through staff's open-door policy for unscheduled one-on-one meetings. Members build mutual peer relationships and provide informal support, particularly in the afternoons after 3:00pm when scheduled programming ends. Member will utilize recreation spaces like the art studio and gym to connect and practice relationship-building skills.	
<b>4.2 Telling Our Stories</b>				
4.2	Telling Our Stories	1- 5 5	The program offers various formal and informal opportunities for members to share their stories. Members reported sharing personal experiences during morning check-ins, group sessions and activities, and one-on-one meetings with staff. Members reported having opportunities to share their stories within the program. One member reported incorporating their story into artwork during Expressions of Hope art studio groups and a public art show, and another member shared their story on stage at a storytelling event. The CHR website features member stories about support systems and how participation in CHR has aided their recovery.	
4.2.1	Artistic Expression	1- 5 5	The Expressions of Hope building offers structured and unstructured art activities designed to develop skills and promote healthy emotional expression. These activities help build self-esteem, patience, and social	

			confidence. The Expressions of Hope structured sessions occur five days a week, and open studio time occurs four days a week. During open studio time, members explore various arts and crafts, including painting, beading, pottery, crocheting, and jewelry making. Other creative outlets include music, singing, acting, poetry, journaling, and karaoke. The program offers one music group and one creative writing group. Staff reported the center hosts an annual art show event in which participants' artwork is showcased; artwork is displayed on the center's walls for family members, clinical teams, the Board of Directors, supporters, and funders to see.	
<b>4.3 Consciousness Raising</b>				
4.3	Consciousness Raising	1- 4 3	Staff reported that members are informed about events and activities, such as educational forums, community events, and other consciousness-raising opportunities, through program participation, fliers, and social media. Members reported attending events such as the annual National Alliance to Mental Illness Walk and Connection Conference, and health fairs. Once per month, CHR streams the statewide advisory council meeting during Lunch and Learn, which features presenters like contractors with a regional behavioral health agreement.	<ul style="list-style-type: none"> <li>Encourage members' confidence in contributing to the larger peer community beyond CHR Encourage exploration of issues that matter to members in their daily lives and how they can use their individual and collective voices to offer perspectives and solutions that may be common to the peer community yet resonate with the larger public. Facilitate participation in letter writing campaigns, or small groups of individual members giving public comment at city council meetings are all examples of potential opportunities for members to make their voices heard outside the COS community.</li> </ul>
<b>4.4 Crisis Prevention</b>				
4.4.1	Formal Crisis Prevention	1- 4 4	Staff explained that the program is generally designed to prevent crises by offering skill-based groups like Skills for Self-Care and Crisis Prevention, Resilience in Recovery, and Skills for Improving Communication. A key aspect of CHR's crisis prevention strategy is fostering one-on-one connections and maintaining communication with clinical teams, family members,	



			<p>and legal guardians to share important information about members' needs. Staff reported CHR's quality management department notifies staff twice a week about members that have been medically or psychiatrically hospitalized; staff outreach these members in an attempt to mitigate any potential concerns. Members report that, based on the situation, a plan is made to address the crisis. This may involve clinical team support, discussing the issue with staff one-on-one, or calling a mobile crisis team.</p> <p>The center offers several groups that focus on prevention and intervention and equip members with the necessary tools for managing unexpected challenges. Per CHR's Behavioral Health Emergencies policy, staff receive ongoing training and supervision to ensure they are prepared and aware of symptoms, behaviors, or indications that a participant may be experiencing a behavioral health emergency. Additionally, several staff are trained in WRAP facilitation and personal medicine coaching and have begun sharing these tools with participants. Members cited WRAP groups help outline the whole process of how to prevent crises and best practices to deal with them.</p>	
4.4.2	Informal Crisis Prevention	1- 4 4	<p>Members shared examples of offering support and encouragement to each other both during and outside of CHR business hours. When extra help is needed, members reach out to staff, who maintain an open-door policy and are always available. Both staff and members noted that staff are familiar with most participants at CHR and can easily recognize when someone may need assistance. Members expressed that their connection with CHR makes them feel safe and supported. Members reported being informed of</p>	

			resources like the 988 hotline, warmline, and crisis services, especially during holidays.	
<b>4.5 Peer Mentoring and Teaching</b>				
4.5	Peer Mentoring and Teaching	1- 4 4	All members and staff interviewed reported both mentoring others and having mentors within the program, with members occasionally mentoring staff. Staff shared that CHR fosters a supportive environment for employees such that they frequently offer mutual support to one another.	
<b>Domain 5 Education</b>				
<b>5.1 Self-Management/ Problem Solving Strategies</b>				
5.1.1	Formally Structured Problem-Solving Activities	1- 5 5	Staff reported 100% of members participate in numerous groups and educational programs designed to teach practical problem-solving skills and resilience in recovery. Staff identified an effective communication group that helps participants learn more about nonverbal communication and body language; and role-playing to reinforce boundaries and interpersonal skills. Skills groups focus on various areas, including inner balance, relapse prevention, communication improvement, anger management, recovery support skills, mindfulness, life skills, conflict resolution, self-help, justice involvement, and relaxation techniques. Staff shared that check-ins at the beginning of each group naturally encourage problem-solving. Members interviewed recognized that skills learned in groups have developed into problem-solving abilities that foster self-advocacy and promote the ability to make more effective decisions.	
5.1.2	Receiving Informal Problem-Solving Support	1- 5 5	Members reported receiving informal support in problem-solving on a regular basis from staff and peers. Support typically takes place in passing, during casual interactions, such as during meals, group activities, and one-on-one conversations between	

			members or members and staff. One member shared experiencing a significant loss and how peers from the program provided support.	
5.1.3	Providing Informal Problem-Solving Support	1- 5 5	Members interviewed reported participants provide informal problem-solving support to each other daily. Some members reported assisted peers in locating resources in the community and navigating transportation challenges, and other members shared about experiences providing peers with empathetic listening or encouragement when peers were during overwhelming times.	
<b>5.2 Education/Skills Training and Practice</b>				
5.2.1	Formal Practice Skills	1- 5 5	Staff and members report that most groups and activities at the center are designed to develop skills essential for full participation in community life. These include goal setting, job preparedness, social skills, anger management, recognizing and identifying strengths, and overcoming barriers. Members highlighted structured opportunities for formal skill development through groups such as Pre-Employment/GED preparation, Recovery Planning, and WRAP.	
5.2.2	Job Readiness Activities	1- 5 5	Staff reported nearly 100% of members engage in job readiness activities as all program groups and activities provide pre-employment skills, directly or indirectly. These activities include educational groups such as pre-employment and GED classes, Peer Support Training, WRAP facilitator courses, computer training, public transportation training in the community, and food handler training. Volunteer opportunities at the program and in the community also prepare members for employment. Staff reported assisting members with resume writing, conducting mock interviews, and obtaining interview clothing and bus passes.	

<b>Domain 6 Advocacy</b>				
<b>6.1 Self Advocacy</b>				
6.1.1	Formal Self Advocacy Activities	1- 5  5	Staff reported that self-advocacy begins during intake with the creation of recovery plans outlining members' goals. Daily groups empower members to express needs, set boundaries, and assert their rights, covering topics like anger management, communication, and stress management. Staff assist members with entitlement agencies through phone call support, role modeling, and guidance. Members shared that CHR participation has strengthened their communication and self-advocacy skills, helping them secure services like hot meals and access to community art programs.	
<b>6.2 Peer Advocacy</b>				
6.2	Peer Advocacy	1- 5  5	Members reported helping peers resolve problems and advocating for changes that promote fairness, accessibility, and accountability in public services and policies. One member experienced learning how to advocate for others by speaking on their behalf and educating the community about available services. Another example included assisting a new member by showing them where to locate the needs checklist, providing a campus tour, showing the member where the suggestion boxes were located, and helping with transportation adjustments. Staff noted that peer-to-peer advocacy often leads to more effective learning and support than formal activities.	
6.2.1	Outreach to Participants	1- 5  5	Staff shared outreach and engagement happens daily. Staff use various methods to engage and inform members about activities, including the program's website, social media, newsletters, invitations to attend community events, and monthly surveys. Members reported that daily program calendars and monthly class and activity schedules are available at the front	

		<p>desk, and event information is shared through bulletin boards, fliers, and regular programming such as the afternoon Campus Connect meeting, Lunch and Learn, and the Advisory Council.</p> <p>CHR reaches out to members that are unhoused or incarcerated to connect them with mental health services, housing, and other support. Staff are proactive in reaching out to members who have not attended regularly to provide encouragement and support, and to invite them to special events. Staff reported receiving information on members that have been recently hospitalized and contacting those members. Members reported staff and peers notice when members are absent and will contact that member within five to seven days.</p>	
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## FACIT SCORE SHEET

Domain	Rating Range	Score
<b>Domain 1: Structure</b>		
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
<b>Domain 2: Environment</b>		
	Rating Range	<u>Score</u>
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	4

2.2.1	Lack of Coerciveness	1-5	5
2.2.2	Program Rules	1-5	5
2.3.1	Physical Environment	1-4	4
2.3.2	Social Environment	1-5	5
2.3.3	Sense of Community	1-4	4
2.4.1	Timeframes	1-4	4
<b>Domain 3: Belief Systems</b>		Rating Range	<u>Score</u>
3.1	Peer Principle	1-4	4
3.2	Helper's Principle	1-4	4
3.3.1	Personal Empowerment	1-5	5
3.3.2	Personal Accountability	1-5	5
3.3.3	Group Empowerment	1-4	4
3.4	Choice	1-5	5
3.5	Recovery	1-4	4
3.6	Spiritual Growth	1-4	4
<b>Domain 4: Peer Support</b>		Rating Range	<u>Score</u>
4.1.1	Formal Peer Support	1-5	5
4.1.2	Informal Peer Support	1-4	4

4.2	Telling Our Stories	1-5	5
4.2.1	Artistic Expression	1-5	5
4.3	Consciousness Raising	1-4	3
4.4.1	Formal Crisis Prevention	1-4	4
4.4.2	Informal Crisis Prevention	1-4	4
4.5	Peer Mentoring and Teaching	1-4	4
<b>Domain 5: Education</b>		Rating Range	<u>Score</u>
5.1.1	Formally Structured Activities	1-5	5
5.1.2	Receiving Informal Support	1-5	5
5.1.3	Providing Informal Support	1-5	5
5.2.1	Formal Skills Practice	1-5	5
5.2.2	Job Readiness Activities	1-5	5
<b>Domain 6: Advocacy</b>		Rating Range	<u>Score</u>
6.1.1	Formal Self Advocacy	1-5	5
6.1.2	Peer Advocacy	1-5	5
6.2.1	Outreach to Participants	1-5	5
<b>Total Score</b>		<b>206</b>	
<b>Total Possible Score</b>		<b>208</b>	