

CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

Date: July 16, 2015

To: Christopher Gonzales, CEO

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ADHS Fidelity Reviewers

Method

On June 16, 2015, Jeni Serrano and T.J Eggsware (Fidelity Reviewers) completed a review of the Hope Lives-Vive La Esperanza, a Consumer Operated Services 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 is located at 1016 E. Buckeye Road in Phoenix. Hope Lives-Vive La Esperanza provides outreach to people in diverse communities in Maricopa County, Arizona who may be currently receiving or are eligible for Title 19 benefits, and receive Serious Mental Illness (SMI), General Mental Health (GMH) or Substance Abuse (SA) services. Emphasis is on support services for individual/group skill building, employment, community re-entry, psycho-education and prevention services for fathers, mothers, veterans, youth in transition and those individuals who have unmet needs. Hope Lives-Vive Las Esperanza utilizes partnerships with community-based organizations, health care providers, social/human service providers, faith-based organizations and a variety of neighboring institutions. The program has grown over the past year; many members interviewed have been with the program three months or less, and many staff interviewed have been with the agency a year or less.

The individuals served through this agency are referred to as members (consumer, peer, participant, etc.), 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, with thorough descriptions of each group/class/activity that is offered through this program.
- Interview with the Compliance and Training Coordinator.
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, policies, annual reports, training materials, job descriptions etc.
- Group interview with two Forensic Program Managers.

- Focus group interview with 12 nonsupervisory staff.
- Focus group with 14 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:

- Hope Lives-Vive La Esperanza offers peer support training programs with specialties in forensic peer support and life support team.
- Staff at the agency are involved in providing forensic peer support services through their participation in City of Phoenix Superior Court (Problem Solving Court), City of Tempe Behavioral Health Court, City of Phoenix Behavioral Health Court, and the City of Glendale Behavioral Health Court. In these settings, issues faced by members with legal challenges are discussed collaboratively with staff representatives from the legal system as well as the Regional Behavioral Health Authority (RBHA) and other treatment providers in order to offer treatment interventions in place of potentially more severe legal consequences. Some staff members of the agency have a lived experience of incarceration and provide peer support to members with similar experiences.
- The program offers a variety of pre-employment opportunities, education/awareness/prevention workshops, as well as benefits counseling.
- The program offers opportunities for members to participate in community forums and attend workshops and community events geared towards recovery and the mental health movement. Members express an overall satisfaction with the services, and strongly voice their sense of belonging to a non-judgmental community as a member of the program.

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

- Market the program's pre-employment services in order to get referrals for people with employment goals to attend these offered programs.
- Increase space and vehicles for more variety of services and community outings.
- As part of member advocacy in the community, work with city officials to discuss ways to improve the safety of members regarding the sidewalks and crosswalks at the bus stops.
- Expand the citizen survey to gather more data reflecting recovery and services. For example, review options to include information related to forensic services, how the aspect of the program assisted the member or can be improved, and whether members involved with legal issues have reduced recidivism. If gathered, the information could be aggregated and posted to the agency website or used when marketing the program services to clinics or to expanded involvement in mental health courts.
- Expand referral sources and continue efforts to establish linkage to other providers. Roughly 55% of referrals come from two networks.
- Expand hours and days to meet the member's needs for evenings and weekends, including scheduled activities during extended hours

and holidays.

- Review and formalize the agency approach to the inclusion of spirituality of membership. For example, being accepting of members talking about spiritual growth, incorporating into daily groups and conversations, and distinguishing how staff can appropriately interact with members as they express spirituality, as well as engaging membership to define how they can discuss spirituality with each other. Membership and staff should frankly discuss the expression and acceptance of spirituality to differentiate from proselytizing for a specific religion of belief.

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)	<p>The compliance and training coordinator reports during the interview that 80% or more of the board self-identify as a person with lived experience and more than 51% of the administrators self-identify as a person with lived experience.</p> <p>Hope Lives-Vive La Esperanza currently has seven Board members, six which self-identify as a person with lived experience. The program plans to market for new/additional Board of Directors (BOD) members, including individuals with a lived experience and individuals with no direct lived experience.</p>	
1.1.2	Consumer Staff	1-5 (4)	According to the compliance and training coordinator, 80% of the organization chart of 20 staff members, including the Chief Executive Officer (CEO), self-identify as persons with lived experience, but not all administrators self-identify as individuals with a lived experience.	<ul style="list-style-type: none"> The program should continue efforts to hire staff, at all levels, who have a personal lived experience of recovery.
1.1.3	Hiring Decisions	1-5 (4)	The Chief Executive Officer self-identifies as a person with lived experience and is responsible for making all hiring decisions.	<ul style="list-style-type: none"> Involving members in key decision making may help increase ownership and accountability to the center. Develop avenues for involving members in hiring decisions. Consider possibly developing an interview panel, final candidate selection group, voting, etc.
1.1.4	Budget Control	1-4 (3)	Hope Lives-Vive La Esperanza's budget decisions reside with the Chief Executive Officer and the Chief Financial Officer. Chief Financial Officer does not self-identify as a person with lived experience and members stated during interviews that they	<ul style="list-style-type: none"> It is recommended that the executive staff be more transparent about the budget and engage members to help with budget decisions. Identify ways to involve members in financial decision making or minimally, develop

			do not have any control regarding the budget.	mechanism to regularly report financial status and information to membership, perhaps at Council meetings.
1.1.5	Volunteer Opportunities	1-5 (5)	Hope Lives-Vive La Esperanza offers several volunteer opportunities within their organization as well as out in the community, such as through volunteering on the food line at the local food bank, serving on the board of directors, and co-facilitating groups.	
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5 (5)	<p>Hope Lives-Vive La Esperanza offers multiple avenues for member input, and members stated during interviews that the program has a significant commitment to implementing recommended changes.</p> <p>During member group interview, members all reported that they voice their recommendations in the council meetings held weekly, they are able to submit recommendation in writing through suggestion box as well as go directly to the CEO or other staff members. Members are encouraged and engaged by staff to lead as agents of change and as program developers within the organization. Members stated that they feel their voice is heard and that staff and members all work together to make the recommended changes.</p>	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 (4)	<p>Hope Lives-Vive La Esperanza offers many formal and informal opportunities for members to express grievances or dissatisfaction with the COS program, and the organization displays a commitment to implementing desired changes. During the interview, members expressed levels of satisfaction with the program, as well as areas the program can be improved.</p>	<ul style="list-style-type: none"> • Program should make written policy for addressing grievances more accessible to staff and members.
1.3 Linkage to Other Supports				

1.3.1	Linkage with Traditional Mental Health Services	1-5 (5)	<p>Hope Lives-Vive La Esperanza receives referrals directly from the RBHA clinics. Staff report that they have intense linkage with traditional mental health services, by providing training and marketing to all staff at clinics regarding the role of member supports as well as marketing the services the program offers to members. Additionally, staff members send monthly summaries that provide updates, place calls to clinical teams to report concerns or need to outreach, assist members with advocacy, and attend staffings as a support upon members' request. Members often accompany staff when they present information about the program in clinics. Staff also participates in mental health courts throughout Maricopa County where they interact with clinical teams to discuss services and supports available to members with legal issues.</p> <p>Although some staff report they attend monthly staffings with clinic teams to discuss member goals and status, other staff report coordination and communication is not always reciprocated.</p>	<ul style="list-style-type: none"> The agency should continue efforts to expand referral sources and improve coordination with clinic staff. The agency management should engage clinic leadership to discuss and problem solve barriers to coordinated care efforts.
1.3.2	Linkage with Other COSPs	1-5 (4)	<p>Hope Lives-Vive La Esperanza staff report intense linkage to other member-operated services, but this involvement is not reciprocated.</p> <p>Staff report that they attend mental health court on a regular basis, where they offer services through Hope Lives-Vive La Esperanza or suggest other COS programs depending on recommendations from judges, an individual's interests, and locations of interest. Staff also reported that on rare occasion, programs will utilize other program space or attend events upon invitation.</p>	<ul style="list-style-type: none"> It is recommended that Leadership work on creating more open communication with CEOs from other Consumer Operated Service Providers in an effort to assure that involvement is reciprocated.
1.3.3	Linkage with Other Service	1-5 (5)	<p>Hope Lives-Vive La Esperanza staff report intense linkage with other service agencies such as jail</p>	

	Agencies		system, Valley Metro, mental health courts and food banks and that this involvement is reciprocated. The program has also partnered with Arizona Students Recycling Used Technology (AZ StRUT), another nonprofit organization, in the development of the Hope Lab where members have the opportunity to assemble a computer which they can then keep for their own use at the end of the program.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 (3)	<p>Hope Lives-Vive La Esperanza program is located within a population cluster; however, minor improvements are possible such as increasing buses, adding sidewalks and crosswalks. Additionally, members must generally rely on the bus line or other transportation set up through staff at their primary treatment clinic. Some staff report due to a reduction in funding under the prior RBHA, the program had to restructure and adjust how they provided services to members. As a result, staff reduced some one-on-one interactions with members (e.g., going to the homes of members, taking members shopping, outreach to member homes if they stopped attending the program), but the program has not put those activities back into place after the funding was restored.</p> <p>Buses run every hour on the weekend and every half hour on weekdays. One bus stop is across the street from the building, but there is not a close cross walk and no side walk on program building side.</p>	<ul style="list-style-type: none"> As part of community engagement, enlist members to attend and provide written or public comment at planning input meetings where they may have the opportunity to advocate for infrastructure enhancements such as sidewalks, improved bus circulation times and bicycle lanes near the area that can improve access to the program. As part of agency growth, review prior agency practices where services were primarily brought to the members that can be incorporated as the program expands. Create or revise agency policy to clarify how staff check-in or out of the end of the day, or visit, to ensure member and staff safety during one-on-one community-based interactions.
2.1.2	Access	1-5 (4)	Hope Lives-Vive La Esperanza is located in Phoenix and close to the Valley Metro bus route's	<ul style="list-style-type: none"> It is recommended that Hope Lives-Vive La Esperanza work with the RBHA to gain the ability

			however, program does not arrange nor provide members with transportation to their center. Most members attend the program via cabs which are arranged by the clinic staff.	to request/submit transportation requests through RBHA contracted transportation providers rather than relying on clinical teams who are often not accessible after hours.
2.1.3	Hours	1-5 (3)	<p>Hope Lives-Vive La Esperanza program hours of operation are 8:00AM -5:00PM Monday through Friday with structured activities. It was reported that although the program is open on Saturday's, activities are less formally scheduled; on rare occasion, activities occur on Sundays.</p> <p>Members expressed their need for longer hours, to be open 7 days a week. They stated they would like more structure planned for Saturdays, with planned groups and activities like the Monday through Friday schedule.</p>	<ul style="list-style-type: none"> It is recommended that the leadership establish operating hours that accommodate the expressed needs of the members (i.e. evenings/weekends and holiday hours). Expanding program hours will provide flexibility for those members whose access to the program is limited by other daily activities (i.e. employment).
2.1.4	Cost	1-5 (5)	All services at Hope Lives-Vive La Esperanza are free of charge to members. There is no cost for meals or activities.	
2.1.5	Accessibility	1-4 (3)	<p>Hope Lives-Vive La Esperanza's facility has two designated spaces in the two story structure. The lower level space has a classroom designated for the computer assembly/repair program, one group room and an open area for art classes as well as a few cubicles designated for staff use only. These spaces are limited and appear to get very crowded at times. Staff reported that the group room doorways are too narrow for wheelchairs, and although the elevator is operational it is located outside on the far side of the building, making this a far walk for individuals with physical limitations. The space upstairs appears to be more accessible. However, besides the large group room used for peer support trainings, this space is used for administration staff not for member activities.</p> <p>There is no provided TTD for members who may</p>	<ul style="list-style-type: none"> It is recommended that program be evaluated to assess accessibility regarding narrow doorways and distance of elevator to program front doors in order to better serve individuals with a wide range of disabilities. Provide TTD equipment accessible for members who may be deaf or hard of hearing.

			be deaf or hard of hearing.	
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 (4)	<p>Hope Lives-Vive La Esperanza’s staff encourages members to participate in peer support programs. There are no threats of commitment, clinical diagnoses, or unwanted treatment forced on members.</p> <p>Members report no pressure from staff to participate in groups or other activities. Members make their own schedules, and participation is encouraged for recovery but not mandatory. However, if a member chooses not to participate then staff will engage on a one to one basis with strong encouragement to participate; and participation may be mandated through the legal system for some members.</p>	
2.2.2	Program Rules	1-5 (5)	<p>Hope Lives-Vive La Esperanza has community agreements that are rules to protect the physical safety of participants and are developed by and for the members. Upon program entry, members review the community agreements and sign that they understand as well as are informed that they can attend the programs weekly member council to have a voice in future rules to assure members feel safe and that adequate controls/safeguards are developed.</p>	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 (2)	<p>Staff all spoke of the need for more space. The program has been increasing its membership and, due to some barriers to community activities, such as limited transportation sources and legal restrictions for those with legal histories, the program is finding the need for more center groups and classes.</p>	<ul style="list-style-type: none"> It is recommended that leadership explore opportunities that supports program growth, additional space for groups, and expanded variety of classes; this may include alternative/supplemental funding, or possibly relocating to a larger space if one can be located at similar costs. Determine if program resources can be obtained through other means such as

			Although space is limited and crowded at times, members report that they continue to feel a sense of safety, belonging and support.	donated vans.
2.3.2	Social Environment	1-5 (5)	Staff/member interactions appear near ideal with openness, directness, and sincerity. No sense of inequality or staff/member distinctions is apparent. Members report that everyone is on first name basis and that staff offers an environment to them to be empowered and to empower others. Staff members report that there are no rigid distinctions between members and staff because the majority of the staff members were members of the program prior to hire.	
2.3.3	Sense of Community	1-4 (4)	Staff and members spoke highly about how they continue to attend Hope Lives-Vive La Esperanza because they feel a sense of fellowship in which people care about each other, and they all create a community together.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 (4)	No pressure to join the program and no time limit for participation. Schedules are flexible and adapted to individual needs within the operating times.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 (4)	Staff and members report that relationships are based upon shared experiences and values, and that self-disclosure is very important in recovery. Staff and members share their lived experiences through many different ways such as: publically speaking at clinic presentations to market the program and share what the program has done for their recovery, sharing in a one-on-one format or in a group setting with other members of the program, or even sharing through art, whether it	

			be writing, drawing or making jewelry.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 (4)	Helping oneself and others is a corollary of the Peer Principle. Working for recovery of others facilitates personal recovery. Staff and members report that all services within Hope Lives-Vive La Esperanza are based on peer-to-peer relationships. Members share experiences helping other members; this was also evident at points during the group member interview. Members did informal check-ins with other members, sought and provided assistance, and shared that the member-to-member support at the program fostered a sense of community.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 (5)	All members interviewed agree that being involved with the program has helped them make positive changes in their lives. Some staff and members shared personal stories with the reviewers during group interviews, expressing how much participating in the Hope Lives-Vive La Esperanza program with their peers has provided them with a sense of personal strength, efficacy, self-direction, and control over their life.	
3.3.2	Personal Accountability	1-5 (5)	Members and staff report that everyone in the program is expected, but not forced, to be accountable for their actions and to act responsibly. All members and staff are held to the same community agreements and report that they have never had to call the police, and they feel a sense of safety when at the program.	
3.3.3	Group Empowerment	1-4 (4)	Members report high participant recognition and feelings of membership in the group.	
3.4 Choice				
3.4	Choice	1-5 (4)	Members have the choice to participate and the opportunity to choose between at least two	<ul style="list-style-type: none"> • Please refer to 2.3.1 recommendations. • Attempt to expand program options to at least

			<p>activities with different levels/forms of participation. However, at certain times of day there may be only one option available (e.g., Men’s Group for men only).</p> <p>Hope Lives-Vive La Esperanza currently has a small space in the building as well as limited vans that restrict the amount of outings and the number of members who can attend. With increased space and vans, program could offer a wider array of community outings, activities and groups/classes.</p>	two activities or more at all points throughout the day.
3.5 Recovery				
3.5	Recovery	1-4 (4)	<p>The mission statement and materials describing the program includes a clear statement of a hope-oriented recovery approach, and staff and members can articulate the approach.</p> <p>Staff and members all stated that recovery is defined differently for each individual and that this program, which happens to be named Hope Lives, offers them <i>hope</i> in their recovery, hope in their lives, and the chance to learn and grow.</p>	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 (2)	<p>During interviews staff and members reported that they do not believe that there is a written program rule forbidding them from expressing their religious beliefs. However, there was generally consensus that the sharing of spiritual beliefs is discouraged; if someone does speak of their religious beliefs, then there is the potential they may be considered to have religious delusions.</p>	<ul style="list-style-type: none"> • It is recommended that the program leadership consider ways to assure members are able to talk about spiritual growth, be accepted, and not considered to have religious delusions. Suggestions include more open group discussion and a written agency policy on religion/spirituality. • Consider options for adding faith-based community connections, directories, or groups for the members who desire to express or seek this type of support for their recovery.
Domain 4 Peer Support				
4.1 Peer Support				

4.1.1	Formal Peer Support	1-5 (5)	<p>Hope Lives-Vive La Esperanza provides organized support groups based on common experience in which other individuals with a lived experience are available to each other for empathy and to share their experiences and information. Program offers peer support specialist (PSS) training program, and new members are assigned a trained peer support staff member who offers individual support, but the member can change to a different peer support staff if they build rapport with another staff.</p>	
4.1.2	Informal Peer Support	1-4 (4)	<p>Members reported that they have time throughout their day when they are not in groups where they provide mutual support to one another.</p> <p>During the group member interview, reviewers observed how members offered each other support; they gave each other praise for accomplishments shared and assisted each other with answering the interview questions. Members express that at this program they have real friends; friends who accept them for who they are, friends who understand when they are having a hard day, and do not judge them for their past doings. Members actively engage in development of strong mutual peer relationships.</p> <p>Some members with forensic backgrounds may have limitations, externally imposed by probation or parole, on their interactions with others with forensic backgrounds outside of the treatment setting. However, it appears the program has collaborated with representatives of the legal system to allow members to interact with each other in the context of the program, even when members are unable to interact with each other in certain circumstances outside of the program</p>	

			(e.g., if a condition of probation). Members report that the program is one of the few places they can interact with other peers who have forensic backgrounds.	
4.2 Telling Our Stories				
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 member run organization is the importance 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 numerous formal and informal opportunities for sharing stories within the program as well as in the community. These include visits to clinics to tell clinic staff about the program and their story of recovery.	<ul style="list-style-type: none"> Review whether member stories can be shared with the broader community. For example, explore whether members can post stories of recovery on the program's website.
4.2.1	Artistic Expression	1-5 (4)	Hope Lives-Vive La Esperanza believes that artistic expression is seen as a vital component of the program. It is valued as a way to explore personal meaning, express and expand talents, facilitate empowerment, and educate others about mental illness. There is some member artwork visible at the center. Although the program is limited with space and materials, staff and members have found other opportunities to display their artwork. Members reported that they participate in community art walks and sell their jewelry that they have made at the program. Members reported that they enjoy participating in the artwork activities where they learned many important lessons such as socialization skills in the community, how to articulate and express their work to others, how to market the program where they make the pieces, as well as educating others on mental illness.	<ul style="list-style-type: none"> It is recommended that the program enhance resources that will allow for more opportunities for artistic expression using a variety of media and materials. Consider updating the program's website with member input and assistance. Some examples: explore whether members can post stories of recovery; determine if members can elect to have pictures of membership on the website in place of stock photographs; consider including pictures of member jewelry or other artwork on the program websites, potentially linked with personal stories of recovery from the artists.

			<p>One member shared his story about when he first entered the program he had no interest in art or jewelry making, but then, over time; he decided to sit in some of the jewelry making groups and found that he had a talent and an interest in jewelry. He reported that he has since engaged in this activity on a regular basis and now even supplements his income by selling his work to people in the community.</p>	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 (4)	<p>Members are encouraged to look beyond themselves, to work together, to help fellow peers, and to contribute to a larger member community.</p> <p>Members recognize themselves as a valuable part of a larger member community and feel confident contributing to this community. Members state that Hope Lives-Vive La Esperanza provides them with articles and updates on a regular basis as well as opportunities to attend community events and share their stories with others.</p>	
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 (4)	<p>Staff is trained to recognize increase in symptoms and how to address them before they escalate. Staff report that crises are usually deescalated through peer support; however, staff will request further support from other staff, supervisor, or even an individual's clinical team (e.g., request for formal staffing) if needs are outside their scope. The program has a crisis support group for members who are survivors of suicide attempts.</p>	
4.4.2	Informal Crisis Prevention	1-4 (4)	<p>Staff and members report that the main source of informal crisis prevention occurs as a one-on-one meeting with staff. These unscheduled, as-needed meetings give members the opportunity</p>	

			to discuss their needs and concerns as they occur in a safe and supportive environment.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 (4)	<p>Almost all staff and members report there are others within the program whom they look up to, and from whom they can receive guidance, support, and companionship. These relationships occur without regard to title or position of the person.</p> <p>Members at Hope Lives-Vive La Esperanza are all assigned a primary staff member who offers extra support, individualized services/resources, and outreach and engagement when needed. Several members referenced examples of staff who started as members, completed the peer support training program, and now serve as inspiration and true examples of people to look up to.</p>	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 (5)	There is evidence that classes with a formal curriculum in problem solving and self-management are offered, and most or all members (75–100%) have participated in classes with structured formats designed to teach self-management and problem-solving strategies.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 (5)	<p>Unstructured, peer-to-peer exchange of personal, lived experience is encouraged to enhance individual problem-solving abilities.</p> <p>Most or all of the members (80–100%) report that they have received informal support in self-management or problem-solving assistance.</p>	
5.1.3	Providing Informal Problem Solving	1-5 (5)	Members help each other solve problems on an ad hoc basis using skills that they have acquired through the member-operated program or	

	Support		<p>independently. Evidence of this type of support occurred during the course of the review; on two occasions members did informal check-ins with other members, offering support.</p> <p>Most or all of the participants (80–100%) report that they have provided informal support in self-management or problem-solving assistance.</p>	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	1-5 (3)	<p>Members teach and are taught skills that will equip them for full participation in the community. These include daily living, vocational, job readiness, and communication skills, as well as relationship and assertiveness skills and goal setting. The program also offers a small work adjustment training (WAT) program (with involvement for three members currently), peer support training, as well as a computer assembly and jewelry programs as mentioned above. However, due to the small size of the WAT and Hope Lab programs, it appears a minority (25–49%) of members are involved in formal skills training focused on employment.</p>	<ul style="list-style-type: none"> • It is recommended that program partner with RHBA to educate clinics and request referrals of members with pre-employment or other skill building interests focused on employment, potentially allowing the program to expand and build on existing activities. • Ensure all training material has measurable goals and objectives. • Through discussion and day-to-day interactions link life skills such as communication, assertiveness, and relationship skills to success in work settings.
5.2.2	Job Readiness Activities	1-5 (4)	<p>Hope Lives-Vive La Esperanza offers several job readiness activities such as paid work adjustment trainings, peer support training with special certificates in forensic peer specialist and life support specialist, volunteer activities at the food bank, job development and placement and peer job coaching services. They also offer a computer curriculum class called Hope Lab, where members learn how to repair, disassemble, and refurbish a computer; upon completion of class, the member gets to keep their computer.</p> <p>Hope Lives-Vive La Esperanza offers opportunities to acquire skills that are directly relevant,</p>	<ul style="list-style-type: none"> • It is recommended that program market the job readiness activities that the program offers to the rehabilitation specialist at the clinics in order to receive referrals for individuals with employment goals. The increase in referrals for people with employment goals may allow the program to expand services in this area, with a focus on supporting members with vocational goals who do not state a desire to pursue competitive employment.

			<p>sometimes partnering with Arizona Women’s Education & Employment for resume writing assistance, or indirectly relevant (e.g., public speaking) to employment. They offer curriculum certifications and pre-vocational workshops such as: A+ certification, General Educational Development (GED) and pre-GED program, interpersonal communication workshop, restoration of civil rights, stages of change employment workshop, as well as benefits counseling.</p> <p>A majority (50–74%) of program members are involved in job readiness activities that focus on employment.</p>	
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 (5)	<p>Many members report participation in various self-advocacy activities through the program, including: peer support training, going to clinics to present to staff about the program, and participation in the Hope Voices United council (HVU). Members report the service planning process at Hope Lives-Vive La Esperanza is a personalized experience, with the service plan built around what the member needs and the member serving as the best reference to guide the process. Members cite examples of requesting, and receiving, staff assistance at court, going to Social Security office for support, or assisting members by developing programs (e.g., parenting program).</p> <p>Most (75–100%) members have participated in formal self-advocacy training, or informal, peer-to-peer self-advocacy support.</p>	

6.2 Peer Advocacy

6.2	Peer Advocacy	1-5 (5)	Members assist other members in resolving problems they may encounter on a daily basis in the community, such as problems with treatment providers, community service agencies, family members, neighbors, landlords, or other members. Members seek support from staff as well as each other, citing their strong sense of community and mutual support.	
6.2.1	Outreach to Participants	1-5 (4)	The program makes concerted efforts to keep members informed of current activities; each member is assigned a primary peer support specialist but can elect to interact with other staff and switch their primary PSS at the member's discretion. Member attendance is tracked through a spreadsheet, and if a member has not attended the program the staff reaches out to the member to engage and offer support, but the specific duration of outreach was not specified. Some staff cite concern that the focus on billing and paperwork distracts from the program roots in the member movement and add they would like to have more opportunities for one-to-one interactions with members in the community in order to strengthen rapport.	<ul style="list-style-type: none"> • The program should consider working with members of the program to identify supports at the program (i.e., other members) that can be enlisted to outreach them if necessary. • The program should revise the website with current information related to services, and more in-depth program overviews; consider adding a section with program calendar of events for the month or quarter, as well as links to other partner agencies or member advocacy resources. • As the program grows ensure the sense of community and member focused services remains at the core over more clinical services.

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	3
1.1.5 Volunteer Opportunities	1-5	5
1.2.1 Planning Input	1-5	5
1.2.2 Satisfaction/Grievance Response	1-5	4
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	4
1.3.3 Linkage with Other Services Agencies	1-5	5
Domain 2: Environment		
2.1.1 Local Proximity	1-4	3
2.1.2 Access	1-5	4
2.1.3 Hours	1-5	3
2.1.4 Cost	1-5	5
2.1.5 Reasonable Accommodation	1-4	3

2.2.1	Lack of Coerciveness	1-5	4
2.2.2	Program Rules	1-5	5
2.3.1	Physical Environment	1-4	2
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	4
3.5	Recovery	1-4	4
3.6	Spiritual Growth	1-4	2
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	3
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		187	
Total Possible Score		208	