

## CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

Date: May 18, 2018

To: Christopher Gonzalez, CEO

From: Annette Robertson, LMSW  
Karen Voyer-Caravona, MA, LMSW  
AHCCCS Fidelity Reviewers

### **Method**

On April 18, 2018, Annette Robertson and Karen Voyer-Caravona completed a review of the Hope Lives-Vive La Esperanza (HLVLE), a Consumer Operated Service Program (COSP). This review is intended to provide specific feedback in the development of your agency's services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

Hope Lives-Vive La Esperanza provides behavioral health support to people who are eligible for adults with a serious mental illness (SMI), general mental health (GMH) or substance abuse (SA) services and are enrolled in the Regional Behavioral Health Authority (RBHA) in Maricopa County. The agency engages in Forensic Peer Support services for individual/group skill building, employment, community re-entry, psycho-education, psycho-social rehabilitation and education/prevention/awareness services. The agency relocated in November 2017 to 1551 West Van Buren Street, Phoenix, AZ 85007.

The individuals served through this agency are referred to as members, and/or peers, but for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used. In addition, throughout this COS report, the term "people with lived experience" will be used to reference self-identified people with lived experience of recovery.

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

- Tour of the center's facility;
- Interview with the Chief Executive Officer;
- Individual interview with Supervisory Staff: Operations Manager (formerly identified as Program Director in previous year's report);
- Focus group with seven Non-Supervisory Staff: six Forensic Peer Support Specialists, and one Lead Forensic Peer Support Specialist;
- Focus group with eight program members;
- Review of the center's key documentation, including: organizational documents, Articles of Incorporation, policies, annual reports, training materials, job descriptions, etc.; *Incident/Safety/Complaint Report; Board of Directors Minutes; Satisfaction Survey Summary; Program Activities Calendar; and Patient Safety Plan Template.*

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) Fidelity Assessment/Common Ingredients Tool (FACIT) of the *Consumer Operated Service (COS) Evidence Based Practice Tool Kit*. Using specific observational criteria, this scale assesses the degree to which an agency's operation aligns with a set of ideal standards established for high-fidelity COS. The 46-item scale considers the agency's operations in 6 domains: Structure, Environment, Belief Systems, Peer Support, Education and Advocacy. Each ingredient is rated on a point scale, ranging from 1 (not implemented) to 5 (fully implemented with little room for improvement).

The FACIT was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

### **Summary & Key Recommendations**

The agency demonstrated strengths in the following program areas:

- **Peer Advocacy:** Members and staff at HLVLE have built a community where advocating for each other is an organic occurrence. Throughout staff and member interviews, examples were given of how members assist peers in problem solving. Members reflected that peer advocacy occurs naturally daily at the center. Members recognize skills they are learning while participating in groups and take pride in their ability to help others problem solve.
- **Proximity and Access:** Since the last review, HLVLE relocated to a central location in Phoenix, which, on a bus route, provides improved access. A class offered at the center educates members on effective use of the bus and light rail system to increase their confidence and ability to access services and agencies independently.
- **Telling Our Story:** Staff and members stated that one of the most valuable lessons they learned in peer support training and through attending a peer organization is the value of sharing their life experiences with others. They reported that sharing their personal stories is valuable to one's own recovery, as well as to the larger community and report they are afforded ample opportunity to do this at HLVLE.

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

- **Consumer Staff and Budget Control:** When hiring new staff, continue practice of hiring persons with lived experience for direct service staff and extend to administrative staff, as well.
- **Physical Environment:** Improve the sense of community by gathering member input on how to improve the environment to increase the comfort of their surroundings, which may include sofas or arm chairs, confidential meeting spaces for one-on-ones with staff, shaded outdoor space, and allowing members full access to the center's building amenities.
- **Consciousness Raising:** HLVLE should increase members' involvement in consciousness raising activities related to the peer movement, thereby contributing to the larger peer community. This may include broader-scale advocacy projects where there is opportunity to learn about the peer movement.
- **Outreach to Participants:** Improve awareness and expand outreach to members and the community of programs, volunteer opportunities, and other activities on the program website, including use of social media, developed with consideration of the protection of members' privacy.

**FIDELITY ASSESSMENT/ COMMON INGREDIENTS TOOL (FACIT)**

<b>Ingredient #</b>	<b>Ingredient</b>	<b>Rating</b>	<b>Rating Rationale</b>	<b>Recommendations</b>
<b>Domain 1 Structure</b>				
<b>1.1 Consumer Operated</b>				
1.1.1	Board Participation	1-5 4	Staff reported that five individuals serve on the Board of Directors (BOD): three identify as individuals with lived experience and two are parents of persons with lived experience; two of the three officers (66%) are persons with lived experience. At the time of the review, there were three openings on the Board and it was reported that ideally those positions would be filled by persons with lived experience. Staff informed that BOD meetings are held quarterly; however, the last meeting was in November 2017.	<ul style="list-style-type: none"> <li>• Fill vacant positions on the Board of Directors with a composition goal of 90% or more being persons with lived experience, as well as 100% of the officers of the board being persons with lived experience.</li> </ul>
1.1.2	Consumer Staff	1-5 4	It is reported that 25 of the 27 staff are persons with lived experience. It is not clear if that number included three staff members working in the Flagstaff location, which was not part of this review. Many staff with lived experience are in leadership roles at HLVLE including the following: Justice Liaison, Forensic Program Manager, three Lead Forensic Peer Support Specialists, Operations Manager, and the CEO. Two of the administrative staff are not persons with lived experience.	<ul style="list-style-type: none"> <li>• Work toward 100% of administrative staff being persons identified with lived experience.</li> </ul>
1.1.3	Hiring Decisions	1-4 4	Interested applicants participate in a three-tiered interview process. The Operations Manager and Program Manager interview the applicant, then, Peer Staff and members interview the applicant. Finally, the CEO, staff from the Forensic Program and members interview the applicant. Non-supervisory staff interviewed by reviewers stated that having members involved in the interview process was an important step in the hiring	

			process and that they valued members' opinions in their own interview processes. When the CEO makes the final decision for hiring, members' recommendations are considered. The CEO makes all firing decisions.	
1.1.4	Budget Control	1-4 3	Staff interviewed stated that administrative staff develops the budget based on available funding. Through the Hope Voices United member council, members can propose new programming after developing a budget. The Chair of HVU is tasked with presenting proposals and concerns from the council to the CEO. However, reviewers were informed the HVU Chair position has been vacant for the past year. Members on HVU are voluntary and voted into office by other members. A peer staff person attends the weekly HVU meetings to assist as needed with the process and to submit billing for the meeting. The requests are presented to the CEO and are then brought to the full Board at the next quarterly BOD meeting. BOD minutes for the past 12 months did not identify any requests from HVU for additional programming. Reviewers requested meeting minutes from HVU, but they were not received. The CEO and Chief Financial Officer (CFO) share responsibilities with regard to writing checks. The CEO identifies as a person with lived experience, but the CFO does not. The BOD has the ability to sign legally binding contracts if the CEO is unavailable, as well as the responsibility to approve and sign checks of \$10,000 or more.	<ul style="list-style-type: none"> <li>• Ensure the BOD is receiving members' requests for program changes and validate member effort of developing the required budget for program suggestions, by formally presenting to BOD.</li> </ul>
1.1.5	Volunteer Opportunities	1-5 4	Members have opportunities to volunteer on the BOD, the HVU, weekly Waste Not food distribution, weekly at Stardust, and St. Vincent de Paul feeding of the homeless. Additional opportunities on site include the Garden Club, Hope Lab, and if holding a food handlers card, members can assist daily in the kitchen. Two of	<ul style="list-style-type: none"> <li>• Formalize volunteer opportunities to empower members (with the goal of more than 76% of membership) to contribute to areas in which they feel competent, thereby instilling a sense of responsibility to the greater whole and increasing confidence. Creating daily or weekly sign-up sheets may</li> </ul>

			the eight members interviewed stated they volunteer at the center. Staff reported that volunteer opportunities are primarily informal.	assist members in building routine into their lives after incarceration and may also capture data for volunteer rates.
<b>1.2 Participant Responsiveness</b>				
1.2.1	Planning Input	1-5 4	HLVLE has many channels for members to provide input and include: attending the weekly HVU member council meeting; completing an online survey; and submitting ideas into the suggestion box for weekly review by HVU. Members and staff said that members can speak directly to staff, and that this occurs regularly. It was also reported that members can complete an online survey. (A computer is conveniently located in the lobby area for member use to complete the 108 question survey). Reviewers requested clarification on timeframe of the aggregate data from the satisfaction survey, but no information was received. Members reported during interviews that they feel their suggestions and input are heard by the agency's administration. Members interviewed described that a member requested getting a wheelchair accessible van; subsequently, the agency completed a grant application to purchase a van and, in the meantime, entered into an agreement with another COSP to use their van if available. A review of the past 12 months of BOD minutes showed that no member recommendations were noted. Staff will also report sitting with members during lunch and listening to their needs.	<ul style="list-style-type: none"> <li>Consider streamlining the satisfaction survey and eliminate demographic gathering questions irrelevant to member opinion on program activities in an effort to increase participation and completion of surveys. A majority of surveys started were not completed (65/95).</li> </ul>
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	Staff reported that members are asked to complete an <i>Incident/Safety/Complaint Report</i> when they have a complaint or concern and the forms are easily accessible to members. Staff reported they can and do assist members who may require assistance in completing the form. Occasionally, members will call the CEO or other staff directly to inform of their concerns. A Safety	<ul style="list-style-type: none"> <li>Validate the recommendation from the satisfaction survey suggesting the <i>Incident/Safety/Complaint Report</i> be posted on the HLVLE website.</li> </ul>

			Meeting has been implemented by the CEO as a means to offer another venue for members to express concerns; however, it is unclear how often this occurs as it was not located on the <i>Program Activities Calendar</i> received by the reviewers.	
<b>1.3 Linkage to Other Supports</b>				
1.3.1	Linkage with Traditional Mental Health Services	1-5 4	Staff reported they attempt to contact clinical case managers when there is a need to report specific member concerns or when a significant event occurs and a staffing is requested. Staff reported that they continue to have challenges contacting case managers, obtaining documents in a timely manner, or being invited to offer input with treatment planning for individuals who are active in the program. Staff claims high turnover at the clinics hampers the ability to maintain consistency in collaborative efforts, but report Monthly Progress Reports are sent to case managers for each member. HLVLE presents at staff meetings, and members have participated in these events in the past.	<ul style="list-style-type: none"> <li>Continue efforts to engage with clinical teams by sending Monthly Progress Reports to coordinate care and inform of member engagement at HLVLE.</li> </ul>
1.3.2	Linkage with Other COSPs	1-5 4	Staff and members reported multiple events and involvement this past year with other COSPs including: a kickball tournament, a theater production set to perform in May (rehearsals are in progress), and an agreement with another COSP to use their wheelchair accessible van if available. When members are court ordered to attend, but upon a visit to the center voice a preference to attend another COSP, staff refers the member back to clinic staff to re-refer to another COSP.	<ul style="list-style-type: none"> <li>Assist newly referred members who prefer an alternate COSP, in being referred directly, rather than being sent back to the member's clinical team to be re-referred.</li> </ul>
1.3.3	Linkage with Other Service Agencies	1-5 5	HLVLE staff supports persons transitioning from incarceration into their community and reported a diverse linkage with other service agencies, some of which include: Valley Metro, Starburst, Waste	

			Not, St. Mary's Food Bank, Maricopa County Probation, Mental Health Courts in Phoenix, Tempe, Glendale and Chandler, Department of Corrections, an online food handler certificate program, the Office of Individual and Family Affairs, Department of Economic Services, and a local community college, among others.	
<b>Domain 2 Environment</b>				
<b>2.1 Accessibility</b>				
2.1.1	Local Proximity	1-4 4	HLVLE has relocated to a convenient location a few blocks west of downtown Phoenix, directly on Van Buren Street across from a popular payee agency.	
2.1.2	Access	1-5 5	The HLVLE is centrally located in Phoenix and is on a major bus route. Members living on the outskirts of the city do have to consider time when arranging transportation. There is adequate parking and although it is located on a busy street, there is a crosswalk on the adjacent corner and sidewalks throughout the area. Staff did express some concern with illegal activity across the street near the payee agency. Some members utilize the bus system, but others use taxis arranged by their clinics, which has reportedly been inconsistent in picking up members on a timely basis. HLVLE offers a Travel Training class that helps members learn how to use the bus and light rail system.	
2.1.3	Hours	1-5 3	HLVLE is open six days a week, Monday through Friday from 8:00 am to 3:30 or 4:00 pm and Saturdays from 9:00 am to 1:00 pm. HLVLE is not open evenings. However, staff report they are available by appointment on evenings and weekends and do assist with persons being released from prison which can occur after hours and on weekends. Members interviewed requested activities in the evenings during	<ul style="list-style-type: none"> <li>• Establish operating hours that accommodate the expressed needs of the members, (i.e. evenings and weekends). Expanding program hours will provide flexibility for those members whose access to the program is limited by other daily activities (i.e. employment, medical appointments, and court hearings).</li> <li>• Introduce holiday hours to be available to</li> </ul>

			summer months when it is cooler and they would be more apt to attend. HLVLE is not open on major holidays at this time.	members who may desire a sense of belonging and connection due to broken ties with family.
2.1.4	Cost	1-5 5	All services provided by HLVLE are free of charge to members. There are no participation or activity fees.	
2.1.5	Accessibility	1-4 3	The two entrances, one to the administration offices and the other to the member center, are ramped. After move-in, improvements were made to increase center safety. The doors are manually operated and there is adequate space to open the doors from the outside. Hallways and bathrooms are adequately spaced and there is height variance among tables to allow wheelchair access. There are monitors available for large print display for the visually impaired. Additionally, staff reported that a grant application was submitted for a wheelchair accessible van. Staff reports of an agreement with another COSP to utilize their wheelchair accessible van when available. The center does not have a communication system for the hearing impaired.	<ul style="list-style-type: none"> <li>Review Americans with Disabilities Act requirements for existing facilities and make adjustments as suggested through self-assessment checklists, which may include lever or loop door handles, power assisted doors, Telecommunication Device for the Deaf, and Braille signage.</li> </ul>
<b>2.2 Safety</b>				
2.2.1	Lack of Coerciveness	1-5 4	Members interviewed reported feeling safe at HLVLE. Staff reported some members are court mandated to attend the program, but they can choose another COSP if they do not feel HLVLE is the right fit for them. In this case, staff will inform of other COSPs and contact the clinical team to coordinate the referral. Staff does not enforce attendance if the member is court ordered to attend a COSP, but they do coordinate with probation officers and attend weekly staffings with the judges assigned to the member's case. Members reported they are told they need to choose one group to participate in when they come to the center. Several members expressed	<ul style="list-style-type: none"> <li>Members should be afforded opportunity to be on site, but not participate in a program activity without feeling responsible financially for the success of the program. Additionally, some members may have difficulty adjusting after incarceration and may appreciate a more tolerant acceptance of their personal journey of recovery by just being around other members of the community without being expected to participate.</li> </ul>



			concern about funding for the program, knowing that their participation in a group supports the program financially.	
2.2.2	Program Rules	1-5 4	Community agreements are HLVLE's version of program rules. The Community agreement is explained and signed at intake. Some individual groups develop their own in conjunction with the center's general community agreement, which address protecting the physical and emotional safety of members and are developed by and for the members. Members interviewed reported that they support the community agreements and feel they had a voice in developing these agreements. Reviewers did observe hand written rules displayed in the Jewelry Lab; however, they appeared informal as there were notes on the paper regarding plans for the group. A member stated that the program rules were posted on the bulletin board, and when you take Peer Support Training (PST), the group creates new community agreements for the class; however, no rules were posted at the time of the review in the classroom.	<ul style="list-style-type: none"> <li>Community agreements should be posted clearly in all rooms/areas that members congregate to support members in their self-governance, as well as to support staff when it is necessary to address inappropriate member behavior. Continue to seek member input regularly as to whether group or program rules should be adjusted to reflect current center culture.</li> </ul>
<b>2.3 Informal Setting</b>				
2.3.1	Physical Environment	1-4 3	HLVLE moved to a new site since the last review and report continuing adjustments and changes to the new space to accommodate member needs. The center has a training room adequate to fit up to twelve members, a kitchen where members can volunteer and be served lunch daily, jewelry and computer lab, and a large open room where members congregate and meals are served on banquet tables. There are two offices, one shared for most staff, and one for the Forensic Peer Support Supervisor on the member side of the building. There did not appear to be any space reserved for private meetings for one-on-one peer support or crisis intervention. Additionally,	<ul style="list-style-type: none"> <li>Gather input from members on suggestions how to improve the environment to increase comfort of surroundings which may include sofas or arm chairs for meditation, reading, or informal, small group discussion, or utilization of training room for informal gatherings when available. Consideration could also be given to options for increasing the safety and comfort of the outdoor area.</li> <li>Explore the feasibility of creating private meeting spaces for private interaction with staff.</li> </ul>

			outside picnic tables have been placed next to a shed in the corner of the rear parking lot and there is no shade or shelter. Staff pointed out the homeless camp directly across the street and expressed concerns with illegal activities occurring during business hours.	
2.3.2	Social Environment	1-5 4	The social interaction observed by reviewers between staff and members appeared genuine, caring, and sincere. Staff and members display a sense of equality, regarding each other openly and in a friendly manner. Members reported that all staff and members share their lived experiences, as appropriate, and that staff lead by example by providing hope and inspiration. However, administrative offices are not readily accessible due to a locked door between the member area and administrative offices, creating a distinction between staff and members. Additionally, administrative offices appear more comfortable with adequate space and attention to décor.	<ul style="list-style-type: none"> <li>Consider removing entry locks from doors of spaces that do not hold sensitive or confidential information.</li> </ul>
2.3.3	Sense of Community	1-4 4	Members reported they are protective and look out for each other, and that staff encourages them to develop supportive relationships with other members. Some members reported they have no other supports than HLVLE participants and staff. Member and staff stated HLVLE offers several opportunities throughout the day for members to engage with each other and strengthen their sense of community. Some members reported socializing with others outside of HLVLE.	
<b>2.4 Reasonable Accommodation</b>				
2.4.1	Timeframes	1-4 4	Participation is based on individual need; there are no timeframes by which individuals must participate, or by which they must terminate or graduate services, even for members with	

			external requirements through probation or parole. There was no evidence that members are closed unless the member requests closure or the clinical team requests the member to be closed.	
<b>Domain 3 Belief Systems</b>				
<b>3.1 Peer Principle</b>				
3.1	Peer Principle	1-4 4	Members and staff reported that sharing lived experiences is a common thread at the center, building support and recovery. Staff reported sharing their lived experience helps build rapport, especially with new members that may be difficult to engage, neutralizing the power structure of staff versus member. Staff reflected that when they do self-disclose, they do it in a positive manner, helping to build trust with members. Members reported they appreciate staff self-disclosure with the result of them not feeling alone.	
<b>3.2 Helper Principle</b>				
3.2	Helper Principle	1-4 4	Members interviewed cited numerous examples of how someone at HLVLE has helped them in the past, as well as how they had helped another member. One member stated making a conscience effort to help make new members more comfortable and welcome at HLVLE, and informing of the center's programs and activities. Staff also discussed similar experiences of being the recipient of another's help. Members reported that members can be observed providing help and support daily during groups but also at unstructured times. Staff interviewed stated that affording others a safe place to experience recovery is a fulfilling part of the work and that their work with members helps them in their own recovery.	
<b>3.3 Empowerment</b>				

3.3.1	Personal Empowerment	1-5 5	Members reported that attending HLVLE helps them build self-confidence, gets them out of the house to socialize and not isolate, keeps them busy by doing challenging activities and earning certificates, as well as gets them outdoors and active. One member reported he had wanted to “use” the day before, but instead came to HLVLE for the day. That member expressed gratitude in having someplace he could go to distract himself from unhealthy thoughts. Members agreed that they feel they have more control in their life because of participating in the program and that they are making positive changes in their lives.	
3.3.2	Personal Accountability	1-5 5	Staff and members reported that the community rules help members govern themselves, that recovery principles are acknowledged and understood, and that they help each other be accountable for their own actions. Members reported they feel safe at the center and rely on staff to step in if behaviors get out of control. Members stated they will contact other members if they have not seen them at the center for a few days and will update staff.	
3.3.3	Group Empowerment	1-4 4	Members expressed being proud of being a member of HLVLE and they feel they can make an impact on the program. One member stated he learned that he is valued and welcome at the program. Another member expressed appreciation for the program and would highly recommend it. There are several opportunities for members to be part of a group and feel empowered either on site or when volunteering in the community.	
<b>3.4 Choice</b>				
3.4	Choice	1-5 5	The program offers several groups and activities within the center, as well as community outings, daily. A weekly calendar identifying all groups	

			available is displayed in the center and printed copies are available for members. At intake, members identify goals they want to work on. Staff will assist members in identifying groups that will support them in reaching their goals. Members reported they provide input on the groups and activities and make their own personal choice as to which activity they participate in. There are several activities offered daily in the morning and afternoon.	
<b>3.5 Recovery</b>				
3.5	Recovery	1-4 4	Members and staff all agreed that recovery for each person is a different path, and that they are there to help each other. Members state the programs and activities help them in their recovery; that recovery is ongoing; that one-on-one's with staff are extremely helpful; and that they are encouraged by staff and other members to keep up with their recovery. Members are aware of several members that have gone on to work after attending PST and that fact inspires hope.	
<b>3.6 Spiritual Growth</b>				
3.6	Spiritual Growth	1-4 4	Staff and members report spirituality comes up often in group discussions, even though there is no specific curriculum or formal structured activity regarding it. Members report that they feel free to talk about spiritual growth and the only rules around it are those of the community rules. Staff reports they cannot support one religion over another; however, they do encourage discussions of spirituality as it relates to recovery.	
<b>Domain 4 Peer Support</b>				
<b>4.1 Peer Support</b>				

4.1.1	Formal Peer Support	1-5 5	HLVLE offers numerous mutual support groups that are based on common experience in which peers are available to each other for empathy, to share information and experiences, such as Recovery Talk, PST, and Suicide Prevention. Trained peers and staff are available for more in-depth individual support which members identify as “one-to-ones”. Members and staff stated there are several support group options offered daily.	
4.1.2	Informal Peer Support	1-4 4	Staff stated that mutual peer support happens “all day every day” and that it can occur during meals, while participating in Recovery BINGO, during monthly birthday socials, playing games and much more. Members will share resources, support each other’s recovery, and make plans to spend time together away from the center.	
<b>4.2 Telling Our Stories</b>				
4.2	Telling Our Stories	1-5 5	Staff and members mutually agree that one of the most valuable lessons they learned in peer support training and through attending a peer organization is the value of sharing their life experiences with others. They reported that sharing their personal stories is valuable to one’s own recovery as well as to the larger community. Members and staff reported that they are provided the opportunity to share their story in peer support training, through outreach to the clinics, through participation in Drama group and subsequent public production, Suicide Prevention group, and Recovery Talk group, as well as a means to build rapport with new members or other who may be difficult to engage in services.	
4.2.1	Artistic Expression	1-5 4	HLVLE provides members several opportunities for artistic expression. Staff and members spoke frequently and with great enthusiasm for the jewelry making lab, and many were wearing pieces they created or that were created by other	<ul style="list-style-type: none"> <li>Consider feasibility of creating dedicated space for process oriented creative art, focused on mindfulness and the visual exploration and journaling of members’ lived experience of their recovery journey.</li> </ul>

			members. So popular is the Jewelry Lab, members sign up in advance to participate in daily sessions, which are held in a small room with space limited to about five to six people. Also reported by both staff and members was the member performed theatre event, focused on raising awareness of SMI diagnosis and reducing stigma, produced in collaboration with other COSPs and scheduled in the community within the month. In addition, the reviewers were told that members have opportunities to express themselves through writing and art making. One staff interviewed discussed the importance of expressive art making and ensuring that members had access to age appropriate art materials. Although, the reviewers did not see a dedicated space for art making (other than the jewelry lab), some member art was displayed on walls, and a member was seen carrying what appeared to be a painting in progress.	
<b>4.3 Consciousness Raising</b>				
4.3	Consciousness Raising	1-4 3	Staff and members reported opportunities to attend conferences that address issues in the larger system, but only a few members are able to attend those conferences. Members were unable to give examples of being involved in the peer movement but did express understanding the importance.	<ul style="list-style-type: none"> <li>• Invite members to participate in broader scale advocacy projects where there is opportunity to learn about the peer movement and to look beyond themselves and contribute to the greater consumer community.</li> </ul>
<b>4.4 Crisis Prevention</b>				
4.4.1	Formal Crisis Prevention	1-4 4	Staff reported completing Applied Suicide Intervention Skills Training upon hire and offering support to members when issues arise. HLVE offers programs and groups that effectively appear to de-escalate potential crises and utilize the <i>Patient Safety Plan Template</i> to support members in identifying triggers, coping strategies and who to contact for additional support. Staff	

			reported availability of supervisory support when needed, as well as support from other staff and members. Staff will contact the clinical team if the crisis escalates to the point where they may need additional support.	
4.4.2	Informal Crisis Prevention	1-4 4	Members and Staff reported a mutual support network within the program and the ability to recognize situations that may require additional outreach. Members reported they are encouraged to support one another in their recovery including efforts to divert a potential crisis. Members and staff are confident in the ability of the program to prevent crises.	
<b>4.5 Peer Mentoring and Teaching</b>				
4.5	Peer Mentoring and Teaching	1-4 4	Members and staff stated that they have others at the program they can look up to, from whom they can get guidance, inspiration and support, with no regard to position or role.	
<b>Domain 5 Education</b>				
<b>5.1 Self Management/ Problem Solving Strategies</b>				
5.1.1	Formally Structured Problem-Solving Activities	1-5 5	HLVLE offers a variety of formal and structured classes and activities to help members increase their problem solving and self-management skills including; Recovery Talks, Thinking for Change, Hope Lab, Boundaries Class and Forensic Support/Volunteer Supports, etc. Staff reported that the average group size varies depending on the day and the group; however, it is estimated that approximately 90% of members participate in formally structured problem solving activities.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	All members interviewed reflected on organically occurring peer support which can be in the form of assistance solving problems, as well as self-management. Staff reported that members will share their lived experiences with each other and build supportive relationships. Members reported	



			they are able to receive informal problem-solving support any time they need it when at the center.	
5.1.3	Providing Informal Problem Solving Support	1-5 5	Members and staff interviewed reported that most members offer each other support, help solve problems, encouraging recovery efforts, offer support during activities and events, while using skills developed through participation in the program.	
<b>5.2 Education/Skills Training and Practice</b>				
5.2.1	Formal Practice Skills	1-5 5	HLVLE offers many programs that help members strengthen and learn new skills to participate in their community. Staff reported most members participate in at least one formal skill building activity including Hope Lab, I Have a Voice, Thinking for a Change, Food Handler's Training, Healthy Food Shopping, and Recovery Talk, among others.	
5.2.2	Job Readiness Activities	1-5 5	HLVLE is a peer organization that specializes in members with a forensic history and offers Supported Employment services to members. The length of time of incarceration varies as does the time since their release. Staff estimated 20% of members are interested in looking for employment and are actively searching; however, they state that 100% of members are engaged in groups or activities at HLVLE that would build transferrable job skills. Members participated in formal job readiness activities such as keyboarding, resume writing, job fairs, preparing for interviews, Dress for Success, GED classes, Food Handlers Class, and PST.	
<b>Domain 6 Advocacy</b>				
<b>6.1 Self Advocacy</b>				
6.1.1	Formal Self Advocacy Activities	1-5 5	The majority of members reported they feel more capable of speaking up for their needs after attending the program, as well as having	

			improved self-esteem, which helps them with relationships with peers and clinical teams. Members identified recovery meetings as one place they address self-esteem, as well as PST. Staff reported offering a one-on-one session to members when a more specialized approach is needed to support a member in advocating for themselves.	
<b>6.2 Peer Advocacy</b>				
6.2	Peer Advocacy	1-5 5	Throughout interviews with staff and members, examples were given of how members involve themselves in assisting peers in problem solving. All members interviewed reflected it is a naturally occurring interaction that happens daily at the center. Members recognize skills they are learning while participating in groups and take pride in their ability to help others solve problems relating to clinical teams, family members, other treatment providers, and other peers. One member interviewed reported he supported a member in learning to better control his emotions and practice more appropriate boundaries with others. In addition, two members interviewed had completed PST and another was enrolled to begin the next session. Members interviewed actively advocated for improved compensation for peer staff.	
6.2.1	Outreach to Participants	1-5 3	<p>Communication regarding center activities largely is communicated on site. Members reported that changes to daily class or activity schedules are announced throughout the day, thus requiring members to be physically present in order to be informed.</p> <p>Members are assigned to a “primary” Forensic PSS, but a formal outreach protocol is unclear. Members reported actively engaging with each</p>	<ul style="list-style-type: none"> <li>• Improve awareness and expand outreach to members and the community of programs, volunteer opportunities and other current activities on program website, including use of social media, which can be developed as a closed group to offer some protection of privacy of members.</li> <li>• The PSSs should be more proactive in outreach versus reacting when members need help contacting members who are</li> </ul>

			other through phone calls when noticing a particular member has not been present at the center for a few days. Members reported involving staff when they are unable to contact missing members for additional outreach efforts.	missing.
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## FACIT SCORE SHEET

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

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

4.3	Consciousness Raising	1-4	3
4.4.1	Formal Crisis Prevention	1-4	4
4.4.2	Informal Crisis Prevention	1-4	4
4.5	Peer Mentoring and Teaching	1-4	4
<b>Domain 5: Education</b>		<b>Rating Range</b>	<b>Score</b>
5.1.1	Formally Structured Activities	1-5	5
5.1.2	Receiving Informal Support	1-5	5
5.1.3	Providing Informal Support	1-5	5
5.2.1	Formal Skills Practice	1-5	5
5.2.2	Job Readiness Activities	1-5	5
<b>Domain 6: Advocacy</b>		<b>Rating Range</b>	<b>Score</b>
6.1.1	Formal Self Advocacy	1-5	5
6.1.2	Peer Advocacy	1-5	5
6.2.1	Outreach to Participants	1-5	3
<b>Total Score</b>		<b>190</b>	
<b>Total Possible Score</b>		<b>208</b>	