CONSUMER OPERATED SERVICES (COS)
FIDELITY REPORT

Date: July 29, 2016

To: Gaye Tolman, CEO

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AHCCCS Fidelity Reviewers

Method
On July 6, 2016, T.J. Eggsware and Karen Voyer-Caravona completed a review of Recovery Empowerment Network (REN) - 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.

REN was formed in March, 2005, offering services from three locations: the Central Empowerment Center (CEC) in Phoenix's Midtown District, which is the primary hub with two traditional behavioral health programs and co-located staff; Southwest Network's San Tan clinic; and Partners in Recovery's Metro clinic. Any person over the age of 18 who has a diagnosis categorized under the Seriously Mentally Ill (SMI) designation, who receives services through Mercy Maricopa Integrated Care (MMIC), may become a REN Member by filling out a REN Referral Form and turning it in to REN Membership Services, or by referral through clinic Case Managers (CM) or Rehab Specialists (RS).

The individuals served through this agency are referred to as *members*, as well as *consumers*, *peers*, and *participants*. 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 a lived experience of recovery.

During the site visit, reviewers participated in the following activities:
- Tour of the CEC facility, including observations of the cafeteria, computer lab, Supported Employment program, and Hope's Door.
- Interview with the Chief Programs Officer and the Chief Operations Officer.
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, Grievance and Appeals policy, Code of Ethics, job descriptions, program calendars, etc.
- Group interview with eight supervisory staff of various programs offered at the agency.
- Group interview with eight nonsupervisory staff of various programs offered at the agency.
- Group interview with ten participating program members, though not all were able to participate in the full interview due to other obligations.

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:
- Staff and members report that the agency has matched staff to programs well-suited to their skill set. As a result, staff conveys a sense of enthusiasm and belief in individualized recovery principles.
- Members seem empowered to seek support and provide support to others.
- The agency uses the SAMHSA Eight Dimensions of Wellness as anchors in programs and services. The agency incorporates one or more of those dimensions in programming.
- Staff describes REN as an *intentional learning environment,* a program that provides services, resources, and opportunities focused on skill building, distinguishing the approach from a drop-in center. Members convey a similar sense of recovery-focused goal engagement through participation in REN services. The program offers multiple educational avenues, with formal and informal skill building opportunities.
- REN operates multiple programs that offer members a variety of choice throughout the day. Activities include Recovery Support Training (RST), Heath and Wellness, computer lab, Recovery in Action, Hope's Door, Supported Education, Supported Volunteering, and Supported Employment. Additionally, REN offers a program geared toward young adults (ages 18-25) called Hope, Empowerment, Recovery, and Opportunities (HERO).

The following are some areas that will benefit from focused quality improvement:
- Try to fill Board of Directors vacancies with members who have direct lived experience in recovery.
- Increase opportunities for members to contribute directly to the program through volunteer activities.
- REN, the Regional Behavioral Health Authority (RBHA) and other COSPs should work to strengthen linkages. Opportunities may exist where collaborative advocacy efforts can improve services to all individuals with a lived experience, not only those who receive services from specific COSPs. REN can enhance their service approach to align it with the fidelity model by sharing program strengths with other COSPs, and also seek feedback from other COSPs regarding FACIT items where REN has the opportunity to improve.
- Seek to improve access by increasing hours of operation to those identified as most beneficial by the members served, and by exploring whether services can be provided free to the small number of private pay individuals.
- Engage members to discuss what steps or changes REN can make to keep members informed of current activities and opportunities within and outside the program; post the CEC and co-located program calendars on the agency website.

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)	Per administrative staff report, the Board of Directors currently consists of nine members, seven (78%) of whom are people with lived experience and two who are family members of people with lived experience. Presently, four REN members serve on the board.	• Seek to fill board vacancies with people who have lived experience, including those who are members of the program.
1.1.2	Consumer Staff	1-5 (5)	Ninety-eight percent of staff self identify as persons with lived experience. REN gives hiring preference to people with lived experience, as well as applicants who are current or former members of the program. Though REN has reportedly not included preference in agency policy, many job descriptions do reference a requirement of a "shared experience defined as personally utilizing privately or publically funded behavioral health services, to include substance abuse treatment."	
1.1.3	Hiring Decisions	1-4 (4)	In the hiring process, the Chief Operations Officer takes into account recommendations from the program manager, meets with prospective hires, and makes hiring decisions. Program administrators report low staff turnover. When there were vacancies, they worked with a temporary worker agency, and as a result REN and members had input into whether those staff were a good fit prior to hire. Per report, middle management and members participate in panel interviews. Prior to the interviews, members receive training on how to conduct interviews, including appropriate questions to ask interviewees. The Chief Executive Officer, Chief	

			Programs Officer and the Chief Operations Officer are involved in firing decisions.	
1.1.4	Budget Control	1-4 (4)	The Chief Executive Officer, Chief Operations Officer, and Finance Manager develop the budget. Members offer input through the community meeting where groups, outings, or community partnerships members want to see developed are discussed; cost is discussed at that time. Staff equate the process with personal budgeting, so members understand that REN, as a business, needs to budget. The Chief Programs Officer and the Chief Operations Officer sign checks on behalf of REN. Program members are not directly involved in deciding staff salaries. The Chief Operations Officer determines salaries after conducting a benchmarking study. Salaries are aligned with the market, and each position has a salary grade.	
1.1.5	Volunteer Opportunities	1-5 (4)	There are several opportunities for members to contribute to the program at REN, and some REN staff started as members. Administrative staff distinguish that participation in volunteer activities is not mandated. Members contribute to REN through the CEC kitchen, the recovery garden, and co-facilitation of groups or activities. They also serve on the Board of Directors, represent REN membership at MMIC conferences, accompany staff to clinic all-staff meetings, and represent REN at other community conferences. Members interviewed referenced some of these activities, but it was not clear if most members were directly involved.	• Explore ways to increase member opportunities to contribute directly to the program through volunteer activities such as member led groups, adding more members to the Board of Directors, and involvement in subcommittees that focus on the budget, social media, outreach or special events, etc.
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5 (5)	REN members provide planning input in a number of ways: through one-to-one interactions with all levels of staff (e.g., Red Line to the CEO), participation in community meetings, input on	

			colors of the new REN logo, building colors, a suggestion box, etc. Staff report they take into account member feedback when developing monthly calendars. Members stated staff listen, and are responsive, to their input The Board of Directors meets monthly, generally in open meetings that members or staff who are not on the board can attend; some members were added to the board's agenda to share information or stories about services.	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 (5)	Staff and members interviewed described avenues of expressing dissatisfaction and reporting grievances, including filing grievances with the RBHA, with staff assistance if requested. Members report REN staff are responsive to their concerns; some issues are addressed with mediation and some through direct contact with the CEO or other staff. A copy of the agency's formal written grievance policy was provided for consideration in this review.	
			1.3 Linkage to Other Supports	
1.3.1	Linkage with Traditional Mental Health Services	1-5 (5)	REN reports significant and reciprocal linkages with the traditional mental health system clinic staff focused on building a collaborative, rather than adversarial, relationship. REN staff sends monthly member summaries, offers co-located services at two clinics, outreaches clinics to meet with staff to educate them on the supports available through REN, and conducts membership drives. During membership drives, REN staff visit clinics to streamline the referral process, allowing REN staff to verify member eligibility and set the intake date, so that staff and members know the timeframe for the intake, when to set up transportation, etc. REN also partners with the Crisis Response Network (CRN).	

1.3.2	Linkage with Other COSPs	1-5 (3)	Staff reports little collaboration with other COSPs, though there may be interaction through certain programs. For example, the Peer and Family Referral Center sends referrals to other COSPs based on member preference and/or when other programs offer a service/support not offered through REN. REN no longer posts calendars on the agency website due to the perception that other programs may be replicating activities at REN and scheduling them on the same dates.	• REN and the RBHA should collaborate with other COSPs to resolve barriers to linkage and collaboration between COSPs. Opportunities may exist where collaborative advocacy efforts can improve services to all individuals with a lived experience, not only those who receive services from specific COSPs. • Collaborate with other COSPs to offer guidance regarding FACIT items where REN has demonstrated strengths. Seek feedback from other COSPs regarding FACIT items where REN has the opportunity to improve.
1.3.3	Linkage with Other Service Agencies	1-5 (5)	REN has reciprocal linkages with a number of organizations and institutions, including: Arizona Women's Education and Employment, Inc. (AWEE), Arizona Department of Corrections, Arizona State University, Brookline College of Nursing with students completing a practicum at REN, sharing of information with various faith based organizations, and participation in the National Alliance on Mental Illness (NAMI) walk. REN manages the Community Treasures program, allowing a sharing of resources among providers, and they host some community events at their CEC.	
Domain 2 **Environment**				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 (4)	REN's CEC is conveniently located in a population cluster in Central Phoenix's midtown district, and the agency has two co-located Empowerment Centers that allows members to receive peer services closer to where they live.	
2.1.2	Access	1-5 (5)	The REN CEC is near a Valley Metro light rail station and several bus routes; co-located locations are in areas also served by bus routes. Parking is offered at each location. Members who	• Seek member input on whether access can be improved further, such as a secure location to lock bicycles for members who elect that mode of transport.

			wish to ride a cab to the Empowerment Centers or arrange for a monthly bus pass coordinate transportation through their clinic CMs; REN does not provide bus passes. REN operates a fleet of vehicle and transports members to program activities. Members must arrange for transportation by contacting REN the day before; pick ups occur from any clinic in the valley between 8-9:00 a.m. and drop-offs by 3:00 p.m. In some circumstances, such as late evening or weekend events, members are transported home by REN. REN Hope's Door has assisted some members with learning how to navigate bus routes by riding with members. REN also hosted a Valley Metro presentation on travel training to members.	
2.1.3	Hours	1-5 (3)	Hours at the CEC are 7:30 a.m. to 4:30 p.m. Monday through Friday, with no regular weekend or evening hours. Per staff report, the agency evaluated member participation in activities during extended hours. Few members participated in activities during extended hours, so the cost of operating the center was not supported. Per staff report, if the CEC is open past certain hours, REN incurs more charges. REN is closed most major holidays, but staff report members get together for their own party to celebrate certain holidays. REN staff informs members in advance of holidays to provide contact information for the warm line in case of crisis, and staff constantly talk about natural community supports as an element of recovery. In preparation for a multi-day holiday when the agency was closed from Christmas to the new year, staff developed an on-call procedure for staff to go and meet with members.	• Seek member input on hours of operation most beneficial to them. Establish operating hours that accommodate the expressed needs of the members, which may include evenings, weekends, or holidays. Expanding program hours may provide flexibility for those members whose access to the program is limited by other daily activities, such as employment.
2.1.4	Cost	1-5 (4)	All services, programs, outings, and meals are free for most members. Moderate pricing on a sliding	• Explore opportunities to reduce or eliminate program costs to all members. For example, the

			fee scale is available for the private pay members, who represent approximately 5% of the population, and are usually only participating in the RST program. Members with an SMI diagnosis who receive services through MMIC are eligible for free services.	agency Peer and Family Referral Center (PFRC) may be positioned to offer assistance to those private pay members who elect to pursue assessment for services through the RBHA or other funding sources.
2.1.5	Accessibility	1-4 (3)	THE CEC is wheelchair accessible, with an elevator and interior layout to accommodate wheelchairs, walkers, etc. The agency does not utilize TTY/TTD services and does not have Braille materials for people who have visual impairments. Staff report limited demand, but note accommodations are provided when requested. For example, staff sits with members with visual impairments in the sewing room and make sure they can access a magnifier when using the machines. Staff also reported one member was provided with large print RST materials.	• Increased accessibility for people with physical disabilities should be identified in the long-range/strategic plans. For example, provide TTY/TTD services for members who may be deaf or hard of hearing.
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 (5)	Members report that the REN community is non-coercive and safe. Staff report REN is not intended as a drop-in center, but rather is an intentional learning environment. Members can elect to not participate, but are engaged at their pace to eventually take part in activities. Members are not threatened with any type of consequence if they decline to participate, but are instead encouraged to be active in determining the course of their treatment and service. Certain certificate programs (e.g., RS, Heal Your Life, culinary activities) do require that members who sign up agree to attend at a set schedule or certain number of classes, but members are not forced to sign up for these types of activities.	
2.2.2	Program Rules	1-5 (5)	REN refers to program rules and the code of conduct as their Code of Ethics, which were developed with members, and are placed	

			throughout the walls of the center in poster size. Community agreements are created by members specific to certain programs and activities. Members interviewed described understanding the Code of Ethics and consequences of violating the code. Members report they hold each other accountable, such as with reminders to use recovery language. One member reported, "If there is someone violating the rules, we respectfully and kindly let them know it is not ok."	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 (4)	REN's physical environment is clean, safe and comfortable. Tables, chairs and other furniture, floors and fixtures are in good condition, showing little signs of wear. Though many staff offices and desks are integrated throughout the center, executive team staff offices are somewhat removed from the rest of the center on the second floor, separated from members' meeting and activity locations. This separation was reportedly due to confidential member or sensitive financial information. Members and staff report all staff is accessible, and there seem to be no barriers to interacting with staff in that office space.	• Integration of member and administrative staff space may further foster the sense of community at REN.
2.3.2	Social Environment	1-5 (5)	The reviewers observed no obvious distinctions between staff and members during interactions, which appeared sincere and open. Members spoke of their positive experiences with staff, whom they refer to as peers. Members compared the REN community to a family working together.	• See recommendation for item 2.3.1, Physical Environment.
2.3.3	Sense of Community	1-4 (4)	REN staff and members repeatedly referred to REN as a community. Members reported that they socialize and communicate with one another outside of the program, finding comradeship through mutual understanding of shared experiences, and respectful interactions.	

2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 (4)	REN does not impose timeframes by which individuals must participate, or by which they must terminate or graduate from services. Participation is based on individual need. The program does distinguish active members as those with contact in the prior 90 days. Though one member reported a requirement to participate in program activities at least three days a week, other members reported they were not familiar with that requirement. There was no other evidence of participation requirements. Other than requiring a new referral, it does not appear the 90 day timeframe is used as a participation mandate.	• Educate members about no timeframes or expected frequency of participation.
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 (4)	Staff and members report staff self-disclose their lived experience when pertinent to the member's situation. This sharing often occurs at intake, and can include portions of a staff's lived experience due to the personal nature of some events. For example, staff does not share specifics of traumatic events due to the potential negative impact to the member or staff. Staff report they share not only their stories, but focus on those tools or things that helped them on their journey, equating the interactions to "passing the baton" of recovery. Though staff distinguishes that what worked for them may not be universal, they strive to expose members to options. Members also gave examples of times they shared their story with others, such as during group activities and as an element of RST.	
3.2 Helper Principle				

3.2	Helper Principle	1-4 (4)	Staff and members describe examples of mutual support and learning experiences. Staff cite stories of when they helped or were helped, and where helping others also helped them on their own recovery journey. Members gave examples of helping others; offering comfort; and working with others to identify strengths, interests, and external supports. These interactions can occur during groups or outside structured activities at REN.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 (5)	Activities and supports through REN offer avenues for personal empowerment through programs that include: the PFRC, chronic disease self management groups, supported education, supported employment, and Hope's Door. Members and staff shared stories of how involvement in REN has helped them establish more control over their lives. One member gave an example of how support and skills developed through REN helped the member leave an unhealthy relationship. Members gave examples of empowerment in pursuing goals, such as developing computer skills, seeking more independent housing with the support of REN, being provided with General Educational Development (GED) materials, and seeking employment.	
3.3.2	Personal Accountability	1-5 (5)	Staff and membership interviewed all spoke of accountability in creating a safe environment. Members reported they hold each other accountable, were able to cite the Code of Ethics, demonstrated use of recovery language, and expressed mutual respect. Members also reported they keep each other accounted for, which includes contacting other members whom they do not see at the CEC for a few days.	

3.3.3	Group Empowerment	1-4 (4)	REN offers members numerous opportunities for group empowerment. Opportunities for staff and members include community meetings with the RBHA, contact with clinic staff during site presentations, and membership drives. Members report feeling pride in being part of the program, and that they can contribute to the program. Members can gain skills through REN programs (e.g., RST, Hope's Door, culinary training, and computer skills class) that they can utilize to contribute to the center or in the broader community.	
3.4 Choice				
3.4	Choice	1-5 (5)	Members are offered a wide variety of activities, programs and services at REN. Several calendars are printed monthly. Each calendar is unique to the sub-program and offers a wide array of services for members to choose from. Members provide input into the program activities and calendars. For example, in the HERO program the group discusses the upcoming calendar on a monthly basis. Some programs also overlap, such as RST or HERO with activities in the computer lab. Members reported they participate in activities of their choice, at their own pace. Members are encouraged, but not mandated, to be involved.	
3.5 Recovery				
3.5	Recovery	1-4 (4)	Staff and members stated that recovery is defined differently for each individual, and this recovery philosophy is communicated in many ways at REN. REN staff discussed the SAMHSA Eight Dimensions of Wellness, with a focus on treating the whole person; this approach is posted on the agency website. There it notes that "wellness is not the absence of disease, illness or stress but the presence of purpose in life, active	

			involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness." Both staff and members reported the program supports member choice, consistent with the agency vision. Common themes during staff and member interviews included the values honesty, community, empowerment, support, responsibility, opportunity, quality and trust. Victory Celebrations are held to foster connections and rejoice in accomplishments.	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 (4)	Members' spiritual growth is fostered at REN, where they are able to share their beliefs with others, consistent with the agency adoption of the Eight Dimensions of Wellness, which includes spirituality. Programs that include elements of spirituality include T'Ai Chi, Mindful Meditation, Yoga, Chakra Healing, Heal Your Life, incorporating the use of essential oils, community engagement with faith-based organizations through the Supported Volunteering program, and Songs of the Soul where members are exposed to inspirational music. Members confirm that REN staff respect the range of members' spiritual beliefs and practices, noting that spirituality is significant to most people's recovery, and something that supported them in moving toward their recovery.	
Domain 4 **Peer Support**				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 (5)	A variety of formal peer support groups are scheduled daily at REN. Community support is available through Hope's Door, where staff accompanies and supports members in obtaining housing, with benefits, as well as connecting	

			members with other services in the community. The program also offers a peer training program, RST.	
4.1.2	Informal Peer Support	1-4 (4)	Members reported they receive and provide informal peer support throughout the day at REN. For some, mutually supportive relationships that began at the program resulted in opportunities for socialization and support in the community. Some members keep in contact over the phone, socialize outside the program, or reach out to other members if they are not at the center for a few days. Staff reported they work to foster member-to-member connection, such as when members are new to the program, or during outings. Some members enrolled in the HERO program may be more familiar with computers, and provide guidance to other members in the computer lab.	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 (5)	Staff and members reported that REN offers numerous opportunities, both formally and Informally, for members to tell their stories. For example, some member stories are shared on the agency website. Members can tell their stories in REN programs such as Heal Your Life and RST; one member reported she had shared her story with a small group the day of the interview. Some members accompany staff to clinic meetings where they have the opportunity to share their story, if they choose.	
4.2.1	Artistic Expression	1-5 (4)	Artistic expression is encouraged at REN, with a member mural on the wall of the main entryway. Some member art is on display, and a corner of the CEC is set aside for arts and crafts activities. Members had input into the design of the updated agency logo and the HERO program logo. Members can also participate in various	• Seek input from members on what artistic avenues they wish to pursue, and include members in discussions on budget decisions regarding those activities. • Display of member and staff art on the agency website, social networking sites, or in the community may stimulate interest in artistic

			expressive groups and activities, including beading, creative writing, dance, painting, and sewing.	expression. If members and staff consent, artwork can be linked with personal shared stories of the artists, potentially reducing stigmatization in the broader community.
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 (4)	Members learn about the *Consumer Movement*, are encouraged to look beyond themselves, to work together, to help fellow members, and to contribute to a larger consumer community. Members reported that REN provides consciousness-raising information on a daily basis, with a table at the CEC and bulletin boards with resources. Members can access websites to learn about current events or topics in the computer lab. REN provides consciousness-raising opportunities to members who elect to participate in RST, the monthly community meeting, speaking and advocating at clinic all-staff meetings, MMIC meetings, the annual NAMI walk, trips to the State Legislature, and enrolling in the supported volunteering program. One member reported, "they really have a vision of not just keeping you here, but want you to be out there and be engaged in your life's goals and mission."	
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 (4)	Formal crisis prevention is available through REN. All staff have participated in Applied Suicide Intervention Skills Training (ASIST). Critical Incident Stress Management (CISM) skills are also utilized, and REN partners with CRN. Hope's Door staff provides assistance to members who may be headed for a crisis. Staff works with members to prevent crisis, with an approach based on the principles of personal responsibility, shared risk, wholeness and wellness. Staff primarily provides services to members in the community, working with them to focus on strengths and resiliency,	

			the identification of triggers, coping skills, and accessing resources (e.g., housing or benefits).	
4.4.2	Informal Crisis Prevention	1-4 (4)	Members interviewed gave examples of circumstances when they were able to come to the aid of others in need of support. Contacts included one-on-one and unscheduled support. In one example, a member experiencing anxiety in a group setting was supported by the group and an individual with whom the member had a close connection. If friends do not see each at the program for a few days they will reach out via text.	
**4.5 Peer Mentoring and Teaching**
4.5	Peer Mentoring and Teaching	1-4 (4)	Staff and members report that mentoring occurs regularly at the CEC and on outings. Members and staff identify mentors through the program, and members cite mentoring others by providing advice. Staff gave examples of older adult members and members of the HERO program interacting, with older adult staff providing guidance and feedback to the younger members.	
**Domain 5**   **Education**
**5.1 Self Management/ Problem Solving Strategies**
5.1.1	Formally Structured Problem-Solving Activities	1-5 (5)	Staff describes REN as an intentional learning environment, a program that provides services, resources, and opportunities, distinguishing the approach from a drop-in center. Information regarding peer advocacy is available on the agency website. According to leadership, those opportunities exist regularly, covering a wide range of issues. Administrators approximated that 90% of members participate in formally structured problem solving activities. Data for member participation for a recent sample month was provided for review, showing a high member participation rate in various activities including:	

			Hope's Door, Supported Volunteering, Heal Your Life, HERO, PFRC, Recovery in Action, Supported Employment, etc. Most members interviewed reported attending one or more of those programs and commended staff who facilitate the programs, noting that REN administration has done a good job matching staff to the program. Said one member, "They specialize in what they do and fit perfectly in what they are doing."	
5.1.2	Receiving Informal Problem-Solving Support	1-5 (5)	Most members participated in activities where informal problem-solving support is provided. This includes community support through Hope's Door, during various outings in the community, peer-to-peer support that occurs regularly, and unplanned exchanges of information.	
5.1.3	Providing Informal Problem Solving Support	1-5 (5)	Throughout the interviews, staff and members gave examples of informal problem solving support, including assisting with transportation challenges, community support, or adjusting a group topic to support other members. Most members participated in informal peer-to-peer support, helping each other solve problems, sharing experiences, and using skills developed through participation in REN.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	1-5 (5)	Members can enhance or practice formal skills training with a focus on employment through various avenues at REN. The program offers Supported Education, Supported Volunteering, and volunteer opportunities in the CEC kitchen where members must first earn their food handler's card. The program is also contracted with the RBHA to provide Supported Employment services open to those members interested in employment. Based on member and staff interviews, and participation data for a month timeframe provided by REN, it appears most	

			members participate in one or more activities with formal skills training elements.	
5.2.2	Job Readiness Activities	1-5 (5)	Members can utilize the computer lab to improve computer skills, learn about websites, learn about common computer programs and applications, access GED resources, explore employment, develop resumes, or apply for employment. One member shared he was timid about using the computers, but the staff worked with him one-on-one to provide support. Public speaking opportunities are available during clinic visit, and other community based meetings. It appears most members participate in at least one of the job readiness activities through REN.	
Domain 6 **Advocacy**				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 (5)	Peer advocacy information is posted on the agency website. Additionally, staff begins working with members to develop self-advocacy skills at intake, sometimes needing to help members obtain specific documentation for the intake process. The program also offers assistance through the PRFC that assists in connecting individuals to community resources, sometimes resulting in referrals to other agencies if REN does not offer the service. Hope's Door also offers members with community-based support in applying for benefits, and accessing other community-based resources. Staff estimate about 95% of members received support in formal self advocacy. Some members reported involvement in multiple activities over their course of time with REN, including numerous examples of advocacy support through REN to address housing challenges.	
6.2 Peer Advocacy				

6.2	Peer Advocacy	1-5 (5)	Advocacy elements are present in many programs offered through REN. For example, RST has a section on Knowing Others that addresses advocacy, the role of peer advocacy, opportunities to assist others and macro level advocacy. Members interviewed reported involvement in advocacy activities. One member reported facilitating a group at a clinic; other members reported that MMIC visited the CEC and discussed opportunities to serve on boards through the RBHA.	
6.2.1	Outreach to Participants	1-5 (4)	REN has an agency website and uses social media resources where photos of center activities and outings are posted. Links to partner agencies and information related to REN and community activities are posted. REN has flyers for RST and Supported Employment, as well as brochures for the CEC, Hope's Door, HERO and the PFRC. Members reported they also outreach other members to maintain their connection to the REN community. Monthly community meetings are held.

REN provides multiple detailed calendars that cover the breadth of sub-programs offered through the agency, but they are not posted on the agency website. Unless members go to the CEC, are active in the program, have access to computers, etc., it is not clear how they are informed of upcoming events. | • Post updated calendars on the agency website; work with the RBHA to address concerns with other agencies potentially replicating REN activities to ensure all agencies are working in a mutually respectful manner, even if similar services are offered.
• Engage members to discuss what steps or changes REN can make to keep members informed of current activities and opportunities within and outside the program.
• Attempt outreach to disengaged members (i.e., not active within 90 days) to seek their input on potential improvement to outreach efforts. |

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	5
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	5
1.3.2 Linkage to Other Consumer Operated Services Program (COSPs)	1-5	3
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	3
2.1.4 Cost	1-5	4
2.1.5 Accessibility	1-4	3
2.2.1 Lack of Coerciveness	1-5	5

	Rating Range	Score
2.2.2 Program Rules	1-5	5
2.3.1 Physical Environment	1-4	4
2.3.2 Social Environment	1-5	5
2.3.3 Sense of Community	1-4	4
2.4.1 Timeframes	1-4	4
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

	Rating Range	Score
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	5
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**	
Total Possible Score	**208**	