

**CONSUMER OPERATED SERVICES (COS)  
FIDELITY REPORT**

Date: July 30, 2015

To: Gaye Tolman

From: Georgia Harris, MAEd  
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ADHS Fidelity Reviewers

**Method**

On July 1, 2015, Georgia Harris and Karen Voyer-Caravona (Fidelity Reviewers) completed a review of the Recovery Empowerment Network (REN) - 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.

REN's Central Empowerment Center is located in Phoenix's Midtown District at 212 East Osborn Rd. REN was formed in March, 2005 and offers independent peer support services. REN is co-located with three traditional behavioral health programs, believing that partnerships with other providers strengthen the community and allow the program to maximize funding. REN staff and members refer to REN, including the co-located Empowerment Centers at Southwest Network's San Tan and Osborn clinics and Partners in Recovery's Metro and Osborn clinics, as a "community". However, members are encouraged to nurture identities apart from disability. Services are strengths-based and focused on helping members reclaim a full life integrated into larger community.

The individuals served through this agency are referred to as members, as well as consumers, peers, and participants. 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:

- Tour of the center's Central Empowerment Center facility;
- Group interviews with the Chief Executive Officer, Chief Program Officer and Chief Administrative Officer;
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, polices, annual

- reports, training materials, job descriptions, activity and events calendars, marketing materials, agency website, etc;
- Group interview with seven supervisory staff: Community Treasure Manager, Supportive Volunteering Manager, Senior Director of Living and Wellness, Information Systems Director, Operations Director, Referral Center Manager, and the Hope's Door Supervisor;
  - Group interview with nine nonsupervisory staff: two Recovery Coordinators, three Recovery Specialists, the Empowerment Center Coordinator, the Supported Volunteering Supervisor, the Supported Education Manager, and the Billing Specialists; and
  - Group interview with eight 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:

- **Sense of Community:** REN's staff and membership verbalized a strong sense of interconnectedness and group cohesion. Both staff and members repeatedly referred to REN with pride as "our community", and described personal accounts of the value added by its employees and program participants.
- **Linkage to Traditional Mental Health Services:** REN reports significant and reciprocal linkages with the traditional mental health system, with relationships based on partnerships supporting member recovery, making the jobs of clinical teams easier.
- **Empowerment:** REN members see themselves as active participants in their recovery and capable to coming to the aid of members of the peer community for support, guidance and mentoring.
- **Crisis Prevention:** While the Hope's Door program offers members personalized crisis prevention services, staff and members describe crisis prevention as a pro-active, continual activity that is integrated into nearly all REN activities and services.

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

- **Hiring Decisions and Budget Control:** REN should develop more formalized opportunities to increase member voice and input into hiring and budgetary decisions. Though members are included on the Board of Directors, little evidence was presented

to demonstrate that the membership-at-large plays any significant role in making final decisions on budget items.

- Linkages of Other Consumer-Operated Services: Linkages between REN and other COSPs appear to be diminished since the previous year. REN and the Regional Behavioral Health Authority (RBHA) should collaborate to re-establish linkages with other COSPs to ensure a combined effort that strengthens the voice and reach of members and families of the peer community.
- Job Readiness Activities: REN should encourage and increase participation in job readiness activities for 75% - 100% of members. REN may currently be hitting this mark but does not appear to have a means of tracking participation.
- Volunteer opportunities: Although REN has a robust Supported Volunteering program that connects members to service opportunities in the community, very few volunteering options exist within the center itself.

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

Ingredient #	Ingredient	Rating	Rating Rationale	Recommendations
<b>Domain 1 Structure</b>				
<b>1.1 Consumer Operated</b>				
1.1.1	Board Participation	1-5  4	The Board of Directors currently consists of 11 members, nine (81%) 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. The President of the board is the family member of a person with lived experience. The board includes people with valued expertise: an attorney, a psychiatrist and a clinician with lived experience. The board has two openings that REN hopes to fill with people with community connections who can aid in the agency’s fundraising efforts. Per staff report, previous boards have consisted almost entirely of individuals drawn from the membership, but this was found to create conflicts of interests. The decision was made to limit member board participation to three to four seats.	<ul style="list-style-type: none"> <li>Continue efforts to fill board vacancies with priority placed on finding nominees with community connections and the lived experience of SMI and/or a co-occurring disorder.</li> </ul>
1.1.2	Consumer Staff	1-5  5	Ninety percent of staff, and all agency leadership, self-identify as persons with lived experience. The other ten percent of staff are family members of a person with lived experience. REN gives hiring preference to people with lived experience.	
1.1.3	Hiring Decisions	1-4  4	The Board of Directors, the majority of whom are people with lived experience, including four REN members, hires the CEO. Hiring is otherwise done through HR, the Chief Program Officer (CPO), and department heads, who are also people with lived experience. Members have a chance to provide input or feedback in previous hiring through candidate forums.	<ul style="list-style-type: none"> <li>It is recommended that the agency develop a formal mechanism for soliciting and applying member feedback to the hiring process. Question and answer sessions, member developed questionnaires and including a member who is not on the board to the selection committee, could be evaluated for feasibility.</li> </ul>

1.1.4	Budget Control	1-4 3	The Chief Financial Officer (CFO) is contracted to create a traditional corporate budget that reflects priorities identified by the executive team, all of whom are people with the lived experience of SMI and recovery. Department heads and staff provide input based on identified program needs. Members provide input through various means such as the suggestion box, at the monthly meetings, and directly to staff. The CFO is not clearly identified as a person with lived experience. The final budget is reviewed and given approval by the Board of Directors, which includes four active REN members.	<ul style="list-style-type: none"> <li>As per recommendation 1.1.3., it is recommended that the agency develop a formal mechanism for obtaining member feedback on budget priorities such as through member surveys, focus groups, and voting processes.</li> </ul>
1.1.5	Volunteer Opportunities	1-5 3	Limited opportunities for members to participate in volunteer positions exist at REN on the advice of the agency's legal counsel. For example, members cannot volunteer to independently lead groups or activities or volunteer for other tasks that REN would normally pay an employee to do. However, members can volunteer in other ways: serving on the board; acting as a member delegate to welcome and orient new members to the program; representing REN membership at Mercy Maricopa Integrated Care (MMIC) and provider all-staff meetings; working in the REN community garden; and representing the REN community at conferences.	<ul style="list-style-type: none"> <li>It is recommended that the board explore ways of increasing member participation on the board through such avenues as subcommittees and projects such as budget committee, social media outreach or special events.</li> <li>The program may benefit from technical assistance from the Regional Behavioral Health Authority (RBHA) to explore options that allow increased volunteer opportunities within the program, with consideration for the labor law and liability concerns voiced by legal counsel.</li> </ul>
<b>1.2 Participant Responsiveness</b>				
1.2.1	Planning Input	1-5 5	REN members provide planning input in a number of ways including community meetings, speaking directly to staff at all levels, the suggestion box, the Red Line to the CEO (a written private communication procedure), and petitions. Spanish classes were instituted on the activity schedule after the idea was submitted through the suggestion box. Members are aware of how to provide planning input, which was evidenced in	

			the member interview. Several members explained the various avenues, and later suggested another member use one of those methods in order to get a desired group started at REN.	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 4	<p>Staff and members interviewed described various methods of expressing dissatisfaction and reporting grievances, which included those methods identified in 1.2.1. Staff said that members can report grievances all the way to the board, RBHA and ADHS/ADBS if they do not feel satisfied with the agency responsiveness. Some members do not feel they have much voice in affecting agency policy decisions but reported feeling that REN was responsive to their concerns, and others said that staff will help members make changes if changes can be made.</p> <p>Although requested by the reviewers, a copy of the agency's formal written grievance policy was not provided for consideration in this review.</p>	<ul style="list-style-type: none"> <li>The agency should, with member participation, develop a formal grievance policy that is provided in written format to members at the time of program enrollment. The grievance policy should be posted at each Empowerment Center location in a common area, as well as on the agency website.</li> </ul>
<b>1.3 Linkage to Other Supports</b>				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	<p>REN reports significant and reciprocal linkages with the traditional mental health system, with relationships based on partnerships supporting member recovery, making the jobs of clinical teams easier. Said one staff member, "We collaborate regularly to advocate for them [members], during evaluations and ISPs. We work with them in partnership rather than as adversaries." REN obtains signed release of information forms (ROI) to aid in sharing information when necessary for member needs. REN staff believe that their co-located services with three clinics have facilitated this positive relationship, and they said they are getting feedback from teams that members are benefiting.</p>	<ul style="list-style-type: none"> <li>Continue present efforts to ensure cooperative relationships and collaborations with traditional mental health services focused on meeting member needs, and empowering the voice of the peer community.</li> </ul>

			<p>Staff reported they attend systems of care meetings and all-site clinical meetings, and that they and members are invited to speak at in other community forums.</p> <p>Though one staff described lingering dismissive attitudes on the part of a few individuals on clinical teams, most other staff said that clinics are recognizing their professionalism, noting documentation requirements as evidence that the system is looking at their work.</p>	
1.3.2	Linkage with Other COSPs	1-5 2	<p>It appeared to the reviewers that linkages between REN and the other COSPs have weakened during the last year. Leadership did not report any collaborations with other COSPs and expressed disappointment in their apparent decreased interest in collaborating with REN.</p>	<ul style="list-style-type: none"> <li>It is recommended that REN and the RBHA collaborate to re-establish linkages with other COSPs to ensure a combined effort that strengthens the voice and reach of members and families of the peer community.</li> </ul>
1.3.3	Linkage with Other Service Agencies	1-5 5	<p>REN has reciprocal linkages with NAMI, the Maricopa Commission for Human Rights and Arizona State University. REN sponsors Community Treasures, a free service open to anyone in Maricopa County that connects people with resources through such tools as an email bulletin with information about community meetings, events and donations. Staff reported that some staff serve on boards of other agencies and nonprofits in order to provide input and create new opportunities for the peers within the larger community. While REN appears to make significant efforts to build relationships with community partners, they said some partners reject their efforts under the belief that their populations served would not be an appropriate fit.</p>	<ul style="list-style-type: none"> <li>Continue efforts to enhance relationships and increase collaborations with other service agencies. Inviting other nonprofits and service agencies to use available center facilities for meetings and arranging for members to volunteer as agency tour guides or greeters may nurture interest in later community partnerships.</li> </ul>
<b>Domain 2 Environment</b>				

**2.1 Accessibility**

2.1.1	Local Proximity	1-4 4	REN’s main hub is conveniently located in Central Phoenix’s midtown district, close to many population centers. Co-located Empowerment Centers at three suburban clinics allow members to receive peer services closer to where they live.	
2.1.2	Access	1-5 5	The Midtown location is about two blocks from a Valley Metro light rail station and on several bus routes. The co-located sites are also served by Valley Metro bus service and the agency website includes links to the Trip Planner so that members can work out their routes in advance. Parking is offered at each location. Members who wish to ride a cab to the Empowerment Centers arrange for cab vouchers through their clinic case managers. Since some members have found cabs to be unreliable at times, REN provides free van service to, from, and between the Empowerment Centers, offering this service during hours of operation, included evenings, weekends, and special events.	
2.1.3	Hours	1-5 5	Hours at the Midtown location are 7:30 a.m. to 8:00 p.m. Monday, Wednesday, Thursday and Friday. Tuesday hours are 7:30 a.m. – 4:30 p.m. Saturday hours are 9 a.m. – 4 p.m. REN prints and posts online monthly calendars for each locations describing hours for corresponding programs such as Supported Education or Recovery in Action. Some staff can flex their time in order to meet with members in the home if necessary.	
2.1.4	Cost	1-5 5	All services, programs, outings, and meals are free at REN. Likewise, members do not utilize any form of token economy that members can exchange for meals or outings under the belief that meals and activities are opportunities for staff to engage members and members to engage each other.	

2.1.5	Accessibility	1-4 3	REN's Central Empowerment Center entrance is wheelchair accessible. The interior layout and structure of the building is fairly accessible with sufficiently wide hallways and bathrooms that can accommodate wheelchairs, walkers and congestion from foot traffic. An elevator can provide relief for individuals who have difficulty climbing stairs, although it is small and may pose difficulties to individuals in wheelchairs. REN staff acknowledged that funds are not currently available to address some of the accessibility issues of which the agency is aware. The computer lab contains 78 new computers, and none of them make accommodations for those with visual impairments. The agency lacks TTY/TTD services and does not have large print signage or Braille materials for people who have visual impairments.	<ul style="list-style-type: none"> <li>Goals to increase accessibility for people with physical disabilities should be identified in the long-range/strategic plans; a draft budget plan, including cost estimates, for future upgrades should be created for implementation when funding becomes available.</li> </ul>
<b>2.2 Safety</b>				
2.2.1	Lack of Coerciveness	1-5 5	Members interviewed strongly agree that the REN community is non-coercive and emotionally safe. Members are not threatened with any type of consequence for refusing treatment services but are instead encouraged to be active participants in determining the course of treatment and services. Leadership, however, is adamant that REN is not a drop-in center but a program that provides services and a "platform for opportunities" with an expectation of mutual responsibility to move forward and grow. Staff reported and members described use of prompts, engagement, and motivational interviewing to encourage participation in REN activities and services. They describe this as a staff accountability issue, and that members not participating indicates that staff need more information from members about their concerns,	

			needs, interest, priorities, etc.	
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 by members and posted in common areas. Individual community agreements are also created by members at all the agency sites, and they are reviewed and revised regularly as needed. Members interviewed reported feeling safe, both physically and emotionally. They described understanding the Code of Ethics and consequences of violating the code.	
<b>2.3 Informal Setting</b>				
2.3.1	Physical Environment	1-4 4	REN's physical environment is clean, safe and comfortable. Table, chairs and other furniture, floors and fixtures are in good repair, showing little signs of wear. Executive team staff offices, although accessible to members, are located on the second floor in a separate office area from member's meeting and activity locations, somewhat removed from the rest of the center.	<ul style="list-style-type: none"> <li>Consider integration of member and staff space.</li> </ul>
2.3.2	Social Environment	1-5 5	The reviewers observed no obvious distinctions between staff and members. Interactions appeared warm, comfortable and genuine. Staff could be seen in the center common areas and in class and meeting rooms interacting with members in a friendly and comfortable manner. Members spoke enthusiastically of their positive experiences with staff who they view as giving them hope, dignity, and respect due to their personal experience of recovery from SMI and co-occurring disorders.	<ul style="list-style-type: none"> <li>See recommendation for item 2.3.1, Physical Environment.</li> </ul>
2.3.3	Sense of Community	1-4 4	REN staff and members repeatedly referred to REN and the co-located sites as "our community". Members reported that they socialize and communicate with one another outside of the program and find fellowship in the knowledge	

			that others experience similar mental health concerns and challenges with which they struggle and overcome. Some members said that the program had saved their lives, and is a place that “people can connect on.” Other members described REN as a primary source of support and “my social world”.	
<b>2.4 Reasonable Accommodation</b>				
2.4.1	Timeframes	1-4 4	REN does not impose timeframes by which individuals must participate, or by which they must end or graduate from services. Participation is based on individual need. While staff hope that members will at some point create sufficient internal resources and natural external supports to no longer need REN, members may continue to receive whatever level of services for as long as they wish.	
<b>Domain 3 Belief Systems</b>				
<b>3.1 Peer Principle</b>				
3.1	Peer Principle	1-4 4	Staff and members describe self-disclosure regarding their mental health struggles and recovery experiences as near universal. Self-disclosure occurs without judgment. As one member said, “They don’t look down on us.” Several staff said they related on a personal level the stigma of living with a serious mental illness, addiction or other disability and the challenge of finding recovery when one has suffered the loss of job, housing and relationships. Staff and members reported that self-disclosure occurs situationally, therapeutically, with mindfulness, and is motivated to benefit the member. Staff disclosures are not used to forge a connection with the member, not for venting or to obtain member support.	
<b>3.2 Helper Principle</b>				

3.2	Helper Principle	1-4 4	<p>Staff described using their recovery experiences to help others, as well as linking members to other members for mutual support and sharing of tools and resources to solve problems. Members believe that they are helpers and have something to offer others in the program. One person said that she was able to distract another member from the urge to get high. Members said they offer company and support to other members when they are feeling lonesome or down. Members said they had “go to” people in other members when they have problems but feel no pressure to either give or accept advice but to simply share feelings and experiences.</p>	
<b>3.3 Empowerment</b>				
3.3.1	Personal Empowerment	1-5 5	<p>Staff interviewed frequently talked about helping members find opportunities, having discovery experiences and growth, and supporting their choices by “teaching new skills, including self-knowledge and advocacy.” REN offers opportunities for personal empowerment through programs such as supported education, services such as Community Treasures, the Peer and Family Referral Center, and the 12-week, crisis prevention program Hope’s Door.</p> <p>Members said that they feel that REN has helped them take control over their lives and their recovery. One member described coming out of the hospital “where you can’t do anything by yourself” and discovering after joining REN that “I can complete tasks and feel like I can have a life.” Members said they have learned to set goals and work toward them. “Anger management group and Heal Your Life program helped me take my power back . . . Heal Your Life has taught us not to let past trauma stop you from having a life and</p>	

			moving on.” Another member described feeling validated by staff and other members after years of being “told that I was stupid.”	
3.3.2	Personal Accountability	1-5 5	Staff and membership value accountability. Staff reported being accountable to members through daily outreach and engagement with members, asking questions and seeking clarification when members are not participating or appear to be withdrawing so that member needs and concerns are attended to. Members discussed accountability in terms of understanding REN’s Code of Ethics and how their behaviors affect the REN community. Members are accountable to each other by checking in with each other, providing feedback, listening and offering support. Members described being accountable to themselves by participating in activities that would help them meet goals, such as Recovery Support Training (RST) and obtaining a job.	
3.3.3	Group Empowerment	1-4 4	REN offers members numerous opportunities for group empowerment: through supported volunteering; groups such as Voices and Visions, which provides sharing and support for individuals who hear voices, see visions or have unusual beliefs; services such as Restoration of Rights; and the community meeting, a weekly membership gathering where members and staff brainstorm ideas to help REN grow and continuously improve. Staff said that both Hope’s Door and RST help members deal more effectively with such agencies as vocational rehabilitation and housing providers. Members have the opportunity to be advocates for the peer community by speaking at MMIC all-staff meetings, and recently appeared in an MMIC video production on SMI. Members reported a strong sense of group empowerment through taking advantage of such opportunities as serving on the Board of Directors, being a REN delegate	

			<p>and orienting new members to the program, participating in the supported volunteering program, and working in the community garden.</p> <p>Leadership reported that all staff has been provided with Critical Incident Stress Management training as a support for themselves. Leadership said, “We empower our staff so that they can be empowering.”</p>	
<b>3.4 Choice</b>				
3.4	Choice	1-5  4	<p>Members are offered a wide variety of activities, programs and services at REN. Several calendars are printed monthly under topics such as Health and Wellness, Supported Education/Computer Lab, RST, and Central Campus Calendar. Ideas for activities and groups are generated from member input as well as from what other COSPs around the nation have successfully used. Members reported that they are allowed to participate at their own pace, and can decline participation without penalty, but are encouraged to get involved through invitation and prompting by both staff and peers. While members request activities and groups that are later scheduled, they cannot lead or spontaneously start their own group unless they are doing an RST internship.</p>	<ul style="list-style-type: none"> <li>Consider developing pathways for general members to increase their responsibility for the development and facilitation of activities and programming.</li> </ul>
<b>3.5 Recovery</b>				
3.5	Recovery	1-4  4	<p>Staff and members can articulate a clear and shared understanding of recovery values that are focused on growth, opportunity, support, empowerment, honesty, responsibility and community. A statement of values is located on the agency website, and elaborates on each value at length. REN leadership and staff speak of recovery in terms of an on-going, yet limitless process. REN is not seen as the last stop but as a stepping-stone for a full life, that includes identity,</p>	

			support, and resources outside of the program. While there is not the expectation of graduating or time limitations, said one staff, “We don’t want to keep them here forever.”	
<b>3.6 Spiritual Growth</b>				
3.6	Spiritual Growth	1-4 4	REN staff respect the range of members’ spiritual beliefs and practices as a basic requirement of cultural competency. Citing the eight dimensions of wellness, staff said that for many members spirituality and religious faith contribute significantly to their recovery. However, staff also acknowledged that without reasonable limits and respect, discussion about religion and spirituality can trigger memories and symptoms associated with past trauma. “We are careful about the language that we use and we model that to members . . . language should be generic . . . not excluding . . . I have to hear it out for the person without judgment . . . to harvest out the person’s experience and meaning.” Staff reported, and members confirmed, that staff make accommodations for different belief systems. Some conversations are better supported in one-on-one discussions while others are fine for groups.	
<b>Domain 4 Peer Support</b>				
<b>4.1 Peer Support</b>				
4.1.1	Formal Peer Support	1-5 5	Members have a wide range of formal peer support groups scheduled daily at all the REN locations, including expressive arts groups, Spirit of Recovery, Voices and Visions, Living in Values, and I Can Do It groups. Members spoke very highly of their experiences in dealing with issues such as self-esteem, past abuse and trauma, and struggles associated with stigmatization and isolation through the Heal Your Life Program.	

			Members can find formal peer support with one-on-one meetings with Recovery Coaches, other staff with whom they feel connected, or through Hope's Door.	
4.1.2	Informal Peer Support	1-4 4	Members reported almost unanimously that they both provide and are recipients of informal peer support throughout the day at REN, but also over the phone and when socializing together outside of REN. Staff reported they strive to help members make connections with members who have managed similar concerns or experiences, and often see informal support occurring organically during activities, outings, over meals and in the smoking area outside the building.	
<b>4.2 Telling Our Stories</b>				
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. Members can tell their stories in programs such as Heal Your Life and Unexpected Tomorrows, a group addressing challenges members have overcome. Wondrous Women group connects women to share joys and challenges. Sharing stories also occurs organically over lunch and one-on-one member to staff and member to member meetings.	
4.2.1	Artistic Expression	1-5 4	Members can use nonverbal means such as art group, creative writing group, karaoke, and a new theater arts program currently being planned by staff and members. Art making appears to be product oriented rather than creative expression oriented. A corner of the community room is devoted to the art area, and there appears to be little member art displayed in the center.	<ul style="list-style-type: none"> <li>• Continue efforts to develop creative outlets for artist self-expression to increase self-knowledge and provide nonverbal means of telling personal stories of recovery.</li> <li>• Display of member and staff art in the center and out in the community may stimulate interest in creative/expressive art making, and provide an opportunity for sharing stories and reduce stigmatization within the larger community.</li> </ul>
<b>4.3 Consciousness Raising</b>				

4.3	Consciousness Raising	1-4 4	REN provides consciousness-raising opportunities through recovery support training, participation in the monthly community meeting, speaking and advocating before MMIC all-staff meetings, participation in the annual NAMI walk, and enrolling in the supported volunteering program.	<ul style="list-style-type: none"> <li>• Continue to explore opportunities to educate the public and key community stakeholders through the public comment process at such public meetings as City Council meeting, meetings of the Maricopa County Board of Supervisors, and numerous municipal board and commission meetings related to transportation, recreation and human services.</li> <li>• Continue present efforts to utilize the agency website and social media to raise consciousness among the peer community and the public.</li> </ul>
<b>4.4 Crisis Prevention</b>				
4.4.1	Formal Crisis Prevention	1-4 4	REN weaves crisis prevention into most of its programming. Hope’s Door takes a very broad, pro-active, and long view of crisis prevention, focused on strengths and resiliency, the identification of triggers, coping skills, and diversion to manage potential crisis. The eight-session, Heal Your Life program teaches techniques to eliminate negative beliefs. Some members reported that the program has helped them manage emotional responses rooted in past trauma. Additionally, health and wellness programs such as morning meditation, tai chi, and emotional CPR assist to teach members mind/body strategies for managing stress and feelings that can precipitate crisis. As one member said, “every negative thought does not have to result in going to the hospital.”	
4.4.2	Informal Crisis Prevention	1-4 4	Members interviewed were able to describe instances when they were able to come to the aid of other members in order to avoid substance abuse relapse and crisis associated with feeling isolated and depressed. Several members said they feel like helpers and value their ability to give to others.	
<b>4.5 Peer Mentoring and Teaching</b>				

4.5	Peer Mentoring and Teaching	1-4 4	Staff and members report that mentoring and teaching occurs daily, both at REN, the co-located Empowerment Centers and on outings. Members provide and receive mentoring; this occurs throughout the day, often organically over a meal or in the course of unscheduled interactions. Peer mentoring and teaching was evidenced on multiple occasions during the member group interview. Some members talked about feeling like a role model for others. Staff said they also learn from members.	
<b>Domain 5 Education</b>				
<b>5.1 Self Management/ Problem Solving Strategies</b>				
5.1.1	Formally Structured Problem-Solving Activities	1-5 4	According to Leadership report, approximately 65% of members have participated in formally structured problem solving activities such as Hope's Door for identification of resources and options, supported volunteering to increase new skills, and Heal Your Life, a transformation workshop focused on increasing self-awareness, forgiveness, self-esteem and self-love. Members reported attending those programs and praised them as effective in teaching them new problem solving skills. There is evidence of numerous structured activities with formal curriculum on posted center calendars.	<ul style="list-style-type: none"> <li>• Promote formally structured problem-solving activities to increase participation to at least 75% of membership.</li> <li>• If not already doing so, consider developing a method of tracking membership participation in formally structured problem-solving activities.</li> </ul>
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	Staff estimated that between 90 – 100% of members receive informal peer-to-peer problem solving support. Outings and meals, which are free activities open to all members regardless of level of participation, are considered ideal opportunities for modeling, behavioral rehearsal and experiential learning. Members and staff described peer-to-peer support as occurring anywhere on a regular basis.	

5.1.3	Providing Informal Problem Solving Support	1-5 5	Staff said that between 90 - 95% of members provide informal peer-to-peer support. Most members interviewed, regardless of length of time in the program, expressed pride in their ability to provide problem-solving support to other members. One member said she used diversion and motivational interviewing techniques she had learned in the program to assist in problem solving.	
<b>5.2 Education/Skills Training and Practice</b>				
5.2.1	Formal Practice Skills	1-5 5	Per staff report, 90% of members participate in formal practice skills through groups such as Community Living (socialization skills), Effective Communication, and Games of Life (recovery talk in game form). Health and wellness skills can be developed groups such as Relaxation, Symptom Management, and Arthritis Education.	
5.2.2	Job Readiness Activities	1-5 3	Staff reported that about 40% of members have taken advantage of job readiness activities through the supported education and computer lab, supported volunteering, recovery support training and groups such as anger management and effective communications groups.	<ul style="list-style-type: none"> <li>• REN should make efforts to increase participation in job readiness activities to 75% - 100% of members.</li> <li>• It is recommended that REN develop a mechanism or database for tracking member participation in job readiness activities.</li> </ul>
<b>Domain 6 Advocacy</b>				
<b>6.1 Self Advocacy</b>				
6.1.1	Formal Self Advocacy Activities	1-5 4	Staff reported using NAMI's <i>In Your Own Voice</i> model of self-advocacy. Staff said that about 50% of members have participated in formal self-advocacy activities. Members said staff support them with formal self-advocacy through one-on-one coaching in assertiveness and problem solving in the Hope's Door program and RST, and groups such as Anger Management. Self-advocacy training and assistance helps members communicate needs with their clinical teams, as when a member's interests in job readiness	<ul style="list-style-type: none"> <li>• In high fidelity programs, most members (75% - 100%) participate in formal self-advocacy activities. It is recommended that REN encourage participation and educate members about why formal self-advocacy activities are important for future growth and independence. It would also be helpful to develop a mechanism to document member participation in these activities.</li> </ul>

			activities have not been properly identified and recorded on their ISP.	
<b>6.2 Peer Advocacy</b>				
6.2	Peer Advocacy	1-5 5	Staff described REN in this fashion, “REN is not a drop in center or social club but a peer run program that provides services, resources, and opportunities.” Staff reported efforts to guide members toward their peers who have experience in successfully advocating for themselves. Most members interviewed appeared to see themselves as willing and ready to be peer advocates, who have benefited from receiving and providing advocacy assistance.	
6.2.1	Outreach to Participants	1-5 5	REN uses phone calls to members, clinical teams and supports with whom they have permission to communicate. REN has a strong website with information pertinent to active and potential members alike such as Empowerment Center calendars and links to useful resources. Three co-located Empowerment Centers and the free REN van service bring REN closer to where members are. The content rich flyers are posted throughout the center and are available on the website to announce upcoming classes, workshops, groups, and events. Members reported they also outreach and encourage other members to maintain their connection to the REN community.	<ul style="list-style-type: none"> <li>• Continue efforts to upgrade content of the agency website with updated calendars, announcement of events and outings, as well as develop social media tools for outreaching members.</li> </ul>

## FACIT SCORE SHEET

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

2.2.1	Lack of Coerciveness	1-5	5
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
<b>Domain 3: Belief Systems</b>		<b>Rating Range</b>	<b>Score</b>
3.1	Peer Principle	1-4	4
3.2	Helper's Principle	1-4	4
3.3.1	Personal Empowerment	1-5	5
3.3.2	Personal Accountability	1-5	5
3.3.3	Group Empowerment	1-4	4
3.4	Choice	1-5	4
3.5	Recovery	1-4	4
3.6	Spiritual Growth	1-4	4
<b>Domain 4: Peer Support</b>		<b>Rating Range</b>	<b>Score</b>
4.1.1	Formal Peer Support	1-5	5
4.1.2	Informal Peer Support	1-4	4
4.2	Telling Our Stories	1-5	5

4.2.1	Artistic Expression	1-5	4
4.3	Consciousness Raising	1-4	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
<b>Domain 5: Education</b>		<b>Rating Range</b>	<b>Score</b>
5.1.1	Formally Structured Activities	1-5	4
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	3
<b>Domain 6: Advocacy</b>		<b>Rating Range</b>	<b>Score</b>
6.1.1	Formal Self Advocacy	1-5	4
6.1.2	Peer Advocacy	1-5	5
6.2.1	Outreach to Participants	1-5	5
<b>Total Score</b>		<b>193</b>	
<b>Total Possible Score</b>		<b>208</b>	