

Final Closeout Recovery Progress Report

Final Closeout Report is cumulative of all three (3) years of the program and is to be uploaded in eRA under Closeout in the Terms & Conditions Section. Please refer to the Grantee Reference Closeout attachment.

Grant Name: BCOR X RCSP-SN _____ TCE-PTP _____

Grantee: CHEEERS _____

Grant Number: 5H79TI08790 _____

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I. CHANGES IN KEY PERSONNEL DURING REPORTING PERIOD

Describe any new hires, critical vacancies, and changes in LOE of project staff.

No changes to report in key staff during the report period. All positions related to the project have been filled since February of 2019. Key staff were identified and submitted per the post award requirements with no changes since that time.

II. PROJECT INFORMATION NARRATIVE

Peer Recovery Support Services

1. Program Description

The purpose of the CHEEERS Community Recovery Support Project is to promote, strengthen and integrate recovery support within Arizona's existing systems of care. The CHEEERS Community Recovery Support Project sought to address two of the 104 recommendations of the Arizona Substance Abuse Task Force created in 2016 – expansion of the Arizona Angel Initiative and increased support to address the increase in infants born with Neonatal Abstinence Syndrome (NAS) and substance exposed newborns (SEN).

A recurring theme of the task force was the importance of understanding addiction as a health issue, not a criminal issue. In 2016, the Governor's Council on Child Safety and Family Empowerment launched the Arizona Angel Initiative (AAI). The AAI, modeled after the original effort in Gloucester, Massachusetts, is a policing program designed to help people living with substance addiction to receive help. Initially, the AAI was piloted in the Maryvale precinct of the Phoenix Police Department. Citizens could walk into the police precinct, turn in their drugs, and request treatment without fear of arrest. Police checked applicants to make sure they did not have pending charges for crimes that involved violence, arson, sex, children, or the elderly. Peer-support "Angels" were trained to guide individuals through the process, and created a partnership of treatment providers to ensure that people received immediate care and treatment. The Governor's Office of Youth Faith and Family planned to increase the number of police precincts participating in the AAI by six precincts per year across Arizona. CHEEERS proposed to annually train 45 individuals with lived experience as certified Peer/Recovery Support Specialists to support the Arizona Angel Initiative expansion.

To address the issue of NAS, the Substance Abuse Task Force made eighteen recommendations including the following:

Increase awareness of NAS among people and agencies that interact with pregnant women. It is important to understand what the mother is going through and offer positive, long-term interventions to support the mother and child. (Recommendation #92)

CHEEERS proposed to annually train 30 certified Peer/Recovery Support Specialists who work with pregnant women with substance use and mental health disorders to become certified Doulas. For certified Doulas who have lived experience, CHEEERS would also train these individuals to become certified Peer/Recovery Support Specialists.

2. Program Outcomes

A. Angel Initiative

Goal: Increase the number of Certified Peer Support/Recovery Specialists who will work with local city and state Police Departments as a part of The Governor's Office for Youth, Faith and Families Angel Initiative to address Arizona's substance abuse crisis.

Objective #1: Work with the Governor's Office for Youth, Faith and Family (GOYFF) to identify Community-Based Peer/Recovery Supports and individuals who will receive certified Peer/Recovery Specialist training, in support of the GOYFF plan to expand the number of police precincts enrolled in the Arizona Angel Initiative by six precincts per year.

The Angel Initiative was created by the Governor's Office of Youth, Faith and Families (GOYFF) in response to Arizona's Opioid Epidemic. However, the program design changed in the first year when the police departments involved recognized they were not staffed or appropriately positioned to manage the Angel volunteers. The police departments recommended that the Angels should be managed by the behavioral health agencies. With this change, CHEEERS's role expanded to recruiting potential AI participants from within the recovery community through targeted outreach to community agencies, in addition to conducting the training. From an operational standpoint, the Angel initiative appears to exist solely between behavioral health agencies and local police departments where strong working relationships between the two entities are in place. CHEEERS works with the community behavioral health agencies to meet the needs for training and certification of peer support Angels.

Based on a review of the GOYFF website, there is no longer any mention of the Angel Initiative. The CHEEERS Project Coordinator reached out previous GOYFF staff contacts and the emails came back as undeliverable. An internet search yielded a 2018 report entitled *Arizona Angel Initiative – Feasibility of Expanding Throughout Arizona*, published by the GOYFF. The report identified three key challenges to expanding the AI program statewide as originally envisioned. The challenges included a lack of personnel to fill the Angel Navigator role, no feasible way to transport participants to treatment, and insufficient treatment resources in rural communities.

During the grant period, CHEEERS trained peers that were employed by or volunteered for agencies working with the following police entities:

- Phoenix Police South Mountain precinct, Central precinct, and Maryvale Precinct;
- Peoria Police Department (only has one precinct);
- Mesa Police Department Red Mountain precinct, and Fiesta District precinct;
- Scottsdale Police Department Via Linda precinct;
- Fountain Hills (Maricopa County Sheriff's Office as the law enforcement entity).
- Sierra Vista Police Department, which is part of the Cochise Addiction & Recovery Partnership (CARP), which is Cochise County's own collaborative partnership;
- Prescott Valley Police Department in Yavapai County. (Does not participate in the AAI.)
- Tempe Police Department, Apache Substation. (Does not participate in the AAI.)

Objective #2: CHEEERS proposed to annually train 45 new Angels and offer eight Angel Initiative (AI) training sessions geographically disbursed in northern, central, and southern Arizona.

Results: CHEEERS offered thirty AI training sessions between January 2019 and the end of July 2021, 125% of the grant goal across all three years. Two hundred eighty new Angels completed training, 207.4% of the three-year grant goal. Due to the on-going COVID-19 pandemic, CHEEERS offered eleven of the thirty training sessions virtually. One hundred eighteen (42%) of the 280 Angel training participants attended training virtually and 162 participants (58%) attended in-person training sessions.

Angel Initiative Training				
Objective Measure	Year I Ended 9/29/2019	Year II Ended 9/29/2020	Year III Ended 9/29/2021	BCOR Grant Total
# of AI Sessions Offered (Annual Goal = 8 sessions)	15	6	9	30
# of Angels Trained (Annual Goal = 45 Angels trained)	133	68	79	280
# of In-person trainings	15	3	1	19
# of Virtual trainings	0	3	8	11

Two hundred seventeen of the 280 participants (78%) resided and/or worked in central Arizona (i.e., Maricopa County). Eight participants (3%) resided and/or worked in northern Arizona (Payson, Prescott Valley, Prescott), and 21 participants (7%) were from southern Arizona (Tucson, Yuma, Sierra Vista, Arizona City, and Safford). In-person trainings were offered in Phoenix (12), Yuma (1), Tucson (2), Prescott (1), Mesa (2), and Peoria (1).

The community of residence data came from the GPRA data download from the Best Practices Post Event data collection tool. Question six of the data tool asks “What is the ZIP Code of your principal employment setting?” These responses were compared to the data tracker maintained by the Project Coordinator, which lists the city for each participant, but not by zip code. The data differed for only five participants. In all five instances, the participants were working from home and had used their home zip code in the GPRA data.

The ATTC Post Event Training Form included the same question asking for the zip code of the principal employment setting (Q29), but the data download from this form did not include the participant responses for this question. The responses for year I in the chart below came from the Project Coordinator’s data tracker. In 34 cases (12%), the data tracker did not have this data, which shows in the last row of the chart as “could not identify”.

Angel Initiative Training					
Community of Employment/Residence	Year I (n=133)	Year II (n=68)	Year III (n=79)	BCOR Grant Total (n=280)	
Central Arizona				217	78%
Phoenix	45	54	62	161	57.5%
Mesa	8	1	0	9	3.2%
Tempe	1	1	3	5	1.8%
Chandler	0	0	1	1	0.36%
Scottsdale	3	7	1	11	3.9%
Fountain Hills	0	0	1	1	0.36%
Glendale	6	1	4	11	3.9%
Peoria	8	2	2	12	4.3%
Avondale	0	0	1	1	0.36%
Surprise	1	0	1	2	0.71%
Anthem	1	0	0	1	0.36%
Waddell	1	0	0	1	0.36%
Whittmann	1	0	0	1	0.36%
Northern Arizona				8	3%
Payson	1	0	1	2	0.71%
Prescott	3	0	0	3	1.1%
Prescott Valley	2	0	1	3	1.1%
Southern Arizona				21	7%
Tucson	13	0	0	13	4.6%
Yuma	2	0	0	2	0.71%
Sierra Vista	1	0	1	2	0.71%
Arizona City	1	0	0	1	0.36%
Safford	2	0	0	2	0.71%
Nogales	1	0	0	1	0.36%
Could Not Identify	32	2	0	34	12%

Objective: Ninety percent of the AI training participants will be satisfied with the knowledge shared at the training events.

Results: The ATTC Post Event Training Form was used to collect data for the 15 Angel training events held in year I and the first Angel training event held in year II covering 16 of the 30 (53%) Angel training events and 135 of the 280 (48%) Angels trained. The ATTC form included seventeen questions about the quality and usefulness of the training event; the new Best Practices Post Event Training Form used for the remainder of the grant included four quality measures.

The chart below summarizes the quality measures for all three grant years. The language in the chart for the four measures is from the new Best Practices tool. The answers for year I represent data reported in the year I evaluation by matching questions from the ATTC form used in year I as closely as possible with questions on the Best Practices form. Question one about overall event quality matches question one on the ATTC form. For question two, the 96.24% in year I is from the ATTC question “The training was relevant to me career”, question twelve on the ATTC form. The year I data on question 3 comes from the ATTC form question 13 “I expect to use the

information gained from this training”. For question four, the year I response comes from question sixteen on the ATTC form “I would recommend this training to a colleague.”

The 280 AI event participants’ satisfaction levels exceeded 90% on measures one, two, and four in all three grant years based on the post event data collected immediately after the event. Ninety percent or more of the 280 participants reported being satisfied with the overall event quality, agreed that the event would benefit their professional development, and would recommend the event to a colleague. Ninety percent or more of participants reported that the event will benefit their professional development/practice in year I and III, and 89.7% (61 participants) agreed in year II. Ninety percent for year II would equal 61.2 participants. Essentially, CHEEERS met this objective in all three years of the grant. The results are summarized in the chart below:

Post Event Participant Satisfaction with Angel Initiative Training Percent Strongly Agree or Agree with Quality Measure			
Quality Measure (GPRA)	Year I (n=133)	Year II (n=68)	Year III (n=79)
Satisfied with the overall event quality (BP Q7/ATTC Q1)	99.25%	100%	100%
Event will benefit professional development or practice (BP Q8/ATTC Q12)	96.24%	98.53%	100%
Will use the information gained to change my current practice (BP Q9/ATTC Q13)	99.25%	89.71%	93.67%
Would recommend event to a colleague (yes/no) (BP Q10/ATTC Q16)	98.5%	98.63%	98.73%

Objective: Ninety percent of the AI training participants will be satisfied with the usefulness of the information presented at the training events.

Results: The new Best Practice-Follow Up Training form used for data collection contained four measures related to participant satisfaction with the usefulness of the information presented at the training event. Ninety-five percent the 280 AI participants (n=267) completed the required GPRA follow-up survey.

As was done for the post event data, the chart below summarizes the quality measures from the follow-up survey for all three grant years. The language in the chart for the four measures is from the new Best Practices data tool. The answers for year I represent data reported in the year I evaluation by matching questions from the ATTC form used in year I as closely as possible with questions on the Best Practices form. Question one on the Best Practices form is matched with question nine “The training has enabled me to serve my clients better” on the ATTC follow-up form. For question two, the 85.25% in year I is from the ATTC question 16 “Have you applied any of what you learned in the training to your work?”. For question four, the year I response comes from question fourteen on the ATTC form “Did you share any of the information from this training with others?”. There is no comparable question on the ATTC follow-up form for question two in the chart; this item is N/A in year I.

The two hundred sixty-seven AI event participants' satisfaction levels exceeded 90% on three of the four follow-up measures completed 30 days after the event. Immediately following the event, 96.24% or more of participants believed that the information would benefit their professional development or practice. At follow-up, the percentage that reported that the information benefited their professional development/practice dropped by 1-2% in each year, but still comfortably exceeded the objective of 90% or more. More than 90% of participants also reported that they expected to continue to use the information gained in future work and that they shared the information with a colleague.

Finally, 90% or more participants said they would use the information gained to change their current practice immediately after the event. At the time of follow-up, the percentages that reported using the information gained to change their practice were somewhat lower. In year I, the percentage dropped from 99.25% to 85.25%, a difference of 28 participants. This data is somewhat distorted because eleven participants did not complete the follow-up survey. In year II, the percentage dropped from 89.71% to 83.33%, a difference of six participants. Finally, year III showed the smallest drop from 93.67% post event to 91.14% at follow-up, a difference of only two participants.

Participant Satisfaction at Follow Up with Usefulness of Information from Angel Initiative Training Event			
Quality Measure (GPRA)	Year I (n=122)	Year II (n=66)	Year III (n=79)
The information from this event benefited my professional development or practice (BP FU Q1/ATTC FU Q9).	94.27%	96.97%	98.73%
I have used the information gained to change my practice (BP FU Q2/ATTC FU Q16).	85.25%	83.33%	91.14%
I expect to continue to use the information gained in my future work. (BP FU Q3)	N/A	96.97%	100%
I have shared the information gained from the event with my colleagues. (yes/no) (BP FU Q4/ATTC FU Q14)	95.08%	96.97%	93.67%

In the qualitative data reported through the follow-up tool in years II and III, Angel training participants most frequently mentioned improved communication and relational skills as most beneficial and as the primary change made in their practice after the training. Examples included how to speak to/treat clients, building rapport with participants, setting boundaries, asking permission to share, motivational interviewing, using open-ended questioning, listening skills, not giving advice, and working with empathy rather than sympathy. Respondents reported experiencing a changed perspective of the people they served, which they believed improved their ability to connect with their clients. Finally, for some participants, the training changed how they perceive themselves and how they present themselves to others. It also made them aware of the need for self-care as they carry out their work. Angel participants' qualitative answers are reported and organized by common theme in Appendix I of both the year II and year III reports.

Objective: Ninety percent of Angel Initiative training participants will successfully complete their certifications.

Results: Based on the registration tracking records maintained by the Project Coordinator, all 280 Angel Initiative participants completed the AI training and received their certification. To be eligible for the training, individuals had to be a person with lived experience in recovery from substance use disorder. To become an Angel volunteer, each participant had to be a certified Peer Support Specialist in Arizona. Some participants held the certification before entering the AI course and some completed the Peer Support training offered by CHEEERS.

In year I, all 133 that completed the training either received their certification (n=18) or already had their certification and went on to get additional training such as Forensics (n=33), Opioid Use Crisis (n=59), and/or a hybrid (n=23). In year II, all 68 Angel Initiative participants completed the AI training. Participants with lived experience who did not yet have credentials as a Peer Support Specialist completed the basic Angel training. CHEEERS held one basic session and trained two peers. Some agencies needed to receive basic training to gain certification and also had an emphasis on opiate use, so completed a hybrid course of basic training with an emphasis on opiate use disorder. Five hybrid trainings were offered and sixty-six Angels were trained. In year III, all 79 Angel participants completed the basic angel certification training with a focus on substance use/opiate use disorder included in those trainings.

Objective: Ninety percent of the individuals who received Certified Peer/Recovery Support training will engage in meaningful volunteer experiences or gain employment within six months of receiving certification.

Results: Of the 280 Angels trained, 251 participants (89.6%) reported that they are employed or volunteer in various community agencies. Training participants came from 39 different organizations. Based on the Project Coordinator's tracking data, participants were associated with the following agencies:

Employer/Volunteer Agency	Year I (n=133)	Year II (n=69)	Year III (n=79)	BCOR Grant Total (n=280)
Phoenix Rescue Mission	15	47	52	114
Lifewell	13	0	0	13
West Yavapai Guidance Clinic	11	0	0	11
Deep Within Recovery	8	0	4	12
Star Center	8	0	0	8
Community Medical Services	7	0	0	7
Avant Recovery	5	0	0	5
Hope Lives	5	0	1	6
Easter Seals	5	0	0	5
Arizona Dept. of Corrections	4	0	0	4
Hope Inc.	4	0	0	4
CHEEERS	4	0	0	4

Employer/Volunteer Agency	Year I (n=133)	Year II (n=69)	Year III (n=79)	BCOR Grant Total (n=280)
Not My Kid	3	4	2	9
Arizona Complete Health	3	0	0	3
Wellness Connections	3	0	0	3
Terros	2	0	0	2
Mohave County Court	2	0	0	2
University of Arizona	2	0	0	2
National Council on Alcoholism and Drug Dependence (NCADD)	2	0	0	2
Banner Health	1	0	1	2
PSA Behavioral Health (now Resilient Health)	1	0	0	1
Destiny Sober Living	1	0	0	1
Faith Christian Center	1	0	0	1
Southwest Behavioral Health	1	0	0	1
Partners In Recovery	1	0	0	1
MARC Center	1	0	0	1
Recovery Empowerment Network	1	0	0	1
Strong Sober.com	1	0	0	1
Community Partners Integrated Healthcare	1	0	0	1
Heart of the Valley	1	0	0	1
Camelback Recovery	1	2	0	3
Springboard Recovery	0	2	0	2
Modern Recovery Services	0	1	1	2
Family Involvement Center	0	1	0	1
Passport Health	0	1	0	1
Phoenix Doula Assoc.	0	1	0	1
Phoenix Oasis	0	0	11	11
Women's Health Innovations	0	0	1	1
One Direction Arizona	0	0	1	1
Peers Employment Training (unaffiliated, seeking employment)	15	8	4	27
Volunteer	0	1	0	1
Student	0	0	1	1
Total Angels Trained	133	68	79	280

B. Doula Training

Goal: Provide Doula training to Certified Peer/Recovery Support Specialists who work with pregnant and parenting women with substance abuse and mental health disorders.

CHEEERS proposed training 30 Certified Peer/Recovery Support Specialists per year to become certified doulas to work with pregnant women impacted by substance use and mental health conditions, especially women who are opiate users. CHEEERS also proposed annually offering five Doula training sessions geographically disbursed in northern, central, and southern Arizona.

Doula Training				
Objective Measure	Year I Ended 9/29/2019	Year II Ended 9/29/2020	Year III Ended 9/29/2021	BCOR Grant Total
# of Doula Sessions Offered (Annual Goal = 5 sessions)	4	4	5	13
# of Doulas Trained (Annual Goal = 30 Doulas trained)	25	26	22	73
# of In-person trainings	4	1	0	5
# of Virtual trainings	0	3	5	8

Results: CHEEERS offered thirteen doula training sessions in three years, 86.6% of the proposed objective. A total of one hundred eleven participants registered for the doula training across all three years. Seventy-three participants completed the doula training, 81.1% of the three-year objective. One participant started the training, but did not complete the second day. Thirty-seven participants registered, but did not attend due to changes in circumstances that conflicted with the training (i.e., family emergency, work schedule conflict, illness, etc.) or did not respond with a reason for not attending.

Sixty-seven of the 73 participants (91.8%) who completed doula training also completed the breastfeeding course and the childbirth course. In year I, these courses were required as part of the DONA International certification process. In years II and III, CHEEERS continued offering these courses using technical assistance funding even though they were no longer required for doula certification.

In addition, CHEEERS used their technical assistance budget to offer advanced trainings in Maternal Mental Health in years II and III. A two-day training, *Perinatal Mood Disorders: Components of Care* was offered on August 11-12, 2021. Two additional trainings were offered on August 13, 2021: *Advanced Perinatal Mental Health Psychotherapy Training*, and/or *Advanced Perinatal Mental Health Psychopharmacology Training*. Participants could choose one or both of these courses. All sessions were offered as virtual webinars on Zoom. According to the trainer, 350 participants attended across all three sessions. In year II, trainings in Maternal Mental Health were provided to 81 individuals on July 24, 2020 and August 7, 2020 using a virtual platform.

Due to the COVID-19 pandemic, eight of the thirteen doula trainings (61.5%) were offered virtually at CHEEERS in Maricopa County. While virtual training created a disadvantage because hands-on learning was not possible, some participants (in the years II and III qualitative data) favored virtual learning or a hybrid course because of the increased flexibility to attend and the

ability to attend from areas outside of Maricopa County. Twenty-six of the 48 doula trainees (54%) from years II and III resided in Phoenix, and nine participants (19%) resided in the Phoenix metro area outside of Phoenix including six from the East Valley (Tempe (1), Chandler (1), Mesa (3), & Fountain Hills (1)) and three from the West Valley (Avondale, Glendale, Surprise). Thirteen participants (27%) resided outside of Maricopa County in southern Arizona (Sierra Vista (1), Yuma (1), Tombstone (1), and Tucson (10)). No trainees resided in the northern part of the State. There is no zip code data for the 25 doula participants from year I; however, one of the four year I trainings was held in Tucson with four in-person participants. The remaining three trainings were in-person in Maricopa County (21 participants).

Of the 73 doulas trained, 66 participants (90.4%) reported that they are employed or volunteer in various community agencies. Training participants came from 26 different organizations. Based on the Project Coordinator's tracking data, doula participants were associated with the following organizations:

Employer/Volunteer Agency	Year I (n=25)	Year II (n=26)	Year III (n=22)	BCOR Grant Total (n=73)
National Council on Alcoholism and Drug Dependence (NCADD)	9	0	0	9
CHEEERS	5	5	1	11
Family Involvement Center	3	1	0	4
Terros (health care agency)	1	3	2	6
Southwest Human Development	1	1	0	2
Camelback Recovery	1	0	0	1
CODAC - Tucson	1	1	0	2
Community Bridges, Inc.	1	0	0	1
Connections Health Services AZ	1	1	1	3
Partners In Recovery	1	0	0	1
Sonoran Prevention Works	1	0	0	1
Arizona Complete Health	0	1	0	1
AZ State University	0	1	0	1
Community Medical Services	0	2	0	2
Valleywise Health (formerly Maricopa Integrated Health Care)	0	1	0	1
Banner Health	0	0	1	1
Crossroads Recovery	0	0	1	1
Pilot Program of Southern AZ	0	1	0	1
Star Center	0	1	0	1
University of AZ Workforce Dev.	0	3	0	3
Drylux	0	0	1	1
One Direction Arizona (transitional housing)	0	0	1	1
La Frontera Arizona	0	0	1	1
Hushabye Nursery (treatment for SE infants & their caregivers)	0	0	4	4

Employer/Volunteer Agency	Year I (n=25)	Year II (n=26)	Year III (n=22)	BCOR Grant Total (n=73)
Hope, Inc. (recovery-based community services, peer-run)	0	0	3	3
Painted Citizen (women's empowerment)	0	0	1	1
Peers (unaffiliated – seeking employment)	0	4	5	9
Total Doulas Trained	25	26	22	73

Objective: Ninety percent of the Doula training participants will be satisfied with the knowledge sharing at the training events.

Results: The ATTC Post Event Training Form was used to collect data for the four Doula training events held in year I, 30.8% of the total Doula training events and 25 of the 73 (34.25%) Doulas trained. The ATTC form included seventeen questions about the quality and usefulness of the training event; the new Best Practices Post Event Training Form used for the remainder of the grant included four quality measures.

The chart below summarizes the quality measures for all three grant years. The language in the chart for the four measures is from the new Best Practices tool. The answers for year I represent data reported in the year I evaluation by matching questions from the ATTC form used in year I as closely as possible with questions on the Best Practices form. The same question matches used for the Angel training data was also used for the Doula training data. The questions from each data tool are noted in the chart.

The seventy-three doula event participants' satisfaction levels reached 96% or above (100% in years II and III) on three of the four measures collected immediately after the event. Agreement with the measure *"I will use the information gained to change my current practice"* was below 90% in years II and III. In year II, eight participants responded with neutral on this question. Three of these participants were completing peer certification training and were not currently employed, so there was no current practice to change. A fourth person with a neutral response completed the certification training, but dropped out before completing the childbirth and breastfeeding courses. The participant decided that becoming a doula was not a good fit for their interests. Nothing is known about the reasons for a neutral response from the remaining four participants.

In year III, all five of the participants who selected "neutral" on this question attended the same training event. One of these five is a peer seeking employment. Three of the five work for an agency that is developing a Peer Doula program similar to CHEEERS' program. The fifth participant works for an agency that serves only pregnant and postpartum women. Based on this information, it is likely that the training information will be used by the two agencies that account for four of the five participants that answered neutral to the question.

The doula post event results are summarized in the following table:

Post Event Participant Satisfaction with Doula Training Percent Strongly Agree or Agree with Quality Measure			
Quality Measure (GPRA)	Year I (n=25)	Year II (n=26)	Year III (n=22)
Satisfied with the overall event quality (BP Q7/ATTC Q1)	100%	100%	100%
Event will benefit professional development or practice (BP Q8/ATTC Q12)	96%	100%	100%
Will use the information gained to change my current practice (BP Q9/ATTC Q13)	100%	69.23%	77.27%
Would recommend event to a colleague (yes/no) (BP Q10/ATTC Q16)	96%	100%	100%

Objective: Ninety percent of the Doula training participants will be satisfied with the usefulness of the information presented at the training events.

Results: The new Best Practices Training form used for data collection contained four measures related to participant satisfaction with the usefulness of the information presented at the training event. Ninety-eight percent (n=72) of the doula training participants completed the required GPRA follow up survey.

As was done for the post event data, the chart below summarizes the quality measures from the follow-up survey for all three grant years. The language in the chart for the four measures is from the new Best Practices Follow-Up data tool. The answers for year I represent data reported in the year I evaluation by matching questions from the ATTC form used in year I as closely as possible with questions on the Best Practices form. The same question matches used for the Angel training data was also used for the Doula training data. The questions from each data tool are noted in the chart.

In years I and II, 96% of the 51 respondents agreed that the information from the event benefited their professional development or practice. One hundred percent of participants in these two years shared information from the events with their colleagues. In year II, more than 90% indicated they would continue to use the information gained in their future work. There is no comparable measure for year I.

In year III, nineteen of the 21 doula participants (90.48%) expected to continue to use the information gained in their future work. Eighteen of 21 (85.71%) indicated that the information from the event benefited their professional development or practice, and they shared the information with their colleagues, a difference of one person to reach the 90% level specified in the objective.

Question two about using the information gained to change their practice was challenging in all three years. As with the Angel training, it's possible that the lower scores in this area is an issue of timing (i.e., new programs are being considered or developed and are not yet implemented by the employer) or some trainees are seeking employment and do not yet have a place to use their

skills. In year I, 8 participants answered neutral on this question. Two of the eight participants eventually became certified in 2020 and 2021. One participant indicated in the comments section that this training was the first step to full integration and application to the women served by her agency. Three participants were from the first agency to receive training and one of these participants did become certified. It may just have been too early in their program development to use the training.

In years II and III, 7 participants in each year were either neutral or disagreed with the statement. In year II, 3 of the 7 participants that responded as neutral completed their doula certification within 2-3 months of completing their training. One of the 7 participants was a peer seeking employment and one had changed employment sometime after completing the training.

In year III, 14 of 21 participants (66.67%) indicated that they had used the information gained to change their practice. Of the 7 participants that answered neutral or disagree on this question, two were from an agency that was developing a peer doula program, two indicated that their employers had not yet made changes yet or incorporated the training into their job, and one was a peer seeking employment. Two participants that answered disagree to this question completed their doula certification within 1-2 months of completing the training.

Participant Satisfaction at Follow Up with Usefulness of Information Presented at Doula Training Event			
Quality Measure (GPRA)	Year I (n=25)	Year II (n=26)	Year III (n=21)
The information from this event benefited my professional development or practice (BP FU Q1/ATTC FU Q9).	96%	96.15%	85.72%
I have used the information gained to change my practice (BP FU Q2/ATTC FU Q16).	68%	73.08%	66.67%
I expect to continue to use the information gained in my future work. (BP FU Q3)	N/A	92.31%	90.48%
I have shared the information gained from the event with my colleagues. (yes/no) (BP FU Q4/ATTC FU Q14)	100%	100%	85.71%

Objective: 90% of the Peer/Recovery Support Specialists who receive the certified Doula training will engage in Doula activities and provide support to pregnant women within 90 days.

Results: In 2021, doulas or birth coaches could only attend live births in the hospital if they showed proof of certification, due to the COVID-19 pandemic. In 2020, doulas could not attend a live birth in the hospital even with certification. Doulas did attend at least five live births in year III based on birth outcome reports received by the BCOR Project Coordinator. This report was implemented in year II of the grant at the request of the SAMHSA Grant Officer.

Because the trained doulas are employed by agencies serving pregnant and/or post-partum women, the doulas are still providing support to women outside of the hospital. Doulas educate women

about the types of support available to them with a doula. The doulas can escort a woman to the doctor, educate about the importance of prenatal care, help coordinate between the OB and a woman's behavioral health clinic if she is on medication, help educate about the changes her body will be going through with pregnancy, and assist with creating a birth plan. Some women are involved with the Department of Child Safety, have shame and guilt around their pregnancy, and struggle to bond with their baby in utero. A doula can assist a woman in addressing these issues. Doulas also work with women after the delivery with getting referrals to outside agencies, going to AA meetings, and doing home visits.

CHEEERS hired a consultant with technical assistance funding to provide mentoring and support for doulas who completed training in any of the three grant years regardless of certification status. The mentoring and follow-up involved reaching out to individuals who completed the trainings and assisting them with ongoing questions and concerns and/or preparing them for the eleven-module testing through ProDoula. The consultant provided 62 hours of mentoring in year II and 25 hours of mentoring in year III.

Objective: 80% of Doula training participants will receive their certification within one year of completing training.

Results: In years II and III, CHEEERS used the ProDoula Training Program in its entirety, which allowed for certification of the doulas trained by CHEEERS. Between 9/30/2020 and 10/14/2021, twenty-two doulas completed their certification. Seven of these doulas completed training in year I, nine completed training in year II, and six completed their training in year III. The fifteen doulas trained in year II and year III received their certification within one year of completing training as specified in the objective. This represents 31% of the 48 total doulas trained in these two years, far below the 80% specified in the objective. It should be noted that the timeframe of one year to complete the certification stated in the grant objective is more rigorous than the actual timeframe allowed by the certifying agencies. ProDoula allows up to two years after training to complete certification and DONA International allowed up to four years. The grant objective was written before CHEEERS contracted for the doula services.

The seven certified doulas trained in year 1 took longer than 12 months to complete their certification primarily because the certification requirements of DONA International, the contracted certification agency, were substantially different than ProDoula, the certifying agency contracted in Year II and III. The ProDoula certification criteria are as follows:

- Complete the 20-hour (over two days) doula training facilitated by a ProDoula trainer;
- Complete 8-hour child birth/breastfeeding combined course (taught by trainers hired by CHEEERS) (Note: This is a requirement that CHEEERS kept and supports. It is not required by ProDoula.);
- After course completion, ProDoula sends the trainee a link to the 11-module online certification exam. The trainee has up to two years to complete the certification exam.

In Year I, the criteria were as follows:

- *Complete 16-hour Doula workshop with DONA International curriculum;*

- *CHEEERS orders the certification packet for the participant after completing the workshop;*
- *Complete 8-hour child birth/breastfeeding combined course (taught by trainers hired by CHEEERS);*
- *Complete the online Business webinar (paid for by the grant)*
- *Create a resource list of their local area;*
- *Read seven books about the doula process as suggested by DONA;*
- *Write a personal essay on the reasons for becoming a doula;*
- *Provide continuous in-person labor support for a total of at least 15 hours over three births. The doula in training must be present for the entire birth to count toward the required three births.*
- *Obtain an evaluation from two mothers and the medical professionals at the births.*

The DONA certifying criteria required a trainee to be present at three live births before he/she could be certified as a doula. As already stated, this was not possible in 2020 due to the pandemic.

III. SUCCESSES, CHALLENGES, and MODIFICATIONS

Describe project successes/challenges/modifications during the reporting period.

Angel Initiative

In addition to targeted outreach to behavioral health providers and training, CHEEERS participated in other activities designed to enhance recovery support services in Arizona, the purpose of the BCOR grant. The Arizona Health Care Cost Containment System (AHCCCS) established a statewide peer support development work group to establish policy for Arizona's peer workforce. The AHCCCS workgroup reviewed the statewide requirements for Peer Support Employment Training. CHEEERS staff participated in ten monthly meetings (October 23, 2020 through July 23, 2021) to review State policy related to the required training components of credentialed peers in Arizona.

As a result of the work group, all credentialed agencies that provide peer support employment training are required to "resubmit new curriculum to the State for approval." In response, CHEEERS revised its entire peer support employment training curricula to include recovery support for individuals with substance use and mental health disorders and submitted to AHCCCS for approval on October 1, 2021.

In year I of the grant, CHEEERS created the Angel training, which added specific information about working with law enforcement, forensic peer support, and opiate use disorders to the previously approved curricula used by CHEEERS to train Arizona's peer workforce. The previous training needed more information related to substance use disorders and forensics to prepare the Angel workforce. The curricula revisions made for the Angel Initiative became part of the AHCCCS workgroup discussion in year III of the grant. As members of the workgroup, CHEEERS leadership and team participated in workgroup discussions and recommendations to broaden the information provided about substance use and opiate use disorders in Arizona's curriculum standards and criteria.

In grant year I, CHEEERS collaborated with the Peer and Family Career Academy (PFCA), operated by AHCCCS, to provide the Angel trainings across the state. CHEEERS, in collaboration with the PFCA, were key contributors to the development of the forensic peer support training and the opiate use disorder training curricula that PFCA still uses today. The Angel training was a combination of these two curricula and added initial credentialing of peers if they were not previously credentialed. Most of the Angel peers were not credentialed.

In July 2020, the PFCA separated from AHCCCS and established itself as a 501c3 non-profit with its own Board of Directors and Executive Leadership. The PFCA's primary purpose is to develop and support Arizona's peer work force through training and peer-to-peer coaching. Kimberly Craig, CHEEERS CEO, serves as the founding Vice-Chair of the new PFCA Board of Directors. Ms. Craig will continue to provide guidance to formulate new and ongoing trainings for the peer workforce through the PFCA. The PFCA will continue to provide the forensic and opiate use disorder training to the peer workforce in Arizona.

Doula Program

The BCOR doula program faced more obstacles than the AI due to the COVID-19 pandemic and the need the work with live births prior to achieving certification. As mentioned, access to hospitals was not permitted in 2020 and was only allowed in 2021 if the doula showed proof of certification. CHEEERS attempted to mitigate these obstacles by changing training/certifying agencies from DONA International to ProDoula after year I, and contracting with a consultant to provide mentoring for all doulas completing training.

In addition to these efforts, CHEEERS continued to actively promote the use of doulas, especially doulas also trained as certified peer supports. As a result, the doula program has received more recognition and acceptance by provider agencies, the Regional Behavioral Health Authority, and Arizona Complete Health, which funds the services for individuals with serious mental illness, and general mental health and substance use disorders (Medicaid). For example, Arizona health plans recently submitted bids in response to the Regional Behavioral Health Authority's (now called Regional Behavioral Health Agreement) solicitation to serve individuals with serious mental illness across three regions covering the entire State. The health plans that bid for the contracts described specialized programs to meet the maternal health needs of women and included components of the peer doula program in their proposals. This suggests that the use of birth coach doulas who are trained Peer Recovery Specialists (i.e., trained in mental health and substance use disorders) is/has become a recognized approach to serving the needs of pregnant and post-partum women who have substance use and mental health disorders.

CHEEERS has now implemented peer doula programs that provide service to pregnant and post-partum women in Arizona. Molina Health Care has entered into a pilot project with CHEEERS to provide peer doula services. This project involves a direct referral from the Molina's Care Management team members who work with the pregnant and/or post-partum women on the Molina's enrollment roster. CHEEERS uses internal peer doulas trained from the grant to outreach and engage these referrals.

Mercy Care, the region’s behavioral health authority, and Arizona Complete Health (AzCH), a health plan that serves individuals with substance use and mental health disorders, have also worked with CHEEERS and are now referring individuals to the program (directly from the AzCH’s Care Management teams).

Hope, Inc., a consumer-operated program like CHEEERS serving southern Arizona, has implemented a specialized Peer Doula program to serve pregnant women. Their initial plan was to train those currently working with pregnant women, but their plan has now evolved into developing and implementing their own program.

In response to nationwide interest in how doula peers are used, CHEEERS presented about its peer doula program to the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and is now receiving requests from other States about the peer doula program. Of particular interest to other programs is that doula support services are not Medicaid eligible; however, peer support services are eligible in Arizona (and other states). Using certified peer doulas allows for encounterable interaction, while still providing specialized care for those with substance use disorders.

IV. ALIGNMENT WITH DISPARITY IMPACT STATEMENT (DIS)

Characteristics of Participants Served

The table below compares the demographic characteristics of the 353 participants trained in the three years of the grant with the goals established in the disparity impact statement. The gender and race data are presented in separate tables for the Angel Initiative and the Doula Program. In terms of gender, the actual percentage of females and males trained for the Angel program match the goal almost exactly – 46.4% females trained vs a goal of 46%, 53.2% males trained vs a goal of 53%, and 0.4% transgender trained vs a goal of 1%.

The doula occupation is understandably heavily female-dominated. Among the 73 doula trainees, 94.5% were female (n=69), well above the female gender goal of 46%. Three male doula trainees were 4.1% of trainees compared to a goal of 53%. One participant identified as none of the above (1.4% of the trainees).

In terms of race, the new Best Practices GPRA Post Event form includes Hispanic in the race question and directs participants to select one or more of the race choices as applicable. A complicating factor is how to count participants who identify as multiple races when calculating percentages to compare to the disparity goal. Across three years of Angel data, 26 participants reported more than one race including 16 as White/Hispanic, 3 as American Indian/White, 3 as Black/White, 1 as Black/American Indian, 1 as Black/Hispanic, 1 as American Indian/Hispanic/White, and 1 as Asian/Hispanic/White.

For the Angel program, 70% of trainees identified as white compared to a goal of 62%. If including the 24 mixed race participants with White in their racial identity, the percentage increases to 79%. Hispanic participants represent 8.6% of the Angel trainees compared to a goal of 15%. If including the 19 mixed race participants with Hispanic in their racial identity, the percentage of Hispanic

trainees rises to 16%, slightly above the goal. For Black participants, the percentage rises to 9.6% from 7.9% if including the 5 mixed race participants with Black in their racial identity, still below the goal of 13%. For Native American participants, including the 5 mixed race participants with Native American in their identity, the percentage increases to 3.2%, meeting the goal of 3%. Finally, including the one mixed race participant with Asian in their racial identity, the percentage of participants is 1%, still below the goal of 2%.

Demographics - Angel Initiative Participants						
Characteristic	Angel Year I	Angel Year II	Angel Year III	Total #	(% of 280 trained)	Disparity Impact Goal
Female	59	32	39	130	46.4%	46%
Male	74	36	39	149	53.2%	53%
Transgender	0	0	1	1	0.4%	1%
None of Above	0	0	0	0	0.0%	n/a
Total	133	68	79	280	100.0%	100%
White	103	49	44	196	70.0%	62%
Hispanic	4	7	13	24	8.6%	15%
Black	6	4	12	22	7.9%	13%
Native American	1	1	2	4	1.4%	3%
Asian	2	0	0	2	0.7%	2%
Native Hawaiian/API	0	0	1	1	0.4%	1%
More than One Race	12	7	7	26	9.3%	4%
Data Missing	5	0	0	5	1.8%	N/A
Total	133	68	79	280	100.0%	100%

For the Doula program, 71.2% of trainees identified as white compared to a goal of 62%. If including the 6 mixed race participants with White in their racial identity, the percentage increases to 79%. Hispanic participants represent 11% of the Doula trainees compared to a goal of 15%. If including the 5 mixed race participants with Hispanic in their racial identity, the percentage of Hispanic trainees rises to 17.8%, exceeding the goal. For Black participants, the percentage rises to 8.2% from 6.8% if including the 1 mixed race participants with Black in their racial identity, still below the goal of 13%. For Native American participants, including the 1 mixed race participant with Native American in their identity, the percentage increases to 4.1%, slightly exceeding the goal of 3%. Finally, there are no doula participants with Asian or Native Hawaiian in their racial identity.

Demographics - Doula Program Participants						
Characteristic	Doula Year I	Doula Year II	Doula Year III	Total #	(% of 73 trained)	Disparity Impact Goal
Female	24	23	22	69	94.5%	46%
Male	1	2	0	3	4.1%	53%
Transgender	0	0	0	0	0.0%	1%

Demographics - Doula Program Participants						
Characteristic	Doula Year I	Doula Year II	Doula Year III	Total #	(% of 73 trained)	Disparity Impact Goal
None of Above	0	1	0	1	1.4%	n/a
Total	25	26	22	73	100.0%	100%
White	21	14	17	52	71.2%	62%
Hispanic	0	7	1	8	11.0%	15%
Black	1	3	1	5	6.8%	13%
Native American	1	1	0	2	2.7%	3%
Asian	0	0	0	0	0.0%	2%
Native Hawaiian/API	0	0	0	0	0.0%	1%
More than One Race	2	1	3	6	8.2%	4%
Total	25	26	22	73	100.0%	100%

CHEEERS did not undertake any recruitment efforts driven by race or gender. All courses were included in the Arizona Health Care Cost Containment System (AHCCCS) Office of Individual and Family Affairs (OIFA) Friday newsletter distributed to behavioral health and any other agencies and staff with an interest in the work of AHCCCS. CHEEERS also made presentations about the Angel and Doula programs upon request of specific agencies. To a large extent, the training participants' employers determined who to send for training.

Seventy percent (n=135) of the 193 participants trained in years II and III had a high school diploma or a high school diploma and some college credit. Twenty-one percent (42 participants) had college degrees, either an Associate's, Bachelor's Master's degrees or PhD. Nine participants reported less than a high school diploma, and seven participants reported another education status (i.e., working on high school diploma/GED (3), trade school graduate (3), certificate (1)).

Education Level of Training Participants				
Title	Angel Initiative Year 2 & 3	Doula Training Year 2 & 3	Total (n=193)	%
0 = Other, specify	5	2	7	3.6%
1 = Less than high school	8	1	9	4.7%
2 = High school diploma or equivalent (GED)	65	11	76	39.4%
3 = Some college, but no degree	43	16	59	30.6%
4 = Associate's degree	11	8	19	9.8%
5 = Bachelor's degree	9	5	14	7.3%
6 = Master's degree	4	4	8	4.1%

11 = Other Doctoral degree or Equivalent (e.g., PhD, EdD, DPT)	0	1	1	0.5%
Total	145	48	193	100%

As summarized in the chart below, Angel Initiative trainees represented the full spectrum of organizational levels from front-line workers to management. Fifty-six percent (156 of 280) of the Angel participants trained identified their primary profession as a peer professional (49.3%) or as a Recovery Specialist (6.4%). Social workers and Counselors were 7.5% of the 280 Angels trained. Servant Leadership, an uncommon title, represented 3.2% of the Angels trained and all came from Phoenix Rescue Mission. Managers/Directors represented 3.6% of Angels trained. The other category for the Angel trainees came from a broad range of professions including a caregiver, case manager assistant, cook, customer service, event planner, heavy equipment operator, janitor, ministry training, stylist, and warehouse worker.

The principal employment setting for the trainees is recovery-oriented community-based settings for the Angel program. In comparing the GPRA data with the project manager's training records, training participants from the same organization sometimes classify the organization differently. For example, Phoenix Rescue Mission is sometimes identified as a community-based organization or as a community recovery support program. The agency chart in the outcome sections showing the participant organizational affiliations gives a more accurate depiction. Consistent with how the Angel Initiative has evolved, the Angel program is largely training peers working or volunteering for community-based recovery programs serving homeless clients with SUD and recovery homes. One organization, Phoenix Rescue Mission represents 40.7% (114 of 280) of the Angels trained across all three years.

Title and Agency Affiliation of Angel Training Participants					
Title	Angel Y1	Angel Y2	Angel Y3	Total (n=280)	%
Peer Professional	72	26	40	138	49.3%
Recovery Specialist	3	6	9	18	6.4%
Prevention Specialist	1	2	1	4	1.4%
Case Manager	5	0	0	5	1.8%
Community health worker	3	1	0	4	1.4%
Social Worker	13	1	0	14	5.0%
Addictions Professional	0	2	0	2	0.7%
Counselor	5	2	0	7	2.5%
Nurse	1	0	0	1	0.4%
Public or Business Administrator	0	2	1	3	1.1%
Manager/Director	10	0	0	10	3.6%
Clinical Admin./Manager/Supervisor	3	0	0	3	1.1%
Servant Leadership	0	0	9	9	3.2%

Criminal justice/law enforcement professional	0	1	0	1	0.4%
State Govt Official	1	0	0	1	0.4%
Educator	0	0	1	1	0.4%
Student	2	4	8	14	5.0%
Other	10	19	10	39	13.9%
Missing Data	4	2	0	6	2.1%
Total	133	68	79	280	100.0%
Agency Affiliation					
SUD Treatment Program	63	12	8	83	29.6%
SUD Prevention Program	0	3	1	4	1.4%
Community recovery support program	0	15	23	38	13.6%
Transitional/supported living facility	0	2	8	10	3.6%
Group home	0	0	1	1	0.4%
Community mental health program	0	3	3	6	2.1%
Solo practice	0	2	2	4	1.4%
State/County Government	8	0	0	8	2.9%
Higher Education	2	0	2	4	1.4%
Community-based organization	0	9	17	26	9.3%
Other	58	20	14	92	32.9%
Missing Data	2	2	0	4	1.4%
Total	133	68	79	280	100.0%

Doula program trainees also represent the full spectrum of organizational levels. Sixty-five percent (48 of 73) of the Doula participants trained identified their primary profession as a peer professional (39.7%), Recovery Specialist (21.9%), or a community health worker (4.1%). Social workers, addiction professionals, and Counselors were 11% of the 73 Doulas trained. Managers/Directors represented 2.8% of Doulas trained. The other category for the Doula trainees included a caregiver, a recovery coach, a Clinical Service Liaison, a Peer Parent Support provider, a Medical Assistant, and a consultant.

The principal employment setting for the doula program is 35.6% SUD treatment programs and 39.7% community-based programs such as community recovery support programs (8.2%), community health (5.5%), community mental health program (12.3%), and community-based organization (13.7%). Other settings included a homemaker, managed care setting, crisis center, educational recovery, and social service. In most cases, the descriptions are too general to classify into another category.

Title and Agency Affiliation of Doula Training Participants					
Title	Doula Y1	Doula Y2	Doula Y3	Total (n=73)	%
Peer Professional	14	7	8	29	39.7%
Recovery Specialist	6	5	5	16	21.9%
Community health worker	0	1	2	3	4.1%
Social Worker	2	2	0	4	5.5%
Addictions Professional	0	0	3	3	4.1%
Counselor	1	0	0	1	1.4%
Public or Business Administrator	0	1	0	1	1.4%
Clinical Admin./Manager/Supervisor	1	0	0	1	1.4%
Educator	0	1	1	2	2.7%
Student	0	1	0	1	1.4%
Other	1	8	3	12	16.4%
Total	25	26	22	73	100.0%
Agency Affiliation					
SUD Treatment Program	16	3	7	26	35.6%
Community recovery support program	0	2	4	6	8.2%
Group home	0	1	0	1	1.4%
Community health	0	1	3	4	5.5%
Community mental health program	0	9	0	9	12.3%
Solo practice	0	0	1	1	1.4%
State/County Government	1	0	0	1	1.4%
Community-based organization	0	4	6	10	13.7%
Other	8	6	1	15	20.5%
Total	25	26	22	73	100.0%

V. LESSONS LEARNED

CHEEERS conducted two focus group sessions, one for each program, facilitated by the evaluator, to determine what difference the grant made from the perspective of the organizations that received training. Nine participants attended the virtual focus group sessions and nine participants submitted written comments. The questions used for the sessions are included in Appendix I. A summary of the virtual sessions and all of the written comments received are included in Appendix II. Three themes stood out in the comments received through this process as described below with a sample of the participants' comments:

Theme: The BCOR grant deepened the work of the participating agencies by teaching skills that increased their effectiveness in reaching the people they serve.

Sample of comments received:

- We are able to support women who have stigma/shame around the pregnancy.
- We are able to provide them with more education about their bodies, pregnancy, labor and birth.
- Women I've supported have engaged in therapy, have been prescribed medication they were unsure about prior to building a relationship with a Peer/Doula.
- A client who lost her pregnancy still engaged in supportive services for four months following the loss.
- Three of the women I supported with DCS (Department of Child Safety) involvement were able to return home with their babies after giving birth.
- It enhanced the intake department, staff has a better ability to encourage clients, support them and allow empowered decision making.
- Deepened our programs, what we've learned we've been able to utilize with clients to build connection and trust.
- In the Street Outreach Department, we use the skills taught to us daily. We are out in the streets engaging people who are active in addiction and or experiencing homelessness all day long. The team uses the skills to form relationships with their clients. It helps them learn the root causes of why they are where they are through the communication skills taught in the class.

The impact in our contracted cities has been significant. The team as a whole has been averaging 35-50 placements a month. That's a lot of people who did sleep on the streets. They meet countless identification needs a month and case manage clients throughout the coordinated entry system to achieve permanent housing. In November, Glendale Street outreach alone had 15 unduplicated rescues and the Glendale Works Program had 7 unduplicated rescues

- It has led to higher quality interactions with clients. It has helped acquire better information that can be acted upon in practical ways for their personal growth and recovery.
- It has helped me to better communicate with some clients that before the training I was not able to communicate very well with before. A few of them I was able to get help for to better their situations.
- Taught us how to navigate our conversations. We knew what to say but now we know HOW to say it to build a connection and trust with the client.

Theme: The training supported program expansion to more agencies and more communities.

Sample of comments received:

- It supports our existing programs, however created growth in our street outreach program from 5 or 6 staff to 17 staff.
- The training supported multiple existing programs, outreach, Will Works and criminal justice diversion in multiple cities, Glendale, Scottsdale, Peoria, Avondale, Goodyear, and Surprise. Due to the service that we provide, we have seen the size of our team double in the last year. Other cities are also hearing that Phoenix Rescue case managers are providing great service to their clients.
- Because our Outreach Workers are highly trained and Peer Support Certified we have seen our community impact increase from one municipality contracting with the Phoenix Rescue Mission to 5 cities seeking our team to serve their community. Phoenix Rescue Mission Outreach teams are providing navigation, case management and emergency services across the valley growing from 1 outreach worker in one Hope Coach to 10 Hope Coaches with a team of 25 and growing. Our clients are highly sought after by other providers, because of this training and the program they have completed through our facility.
- Deep Within now also has the opportunity work closely with the City of Peoria to help support the homeless population to no longer reside on the streets. Deep Within has certainly embodied enhancement of our program due to the training along with expanding a direct partnership with the City of Peoria in order to continue efforts to help those who are homeless. The partnership with City of Peoria would not have been fully possible without a peer support certified individual.
- The program supported our existing programs because we were able to accept referrals from other agencies and our program has expanded beyond the onsite mental health recovery community.
- We have created a program with the staff members to provide information to individuals who are interested in Doula Services. (HOPE, Inc.)
- We were able to begin relationships with other agencies/organizations to support pregnant and post-partum women.
- Our agency developed a new program for pregnant and post-partum women and we now receive referrals directly from health plans and clinics. (CHEEERS)

In 2016, the Arizona Governor's Office on Youth, Faith and Family (GOYFF) convened the Arizona Substance Abuse Task Force, which was created to address and seek to reverse the growing epidemic of substance abuse and addiction in Arizona communities by finding the best treatments and reducing barriers to care. A recurring theme of the Task Force was the importance of understanding addiction as a health issue, not a criminal issue.

Theme: Making progress in impacting community systems to understand addiction as a health issue, not a criminal issue.

- A doula participant in the virtual session spoke about continuing to educate Department of Child Safety (DCS) staff as women with involvement receive services with her agency. She spoke about three women she worked with who were able to bring their babies home rather than having them go to foster care because of the work the women did with peer doula support. The worker's hope for the future is that moms who encounter DCS involvement will receive trauma-informed care. Finally, her hope is that the women will be treated in community systems of care with the view of "what happened to you, rather than what is wrong with you".
- A Street Outreach Supervisor at the virtual session shared his experiences about how peer support working side by side with law enforcement and others in the community impacted by the homeless street population such as businesses gain a different understanding of addiction and mental health as health issues and not criminal issues. The worker described his experiences in working with police in a West Valley city. At first, the outreach team and the police would visit encampments together. The police operated with the motto "arrest first, help later". The Outreach Supervisor communicated to the police that if the outreach workers were perceived in the community as part of the police's efforts, they would not gain the trust of those they were sent to help. The outreach team was able to show a different approach of engaging and helping those on the streets. The Outreach Supervisor relayed that he now gets calls regularly from the police personnel he works with about situations on the street where outreach might be a more effective response. In the words of the Outreach Supervisor, the motto now has shifted to "help first, arrest if necessary".

Finally, participants were asked to describe what they perceived to be the legacy of the BCOR grant. Participant responses included the following:

- Continued support services for pregnant and post-partum women.
- Having more robust conversations, more education, developing comprehensive birth plans.
- Education other entities about the benefits of Peer Doula support, being able to show outcomes that match the success of Peer/Doula support.
- Healthier outcomes for both mother and baby.
- That moms who encounter DCS involvement will receive trauma informed care.
- That clients will be treated with cultural competence (what happened to you rather than what is wrong with you).
- Recognizing mental health and substance use as a health issue.
- Continued growth amongst criminal justice agencies.
- Growing the conversation about mental health and substance use.
- Growth with other partnering agencies.
- The ripple effect of all the peers going to wherever they work and utilizing the skills they have learned and then in turn teaching it to others will spread out wherever they go thus in turn all the clients they touch will reap the benefits.
- The overall quality of care provided has and hopefully will continue to increase as we increase our programs population.

- The legacy will be more and more people being educated through this grant and in turn being the best Peers/Case Managers they can possibly be because of the wonderful training that the grant provides.
- Being able to support women during their pregnancy, birth and after care
- The legacy has really just expanded for Deep Within, allowing a larger population to be given the proper support because of the teachings our members received.

VI. EVALUATION

The final results on meeting the goals and objectives of the grant are included in the outcomes section of this report with detailed quantitative data and reference to the qualitative data. In addition, the new Follow-Up Training form included six open-ended questions allowing for answers in narrative form. The qualitative responses grouped by common content themes from each question are included in Appendix I for the Angel Initiative and Appendix II for the Doula training in the year II and III annual reports. They are not repeated here.

VII. GRANT BUDGET CHECK

- A. Using the table below, please list: (1) your **actual grant year-to-date total expenditures in the first column**, (2) your **year-to-date grant budget as approved in the second column**, and (3) your **calculated variance in the third column**.

<i>(1) Actual Expenditures YTD</i>	<i>(2) Budget YTD</i>	<i>(3) Variance</i>
\$234,958.74	\$234,958.74	0%
<i>Cumulative Expenditures (Yr 1, 2, &3)</i>	<i>Cumulative Expenditures (Yr 1, 2, &3)</i>	<i>Cumulative Variance (Yr 1, 2, &3)</i>
\$594,105	\$594,105	0%

- B. If there is a variance of more than 15% (positive or negative) between budgeted and actual annual expenditures, briefly explain why and how you anticipate addressing the variance.

The year III budget includes carryover from year I and II.

- C. Are you on track to expend 100% of grant funding for the year? If not, why, and what amount of unexpended funds from the current year do you anticipate requesting to carry over into the next year and how will you use those funds?

CHEEERS spent 100% of the grant by the end of year III.

VIII. SUCCESS STORY(IES)

CHEEERS submitted nine success stories and the required releases of information over the three years of the grant. These were included as attachments with each annual report (year I (1), year II (3), & year III (5)).

Appendix I - CHEEERS BCOR Grant Close Out Focus Group Questions

In September 2021, CHEEERS completed the three-year Building Communities of Recovery (BCOR) grant that funded the Angel and doula training. The grant evaluation focuses on two main questions: Did CHEEERS complete the requirements of the grant? The answer to this question is yes. The more important evaluation question is what difference did the work make? That is the main topic of discussion for this group meeting. Below are some questions to consider. The questions may overlap and are meant to stimulate your thinking. Please share concrete examples whenever possible.

1. How has your agency used the skills/education your staff received from the Angel/Doula training?
2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?
3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?
4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?
5. What is your agency able to do now that it was not able to do before the training received?
6. What could have been done differently given other resources?
7. How will your agency sustain the benefits received from the Angel/Doula training?
8. What will be the legacy of this grant?

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

Summary of Focus Group Oral Discussions Sessions

Doula Program Session

Attended by: Family Involvement Center (1), Terros (1), CHEEERS (3)

- 1. How has your agency used the skills/education your staff received from the Doula training?**
 - a. We utilize more outreach efforts to engage a client.
 - b. We can support clients inside/outside hospital even if we do not attend the birth.
 - c. We are able to support clients with substance use/mental health disorders to share resources and information, support them with concerns/shame/guilt around pregnancy and substance use.
 - d. We have more enhanced conversations with clients and help develop comprehensive birth plans.
- 2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?**
 - e. We developed a new program for pregnant and post-partum women.
 - f. We expanded on our existing program with more knowledge and information to provide to the women.
 - g. We invite all of the fathers to a men's group that takes place every Saturday.
- 3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?**
 - h. We are able to support women who have stigma/shame around the pregnancy.
 - i. We are able to provide them with more education about their bodies, pregnancy, labor and birth.
 - j. We are able to support women in the hospital (with Doula certification) where we were not able to do that during Covid.
 - k. Women I've supported have engaged in therapy, have been prescribed medication they were unsure about prior to building a relationship with a Peer/Doula.
 - l. A client who lost her pregnancy still engaged in supportive services for four months following the loss.
 - m. Three of the women I supported with DCS involvement were able to return home with their babies after giving birth.
- 4. How does the work your agency received training for support this grant purpose?**
 - n. We were able to begin relationships with other agencies/organizations to support pregnant and post-partum women.
 - o. Our agency developed a new program for pregnant and post-partum women and we now receive referrals directly from health plans and clinics.
 - p. We were able to work alongside the nurses during a woman's labor and delivery.
 - q. We have been able to have robust conversations and meet women at the hospital.
- 5. What is your agency able to do now that it was not able to do before the training received?**
 - r. Go into the hospital to support a woman in labor as a certified Doula.

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

- s. Pass on the education I learned about a woman's body, the changes her body goes through during pregnancy and birth.
- t. More vocabulary to outreach clients.

6. What could have been done differently given other resources?

- u. The second and third year of the grant the training was virtual so trainees did not receive hands-on experience unless they utilized the Doula mentor to schedule that.

7. How will your agency sustain the benefits received from the Doula training?

- v. By continuing to expand our pregnant and post-partum program.
- w. By continuing to offer support and resources to pregnant women with SUD and/or mental health.
- x. Continuing to educate Department of Child Safety as women with involvement receive services with our agency.

8. What will be the legacy of this grant?

- y. Continued support services for pregnant and post-partum women.
- z. Having more robust conversations, more education, developing comprehensive birth plans.
- aa. Education other entities about the benefits of Peer Doula support, being able to show outcomes that match the success of Peer/Doula support.
- bb. Healthier outcomes for both mother and baby.
- cc. That moms who encounter DCS involvement will receive trauma informed care.
- dd. That clients will be treated with cultural competence (what happened to you rather than what is wrong with you).

Angel Session

Attended by: Phoenix Rescue Mission (Intake Dept.- 1), (Criminal Justice – 1), (Street Outreach - 2)

1. How has your agency used the skills/education your staff received from the Doula training?

- a. Learned different strategies to engage clients.
- b. Our vocabulary has improved, our ability to support clients has improved.
- c. Implementing what we've learned on a daily basis with both clients and police departments we work with.
- d. Staff has been able to be more supportive of each other, brainstorm solutions.

2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?

- e. It supports our existing programs however created growth in our street outreach program from 5 or 6 staff to 17 staff.
- f. It enhanced the intake department, staff has a better ability to encourage clients, support them and allow empowered decision making.
- g. Deepened our programs, what we've learned we've been able to utilize with clients to build connection and trust.

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

- 3. What impacts/benefits has this training had on the community you serve?**
 - h. We are able to use more credible language and use open ended questions to empower clients, allowing them some control over their outcome and make decisions.
 - i. Our empathy and building of trust has shown more progression in clients.
 - j. I feel with the increased knowledge and what we learned in the training has caused clients to stay in programming.
 - k. We are more confident which comes through to our clients and builds their confidence.
- 4. How does the work your agency received training for support this grant purpose?**
 - l. Working within the jails/prisons and courts to support programs that promote diversion and prevent recidivism.
 - m. Educating law enforcement to understand addiction and mental health.
 - n. Prior to this training while working with Avondale PD whose motto was “Arrest first, help later” has shifted to “Help first, arrest if necessary”.
 - o. Expanding on partnerships with criminal justice (Police, courts, jails)
- 5. What is your agency able to do now that it was not able to do before the training received?**
 - p. Helped us to grow our criminal justice department.
 - q. Expand and grow our street outreach staff from 5 or 6 to 17 staff.
 - r. Taught us how to navigate our conversations. We knew what to say but now we know HOW to say it to build a connection and trust with the client.
- 6. What could have been done differently given other resources?**
 - s. In person training during Covid but we did the best we could with what we had.
- 7. How will your agency sustain the benefits received from the Angel training?**
 - t. Putting the knowledge and skills learned into practice daily.
 - u. Continuing to grow and expand our programs.
 - v. Education the criminal justice agencies about mental health and substance use.
 - w. Continuing to build supportive services.
- 8. What will be the legacy of this grant?**
 - x. Recognizing mental health and substance use as a health issue.
 - y. Continued growth amongst criminal justice agencies.
 - z. Growing the conversation about mental health and substance use.
 - aa. Growth with other partnering agencies.

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

Street Outreach Supervisor, Phoenix Rescue Mission

1. How has your agency used the skills/education your staff received from the Angel/Doula training?

In the Street Outreach Department, we use the skills taught to us daily. We are out in the streets engaging people who are active in addiction and or experiencing homelessness all day long. The team uses the skills to form relationships with their clients. It helps them learn the root causes of why they are where they are through the communication skills taught in the class.

2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?

The training supported multiple existing programs, outreach, Will Works and criminal justice diversion in multiple cities, Glendale, Scottsdale, Peoria, Avondale, Goodyear, and Surprise. Due to the service that we provide, we have seen the size of our team double in the last year. Other cities are also hearing that Phoenix Rescue case managers are providing great service to their clients.

3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?

The impact in our contracted cities has been significant. The team as a whole has been averaging 35-50 placements a month. That's a lot of people who did sleep on the streets. They meet countless identification needs a month and case manage clients throughout the coordinated entry system to achieve permanent housing. In November, Glendale Street outreach alone had 15 unduplicated rescues and the Glendale Works Program had 7 unduplicated rescues:

- 5 to PRM program
- 11 to External placement
- 6 to permanent housing

All of the Glendale services provided:

- 1 bus pass
- 2 Behavioral health services
- 5 birth certificates
- 5 VI-SPDATs
- 20 Housing Services
- 27 ID vouchers
- 3 medical services
- 6 motel vouchers
- 10 shelter services
- 26 showers
- 7 Social Security applications

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

2 substance abuse services
1 transport to CASS
5 transports to PRM
44 transports to external provider
1 veteran service

- 4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?**

Well, we are always working to get people off the street by either utilizing our recovery programs or another provider's if that fits the need of the client. A good number of our Case Managers are peers and have been homeless or are in recovery themselves so it has served two-fold.

- 5. What is your agency able to do now that it was not able to do before the training received?**

To more effectively communicate with clients. The training gave us the tools to guide a conversation and really dissect what is being said.

- 6. What could have been done differently given other resources?**
? – No response

- 7. How will your agency sustain the benefits received from the Angel/Doula training?**

Well, the ones that have received the training are the ones training new hires, so the new hires are still getting the benefit by learning the skills from someone who has had a chance to apply what they learned in the class.

- 8. What will be the legacy of this grant?**

The ripple effect of all the peers going to wherever they work and utilizing the skills they have learned and then in turn teaching it to others will spread out wherever they go thus in turn all the clients they touch will reap the benefits.

**Appendix II - CHEEERS BCOR Grant Close Out
Participant Responses to Focus Group Questions**

Vocational Development Coordinator, Phoenix Rescue Mission

- 1. How has your agency used the skills/education your staff received from the Angel/Doula training?**

It has led to higher quality interactions with clients. It has helped acquire better information that can be acted upon in practical ways for their personal growth and recovery.

- 2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?**

An existing program.

- 3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?**

It has improved overall communication on for all parties by making those that serve our clients more accessible and approachable.

- 4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?**

We are an intensive Christ centered Inpatient Recovery Program seeking to provide life sustaining solutions to life controlling problems to those in need.

- 5. What is your agency able to do now that it was not able to do before the training received?**

Provide more experienced support to our clients and act as better members of our team.

- 6. What could have been done differently given other resources?**

Perhaps shadowing an existing trained person in their field.

- 7. How will your agency sustain the benefits received from the Angel/Doula training?**

Ongoing coaching, training and support

- 8. What will be the legacy of this grant?**

The overall quality of care provided has and hopefully will continue to increase as we increase our programs population.

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

Street Outreach Coordinator, Phoenix Rescue Mission

- 1. How has your agency used the skills/education your staff received from the Angel/Doula training?**

Answer: We use it in all of our day-to-day work. Peer Support is a big part of what we do.

- 2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?**

Answer: It helped us to better understand and help our clients. Which in turn makes their program/recovery that much easier.

- 3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?**

Answer: It has helped me to better communicate with some clients that before the training I was not able to communicate very well with before. A few of them I was able to get help for to better their situations.

- 4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?**

Answer: It gave us the ability to understand our clients better and gave us the tools to communicate the proper way with them. Communication and understand are key to helping our clients through their rough times.

- 5. What is your agency able to do now that it was not able to do before the training received?**

Answer: For me it was learning the proper way to run meetings with the clients. That was very informative and helpful to me.

- 6. What could have been done differently given other resources?**

Answer: Nothing in my opinion. The training was fantastic and I learned so much!

- 7. How will your agency sustain the benefits received from the Angel/Doula training?**

Answer: By continuing to use the training each and every day to better serve our clients.

- 8. What will be the legacy of this grant?**

Answer: The legacy will be more and more people being educated through this grant and in turn being the best Peers/Case Managers they can possibly be because of the wonderful training that the grant provides.

**Appendix II - CHEEERS BCOR Grant Close Out
Participant Responses to Focus Group Questions**

Doula, HOPE, Inc.

1. How has your agency used the skills/education your staff received from the Angel/Doula training?

At our Yuma site, we have not been able to use any of the skills/education from the Angel/Doula training as of yet.

2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?

The training has allowed our agency to expand programming to an additional population.

3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?

There has been no impact in Yuma as of yet.

4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?

Our agency, Yuma site, has allowed us to expand our recovery support to pregnant population, but we have not had any requests as of yet. However, I feel that the Postpartum Doula training would have suited our agency and community better.

5. What is your agency able to do now that it was not able to do before the training received?

As mentioned above, I really feel that the Postpartum Doula training would have suited our agency and community better. With the specific training provided, it does not seem to suit our specific needs.

6. What could have been done differently given other resources?

The Postpartum Doula Training. The population we work for is in mental health and substance abuse; I feel that support to moms after the birth of their child would be much more beneficial in our area.

7. How will your agency sustain the benefits received from the Angel/Doula training?

It would be beneficial if we were also offered an opportunity to attend The Postpartum Doula Training, which I feel would better suit the needs of our population/community.

8. What will be the legacy of this grant?

I don't feel that this specific training will be utilized in our community as much as the Postpartum Doula training would be.

**Appendix II - CHEEERS BCOR Grant Close Out
Participant Responses to Focus Group Questions**

Peer Navigator/Criminal Justice, HOPE, Inc. (doula program)

1. How has your agency used the skills/education your staff received from the Angel/Doula training?

We have created a program with the staff members to provide information to individuals who are interested in Doula Services.

2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?

We created the program after the staff participated in the program

3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?

Co-workers and I completed the training for information purpose only. However, some in the training are Doulas

4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?

No response.

5. What is your agency able to do now that it was not able to do before the training received?

We can complete intakes for women and support them by providing information about what Doulas do and the different types of Doulas there are.

6. What could have been done differently given other resources?

I personally believe there was nothing different. Although I will not be a Doula, the information was fantastic and I enjoyed the training.

7. How will your agency sustain the benefits received from the Angel/Doula training?

I am not sure how to answer that.

8. What will be the legacy of this grant?

Being able to support women during their pregnancy, Birth and after care

**Appendix II - CHEEERS BCOR Grant Close Out
Participant Responses to Focus Group Questions**

Owner/CEO, Deep Within Rehab Center, Inc.

1. How has your agency used the skills/education your staff received from the Angel/Doula training?

The benefit of the peer support training is used daily. Deep Within has many new residents come and this allows the proper support to begin the process of recovery.

2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?

Yes, Deep Within now also has the opportunity work closely with the City of Peoria to help support the homeless population to no longer reside on the streets.

3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?

It has had a significant impact. Deep Within is able to utilize the proper methods to support those in need of recovery.

4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?

Deep Within has certainly embodied enhancement of our program due to the training along with expanding a direct partnership with the City of Peoria in order to continue efforts to help those who are homeless.

5. What is your agency able to do now that it was not able to do before the training received?

The partnership with City of Peoria would not have been fully possible without a peer support certified individual.

6. What could have been done differently given other resources?

No response.

7. How will your agency sustain the benefits received from the Angel/Doula training?

Deep Within will be able to instill the teachings of the program to every individual that enters our recovery program.

8. What will be the legacy of this grant?

The legacy has really just expanded for Deep Within, allowing a larger population to be given the proper support because of the teachings our members received.

**Appendix II - CHEEERS BCOR Grant Close Out
Participant Responses to Focus Group Questions**

Community Engagement Coordinator, CHEEERS, Inc.

1. How has your agency used the skills/education your staff received from the Angel/Doula training?

We did hands on training and we reach out to members who are expecting or have post-partum depression symptoms and provide them with support.

2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?

The program supported our existing programs because we were able to accept referrals from other agencies and our program has expanded beyond the onsite mental health recovery community.

3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?

CHEEERS supports members with creating a plan before during after labor and has resources available for the members throughout their time being supported with Doula assistance.

4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?

It prepares Doula staff for the preparation of birth with hands on training and expanding our services and connecting with other agencies.

5. What is your agency able to do now that it was not able to do before the training received?

Assist pregnant women in person without time restrictions.

6. What could have been done differently given other resources?

More discussion about how to deal with babies with withdrawal symptoms from substance abuse or children who are being taken from the mother by child protective services.

7. How will your agency sustain the benefits received from the Angel/Doula training?

By supporting our members, who are in need of support, as they battle mental health stigma during a pregnancy so they don't feel alone, so they have someone to advocate for them, so they feel supported and heard.

8. What will be the legacy of this grant?

We can continue to support members and join other agencies through program expansions.

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

Street Outreach Case Manager Assistant, Phoenix Rescue Mission

1. How has your agency used the skills/education your staff received from the Angel/Doula training?

As a street outreach case manager assistant, it was an essential foundation on how I interacted and operated on a professional level. The training helped me focus on listening to people and not try to offer advice unless it was asked of me. Coming out of homelessness and addiction myself, it could have been very easy for me to tell people who were struggling what they needed to do to fix themselves. This training helped myself and other case managers establish healthy relationships with our clients.

2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?

The training supported many different programs and departments within the organization. Departments like Intake at the men's and women's center. Street outreach case managers as well as Ministry Leaders at both men's and women's program. For me, the training eventually supported my role as a coordinator in Glendale Works where I helped those living on the street an opportunity to make a days wage and help them get connected to services. With so many issues plaguing the homeless community, the training I received really helped me interact and establish relationships with people on a day-to-day basis.

3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and community(ies) served?

The impacts are really the ability to empathize with people and help them get off the streets. My clients and participants in the Works program get connected to services because they trust me. The most memorable experiences are when people reach out and say "I've had enough out here, can you help?" I offer different solutions like programing or housing assessments. I really enjoy when they start making those steps to enter a program. To witness people doing better for themselves and dealing with their issues head on with the proper support and staff is just wonderful to see the transformation take place and take hold. As well as those who were housed through a voucher because we could see many times people grateful for the opportunity and a life changed for the better.

4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?

We are the Phoenix Rescue Mission and our purpose is to serve our communities in need. The training helped our leaders and staff to do what God has called them to do and serve.

5. What is your agency able to do now that it was not able to do before the training received?

I believe our agency before the training could have possibly been very shortsighted and biased. With staff and Leaders trained in Peer Support, we were able to provide quality and professional care as well as establish trust within the communities we serve.

**Appendix II - CHEEERS BCOR Grant Close Out
Participant Responses to Focus Group Questions**

6. What could have been done differently given other resources?

Our approach could be different on how leaders and staff interact with clients. I feel we got the most out of the training and the teachers even made it fun. Given other resources perhaps we would learn more about the dynamics of a peer support specialist.

7. How will your agency sustain the benefits received from the Angel/Doula training?

By continuing to see results and lives changed from having positive relationships with our case managers. We will continue to train more so that more lives can be touched. Our case managers love what they do and the purpose to serve. The Phoenix Rescue Mission continues to expand and grow thus benefiting from peer support training.

8. What will be the legacy of this grant?

The people who have been changed for a lifetime. The staff and leaders who will use the training to continue the cycle of hope and change.

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

Community Relationship Officer, Phoenix Rescue Mission

1. How has your agency used the skills/education your staff received from the Angel/Doula training?

Phoenix Rescue Mission was able to increase the skill base and knowledge of our existing Outreach Team and provided residential clients access to this training as a vocational training opportunity. Peer Support Training is a highly sought after vocational training for our clients. When they have reached the level of our program for Job Obtainment clients are assessed, then connected to the appropriate training opportunity with Peer Support being the number 1 choice. Our clients want to be part of offering help and hope to those in need, because of the help and hope they receive.

2. Did the training support an existing program or allow your agency to expand programming to another program area and/or population?

This grant opportunity allowed us to make sure all of our OUTREACH Staff are certified Peer Support certified, since we hire those for this position from our group of graduates and those with shared life experience.

3. What impacts/benefits has this training had on the community you serve? What have been some of the most meaningful experiences in terms of what the program has meant to the individuals and communities served?

Because our Outreach Workers are highly trained and Peer Support Certified we have seen our community impact increase from one municipality contracting with the Phoenix Rescue Mission to 5 cities seeking our team to serve their community. Phoenix Rescue Mission Outreach teams are providing navigation, case management and emergency services across the valley growing from 1 outreach worker to one Hope Coach to 10 Hope Coaches with a team of 25 and growing. Our clients are highly sought after by other providers, because of this training and the program they have completed through our facility.

4. The purpose of this grant was to support the development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. How does the work your agency received training for support this grant purpose?

Many of our staff have sought higher education, many are currently enrolled in college level classes to improve their skills. As an organization, we are developing a Case Management Training Track as a part of our Vocational Development Program to provide the highest quality Case Management Team on the streets to serve the community.

5. What is your agency able to do now that it was not able to do before the training received?

Gain the respect of other providers by having the best trained Outreach Workers in the valley- this grant opened the door for so many to increase their skill set, feel comfortable with utilizing the skills and they realized they were extremely capable of this work- this training allowed them to see their own ability at a higher level.

6. What could have been done differently given other resources?

We are extremely grateful that CHEEERS was willing to think outside the box and look for creative and innovative ways to continue training during the pandemic.

Appendix II - CHEEERS BCOR Grant Close Out Participant Responses to Focus Group Questions

7. How will your agency sustain the benefits received from the Angel/Doula training?

We will continue to look for partnering opportunities with CHEEERS to connect our clients interested in PEER SUPPORT as a vocation to attend their ongoing training program funded through AHCCCS.

8. What will be the legacy of this grant?

The LEGACY of Phoenix Rescue Mission providing over 100 certified Peer Support Specialists working throughout the community offering help and hope to those experiencing homelessness, addiction and other life controlling issues. Walking alongside those in need to find what is BEST for them!