

# **CONSUMER-OPERATED SERVICES FIDELITY RATING INSTRUMENT (COS-FRI)**

## **Sources of information:**

- Conversations directly with consumers
- Overheard conversations between consumers, and between consumers and staff
- Groups or meetings (these can be particularly useful to observe interaction dynamics)
- Interview with the director and informal conversation with staff—some information is available only from the director or staff, though much needs to be weighed against observation and information that comes from consumers.
- Postings (though rely on observations when they contradict postings, pay attention to the age and authorship—i.e. is the posting ancient and yellowed? Is it written by staff or a consumer?); activity calendars; newsletters.

**Note: For the purposes of this instrument, we consider staff to be those who are paid to work at the center at least 20 hours per week, regardless of whether they are also mental health consumers.**

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**01. Consumer-operated**

All employees are consumers and consumers constitute a majority of the Board.

**Indicators:**

This information can be obtained by interviewing the director.

**Rating:**

1. No employees or Board members are consumers.
2. A minority of employees and Board members are consumers.
3. A majority of employees and at least some Board members (if they have a Board) are consumers.
4. All employees and a majority of Board members are consumers.
5. All employees and Board members (if they have a Board) are consumers.

## 02. Voluntary

Attendance and participation are completely voluntary.

### Indicators:

Are consumers allowed to freely come and go? Must they ask permission to leave the premises? Is there any evidence that case managers or group home staff drop people off and pick them up not at the consumers' initiative? Is attendance unduly influenced by spend-down requirements, transportation limitations, staff at AFC/group homes, caregivers, doctors, social/case workers or staff from the clubhouse or drop-in? Do "incentive programs" (e.g. rewards in exchange for participation or work) unduly influence participation? Do case managers or others mandate attendance at discussion/support groups?

### Rating:

1. More than two-thirds of the consumers are compelled to attend the center. Few, if any, come voluntarily, and they are generally not permitted to leave without staff permission.
2. Approximately 35-65% are compelled to attend the center by others outside the center and/or the center strongly encourages attendance. Consumers may be encouraged to ask permission to leave the premises or notify staff when leaving.
3. Approximately 20-35% of consumers are compelled to attend the center, participation in certain activities may be expected,  
**OR,**  
 less than 20% are compelled to attend, and consumers are pressed to participate in activities. Consumers are allowed to come and go from the center, though may be encouraged to stay.
4. Less than 20% of consumers may be compelled to attend the center by others outside the center—though the center does not compel them, and they are free to come and go. Participation may be encouraged though consumers are generally free to choose their level of participation.
5. Consumers' attendance and participation are voluntary—consumers come and go as they wish, and participate at the center according to their own desires.

### 03. Consumer determination of policies and operation

Consumers determine program operations; how decisions are made and what policies are in place. Consumers have ways to indicate dissatisfaction and satisfaction with aspects of their center and feel that they are heard.

#### Indicators:

How much input do consumers have in making decisions about daily operations? For example: what goes on at the center (structure of the day); what is served for snacks or holiday dinners; what supplies will be purchased; how much consumers will pay for food, activities, or used clothing at the center; what the away-from-center activities will be and how often they will occur.

Is the Board appointed or elected by the consumers—do the consumers know how the Board works? How often does the Board meet? Did staff determine the rules or did consumers meaningfully participate? How much input do consumers have in making decisions affecting the future of the center—fundraising, grant proposals, whether to add/cut services or programs, changes to the hours/days of operation, or hiring/firing staff?

#### Rating:

1. No Board or Advisory Committee composed primarily of consumers. The director and/or staff make virtually all decisions and the way these decisions are made is largely invisible to the wider group of consumers. Consumers have almost no input into even the smallest decisions. Consumer initiatives for new activities are ignored, if not discouraged.
3. The director, staff or a small group of consumers have the most say in decision-making. They may ask consumers for input, and they may even have a Board or Advisory Committee but it doesn't provide an effective process or structure for incorporating consumers in democratic decision-making. Consumers' ideas may be heard, though not really encouraged, and implementation is haphazard.
5. Open meetings and discussions are held with all consumers encouraged to attend, though perhaps only Board members may vote on final decisions. All consumers at the center are encouraged to democratically participate in most decisions, large and small. Democratic process is usual and expected here. Consumers have the freedom and encouragement to initiate new activities at the center. Staff and/or a core of regular consumers work to make the implementation of new ideas possible.

**04. Availability (hours and location)**

Center's operation is stable and predictable.

**Indicators:**

This information can be obtained by interviewing the director.

**Rating:**

1. The center's location and hours change often—more than yearly.
2. The center has changed locations about yearly, hours change sometimes too.
3. The center has moved every couple of years or so—hours may or may not be stable and predictable.
4. The center's location has changed less often than every 3 or 4 years on average, however hours sometimes change, not quite predictable for consumers.
5. The center's location has changed less often than every 3 or 4 years on average, and hours are generally stable and predictable.

**05a.Accessibility (available transportation)**

Consumers can get to the center on their own or through arranged transportation.

**Indicators:**

Is public transportation accessible, dependable and safe? Is it available on evenings and weekends? Does the mode of transportation provide consumers with reasonable, self-determined options for coming and going from the center? Do people indicate they have walked or biked a long distance to get there? Do consumers seem to have ready access to cars and are able to drive themselves?

**Rating:**

1. It is quite difficult for most consumers to come and go from the center. It may be inaccessible by public transportation, the bus may stop far away, or the center is remote making transportation to the center quite difficult. It's likely that transportation problems inhibit potential new consumers from coming to the center.
3. Getting to and from the center is somewhat problematic. Perhaps public transportation is available but not reliable, may be costly, or runs infrequently creating some stress or danger for consumers. Or, most consumers are transported by the center or AFC/group home and have almost no flexibility about when to come and go.
5. It is easy for consumers to come and go from the center as they wish. It is fully accessible by public transportation, or the center transports many consumers and the transportation schedule is flexible allowing consumers much freedom about when to come and go.

**05b.Accessibility (external safety)**

Neighborhood location is safe.

**Indicators:**

Do consumers talk about this neighborhood being unsafe? Does the location appear unsafe or remote (a long way from parking or the bus stop)? Are the doors locked to keep people out? Is the building *entrance* fully accessible by wheelchair? (Accessibility of the interior space is assessed under 6a.) Does the building fit in with the neighborhood? Is the exterior well maintained? Would you want to come to this place?

**Rating:**

1. Neighborhood appears unsafe, uncomfortable to walk around in. Building's outward appearance may also be undesirable, unkempt, or dilapidated. Building entrance may not be wheelchair accessible.
3. Neighborhood and/or building appear somewhat unpleasant. Building entrance may present difficulties for consumers with wheelchairs.
5. Neighborhood and building both appear safe and pleasant. Building entrance is wheelchair accessible.

## **06a.Acceptability and Respect for Consumers (Interior Physical Environment)**

The interior physical environment is acceptable and appropriate to the needs of the consumers.

### **Indicators:**

Is the center large enough to allow for some growth in membership? Is the center adequately ventilated, smoky, too hot or cold, crowded, dirty, wheelchair accessible? Is there adequate, comfortable, and clean furniture (couches, etc)? Is anything broken/leaking? Are any places in the center cluttered with clothes, junk, old computers, etc to the point where it's invasive? Does the center seem to have enough windows? Are bathrooms clean and supplied with toilet paper, soap, and paper towels?

### **Rating:**

1. The physical environment at the center is potentially unhealthy or very unpleasant and may include the following: heavily smoke-filled, filthy, foul odors, furniture in disrepair or uncomfortable, bathrooms dirty and/or not supplied with toilet paper/soap/paper towels, extreme heat/cold, leaking roof, cramped and crowded, non-working appliances or toilets. Perhaps there are barriers for consumers using wheelchairs—they may not be able to access areas of the center where most activity happens.
2. The physical environment does not necessarily pose a health risk, but definitely uncomfortable: dark, too hot/cold, may lack comfortable furniture, crowded, bathrooms may not be clean, smoky, limited kitchen space or kitchen is old and difficult to use. Perhaps there are barriers for consumers using wheelchairs—they may not be able to access areas of the center where most activity happens.
3. The physical environment at the center is somewhat unpleasant and may be somewhat smoky, too hot/cold, dirty, lacking comfortable furniture, or crowded, and/or have minor maintenance problems. The kitchen may not be large enough or have the necessary equipment to handle much meal preparation. Perhaps there are some barriers for consumers using wheelchairs, though they can access the areas of the center where most activity happens.
4. The physical environment at the center is satisfactory, not uncomfortable, perhaps not pleasing in its general upkeep, design or amenities. It may be slightly dingy, poorly lit, or barely large enough to accommodate the current membership. The center has a functional kitchen and enough space to handle meal preparation for members of the center, if not larger celebrations. Perhaps there are some barriers for consumers using wheelchairs, though they can access the areas of the center where most activity happens.
5. The center is clean, comfortable, attractive, furniture in good condition, well laid out, and large enough to accommodate some growth in membership. Bathrooms are clean and contain necessary supplies. It has a functional kitchen and enough space to handle meal preparation for large celebrations. Interior is fully wheelchair accessible.



### **06b. Acceptability and Respect for Consumers (Social Environment)**

Center respects the diversity of participants (gender, age, race/ethnicity, sexual orientation, religion, and consumers' functional capacities).

#### **Indicators:**

Does racist, sexist, anti-gay or otherwise demeaning speech or behavior (staff or consumer) go on without a meaningful response from other staff or consumers? Are statements being made that help to create an inclusive and respectful environment? Do pictures or postings on the walls reflect the demographics or cultural values that reflect the variety of consumers present? Is the environment inclusive and open such that consumers who may differ from the core group would feel welcome here?

#### **Rating:**

1. Staff and consumers both participate in creating an uncomfortable or insulting environment—racist, sexist, anti-gay or otherwise demeaning speech or behavior is frequent, pervasive, or severe. Neither staff nor other consumers respond in a meaningful way to uphold inclusive, respectful community standards.
2. Consumers, but not usually staff, contribute to an uncomfortable or insulting environment—racist, sexist, anti-gay or otherwise demeaning speech or behavior is frequent, pervasive, or severe. No one responds meaningfully to uphold respectful/inclusive community standards.
3. Infrequent and/or less severe racist, sexist, anti-gay or otherwise demeaning speech may be heard from time to time and are sometimes responded to, but the responses appear half-hearted or insufficient.
4. No demeaning speech or behavior observed, nor any concerted effort to create a respectful, inclusive environment.
5. The attitudes and of consumers and staff appear free of prejudice or demeaning behavior as evidenced by postings and speech. Staff and consumers appear to make a concerted effort to create a pleasant, respectful, and inclusive environment.

**06c.Acceptability and Respect for Consumers**

The center poses no threat of commitment, clinical diagnosis or unwanted treatment to its members. Not a treatment facility; no interventions or treatment going on.

**Rating:**

1. Staff threaten to report consumers' "misbehavior" to case managers, home providers or others with the power to diagnose, commit, or impose sanctions on consumers.
3. Staff do not threaten consumers with unwanted treatment, commitment, or other sanctions involving outside parties. Case managers or other mental health treatment providers spend time at the Center, perhaps even conducting case management or therapeutic sessions with consumers on site.
5. The center poses no threat of commitment, clinical diagnosis or unwanted treatment to its members. Not a treatment facility; no interventions or treatment going on.

## 07. Facilitating Referrals

The center helps consumers to access services and assistance from other needed sources.

### Indicators:

Are staff knowledgeable about necessary services available to consumers and seek to link consumers with these—e.g. affordable housing, transportation, job placement/training, education, food pantries/soup kitchens, clothing distribution sites, Medicaid and Medicare, social security benefits, self-help and support groups, shelters, low income resources, social recreational opportunities, etc.? Do we hear any talk about the center linking consumers with services? Does it seem that the center has relationships with other helpful agencies/services? Are there updated and accessible pamphlets, postings (including specific, local contact information)? Do representatives from local service programs come to the center?

More important than posted information is evidence that staff are knowledgeable, helpful, accessible, and pro-active regarding linking consumers with services they need in the community. Does it seem that consumers can become more knowledgeable about available services by hearing the talk at the center about services that are available in the community?

### Rating:

1. There are no useful postings or referrals by staff for necessary services in the community.
2. Staff does not generally seek to share referral information with consumers, and it seems they may not be well informed themselves. Little or no available and readily usable referral information about basic needs assistance (listed above). Posted information, if any, is largely outdated or not “user-friendly” for consumers.
3. Staff may not be pro-active in sharing referral information with consumers, but usually respond usefully when asked. Some information is available to consumers regarding referrals for basic needs assistance (listed above) but the postings may be somewhat outdated, few in number, or not as “user-friendly” as they might be.
4. Postings may be outdated, few in number, or not as useful as they might be, but staff are knowledgeable, helpful and pro-active in getting information to consumers about basic needs assistance (listed above).
5. Much usable information is readily available to consumers regarding referral sources for basic needs assistance (listed above)—through staff sharing the information with consumers one-on-one or in groups, and perhaps guest speakers and accessible and updated posted information. Staff are knowledgeable, helpful, and pro-active. Consumers may also become more knowledgeable themselves by hearing talk at the center about services available in the community.

## 08a.Membership Retention

Center makes an effort to retain existing consumers.

### Indicators:

Does anyone seem to reach out or check in with attending consumers who don't seem to be having a good time at the center? Does anyone demonstrate enthusiasm and offer positive support to individuals who have returned to the center after some absence? How much attention is paid to welcoming, and orienting new consumers, recognizing the participation of existing consumers, and reaching out to consumers who've been absent? Are consumers appreciated for their contribution to the center—do they feel they're important to the center? Do we see any consumers making calls, sending cards or visiting consumers who haven't attended in awhile? Do we hear about anyone visiting consumers in the hospital or jail? Does the center have a newsletter? Is it mailed to inactive consumers?

### Rating:

1. Mostly indifferent, rather than friendly, atmosphere. Little or no recognition for consumers' contributions to the center. Consumers returning after some time away from the center are rarely welcomed. Little, if any, welcoming or orienting of new consumers. No cards, phone calls, or visits to consumers who haven't attended in some time.
3. Somewhat friendly atmosphere. Some informal recognition for consumers' contributions to the center and some welcoming back of consumers who've been away from the center. Occasionally there are cards, phone calls or visits to consumers who've been away from the center for some time, or for other occasions like birthdays. Orientation for new consumers is minimal but sufficient to let people know the basics of the center (e.g. where the bathroom is, coffee if it's available) and they are introduced to at least two other consumers.
5. Very friendly, welcoming atmosphere. Consumers are well recognized for their contributions to the center—perhaps formally (awards, certificates etc.) as well as informally. Consumers telephone and/or visit consumers in the hospital or crisis center. Telephone calls, and maybe cards sent), to consumers who've been away from the center for awhile and enthusiastic welcoming when they return. Orientation for new consumers is comprehensive enough that they know a little about what the center has to offer (not so much that it is overwhelming in scope or length of time) and are introduced to a few other consumers.

**08b.Outreach to recruit new members**

Center does outreach to recruit new consumers at locations (such as homeless shelters) where there may be individuals in need.

**Indicators:**

How much attention is paid to recruiting new consumers to the center? Does the center attempt to have CMH spread the word about the center to their clients? Does the center make contact with agencies who may come into contact with consumers, and seek to have them publicize the center to their clients? Do we observe any other evidence of recruitment? Does the center do anything to increase their visibility in the community—distribute flyers, participate in highway cleanup campaigns, an informational booth at community festivals, etc.?

**Rating:**

1. No emphasis on recruiting new consumers.
2. The center seeks to have CMH spread the word to case managers to make their clients aware of the center, but it doesn't seem effective, and they make no other effort to recruit new consumers or increase the visibility of the center in the community.
3. The center seeks to have CMH spread the word to case managers to make their clients aware of the center, and this may be somewhat effective in drawing new consumers into the center. The center does little or no recruitment beyond this.
4. The center works through CMH to spread the word about the center. They also have some contact with local agencies (e.g. homeless shelters and food pantries) or try in other ways to enhance the visibility of the center in the community, but these efforts aren't systematic—they seem to occur in fits and starts and aren't consistent over time.
5. The center seeks to have CMH spread the word to case managers to make their clients aware of the center. The center is also active in making and keeping contacts with local agencies (e.g. homeless shelters and food pantries) to spread the word about the center and recruit new consumers,  
**OR,**  
they may consistently be involved in various other strategies to increase the visibility of the center in the community.

**09. Activities and services available**

Activities and services are available that reflect consumers' needs for:

- 9a.) help in getting basic needs met;
- 9b.) help with locating housing, jobs, education, and transportation for daily needs—direct help not referral;
- 9c.) social recreational activities.

**9a. Provision for basic needs****Indicators:**

Does the center provide for some basic needs—affordable or free meals/snacks, telephone access (including personal calls), washer and dryer, personal hygiene products, clothing, showers, or food pantry? Assign one rating “point” for each of the following five categories that the center provides:

1. Adequate *quality* meals/snacks (at least moderately appealing and nutritious)
2. Adequate *quantity* of meals/snacks (enough for everyone present and served almost every day)
3. Telephone access (including personal calls)
4. Washer and dryer for consumer use
5. At least one of the following: personal hygiene products (for consumers to take home), clothing, showers or food pantry

**Rating:**

1. 0-1 points
2. 2 points
3. 3 points
4. 4 points
5. 5 points

## 9b. Housing, transportation, education, and job assistance

### Indicators:

Does the center actively help consumers obtain housing, education, jobs or job training, or provide transportation to consumers for daily needs (e.g. to the grocery store, laundromat etc. regularly enough to enable consumers to depend on this service to meet their needs)? This refers to services the center provides directly to consumers, *not referral to other sources of help*.

### Rating:

1. The center provides **none** of these services on a regular basis.
3. The center provides **one** of these services regularly.
5. The center provides **two** or more of these services regularly.

## 9c. Social-recreational activities

### Indicators:

Are there arts and crafts or other creative options available at the center for little or no cost? Is there a TV, stereo, karaoke machine, games, pool table, ping pong, weekly movie night, exercise class, organized craft night, or other in-house activities that consumers use and enjoy? How many different options are there inside the center?

How often are there activities **away** from the center—i.e. outings that the center planned and/or transports consumers to? Do consumers enjoy these and are they well attended?

**To compute the rating:** add “points” for activities *away* from the center plus “points” for activities *inside* the center—

### Activities AWAY from the center:

- 1 point for activities away from the center once per month (0 points for this item if less often)
- 2 points for 2-3 times per month
- 3 points for once per week or more often

#### And add:

- 1 point if consumers seem to moderately enjoy these outside activities
- 3 points if consumers seem to really enjoy them

#### And add:

- 1 point if these outside activities are well attended

PLUS

### Activities INSIDE the center:

- 1 point if the center has just TV/stereo.
- 2 points if the center has cards, board games or a few crafts in addition to TV/stereo.
- 3 points if center has 2-4 of these: TV/stereo, computer games, pool table, ping pong table, tournaments, organized craft night, movie night weekly—rented videos, exercise class, etc.
- 4 points if center has 5 of the inside activities listed above
- 6 points if center has 6 or more of the inside activities listed above

### Rating:

1. 0-2 total points
2. 3-4 total points
3. 5-6 total points
4. 7-8 total points
5. 9 or more total points



## 10. Group empowerment

Center promotes the process by which individuals come together and develop an awareness or "group consciousness" about the impact of societal structures and how they impact on the group. Center provides consumers the opportunity to develop individual and group advocacy skills related to issues such as change in the mental health system, anti-stigma campaigns, dealing with entitlements, etc.

### Indicators:

Are there real opportunities (through groups, activities, conversations, posted information) at the center for consumers to learn about social and political issues that affect them? Do consumers attend consumer conferences and report back to the larger group? Do the consumers organize activism in the community or political sphere surrounding mental health issues—e.g. anti-stigma activities, Power Day, fact-finding or lobbying activities, etc.? Are there posted pictures of anti-stigma/mental illness awareness events or trips to visit government bodies and officials? Does the center promote citizen participation—like voter registration drives?

When consumers talk about troubles associated with having a mental illness (e.g. discrimination, difficulty obtaining health benefits, etc.), do they express an understanding that they are part of a group similarly affected by social and political forces? Or, do they see their troubles as individual and particular? Do consumers refer to themselves and other consumers as “advocates,” or engage in advocacy-oriented activities? Do consumers call themselves “consumers,” “patients” or something else? Does the center offer discussion groups? If so, does stigma surface as a topic of discussion?

### Rating:

1. No evidence of group consciousness or viable opportunities for consumers to develop this. For example, when consumers talk about problems with discrimination or difficulty in obtaining benefits, they see these as individual troubles rather than stemming from larger issues affecting consumers as a group. There is no talk, or posted information, about consumers from the center attending lobbying events/rallies, consumer conferences, or anti-stigma activities.
3. There is some evidence, in conversation, postings, and group meetings, that consumers see themselves as members of a group similarly affected by social and political forces. And/or, the center encourages attendance at consumer conferences, lobbying events/rallies or anti-stigma activities—though consumers may or may not be very involved in these. Perhaps some efforts to have an effect on the local CMH, although weak.
5. There is much evidence that consumers at this center see themselves as members of a group similarly affected by social and political forces. Consumers talk about ways that laws, as well as bureaucracies and individuals discriminate against them as a group. These conversations come up between consumers, between consumers and staff, and in group meetings. Consumers are interested in attending consumer conferences, lobbying events/rallies, anti-stigma activities and coming up with other ways to advocate on their own behalf. The center posts information about these events, and provides transportation or other support.

## 11. Recovery orientation, personal growth, and development

Center promotes belief that recovery is possible and necessary for individuals to find meaning in life. Center encourages personal growth and development. Center emphasizes responsibility for one's own health and behavior, focusing individuals on their strengths rather than deficits.

### Indicators:

Any talk recognizing individual consumers' progress and/or achievements, or talk about movement toward renewed meaning and purpose in life? Do we hear any talk about recovery (including in newsletter articles)? Is it discussed in optimistic or pessimistic ways—as an abstract possibility or a concrete and achievable reality? Does talk seem to focus on consumers' abilities or disabilities? Do conversations seem to focus on illness or recovery? Do postings reflect recovery and resilience? Do postings focus more on symptomatology or on goals and skill building?

### Rating:

1. Almost no sense that this center promotes recovery for consumers. Consumers and staff seem to lack hope for consumers to develop new meaning and purpose in their lives. There may be talk or postings about recovery—but, if so, it seems more surface than substance. There is a general sense here that consumers should content themselves with a limited level of functioning and should contain their expectations to a minimal level. Focus is on disorder, disability, and maintaining the status quo regarding employment, housing and education. Staff may do *for* consumers rather than encouraging consumers to do for themselves.
3. Perspectives at this center are mixed. About half the time recovery and hope for renewed meaning and purpose seem to be present in the atmosphere and activities of the center. At the same time however, a focus on disorder, disability and a sense of resignation may be prevalent at times, or *a recovery orientation may just be absent*. There may not be a consensus of perspective among the staff or the core of regular consumers about a recovery orientation being the guiding principle at this center. Activities and conversations about opportunities for employment, housing, and education sometimes focus on strengths, skill building and independence.
5. Recovery is the guiding perspective at this center. Activities and conversations about opportunities for employment, housing, and education focus on strengths, skill building and independence. Consumers discuss their lives, activities, and future in ways that reflect movement toward renewed meaning and purpose in life. Hope is a pervasive theme.

## 12. Consumer involvement

Consumers actively participate in operating the center.

### Indicators:

Are consumers engaged in tasks integral to the running of the center? What is the balance of paid staff vs. consumers carrying out meaningful functions? Any talk about consumers being needed and appreciated at the center? Are there tasks that staff reserve for themselves? Do staff encourage consumers, in friendly and respectful ways, to participate in the variety of tasks necessary to run the center? Do consumers have opportunities to periodically change their assigned tasks or roles? Is there an appropriate level of meaningful work at the center that considers individual's needs and abilities, or does all work seem to be aimed at one particular skill set and level? Are consumers actively involved in tasks like these: providing transportation, cleaning and stocking, cooking and serving food, using the PA system, giving tours to visitors, planning menus, having possession of keys to the center, caring for pets, gathering information and organizing activities, clerical tasks, etc? Do non-staff consumers help run the center when staff or director are away?

### Rating:

1. If consumers are involved at all in operating the center, it's mainly through janitorial duties.
3. Some consumers are involved in center operations in more than janitorial functions.
5. The structure of operations is such that many consumers are encouraged to be involved, at varying responsibility and skill levels, in a wide variety of tasks integral to operating the center. Staff and/or a core of regular consumers let others know about the many opportunities available for consumers to learn new tasks and participate broadly in center operations. Consumers may initiate activities themselves when they see something that needs to be done.

**13. Membership participation (attendance)**

A high percentage of members regularly attend the Center.

**Indicators:**

This information can be obtained by interviewing the director.

**Rating:**

1. Less than  $1/3$  of members attend at least once a week.
3. Between  $1/3$  and  $2/3$  of members attend at least once per week.
5. More than  $2/3$  of members attend at least once per week.

#### 14. Consumer choice/decision-making

Consumers have choices presented to them and opportunities to make decisions at the center (specific to how they spend their own time).

##### Indicators:

Does the environment seem dominated by rules or “reminders,” or more flexible with consumers able to make many and varied choices about their participation and how they spend their time at the center? Who decides how to execute specific tasks (like setting the table) or what channel the TV or radio is set to? Are the TV, pool table, etc. only available at certain prescribed times?

##### Rating:

1. Consumers have little or no choice over how they spend their time—participation is tightly structured. There may be many rules that are strictly enforced, or arbitrary rules that emerge at the whim of those in control. Consumers may have to ask staff for permission to do things.
3. Consumers have some choice over how to spend their time. The center may restrict the time that certain resources are available, such as TV, pool table etc., (at times *other* than when a discussion group is in session and the TV, pool playing etc. would disrupt the group). The environment may feel somewhat rule-dominated and therefore restrictive rather than freeing. The center may have an excess of rule-enforcement or “reminders.”
5. Consumers freely choose how to spend their time. Consumers are also free *not* to participate in center activities.

## 15. Practice/improve skills

Through participation and, consumers can improve skills in communication, interpersonal relationships, and other more concrete, work-relevant areas.

### Indicators:

Are there opportunities to build communication skills by leading groups, speaking in front of the larger membership at the center, or in front of groups outside the center (e.g. consumer conferences)? Are there opportunities to build other work-relevant skills in these areas: computer skills, clerical tasks, food service, information gathering (for referrals, etc.), organizing social recreational activities, or employment? Are there opportunities for peer leadership development—e.g. giving workshops or presentations for the center, representing the center at meetings?

### Rating:

1. Consumers have an opportunity to practice and improve their interpersonal relationship skills by interacting with others at the center. They have little, if any, opportunity to practice speaking in front of larger groups or to build other work-relevant skills—almost no computers (except to play games), clerical tasks, activities to plan, discussion groups, or meal preparation.
3. Beyond opportunities for consumers to interact with others, they can build communication skills by speaking in front of groups of consumers at the center. There are also opportunities to build other work-relevant skills in two of the following areas: computer skills, clerical tasks, food service, information gathering (for referrals, etc.), organizing social recreational activities, or employment. Consumers may have opportunity to attend local conferences and meetings. Consumers may be designated for leadership, but no one makes sure they follow through.
5. In addition to opportunities to interact with others, consumers can build communication skills by leading groups, speaking in front of the larger membership at the center, or in front of groups outside the center (e.g. consumer conferences). There are also opportunities to build other work-relevant skills in at least three of the following areas: computer skills, clerical tasks, food service, information gathering (for referrals, etc.), organizing social recreational activities, or employment. Consumers may have opportunities for peer leadership development, may be involved in workshops or presentations for the center, and may represent the center at meetings.

## 16. Nonhierarchical structure

Hierarchies between staff and consumers do not exist.

### Indicators:

Do rules, both written and unspoken, apply equally to staff and consumers (e.g. smoking inside, or eating food in certain areas)? Do both staff and consumers need to raise their hands to speak during meetings? Who runs meetings and recognizes those who want to speak? Are rules arbitrarily or rigidly enforced—are there individual consumers, or a select group, that get special treatment or are exempted from the usual rules?

Is phone use restricted—e.g. “business calls only” for consumers, or phone calls needing to be approved by staff? Are there areas of the center, equipment, or meetings/groups that are for staff only—e.g. bathrooms, refrigerator, computers, real coffee cups (as opposed to styrofoam) that only staff can use or require staff permission? Are there signs on the refrigerator about limited access?

Do staff reinforce a hierarchy in their interactions with consumers? Do staff tell consumers what to do, or condescend to consumers? Are staff maternalistic/paternalistic with consumers—treating them like a kindly parent? Do staff seem open and responsive to consumers’ ideas and suggestions, encouraging them to speak and put items on meeting agendas, or are they dismissive and inattentive? Does it appear that staff bring meaningful issues up for public discussion and decision-making with consumers, or does it seem that key decisions are made by staff without consumer knowledge? Do staff appear to respect the decisions made by consumers or are they discounted in favor of staff-made decisions? Do staff spend much time separate from consumers, in offices or elsewhere?

### Rating:

1. A rigid hierarchy is apparent between consumers and staff, and staff clearly work to maintain it. Consumers must ask staff for permission to do most things. Staff are clearly in charge at all times. Restrictive rules apply to consumers and not staff (e.g. only staff can smoke indoors). Staff have access to resources or areas that consumers do not (e.g. separate staff-only bathrooms). Staff tell consumers what to do and are usually condescending toward them.
2. Most of the staff maintain a strict hierarchy and often condescend to consumers (perhaps treating them like children). There may be one or two staff members who interact with consumers more equitably and respectfully, but the hierarchical structure remains.  
**OR,**  
 Staff may not condescend to consumers, yet they make virtually all decisions with no room for democratic participation.
3. Some hierarchies between staff and consumers are apparent—some differential rules or access to resources; some staff condescend to consumers at times (perhaps treating them like children). About half the staff are respectful toward consumers and seek to encourage their democratic participation, while the rest of the staff do not.
4. Some hierarchies are apparent (e.g. differential rules or access to resources), but the staff are generally respectful, usually not condescending, and often (though not always) encourage consumers to participate in some decision-making.
5. Almost no hierarchies exist between staff and consumers. Consumers do not defer to staff as a matter of course. There are no differences in rules or access to resources for consumers and staff. Staff are not more privileged than consumers, and staff treat consumers with respect. Staff encourage wide democratic participation at the center.

## 17. Social network benefits and social support

Friendships developed at the center provide satisfying relationships and emotional support. Opportunities to socialize and make friends.

### Indicators:

Do consumers talk with each other as if they like each other and know about one another's lives? Do consumers say kind and supportive things to one another? Do consumers talk about having friends at the center? Do consumers talk about spending time with friends from the center outside of the center, or talking by phone? Is there evidence of festering conflict, frequent arguments, or small groups of consumers not integrated with others?

### Rating:

1. Most relationships between consumers seem to be superficial friendships rather than meaningful ones. Virtually all conversation is not related to the circumstances of consumers' lives, superficial only—weather, sports, etc. Consumers may not know each other well. Many may be isolated, largely indifferent, or unfriendly toward one another.
3. Consumers appear to have meaningful friendships at the center. Most know about one another's lives and express interest and support for one another.
5. Meaningful friendships as described in #3 above, AND several friendships appear to extend beyond the center—consumers socialize with one another after center hours and/or talk to one another by phone. In this context "friendships that extend beyond the center" refers to relationships growing out of the center, rather than consumers merely seeing others at their AFC/Group home or shelters.

### OR,

This rating can also encompass centers where consumers don't usually see one another outside the center (or where many of them live in the same group home), if they exhibit *extraordinary* levels of social support (e.g. consumers initiating giving gifts or throwing a party when a consumer has a baby or gets married; consumers initiating an organized show of support—card, visit, etc.—when a consumer is having a particularly hard time).



## 18. Sense of community

Center provides a sense of belonging, a sense of family where people care about each other, and are working toward common goals.

### Indicators:

Do consumers do things that point to a sense of ownership and involvement with the center—are consumers able and eager to give us a tour, tell us where to go, what to do, give us information? Do they talk about this place as theirs or do they seem to see it primarily as an agency that provides them services? Do consumers refer to things that go on at the center as things “we” do? Do consumers seem to be proud of their center and feel connected to it? Do consumers talk about the contributions they make to the running of the center? Do consumers seem to feel some similarity/camaraderie with others at the center—saying things like, “Here we’re all in the same boat so we understand each other”?

Does the center as a group mark important life events for consumers, like birthdays, weddings, or funerals?

Photo albums/boards at the center which document important events, activities and outings by themselves may not always be evidence of a sense of community at centers. Sometimes they are more “for show” than for substance. To get a better sense, ask consumers about these pictures to see what stories they tell about them. Do consumers make reference to them without prompting when talking about the center and what it’s about?

### Rating:

1. Consumers at this center seem to regard it merely as a place that provides them services (like coffee, snacks, or a place to play pool). Most don’t seem to see themselves as part of the center, perhaps more like service recipients or transient visitors. Consumers may or may not have friends at the center, but they do not express pride in the center or a sense of belonging to the center.
3. Consumers seem to like coming to the center, and they like the people there, but they seem to lack a greater sense of communality. They don’t experience themselves as a cohesive group, a community that makes the center more than a physical space to gather. Consumers may express little sense of ownership or pride in the center.
5. Consumers seem to feel a sense of belonging to the larger group—more than just having some friends at the center. They feel appreciated, accepted, or liked by others here. Consumers may express a sense of pride in the center. They may say “we” when referring to the center, and talk about the center as their place—a sense of ownership. Posted photos or albums may display pictures of center activities or events that consumers refer to in talking about the center and what it’s about. There is a significant core of regularly attending consumers at this center.

## 19. Self-help and reciprocity

Consumers serve as positive role models to other consumers. Consumers assist each other with self-management and problem solving skills. Consumers are encouraged to improve individual and collective understanding by sharing life experiences.

### Indicators:

Do consumers encourage one another toward independence by sharing their own experiences and referral information? Or, is conversation almost entirely superficial and doesn't include talking about life experiences as a way to share coping ideas? Is there evidence of problem solving or information sharing among consumers in formal or informal groups? Do consumers talk openly about helping each other? Do consumers help one another rather than relying on staff? Do newsletter articles feature consumers' accomplishments? Does a "no borrowing/bumming" rule seem to translate rigidly into discouraging other sorts of reciprocal assistance? Do consumers sensitively and appropriately assist other consumers with various skills (e.g. personal hygiene, communication, etc.)? Are consumers warned by staff or others that their comments or stories are "too personal" to share? Do consumers seem to "apprentice" other consumers to help them with new jobs at the center or learn new skills?

### Rating:

1. There is little or no information sharing or help with problem solving between consumers. Most conversation does not involve sharing life experiences as a way to share ideas about how to solve problems or cope with difficulty. Any help that consumers give one another at this center is out of functional necessity and doesn't include apprenticing a new job at the center or helping a fellow consumer learn new skills.
3. There are a few instances of brief information sharing or problem solving help. Consumers may share some life experiences with one another in order to get or give some sort of help or advice. Consumers may volunteer to help one another with functional tasks that may involve include apprenticing a new job at the center or helping a fellow consumer learn new skills.
5. Consumers encourage one another toward independence in housing, employment, and/or education. They share information (e.g. referral sources) and engage in helping one another with problem-solving (e.g. how to manage symptoms of mental health problems, or how to resolve a problem with a landlord or employer). Consumers volunteer to help one another with functional tasks that may involve apprenticing a new job at the center or helping a fellow consumer learn new skills.