

CONSUMER OPERATED SERVICES (COS)
FIDELITY REPORT

Date: July 2, 2021

To: Christopher Gonzalez, CEO

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AHCCCS Fidelity Reviewers

Method

On March May 3 - 4, 2021, Annette Robertson and Karen Voyer-Caravona completed a review of the Hope Lives/Vive la Esperanza (HLVLE) - a Consumer Operated Service Program. This review is intended to provide specific feedback in the development of your agency's services, in an effort to improve the overall quality of behavioral health services in the Central Region of Arizona.

HLVLE is an organization that provides individualized educational and supportive services to members of the behavioral health system. Forensic Peer Support staff work alongside several local municipalities and courts to provide re-entry planning from jail/prison to individuals. A large percentage of members are under a mandate to attend classes. In addition, the program has staff trained to provide assistance in applying for benefits upon release. The program literature highlights working to reduce criminogenic behavior while also increasing education, employment, and independent living skills as unique to the COS.

March 11, 2020, the Governor of Arizona made a Declaration of Emergency and an Executive Order in response to the pandemic, Coronavirus 2019 (COVID-19). Among others, recommendations were made to practice social distancing of six feet to avoid spreading the disease as well as limiting gathering of groups of more than ten people. This review was conducted during the pandemic and adjustments were made to the review process to observe the Governor's requests and to reduce burden on providers, including reducing the sample size of member records reviewed, conducting staff and member interviews telephonically or videoconferencing, remote access to provider electronic health records when available, and other adjustments as needed to be in compliance with the guidance.

The individuals served through this agency are referred to as "members" or "membership"; 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 psychiatric recovery.

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

- Tour of the center's facility on May 3, 2021, via videoconference.

- Interview with the Chief Executive Officer.
- Review of the center’s key documentation, including organizational documents, memorandums of understanding, policies, annual report, member council meeting minutes, training materials, job descriptions, program brochure, etc.
- Interview/focus group with four supervisory staff: Billing Specialist, Chief Financial Officer, Billing Director, and Human Resources Manager
- Interview/focus group with four nonsupervisory staff: Lead Forensic Peer Support Specialist (2), Forensic Peer Support Specialist, and Forensic Peer Support Cook.
- Interview/focus group with four participating program members.

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

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The program is responsive to member needs and input.
- The hours of operation, location, availability of transportation, and accessibility for those with physical limitations support the ability of members to participate in HVLVE.
- The program offers multiple opportunities, formal and informal, for members to improve practical skills and promote strategies related to personal growth and self-management.
- The program coordinates with other peer run programs and other agencies to improve access to services and supports to members.

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

- Increase the presence of members on the board and staff. As positions become available, work to fill them with members to increase the peer perspective.
- Work to increase formal volunteer opportunities for members. These experiences can be helpful for members to work toward employment but can also increase a sense of self-worth by contributing to the greater good.
- Provide more opportunities to support members interested in seeking employment. Seek input from members on classes and supports they would like that would support them in preparing to find employment.

FIDELITY ASSESSMENT/COMMON INGREDIENTS TOOL (FACIT)

Ingredient #	Ingredient	Rating	Rating Rationale	Recommendations
Domain 1 Structure				
1.1 Consumer Operated				
1.1.1	Board Participation	1-5 4	At the time of the review, staff reported that four of the eight-member Board of Directors (BOD) positions were filled. Of those members, 75% identify as persons with lived psychiatric experience as well as 100% of the officers. Staff interviewed reported difficulty finding community volunteers with lived psychiatric experience to join the board.	<ul style="list-style-type: none"> Continue efforts to fill vacant seats on the board with persons with lived psychiatric experience with a goal of 90%, or more. Maintain 100% of officers being persons with lived psychiatric experience.
1.1.2	Consumer Staff	1-5 4	Based on interviews with staff, 100% of direct service staff are persons with lived psychiatric experience; it is a prerequisite to direct service positions at the center. However, staff stated that it is not a requirement for administrative staff, therefore, less than 80% of staff are persons with lived psychiatric experience. The organizational chart provided to reviewers did not support the information reported by staff. Additionally, some administrative staff do not have personal lived experience, but per staff interviewed, it was believed that they may have family members that do.	<ul style="list-style-type: none"> Increase staff who self-identify with lived psychiatric experience to 80-100%. One hundred percent of administrators should self-identify as persons with lived psychiatric experience. Update the organizational chart if there are errors relating to peer status.
1.1.3	Hiring Decisions	1-4 4	Members are involved in hiring decisions for direct staff positions. During the final phase of interviewing, members are included in a panel interview for management positions such as the Program Manager and Human Resources Manager. Staff stated that they will discuss with members potential questions they may want to ask the interviewee. Administrative staff with lived experience are responsible for firing decisions, with input from Human Resources staff,	

			to ensure policy is followed.	
1.1.4	Budget Control	1-4 4	Members make requests to the program budget through the Hope Voices United (HVU) weekly membership meeting. An elected council of members leads that meeting and brings budget requests to the Program Manager. Program requests are then brought to the BOD which has at least one former member of the program as an officer. Members interviewed report having the ability to control the budget. One member stated being invited to join the BOD and was in the application process.	
1.1.5	Volunteer Opportunities	1-5 4	Members interviewed described volunteering in roles such as being on the member council (HVU), cleaning the grounds, and assisting with food donation set up and distribution to the local community and members. Another staff identified members volunteer by participating on the BOD. Staff interviewed described recruiting volunteers among members to wash dishes as a means to reduce expensive single use dinner ware. Reviewers were informed that the program experienced a reduction in the opportunities for members to volunteer due to the public health emergency.	<ul style="list-style-type: none"> Seek input from members on additional ways in which the program can provide volunteer opportunities. Participation in volunteer opportunities can tie into employment skills, personal self-worth, adhering to a schedule, as well as other values. Members can be afforded the opportunity to contribute to the program, build on skills and increase a sense of having value.
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5 5	Members interviewed stated the best way to express desired change is through participation in HVU which meets every Friday. Members vote-in council representatives and their responsibilities include running the weekly meeting, reviewing suggestion box comments, hearing comments and suggestions from members between meetings, and reporting results of the meeting to the Program Manager or CEO. Although early in the public health emergency these meetings were cancelled due to members' fear of gathering in	

			<p>large groups, remote attendance was later made available. Members also reported giving planning input by simply meeting one-to-one with staff or providing feedback after attending a class. If a member prefers to make suggestions anonymously, they can do so by utilizing the suggestions box. Staff reported that members can share planning ideas with frontline staff, filling out the quarterly survey, and by attending a BOD meeting as well as attending weekly online coffee hour with the CEO. Staff interviewed reported the process can be very informal and often members stop them in the hallway to make programmatic changes; staff expressed commitment to implementing changes suggested by members.</p>	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	<p>When addressing areas of dissatisfaction, members reported meeting with staff one-to-one, placing comments in the suggestion box, completing a quarterly satisfaction survey, and talking to any HVU council member as options. Members further stated that if a complaint is registered, it first goes to the Program Manager and then to the CEO. Staff said members can and do speak directly to the CEO via an open-door policy. In notes provided from HVU meetings, a program response was announced during a meeting to a previously documented member complaint brought forward from the HVU. The program has a formal written policy which is included in the member handbook and reviewed at length upon intake. Members stated that administrative staff will assist with formalizing a complaint if it is outside the organization. HLVLE has a grievance policy, and reviewers were provided a copy. The program website contains a direct link to AHCCCS grievance procedure directions.</p>	<ul style="list-style-type: none"> • If not already in place, ensure procedures to formally document dissatisfaction or a grievance are displayed in several areas accessible to members throughout the center.
1.3 Linkage to Other Supports				

1.3.1	Linkage with Traditional Mental Health Services	1-5 4	<p>Staff interviewed stated that recently clinic staff have come to the program to meet with members and check in with staff when members have agreed to share information. Clinical staff have even come to the center to provide injections to members that have missed appointments. HLVLE staff report that they make private space available to members when clinic staff meet them at the program. HLVLE reported sending updated Meaningful Community Activity Worksheets to members clinical teams. Collaboration with behavioral health providers is most often done by phone. One staff said they try to work closely with the clinical teams to ensure members' needs are met but often it is difficult to get a response even after thorough follow up. Some members are unaware of goals and services listed on their individualized clinic service plans. Staff said they will help to coordinate care for members when identified as a concern by the member. The public health emergency did appear to impact the program's ability to connect with traditional mental health services. Although HLVLE never shut down, staff reported provider shutdowns delayed referrals, causing a decrease in the number of members enrolled, and later, a backlog of referrals. Although members had requested telehealth services, many required assistance in familiarizing themselves with use of technology. The program utilized verbal consent to ensure care coordination with providers, however, staff reported a lack of reciprocal coordination from clinical teams from the program's perspective. HLVLE has a limited social media presence.</p>	<ul style="list-style-type: none"> • System stakeholders may want to consider providing informational opportunities to providers to improve the understanding of the role of peer run organizations in member recovery. Specifically, how peer run organizations are peer directed and offer education as well as therapeutic support and should not be considered a "day program" for diversion or socialization. • HLVLE may want to consider providing informational sessions to providers to improve coordination of member care. Especially when considering the program's intent to reduce recidivism, improved coordination with clinical teams may provide members a collective team approach to their recovery and to remain in the community. • Developing a more robust online presence may also inform providers of how HLVLE supports members.
1.3.2	Linkage with Other COSPs	1-5 5	<p>Staff interviewed reported that HLVLE is not a silo, and they value the network of COS's available to members. Members may be a member of any other COS to take advantage of the variety of</p>	

			<p>services and supports. Staff interviewed stated they will refer members to other programs when seeking classes/program not available at HLVLE. The network of peer run programs share resources with each other, such as, HLVLE making available their weekly mobile food pantry, suicide prevention training, and camping trips to other COSs. The program partners with another peer run organization to provide members access to free haircuts and clothing. The Justice Liaison attends a weekly collaborative meeting for the justice involved members attended by staff from other justice related COSs. It was reported that justice staff share resources with each other as do leadership. In addition, other COSs have made available clothing closets, haircuts appointments, vaccinations, and transportation to those appointments to HLVLE members.</p>	
1.3.3	Linkage with Other Service Agencies	1-5 5	<p>Because HLVLE has a forensic focus to their program, staff work closely with several courts, judges, and probation and/or parole officers. Besides the weekly meeting mentioned above, HLVLE staff coordinate with those entities to ensure members needs are met. HLVLE also works to ensure food security once a week by partnering with another agency to provide food that may otherwise have gone to waste by providing it to members, as well as collaborating with St. Mary's food bank to provide a mobile food bank to members of other programs and the local community. Other organizations with whom the program has legal understandings include Project Connect, which coordinates services for homeless members; Maricopa Integrated Health System, by participating in the Targeted Investments Program at multiple sites throughout Maricopa County; Prevent Child Abuse Arizona, by having staff trained to provide parent education and support</p>	

			to members; and Maricopa Re-entry Center to support members as they transition from incarceration back into the community. Additionally, in the past, the program participates in an annual drama production and a variety of sporting tournaments which include clinic staff and other agencies. Staff also assist members in applying for benefits and coordinate with Arizona Medicaid, Department of Economic Services, and the Social Security Administration. Additionally, staff participate in collaborative statewide initiatives.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 4	The program is centrally located just West of downtown Phoenix near a population cluster.	
2.1.2	Access	1-5 5	HLVLE is near a major bus station and light rail is within a short distance from the program location. The program has a total of six vans to transport members, two of which are wheelchair accessible. One staff stated that at the height of the public health emergency, capacity limits on public transportation had the potential to constrain access for some members dependent upon it. However, other staff stated most members utilize taxis arranged by their clinical teams. Occasionally, members are provided bus tickets. Staff remain at the program until all members have left for the day and, if needed, will use a program vehicle to return members to where they reside. Staff reported that all vehicles are sanitized after use.	
2.1.3	Hours	1-5 5	At the time of the review, the capacity limit had been recently lifted, and the program announced an adjustment in their hours of operation: 7:00	

			AM – 3:30 PM, Monday – Saturday. Hours of operation were adjusted when members expressed a desire to open earlier during the public health emergency. Staff said members requested the change in time. Members are served both breakfast and lunch on days the program is open. In person activities are available all days they are open as well as virtual classes. When the public health emergency limited the number of people in the building, staff did have to turn people away, later invoking a half day rule to allow everyone that wanted to attend to be able to. Eventually, members would leave voluntarily to allow another member to participate that day. Each month on the fourth Monday, the program is closed for staff training.	
2.1.4	Cost	1-5 5	Staff reported that no costs are associated with participating in the program. For those that are not enrolled in AHCCCS, staff can assist in applying for benefits. If a referee does not qualify for AHCCCS, a sliding fee scale can be used to determine cost. Staff report no members attending are charged for services using a sliding fee scale.	
2.1.5	Accessibility	1-4 4	Staff reported that when a member with special needs is referred, the clinical team will reach out to discuss specific accommodations required. If needed, computer monitors, and printing can be adjusted to provide large font for the visually impaired. The program will assist to make accommodations for interpretive services including sign language. When completing the intake process, members develop a plan with identified supports to accomplish their goals. As for the physical space, the program has a wheelchair ramp outside the main entrance as well as a power assisted double door and wheelchair accessible restrooms near group	

			rooms. The program has two wheelchair accessible vans.	
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 4	Members interviewed reported that when they attend, they need to participate in an activity because HLVLE is an educational program. Members can participate at their own pace, and members interviewed stated that they feel safe at the program, both physically and emotionally. Staff reported that members need to participate in one activity daily when attending the program and that may be partaking in a meal. Contradictorily, another staff said members cannot just show up to eat a meal, they must participate in a class. Staff do work to minimize their role in the coercive nature of services perceived by members who are legally mandated to attend; members can choose whether or not to participate in programming and the court will determine what if any consequences are imposed.	<ul style="list-style-type: none"> Identifying HLVLE as an educational program versus a drop-in center underlines the value of supporting members in learning new techniques/behaviors/skills to improve their overall wellness. Consider eliminating/clarifying the necessity of members having to participate in one activity daily while at the program. By members being mandated to attend the program, their true ability to choose to participate is moot. As members work to reintegrate into their community, ideally, they should be able to choose the programs and services they find helpful in their personal recovery, rather than be ordered by persons in power, i.e., judge, probation/parole officer, etc. Follow best practices in forensic peer support, making adjustments as research evolves.
2.2.2	Program Rules	1-5 4	Members interviewed reported that administration makes the rules after receiving complaints from members. Members are provided a member handbook at intake that outlines expectations of behavior while at the program. <i>Community agreements</i> are created and voted on annually by the members and are occasionally adjusted sooner when members express the need. Staff reported that the member council is involved in the development of the rules. For example, a new dress code was created by members and was later determined to be too lenient so was adjusted. HLVLE created rules relating to the public health emergency implementing a face shield and mask policy for members and staff, as well as practicing social distancing and enforcing room capacity limits. As	<ul style="list-style-type: none"> Ensure members are aware of opportunities for member involvement in the development of program rules. Consider clearly defining the process for the creation of program rules and including in the member handbook and posting so members are better informed. Discussions relating to program rules and the processes to change them could be added as a regular, once a month agenda item to the council meeting.

			federal guidance became less restrictive, the program adjusted to follow.	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 3	The program offers a comfortable setting with spaces arranged to create a sense of safety, belonging, and support. During the live video tour, members were observed gathered in a large meeting space, socially distanced, enjoying breakfast and engaged in discussion. Those that were not eating, were wearing face shields and masks. One member interviewed described a lack of respect for the property by some members due to trash being thrown on the ground rather than into bins. The member reported taking on the responsibility of cleaning the area every morning the program is open. Suggestions made in the member survey included improving the outdoor space and creating a garden. Reviewers noted in documentation provided from HVU meetings that members identified repairs necessary in one restroom, and those concerns were addressed by the following meeting as evidenced by the meeting notes provided. Staff reported receiving funding for a portable tent, and outdoor tables and chairs to provide some outdoor space, however, the tent had been stolen when a storage shed had been broken into. Four cameras have been installed outside which offer some security. Cameras have also been installed in all vehicles for member safety. HLVLE staff stated they continue to seek funding to expand their space to accommodate member needs and to provide services.	<ul style="list-style-type: none"> As the program seeks to expand space, including the space outside the building, consider long range plans that would include permanent outdoor and indoor areas that allow a comfortable place for membership to commune.
2.3.2	Social Environment	1-5 5	Members interviewed expressed experiencing openness, directness, and sincere interactions with staff at HLVLE. Members stated feeling comfortable talking with staff about	<ul style="list-style-type: none"> Work to ensure members feel no separation between themselves and staff. Ensure administrative staff have regular contact with members by possibly sharing meals and

			<p>programmatic concerns and also valuing relationships with staff as peers. There does not appear to be inequality between members and staff. However, administrative staff remain separated from the classrooms and offices of direct service staff by double doors.</p>	<p>generally having a regular presence in space more typically utilized by members.</p>
2.3.3	Sense of Community	1-4 4	<p>Members interviewed reported that the staff slowly pushes them together to create a sense of community. Another member mentioned that during the daily Breakfast Club, staff share important information about events and activities and that builds a sense of community. Some members described HLVLE as a second home and feel a sense of ownership and belonging. However, the public health emergency did initially appear to impact members' sense of togetherness. The program practiced social distancing, required all participants to wear a face shield and mask while present. One member said that they are now accustomed to wearing shields and masks while participating, that members are back to mingling with each other.</p>	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 4	<p>Some members are required to participate in programming due to involvement in the legal system. Staff and members reported there was no required timeframe for most members to participate and end services. Member participation in services is tracked to determine expansion or elimination of a particular class or activity, all determined by members. One staff interviewed revealed being a former member of the program. Interviewees informed reviewers that if a member is interested in employment with HLVLE, they must have a six-month period between membership and employment.</p>	

Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 4	Members and staff interviewed stated that stories of lived experience are shared mutually and reciprocally. Reviewers were told that sharing can occur in one-to-one conversations, during class, and during larger peer meetings, and that it occurs from the CEO on down. Members stated that hearing staff, and others, share their stories creates a feeling of comfort knowing that they are not alone, that someone else has been through a similar situation, building on a sense of mutuality. One staff stated that sharing helps provide members with hope.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 4	All members interviewed were able to describe an opportunity to assist and support another member during a difficult time and have experienced the same from someone else in the program. Staff similarly were able to describe situations. One staff spoke of a member recently expressing relief that HLVLE is the one place where they can admit to having a problem and not know how to solve it. One staff stated that they get as much as they give from the program.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 5	All members interviewed agreed that participating in the program has helped bring positive change to their live. One member spoke of their journey with addiction, crediting the support they had received from staff. Another member spoke of being empowered to find the “right” person to talk with, and still another mentioned the power of staff stepping in to advocate for them. Some staff spoke about how their work at HLVLE has helped them in their own recovery, helped them	

			grow in understanding and patience of a diverse group of people. Staff described the good feelings derived from their work at HLVLE as compared to those experienced in other positions held elsewhere.	
3.3.2	Personal Accountability	1-5 5	Upon entry to the program, members are informed of the policies while reviewing the member handbook. One staff said that the more input from members regarding program rules, the more invested they are in the community. Staff will meet with members one-to-one to address problem behaviors before formalizing consequences, such as being asked to leave for the day. Staff see the process as an opportunity for members to practice problem solving.	
3.3.3	Group Empowerment	1-4 4	Members interviewed all agreed that they feel pride in being a member of HLVLE. One member reported that all members are provided an identification card and that this was important to them to show their membership. All members agreed that even though their situations are different, each member is able to contribute to the program.	
3.4 Choice				
3.4	Choice	1-5 5	<p>Upon intake, members create a peer individualized service plan as well as a meaningful community activity worksheet (MCAW). These documents are used to assist members in identifying the classes and activities they would like to participate in to reach their goals.</p> <p>Participation in HLVLE is voluntary for most members, however, because it is a forensic based program, many members (the program was unable to provide a percentage) are court ordered to attend or attendance is part of their probation or parole agreement. For those members,</p>	<ul style="list-style-type: none"> Follow best practices in forensic peer support. As research evolves in the area, evaluate HLVLE's role in the criminal justice system and its responsibilities to justice involved members. HLVLE should remain advocates for members and their choice to participate in the program and resist becoming agents of the court.

			attendance may be and feel compulsory. The program works to support choice by encouraging those referees to explore the classes that best fit their personal goals which may also work to help them complete their conditions.	
3.5 Recovery				
3.5	Recovery	1-4 4	<p>When members were asked about recovery, they all agreed that it is individualized. One member described it as a group project as well as a process of gaining individual perspective and vision of where one wants to be. Examples of how the program supports recovery were provided, and included groups that focus on recovery, activities in which members an express interest (thereby reducing recidivism), opportunities to meet with staff one-on-one when having a difficult day, and information and resources to help solve problems.</p> <p>Staff interviewed varied in their response to the importance of and defining recovery. Some replies included: recovery appears to be segregated by sex, men speaking to men, women to women; recovery is a return to a normal state of mind and well-being; that persons in recovery continue to recover from past trauma, incarceration, substance abuse, and work on relationships; a balance but moving forward; that personal wellness and health support recovery; and that recovery is defined by each individual. Staff agreed that HLVLE provides opportunities for growth. Interviewees stated that at least 3 – 4 staff were former members as evidence of recovery at HLVLE.</p>	<ul style="list-style-type: none"> Consider including the message of a hope-oriented recovery approach, which is within the mission statement, on the program brochure and other literature. The message of hope and recovery should be a frequent experience within the program and all staff should be able to articulate the concept.
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 4	Interviewees reported that participation in spiritual discussions is not required but that matters pertaining to a member’s spirituality may	<ul style="list-style-type: none"> The program may benefit from training in cultural competency and how spiritual beliefs are intertwined. HLVLE already incorporates

			<p>come up at the beginning of each class when the group is invited to check in. The program does offer classes where spirituality is integrated into the content. Some staff appeared reluctant to discuss the subject of spirituality, but members said that members can discuss their personal beliefs and that others are not pressured to engage. One member interviewed recognized the positive impact on others having a shared spiritual experience. All members agree that it is left up to the individual to choose to participate or not. One member stated that the program does not prescribe to any one religious institution and the opportunities to discuss spirituality occur organically.</p>	<p>spirituality in some courses offered at the program, i.e., Moral Reconciliation Therapy, 12 Step programs, and the 8 Dimensions of Wellness, and there should be a clear message from staff and literature which courses include it.</p>
Domain 4				
Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 5	<p>Numerous peer support groups are available to members. These mutual support groups are based on common experiences where members are available to each other for empathy and to share information and resources. Some of these classes identified by staff include Recovery Talks, the Recovery Game, and others previously mentioned. Staff are available to offer one-to-one support and resources to members.</p>	
4.1.2	Informal Peer Support	1-4 4	<p>Interviewees reported that mutual support occurs organically between members every day the center is open. Staff said that oftentimes this occurs directly after sharing a meal and that the center never stopped serving meals during the public health emergency. Some members socialize in small groups away from the program.</p>	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5	<p>Interviewees all agreed that members have multiple opportunities to share their story of</p>	

		5	recovery which can be in a very private one-to-one setting with staff or a peer, or by participating in a drama production with a large live audience, to being recorded giving testimony of their personal experiences and placed on the program website. One member said that sharing of stories of recovery can occur during peer support training. Another member said that before the public health emergency the sharing of stories often occurred between members while on group outings.	
4.2.1	Artistic Expression	1-5 5	There are multiple opportunities at HLVLE for members to engage in and express themselves. The ability to express oneself personally is valued as a way to explore personal meaning and facilitate empowerment, as well as a means to educate others about mental illness. During the live video tour examples of art were displayed around the building, including a piece addressing stigma and mental health. Key activities identified by members interviewed were jewelry making and drama. The program has created an opportunity for members to market their creations at a local vaccination site and by creating a contact page on the program website for interested buyers. Although the program was not able to participate in a drama production because of the public health emergency, HLVLE continued to make a drama class available to members. Other forms of artistic expression available include journaling and creative writing, and a general “art class” on the calendar.	<ul style="list-style-type: none"> Continue to expand opportunities to members where they are able to express themselves. Artistic expression can involve other aspects that the program is working to support members such as increasing job readiness skills, interpersonal communication, raising consciousness, and building/supporting a community.
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 4	Staff stated that because the program is forensic based it is important for members to get involved in their community differently than in the past. Staff reported that normally the informational	

			board at the center has resources and events occurring that would qualify as consciousness raising, but the public health emergency caused many of those annual events to be cancelled. In the past, HLVLE has participated in NAMI Walk and the Connections Conference, which was done virtually. One member co-presented with staff at a justice conference out of state and members have been appointed to health plan's cultural conference committee. The ability to find opportunities to raise consciousness with members was likely impacted by the public health emergency.	
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 4	HLVLE offers classes that help to prevent personal crises, including, Self-Care, Thinking for a Change, and Moral Reconciliation Therapy. When staff recognize a change in member presentation while at the center, they will pull them aside privately to inquire and offer support if needed. Sometimes, staff will contact the member's clinical team for coordination of care. In rare circumstances, additional support may be required. For example, if a member is expressing harmful thoughts, if unable to secure assistance from the clinical team, staff may call for mobile crisis response.	
4.4.2	Informal Crisis Prevention	1-4 4	Members interviewed reported that support and informal crisis prevention is available at the center from peers and from staff. One member stated the peers will support others by meeting with them individually and that members can request a one-to-one with staff. Staff interviewed believe that the services available to members at HLVLE have helped members avoid crisis. One staff stated that regardless of what is going on in their lives, being at the center allows members to have a sense of safety, peace, and fun with their peers.	

			Members receive informal crisis prevention from other members attending as they learn from each other how to cope with stress. One member interviewed reported supporting members in their efforts to calm down when in distress. Another member spoke of the value of learning from other's choices and the subsequent consequences.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 4	Almost all members and staff interviewed identified others formerly, or currently within the program that they look up to and seek for guidance. These relationships occur without regard to title or role in the program and can occur in reverse as well, offering to mentor someone else in the program.	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 5	The program offers many options in which members can participate in formal structured problem-solving activities. These classes promote increasing practical skills and strategies related to personal issues and symptom management. Classes offered by HLVLE identified by staff included Moral Reconciliation Therapy, Interpersonal Communication, Thinking for a Change, Budgeting, Peer Support Training, Self-Care, Peer Whole Health, Trauma Informed Care, and Conflict Resolution. At least two of the classes listed by staff were not on the schedule provided to reviewers. Classes do change depending on member request and choice. Staff identified 60 - 100% of members attend at least one of these classes. One member stated they learned stress management and how to better cope with anxiety by attending the jewelry making class.	

5.1.2	Receiving Informal Problem-Solving Support	1-5 5	The program offers opportunities and encourages members to provide problem-solving and peer support to one another. All members interviewed reported receiving informal problem-solving support while at the program.	
5.1.3	Providing Informal Problem-Solving Support	1-5 5	All members interviewed reported providing informal problem-solving support to another member while at the program. One member reported offering assistance frequently and is careful not to give advice but to listen and discuss options available.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Skills Practice	1-5 5	Members interviewed identified several classes that improve communication skills and confidence including GED class, interpersonal communication, and Thinking for a Change. In addition to several other classes, staff identified the member council as an opportunity to develop and improve social skills. Staff estimated every member has participated in at least one class or a member council meeting.	
5.2.2	Job Readiness Activities	1-5 4	<p>Most staff interviewed reported that all members participate in a class or activity that works to improve communication skills which would help to improve job readiness. HLVLE does offer a Job Development class, however, staff reported that the public health emergency has impacted members' interest in seeking employment. HLVLE does have a forensic nature to the program and for those members staff reported the criminal history is a barrier to obtaining work. Of data provided to reviewers from the most recent member survey, of members polled, 82% had an employment goal.</p> <p>Staff stated members can get one-to-one assistance from staff on resume writing and</p>	<ul style="list-style-type: none"> • Provide more opportunities for members interested in seeking employment. Seek input from members on how they would like to be supported in their goal of employment. Utilize staff trained in how benefits could be impacted by work and begin those discussions with members and provide concrete support and information. Consider relationships with other peer run organizations to increase job readiness activities to members. For justice involved members, staff could offer to assist in writing a letter of explanation to potential employers outlining the steps being made to live a productive life and in preparing how to discuss their justice involvement.

			<p>interview practice but has not occurred recently. When members express an interest in seeking employment in the restaurant field, the program can assist them in obtaining a food handler’s card but due to the public health emergency, member access to the kitchen has been restricted. The members survey results also stated that a large percentage of members expressed concern with the ability to be hired due to criminal history, that obtaining employment was not likely in the next three to six months and expressed a lack of understanding how their benefits could potentially be impacted. HVLVE does assist interested members in restoration of their civil rights.</p> <p>None of the members interviewed identified specific job readiness activities available at the center but had recognized other related activities, such as the member council and the initiation of a recycling program. The council retains the proceeds and determine how the money is spent. At the time of the review, the council was in the process of purchasing items to house a reptile identified to be purchased later.</p>	
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 5	From intake, members are supported to develop a peer service plan, identifying goals and areas in which to improve their skills. Staff utilize motivational interviewing when members struggle to identify their needs. Interviewees reported the most important classes are those that work to improve communication skills and peer support training in self-advocacy. Opportunities to role play self-advocacy are available in one-to-one	

			meetings with staff, as well as in classes. Staff offer to support members while communicating with their behavioral health providers. Staff reported all members are involved in formal self-advocacy since it is engrained in each course HLVLE offers.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5 5	All members interviewed reported being involved in assisting other members in advocating for themselves in order to resolve problems. Some members gave specific examples how they advocated for others. One member stated working to obtain a GED certificate in order to enroll in peer support training and continue the satisfying feeling of helping others. The other members interviewed were in peer support training currently or had already completed it. All staff interviewed expressed seeing themselves as peer advocates.	
6.2.1	Outreach to Participants	1-5 4	<p>HLVLE staff reported that many members were apprehensive about coming into the center after the public health emergency was announced and did not respond to outreach. The program obtained tablets and carrying cases to facilitate attendance of live feed classes. Staff were trained how to use the videoconferencing application and then went to members' homes to assist with technology training to enable remote participation. Some members were willing to meet staff at the center to receive the training. Attendance was incentivized by offering points to use toward reward packages.</p> <p>Reviewers were unable to locate a current social media presence as an engagement platform. Calendars provided are not specific with times and dates for activities or instructions how to</p>	<ul style="list-style-type: none"> • Update program calendars printed and online, to include dates and time for groups, classes, and other activities. Those activities that can be accessed remotely should have clear instructions for how to log-in. Consider supporting a member created newsletter to keep membership up to date on recent events. Members interviewed expressed interest in creating a newsletter for the program. • Although members who are justice involved may have court mandated limits on their ability to participate, consider the potential benefits of establishing some level of online social media presence to support member engagement and connection to the program.

			engage remotely.	
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FACIT SCORE SHEET

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

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

4.3	Consciousness Raising	1-4	4
4.4.1	Formal Crisis Prevention	1-4	4
4.4.2	Informal Crisis Prevention	1-4	4
4.5	Peer Mentoring and Teaching	1-4	4
Domain 5: Education		Rating Range	Score
5.1.1	Formally Structured Activities	1-5	5
5.1.2	Receiving Informal Support	1-5	5
5.1.3	Providing Informal Support	1-5	5
5.2.1	Formal Skills Practice	1-5	5
5.2.2	Job Readiness Activities	1-5	4
Domain 6: Advocacy		Rating Range	Score
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	4
Total Score		198 (4.4)	
Total Possible Score		208	