

CONSUMER OPERATED SERVICES (COS)

FIDELITY REPORT

Date: August 27, 2019

To: April Dickerson, Interim Chief Executive Officer
Erin Soto, Senior Program Manager

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AHCCCS Fidelity Reviewers

Method

On Tuesday, August 6, 2019, Karen Voyer-Caravona and Thomas Eggware completed a review of the 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 the Central Region of Arizona.

REN is headquartered in the agency's Central Recovery Empowerment Center (CEC), located in Phoenix's Midtown District. The CEC is the focus of this review. Since the previous review of the 2017-2018 period, REN discontinued co-located operations at two area clinics. The program now accepts General Mental Health and Substance Use (GMH/SU) referrals.

The Central location has multiple core programs including: activities at the CEC, Community Treasures, Hope's Door, Health and Wellness, Heal Your Life, Supported Volunteering, Supported Food Services, and access to learning resources. In addition, REN hosts four other member programs: Supported Employment (SE); Hope's Door, Empowerment, Recovery, and Opportunities (HERO) - a program geared toward young adults (ages 18-25); the Peer and Family Referral Center (PFRC), which is open to community members to receive support and referrals to resources in the community, and rural peer support services in partnership with a clinic in Wickenburg, AZ. The program roster shows 488 members.

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

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

- Tour of the center's facility by the Director;
- Group interview with the Interim Chief Executive Officer and Senior Director;

- Review of the center's key documentation, including organizational documents, Articles of Incorporation, policies, annual reports, training materials, job descriptions, etc.;
- Group interview with six supervisory staff;
- Group interview with seven nonsupervisory staff; and
- Group interview with nine REN 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:

- REN's informal setting provides for physical comfort throughout the center. The building, furnishings, and decor are current, well-maintained and attractive throughout, be it space primarily designated for staff or members, creating an environment ideal for promoting recovery and overall wellness. The reviewers observed no obvious distinctions between staff and members, such as employee badges or names tags and absence of stigmatizing labels and frames that can potentially preserve staff hierarchy and disempower members.
- REN's belief system is one of mutuality. Staff and members recognize one another as a diverse group of individuals sharing a recovery journey that allow for ups and downs. Members and staff alike share their stories of struggle and overcoming challenge; all interviewees identify as having both given and received help and support. There are programs available at REN where members can explore and express their spirituality.
- REN staff and members express a sense of personal and group empowerment, identifying themselves and each other as important contributors and change agents within the REN community and in the larger community. All staff and member interviewed were confident that their ideas and suggestions were respected and valued.
- REN's recovery focus, rooted in the Eight Dimensions of Wellness is apparent throughout daily programming, which is intentional, member driven, and designed to support each individual's vision of their lives from the present moving forward. With an emphasis on ability and choice, members are encouraged to decide for themselves what to work on today, and provided with advocacy, tools, and resources that empower them to take the next step when they are ready.
- REN's website offers information about the program. Staff outreach to members using phone calls, social media and a newsletter.

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

- When filling vacancies on the REN Board of Directors, prioritize direct lived experience of psychiatric recovery so that 90 – 100% of board members self-identify as peers; all officers or Executive Board members should have direct lived experience of psychiatric recovery.

Consider strategies to recruit individuals who self-identify when conducting marketing, public relations, and fundraising activities to community stakeholders and potential community partners.

- Seek out solutions to close gaps to accessibility for people with physical disabilities. A wheelchair accessible van with lifts and other necessary mobility equipment would extend opportunities for community/social integration for members who have lost independent mobility. Although many individuals who are deaf or hard of hearing likely use alternatives to TTY like videophone, texting, email, webcam, and other visual technology, consider telephone and Relay Service options (i.e., TTY, Internet Protocol and IP relay, and video relay services) for members who do not.

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 3	<p>REN has a Board of Directors (BOD) composed of ten members, 50% of whom are REN program participants. Of the ten BOD members 70% are persons with direct lived experience of psychiatric recovery. The Executive Board consists of four Board members. Of those, one person has direct lived experience, one is a family member of a peer, and two are behavioral health professionals who have not self-identified.</p> <p>The BOD meets monthly as long as they have a quorum and sets binding policy, although responsibility for daily operations lies within the organization. Members vote on new board members at the <i>Annual Member Meeting</i> held in September.</p>	<ul style="list-style-type: none"> • Ideally, 90% - 100% of board members self-identify as persons with direct lived experience of psychiatric recovery, and all officers (executive board members) self-identify as such. • Some agencies identify who make up the BOD with a brief biography on their agency website and/or postings in the center.
1.1.2	Consumer Staff	1-5 5	Staff reported that, per the last survey, 98% of REN employees are people with lived experience. All direct service and leadership staff self-identify as peers as well. Some job descriptions do not specifically state that lived experience is required, however, staff interviewed said the agency prefers peer identification, and that this will be clarified in revised job descriptions. Staff stated that the agency tries to avoid differentiating between SMI and general mental health labels in hiring.	
1.1.3	Hiring Decisions	1-4 4	The BOD and REN membership determine the CEO's employment with and salary at REN, as well as who is interviewed for the position. The CEO, the Senior Program Manager, and the Program	

			<p>Manager have hiring and firing responsibility for the rest of staff. If the position reports to a manager other than leadership, then that manager will be involved in the hiring decision as well. Team leads are generally not involved in firing decisions.</p> <p>REN does not release staff from employment without an investigation, and staff voice is treated as equal to that of members.</p>	
1.1.4	Budget Control	1 – 4 4	The budget is determined by the BOD and passed down to REN departments, and then departmental committees which gather member input on how to spend monies. Member budget priorities are gathered continually during monthly member meetings, the suggestion box, and discussion in group. Members are made a regular part of spending activities; staff often takes members with them to purchase supplies using pre-loaded cards. When a big event is scheduled members know that REN must have the budget available and often must "save up" for it.	
1.1.5	Volunteer Opportunities	1-5 5	All members interviewed described contributing in formal and informal ways. Members serve on the BOD, contribute content to REN's social media platforms; help new members acclimate to program culture and surroundings; develop activities or discussion ideas for groups that they can co-facilitate; and, with a food handlers' card, assist in the kitchen with food preparation. Volunteerism, and a general giving back to the REN community, is promoted in Recovery (peer) Support Training (RST) and the Advanced Peer Support (APS) class as well. All members interviewed expressed the belief that they all volunteer at one time or another, and regularly have the opportunity to do so.	

1.2 Participant Responsiveness

1.2.1	Planning Input	1-5 5	<p>Staff and members interviewed all agreed that REN members have a great deal of input in the planning, and that staff prioritize "finding a way to say yes" rather than focusing on barriers or obstacles to member requests. Member input led to the decision to reinstitute Saturday hours.</p> <p>Members can provide input any time, through a variety of avenues, including via an open-door policy that extends to all staff beginning with leadership, who often can be available without an appointment. Member input is regularly collected at the monthly member meeting, the daily Morning Connection meeting, the suggestion box, during formal and informal group discussion, and spontaneous one-on-one time between staff and members. Members can also provide input to BOD members at the annual member meeting.</p>	
1.2.2	Member Dissatisfaction/ Grievance Response	1 – 5 5	<p>REN has a written grievance policy that is provided and reviewed with members at the time of intake, although not all staff interviewed was aware of its location. Members interviewed expressed confidence that they had a right as members to express complaints or grievances, and also noted that both the Regional Behavioral Health Authority (RBHA) and Arizona Healthcare Cost Containment System (AHCCCS) have avenues to report dissatisfaction if REN does not respond to their satisfaction. Staff described an open-door policy to members with respect to complaints or issues regarding staff.</p> <p>Member grievances can be addressed informally using all the methods outlined under Planning Input, 1.2.1, as well as by filling out the member survey provided at the end of each group, in addition to quarterly satisfaction surveys. Staff reported that member feedback is specifically collected twice a year to see what they want to</p>	

			see more of and what they would like to change. Social media and the resource board were identified by staff as two additional and significant means of gathering member feedback.	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	<p>Staff reported making a concerted effort in the last year to develop strong, reciprocal collaborative relationships with clinical teams. Staff described shifting from reaching out to clinical teams as a reaction to member behaviors to one of advocating before clinical teams on the front end on behalf of members needs such as expediting referrals for counseling, housing, or helping them request transportation. Staff also support members in making their needs known to clinical teams and are encouraged to be a part of any outreach to them. Staff said that members often share critical information and life changes with the REN community before their clinical team; in such cases, staff provides that link.</p> <p>Staff said they usually initiate contact with case managers, who are typically receptive to contact, noting that many have toured REN, and several will come to REN to meet with members. Some staff also regularly engage clinic staff to ensure they are aware of what services shared members may be receiving or benefit from and to market the REN program to clinics where they have little to no enrollment. Staff said that the Peer and Family Resource Center staff is on a first name basis with about 80% of area clinical directors and site managers.</p>	
1.3.2	Linkage with Other COSPs	1-5 5	REN staff also report strong and reciprocal linkages with other peer run programs. Staff said that the Peer and Family Run Organization (PFRO) CEOs come together every other week to discuss issues, referrals, clinics and contracts, and	

			<p>recently collaborated on a statewide website. REN staff described the COSPs collaborating to attend each other's health fairs, and to learn about each other resources and programs. For example, REN held an event in which staff and members from other programs were invited to attend and visit tables where various REN staff could share information about specific agency programs and activities. REN also continues to network and learn from other COSPs at an annual consumer conference, and sports tournaments such as baseball, bowling, and kickball.</p> <p>Additionally, the Peer and Family Resource Center staff will assist anyone interested in exploring and joining the peer run program of their choice and select the one that best meets their needs, rather than steering toward REN.</p>	
1.3.3	Linkage with Other Service Agencies	1-5 5	<p>REN maintains active linkages with other service agencies in the community including Magellan, the Arizona Department of Corrections Mosaic re-entry program, Glendale Community College, and Sanford Institute of Philanthropy. REN staff said they have done numerous community presentation focused on reducing stigma regarding mental illness, including a 90-minute talk at City Circle Church on their social justice night.</p> <p>Some REN staff build agency connections with other community service agencies and nonprofits through their own volunteering such as participation in the planning of the annual NAMI Walk, serving on a Red Cross Committee, as well as networking at the RBHA Quarterly Meeting and going to the East and West Valley Employer Networking Meetings.</p>	

**Domain 2
Environment**

2.1 Accessibility				
2.1.1	Local Proximity	1-4 4	REN's Central REC is located in a population cluster in Central Phoenix's midtown district. In addition, REN partners with clinic staff in Wickenburg in the far northwest section of Maricopa County to offer peer support to rural members who may otherwise have to travel more than 25 miles to receive the support.	
2.1.2	Access	1-5 5	The REN CEC is located near a Valley Metro light rail station and several bus routes. Members who wish to ride a cab to REN or arrange for a monthly bus pass coordinate transportation through their clinic CMs; REN does not provide bus passes. The building parking lot appears to have an adequate number of parking spaces for members who choose to drive their own vehicles. REN operates a fleet of vehicles and can accommodate member transportation to program activities if other means are not available, for special events, etc. REN staff will transport members home during evening hours, if planned transportation arrangement does not arrive or are no longer feasible.	
2.1.3	Hours	1-5 5	Hours at REN are 7:30 a.m. to 4:30 p.m. Monday through Friday, and 7:30 a.m. to 2:30 pm on Saturday. REN operates one Sunday during the year, Superbowl Sunday. Staff reported that occasional evening outings occur. Members and staff confirmed that if members are waiting for transportation after hours, staff ensures members are transported home. REN is closed most major holidays but adjusted the scheduling to minimize the days the center is closed. For example, when the center is closed one weekday for a holiday, an on-call staff is available to respond to members. Celebrations are held around the dates of major holidays.	

			<p>After some time without weekend hours, reported during the previous review period, Saturday hours resumed during the last 12 months per member request. Hours were adjusted along the way to satisfy need. Members generate themes and topics for Saturday programming a month in advance, and this approach appears to have resulted in improved attendance.</p>	
2.1.4	Cost	1-5 5	REN programs and activities are provided at no cost to members. Meals are also without member cost and do not require participation in other program activities. The program does not use any type of token system in lieu of cash fees for activities or services.	
2.1.5	Accessibility	1-4 3	<p>The REC is wheelchair accessible, with an elevator and interior layout with wide spaces to accommodate wheelchairs, walkers, etc. Staff and members reported that members in walkers are first in the lunch line. The building is equipped with push paddle doors and accessible bathrooms are located on the first and second floors. The agency does not utilize TTY/TDD services and does not have Braille materials for people who have visual impairments. Staff reported they can make some accommodation by providing items in larger font or adjusting computers for font or contrast.</p> <p>REN has a fleet of vans to transport members to outings and efforts are made to make them as accessible as possible such as planning ahead for members with walkers and accommodating seating. The vans, however, are not wheelchair accessible nor do they have lifts, so members must have enough mobility to enter vans with minimal assistance.</p>	<ul style="list-style-type: none"> • Considers options for securing a wheelchair accessible van for members or potential members whose mobility needs make outings otherwise unwise or potential risky for either member or staff. • Consider telephone and Relay Service options (i.e., TTY, Internet Protocol and IP relay, and video relay services) for members who are deaf or hearing impaired.

2.2 Safety

2.2.1	Lack of Coerciveness	1-5 5	<p>Staff and members interviewed described an environment at REN free of coercion or pressure to participate or engage activities that they were not ready for or interested in. Members interviewed reported feeling heard, supported, and respected. Interviewed staff said that REN was an "intentional learning community" where people are encouraged to determine their own goals and definition of recovery in choosing when and what services to participate. Staff described a process of focused attention to members, listening to and getting to know them helping them identify interests, and guide them to corresponding services. Staff said that members arrive at REN with a range of readiness to use services; for some who have long isolated themselves even coming into the center and sitting quietly in the REC is a significant accomplishment. If a member is not participating after a period, staff seek to learn more about how the member envisions recovery and identify available programs, activities, and resources, even if they cannot be obtained through REN. One staff noted that where people received help was unimportant as long as they got the help they needed.</p>	
2.2.2	Program Rules	1-5 5	<p>Staff and members interviewed said that rules at REN are not oppressive, excessive, or arbitrary. Rules are framed as community agreements that emphasize physical and emotional safety, and respect. Staff strives to notice and respond to brewing conflict quickly in order to circumvent disruption to the program or triggering emotional distress. Staff separate out or remove individuals in conflict in order to find solutions to issues confidentially.</p> <p>While participation in programs and activities is</p>	

			strongly encouraged, staff exercises a broad interpretation of participation that is based on readiness, learning goals, and situational factors on any given day. As such, REN staff does not employ a token economy or incentives to prompt participation or behaviors.	
2.3 Informal Setting				
2.3.1	Physical Environment	1 – 4 4	The REN building and all its rooms, furnishing and fixtures clean, comfortable, and well maintained, with few obvious signs of wear and tear. Equipment such as exercise machines, kitchen appliances, and laundry facilities appeared to be in good working order. Staff offices and desks are integrated throughout the center. The executive team offices are located on the second floor, away from regular programming areas, but fully accessible to members, consistent with the reported open-door policy.	
2.3.2	Social Environment	1-5 5	<p>Staff and members interviewed described the social environment without marked distinctions between members and staff. Though staff embraces their role in service to members, it is from a place of shared experience with mental health challenges and recovery. Many staff described their own recovery work as nonlinear and ongoing, similar to that of members. Rather than wearing name tags, staff is expected to give focused attention to members to build understanding and trust by which the REN community is created. The overall culture at REN is one in which disability is de-emphasized and ability fostered.</p> <p>Some members noted a distinction between the young adult members participating in HERO programming and members of the primary REN program who are 26 years or older. Members</p>	

			discussed this as a reflection of differences in developmental needs of young adults, whose life experiences are often more limited, who may have spent considerable time in the foster care or juvenile justice system and have had fewer opportunities to learn skills for adult independent living.	
2.3.3	Sense of Community	1-4 4	Members interviewed reported that REN provides a positive community, and that this sense of community can extend beyond REN doors. Some members reported having connections with other REN members outside of groups and the center, going to movies together or visiting each other's homes. One member shared that through REN he experienced, for the first time, connectedness to and caring for others who often struggled with similar feelings of depression and anxiety, as well as traumatic histories. Staff interviewed described the REN community as tight knit. One staff said that members are usually able to create connections with each other on their own but that they will facilitate with introductions if they are aware of a member with a unique challenge that is shared by another.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 4	REN does not impose time frames on participation and membership. Members are encouraged to participate according to their own schedule and needs, but to contact the center at least once every 90 days. One member described being out of contact with REN for an extended period due to work but decided to check in one day and was warmly welcomed by all.	
Domain 3 Belief Systems				
3.1 Peer Principle				

3.1	Peer Principle	1-4 4	Members interviewed told the reviewers that staff at REN share their stories of psychiatric struggle and recovery when appropriate and that this has helped them feel less alone in their struggle. Members described these disclosures as instilling in them a sense of belonging and hope. Members also acknowledged sharing their own stories at times, that there is "a time and a place" for sharing stories both formally in group or one-on-one with staff but also informally with other members.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 4	All staff and members who were interviewed discussed seeing themselves as helpers and that helping was an essential feature of their recovery. Helping can come in the form of small acts such as noticing, observing, listening, validating another's experiences, and expressing appreciation for sharing stories, resources, and time. Staff also described more formal aspects of helping such as advocating, teaching skills, supporting through crises, and helping members to find employment outside of REN. Staff and members expressed pride in being helpers within the REN community.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 5	Throughout interviewers, staff and members returned to the theme of personal empowerment, including its extension to the larger community outside of REN. Rarely did either staff or members refer to diagnostic labels or disability status but spoke instead in terms of ability, possibilities, aspirations, and achievements. Members discussed who they were in the present, what they had discovered about themselves, positive change, new experiences, and accomplishments. One member discussed a newfound enjoyment of getting to know and learn	

			<p>about other people after years of isolating and angrily pushing others away. Another discussed learning skills and finding resources that improved quality of life and increase autonomy. Personal empowerment programs and services use an "inside and out" approach. The Healthy Living program is led by certified personal trainers who provide individual and group support. The Learning and Wellness programs, such as PTSD, Resiliency, and Heal Your Life, offer skills and support in personal growth and emotional healing.</p>	
3.3.2	Personal Accountability	1-5 5	<p>Personal accountability was discussed at a number of different levels. Though several members expressed the sentiment that "REN feels like one family", many noted diversity of people, cultures, needs, abilities, activities, and interests and the importance of accommodating for differences. Members said staff respond effectively to disputes or conflict between members so that behaviors do not negatively affect the community. One member acknowledged getting suspended for aggressive behavior and receiving staff support in recognizing emotional triggers and self-regulation skills.</p> <p>Staff discussed the importance of encouraging members to use REN's services and programs, while also treating them like adults who can empower themselves when provided tools and resources. Staff also noted that REN has a code of conduct that governs behavior, as well as group guidelines developed by members. Staff said that member meetings keep both members and staff accountable through direct but kind and respectful conversations. Staff said that member suspensions are rare because problems are</p>	

			handled on the spot, so they do not escalate. Getting to the root of a problem often reveals that a need is not being met outside of REN.	
3.3.3	Group Empowerment	1-4 4	Staff and members interviewed discussed experiencing REN as a cohesive group of diverse individuals. Staff and members alike described REN as like a family and reported connections to one another on the level of family based on carrying, support, respect, and a sincere belief in recovery. Staff and leadership both discussed the empowering results of finding ways to say yes to staff and member ideas and requests instead of shutting down then down. This value appeared reflected in a staff statement of ownership of the program, and the shared commitment to helping and positively changing people's lives.	
3.4 Choice				
3.4	Choice	1-5 5	<p>REN members have multiple program and activity options in the morning and afternoon during the week and are responsible for generating programming ideas for Saturdays. Examples of morning group and activity offerings include Art Vibe, Mind Over Mood, LGBTQ Support Group, and Fun with Fitness. Afternoon group options include: Spiritual Emergence, Voices and Visions, Gym and Swim, and Music Appreciation. Groups evolve throughout the years in response to member request and feedback. Some time-limited groups, such as Recovery Support Training, Advanced Peer Support, and Heal Your Life, have set curricula and require pre-registration. Staff reported that members are free to withdraw if they later find they are not ready to commit to program tasks or goals.</p> <p>Participation in HERO activities is limited to those enrollees only because the program is specifically</p>	

			<p>geared to the needs of member ages 18 – 25. HERO members can attend regular REN programming that is not replicated by HERO in most cases.</p> <p>The PRFC program offers RBHA members the opportunity to enroll in REN services but will assist them in exploring all peer run options available to them, as well as other resources, and decide for themselves the best fit for their needs.</p>	
3.5 Recovery				
3.5	Recovery	1-4 4	<p>Staff interviewed said that recovery is defined at REN through the empowering environment and programming that reflects the Eight Dimensions of Wellness. Recovery was described as ongoing and nonlinear. REN provides both members and staff a safe, judgment free place for recovery, where each person is free to have their own vision of what it looks like. Language in the REN mission statement, posted on the agency website, and values outlined in the employee handbook were frequently repeated in staff and member interviews, i.e., <i>opportunities, community, connections, support, empowerment, and diversity</i>. The recovery orientation at REN was apparent in its marked emphasis on the strengths, abilities, and knowledge of people with lived experience over the challenges associated with disability.</p>	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 4	<p>Diversity of spiritual experience is honored and recognized regularly at REN. Spirituality is viewed as a source of wellness and hope rather than exclusive to religious practice. Members can attend to spiritual aspects of their recovery in groups such as Meditation and Relaxation, Yoga and Meditation, and Spiritual Emergence. Staff</p>	

			<p>reported that the person who facilitates this last group is certified to do so. The Voices and Visions group was reported to be helpful to members in finding personal meaning to spiritual experiences that may have been identified in other settings as a psychiatric symptom (i.e., religious auditory hallucination).</p> <p>Staff said that nobody is excluded due to religious beliefs. Though proselytizing, which is viewed as a potential source of conflict, is discouraged, staff said that members who need to discuss aspects of their religious faith can meet with staff on-on-one in order to make it possible for them to appropriately share.</p>	
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 5	REN offers numerous opportunities for formal peer support, along with formal training to learn the skills to deliver peer support. Some programs are time limited, with structured curricula: Peer Support Training, Advanced Peer Support, and Heal Your Life. Other groups (as posted on the REN website) in which members might receive peer support are Boundaries, Substance Abuse, Smart Recovery, PTSD Class, LGBTQ Support, Grief and Loss, Men's Group, and Women's Group. The Hope's Door Program provides individual peer support specifically focused on personal growth, crisis prevention, advocacy, and diversion. Staff said that more than 70% of members have participated in formal peer support activities.	
4.1.2	Informal Peer Support	1-4 4	Members and staff described informal peer support happening continuously at REN, individuals and within the context of small group that form over meals, during outings, between	

			<p>scheduled activities, and in the smoking area. Informal support can occur staff to member or member to member. Members interviewed discussed the importance of being listened to and having their feelings and experiences validated. Staff said that 85% of members have participated in informal peer support at REN.</p>	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 5	<p>Members reported having numerous opportunities to tell their stories, which can occur in formal and informal settings. Examples of formal included: Peer Support Training, Heal Your Life, Grief and Loss group, and Anger Management group. Members can tell their stories in one-on-one meetings with staff, and it may happen more organically at any time at the center between individual members or in informal groups such as outings or over lunch. Members said that staff also shares their stories of recovery with a focus on overcoming challenges. One staff said that stories of challenge and recovery can be celebrated.</p>	
4.2.1	Artistic Expression	1-5 5	<p>Examples of members' creative art expression are found throughout the REN premises. Member art, including paintings, drawings, framed poetry and other creative writing, hangs in the REN entrance, in the REC, the hallways and meeting rooms on both the first and second floor. Art Vibe, an art making group, is schedule at least twice weekly in the REC, and the center also has weekly groups in creative writing, music appreciation, beading, and sewing. On Fridays member can bring in musical instruments for Karaoke. Members can also express themselves by creating written and photographic content for the agency's social media platforms. Staff expressed excitement for an acting class that has</p>	

			been added to the September schedule in which members will be supported in learning how to make their own movie.	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 4	<p>Members learn about the member movement via updates on issues and legislation provided at the monthly meeting, the REN newsletter and on social media. Staff said that much of consciousness-raising is done in one-on-one conversations with members listening and answering questions. Members are also encouraged to attend conferences such as the Consumer Conference and Let's Get Better Together (LGBTQ), and events such as the Candlelight Vigil and the NAMI Walk, as well as events organized in partnership with other COSPs (i.e., the sports tournaments, resource fairs). The PFRC can also provide information, resources, and support to peers and their families program, legal rights, resources, and benefits to which they are entitled.</p> <p>REN's Supported Volunteering program promotes consciousness raising and contribution to the larger peer community through activities such as food box distribution and volunteering at St. Vincent DePaul.</p>	
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 4	The reviewers were told that all staff have been trained in Mental Health First Aid and Therapeutic Options; many have had Applied Suicide Intervention Skills Training (ASIST) and SafeTalk (Suicide Alertness for Everyone) training as well. Staff interviewed said that they talking to members in order to understand the nature of the crisis, identifying what they want and need, and problem solving are at the root of peer support.	

			<p>Members said REN staff is very responsive to crisis because their attention is actively focused on members.</p> <p>Hope's Door is a primary resource for one-on-one crisis prevention and intervention. Members can receive formal training and support in crisis prevention through RST, ADP, and Heal Your Life, in addition to CPR. One member reported that REN programs help members learn to notice the signs of pending crisis in themselves and others.</p>	
4.4.2	Informal Crisis Prevention	1-4 4	Members said that informal crisis prevention and mutual support is provided all the time at REN. A member said that that members and staff get to know each other on the level of family and are able to recognize the signs of crisis and will reach out to offer support. Some staff reported that members will alert staff if they believe another member could be approaching crisis or is in distress. Most members interviewed felt they have participated in some level of crisis prevention.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 4	Throughout staff and member interviews, the reviewers were told that they learn from each other, conveying a true environment of mutuality. Staff praised coworkers and leadership for being role models in peer support, as well as in self-care. Several staff discussed feeling encouraged in their professional roles. Members spoke positively of learning from staff and each other. Some members expressed confidence that they also serve as role models to staff.	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				

5.1.1	Formally Structured Problem-Solving Activities	1-5 5	<p>Based on available data and interviews, it appears many activities with problem solving elements are available and most members participated in one or more. Structured problem-solving activities can be found in RST, Boundaries and PTSD groups, Communication 101, and fitness activities that focus on new behaviors supporting health and wellness goals. Community Treasures, Hope's Door and the PFRC programs offer individual formal problem-solving assistance. Staff said that the HERO program is almost entirely focused on problem solving for young adults. Role-play is frequently employed, using real life situations of their choice, followed by discussion. Staff said that HERO participants often are concerned with interpersonal relationships and making friends.</p> <ul style="list-style-type: none"> Consider methods to enhance tracking of member attendance to scheduled groups and programs.
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	All members interviewed reported that they have received informal problem solving from peers at one time or another.
5.1.3	Providing Informal Problem-Solving Support	1-5 5	All members interviewed reported that they have provided informal problem-solving support to other members at REN. Staff said members frequently do this by sharing resources they have used in the past.
5.2 Education/Skills Training and Practice			
5.2.1	Formal Skills Practice	1-5 5	<p>Formal skill practice may focus on interpersonal skills in groups such as Boundaries, Communication (HERO), or Smart Recovery. Formal skill practice for self-regulation can be found in Anger Management, Anxiety (HERO) Yoga and Meditation, and Meditation and Relaxation Groups. Members can also receive support in basic independent living skills in Healthy Cooking, and Budgeting (HERO). Members can receive individualized skills practice supporting crisis prevention in Hope's Door.</p>

5.2.2	Job Readiness Activities	1-5 5	<p>Based on available data and interviews, it appears many activities with formal skill practice elements are available and most members participated in one or more. REN is the only COSP with a Supported Employment (SE) program; the program provides the full range of individual placement and support services. Members can join REN to receive only SE services if desired.</p> <p>Members interested in employment, however, do not have to enroll in SE services to receive support in job searches. Members can gain skills in REN's volunteering program or enroll in RST to learn skills applicable to a range of work environments. Several members and staff reported receiving RST training from REN and found employment. The reviewers were told any staff can be available to assist members to locate online resources and create and submit resumes in the Courage Lab (e.g., computer lab). Staff also accompanies members to job interviews for support and encouragement. Members said that REN staff helps them find clothes for interviews.</p>	
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 5	<p>Most of REN formal group programming, such as Boundaries, LGBTQ Support Group, and Self-Esteem Class, has elements that promote self-advocacy. Hope's Door and the PFRC both provide individual support self-advocacy skills, respectively in crisis prevention, access to, and choice in services. Some members reported that RST also teaches self-advocacy skills. The HERO program offers young adults opportunities to learn and practice self-advocacy skills necessary for independent living through such groups as Assertive Communication, Taking Charge, and</p>	

			Values. Most members interviewed agreed that they participated in self-advocacy activities.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5 5	All members interviewed viewed themselves as peer advocates and view it as natural product of their connections to the REN community. Staff reported they witness peer to peer advocacy regularly, especially during outings when issues and concerns are identified in the natural course of conversation.	
6.2.1	Outreach to Participants	1-5 5	In addition to a general agency brochure, flyers are available for RST, APS, HERO, PFRC, and Hope's Door. Monthly community meetings are held, and staff involved with the HERO program utilizes texts to communicate with those members. REN has an agency website and uses social media resources, where photos of center activities (e.g., a recent luau), links to monthly calendars of groups and activities at the center, links to partner agencies, and information related to REN and community events are posted. REN also sends out an electronic newsletter. At the CEC there are multiple group calendars that cover the breadth of day-to-day activities offered through the agency. Some staff reported that they make phone calls to members who have been absent from the CEC for a while.	

FACIT SCORE SHEET

Domain	Rating Range	Score
Domain 1: Structure		
1.1.1 Board Participation	1-5	3
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	5
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	5
1.3.3 Linkage with Other Services Agencies	1-5	5
Domain 2: Environment		
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
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	5

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	5
Total Score	205	
Total Possible Score	208	