

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

Date: December 19, 2024

To: Debra Kurkoski, Chief Executive Officer

From: Nicole Eastin, BS  
Kristy Crawford, MA, MBA  
AHCCCS Fidelity Reviewers

### **Introduction**

The Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education Behavioral Health Program to conduct Fidelity Reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Consumer Operated Services Fidelity Scale, an evidence-based practice (EBP).

### **Method**

On November 5 – 6, 2024, Fidelity Reviewers completed a review of the Hope Lives-Vive La Esperanza (HLVLE) - 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 the Central Region of Arizona.

HLVLE is an organization dedicated to providing peer-delivered support services, with a focus on Forensic Peer Support to facilitate individual and group skill-building and successful community re-entry. Their mission is to reduce recidivism and transform lives through culturally relevant services, envisioning a world where everyone—regardless of justice involvement, mental health challenges, or addiction struggles—can surpass recovery goals and lead empowered, transformed lives. For the purposes of this report, the phrase *lived/living* experience refers to persons with personal psychiatric care experience.

This review was conducted remotely, using videoconferencing to interview staff and members.

During the fidelity review, reviewers participated in the following activities:

- Review and discussion of two pre-recorded videos, pictures, and a live tour via videoconference of the program's facility with the Chief Executive Officer.
- Individual videoconference interview with the Chief Executive Officer.
- Individual videoconference interview with the Program Manager.

- Group videoconference interview with five non-supervisory staff: Lead Forensic Peer Support Specialist, Recovery Peer Support Specialist, Justice Liaison, Billing Specialist, and Accounting Assistant.
- Group interview by videoconference with four participating program members.
- Closeout discussion with the Chief Executive Officer, and representatives from the contractor with a Regional Behavioral Health Agreement (RBHA).
- Review of the program’s key documentation, including *HLVLE Outreach - Engagement; Citizen Survey 2023; Member Handbook*; organizational documents; Board of Directors meeting minutes; Hope Voices United Community Council meeting minutes; policies and procedures; activity calendar; memorandum of understanding agreements; annual financial statements; training materials; job descriptions; and a review of the agency’s website.

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 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 45-item scale considers the agency’s operations in 6 domains: Structure, Environment, Belief Systems, Peer Support, Education, and Advocacy. The scale rates fidelity items on a 1-4 or 1-5 points scale, which ranges from 1, indicating “Not implemented” to 4 or 5 (depending on the item), indicating “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:

- Members feel secure in their ability to contribute to the program through participation in groups and volunteer opportunities within and outside of the program.
- Staff and members reported opportunities to contribute to the functioning of the program and agency’s planning and activities through options such as a suggestion box, participation on the Board of Directors, during weekly Hope Voices United (HVU) Community Council meetings, and one-to-one meetings with staff.
- The program demonstrated significant improvement in establishing strong connections with external partners. These include collaborations with other peer-run programs, advocacy organizations, traditional behavioral health providers, and various community partners.
- Program members view themselves as positive influencers, problem solvers, and agents of change who actively contribute to the recovery of others. Peer-to-peer relationships are strong, with advice given in a supportive, non-coercive manner.
- HLVLE has created opportunities for members to engage in activities that empower them to recognize their value as contributors to the broader peer community, boosting their confidence while also supporting their fellow peers.

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

- Establish more structured opportunities to amplify member input in hiring and budgetary decisions. There is limited evidence to

suggest that broader membership has a significant role in the development and control of the program's operating budget.

- Assess how staff commitments outside the program, such as providing court support to individual members, impact their ability to lead more classes and activities for the broader membership. This evaluation could help facilitate additional onsite services and community outings.
- Solicit member feedback on ways to enhance the environment to create a more comfortable and supportive atmosphere. From a recovery-focused perspective, therapeutic spaces should be thoughtfully designed and maintained to foster safety, comfort, and stability while encouraging participation in activities and social connections.
- Cultivate relationships between staff and members based on shared experiences and values. Support staff and members to strengthen connections through recognizing and sharing mutual lived or living psychiatric experiences, fostering reciprocity and mutual support.
- Gather input from members on ways to expand opportunities for engaging in activities that allow for the expression and exploration of faith and spirituality while ensuring the program remains a safe and inclusive environment for all.
- Encourage members to engage in job readiness activities. Consider adding or training additional staff to lead these efforts. Tracking member participation in specific groups or activities may provide valuable insights. For events with lower-than-expected attendance, evaluate whether adjustments are needed in areas such as engagement strategies, curriculum content, or member support.
- Update the HLVLE website to ensure it reflects accurate and current details about program services and activities. Additionally, consider leveraging the agency's social media platforms to enhance marketing, outreach efforts, and keeping members informed about updates and opportunities.

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

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Domain 1 Structure</b>				
<b>1.1 Consumer Operated</b>				
1.1.1	Board Participation	1-5 4	The HLVLE Board of Directors (BOD) is comprised of seven members: five self-identify as individuals with lived/living psychiatric experience, one is a family member of a person with lived/living experience, and the background of the remaining member is unknown. The BOD meets quarterly, either in person or via videoconference. Agency members are welcome to attend these meetings, as reflected in the BOD meeting minutes and member interviews.	<ul style="list-style-type: none"> <li>Continue efforts to fill vacant seats on the board with persons with lived psychiatric experience with a goal of 90%, or more.</li> </ul>
1.1.2	Consumer Staff	1-5 4	<p>Based on provided information the Phoenix HLVLE location employs 16 staff members, 75% of whom have lived or living psychiatric experience. Interviews revealed that staff more commonly identified with having lived forensic experience, substance use recovery experience, or as family members of individuals with psychiatric experience, rather than having personal lived or living psychiatric experience.</p> <p>Most job descriptions require staff to have Forensic/Peer/Recovery Support Specialist Certification, lived experience with behavioral health services, or as family members of recipients, and sufficient time in recovery and system knowledge to support others. Many roles also require lived experience with incarceration or substance use, or as family members of those with incarceration or substance use experience, and familiarity with suicide-related challenges.</p>	<p>Consumer-operated programs are staffed by individuals who have received mental health services, per the SAMHSA COSP toolkit. In the EBP of COSP, "Peers" are defined simply as an individual who identifies as having been diagnosed with a psychiatric disorder and/or who uses or has used mental health services.</p> <ul style="list-style-type: none"> <li>Increase staff that self-identify with lived psychiatric experience to 80 - 100%. One hundred percent of administrators should self-identify as persons with lived psychiatric experience.</li> <li>Review and update the organizational chart to accurately identify staff as "Peers" per the EBP definition.</li> </ul>

1.1.3	Hiring Decisions	1-4 2	Staff reported hiring interviews are conducted by supervisors within their respective areas. For administrative interviews, it was reported members are typically not involved. For direct staff interviews, members may be invited to attend the second interview.	<ul style="list-style-type: none"> <li>Consider developing an interview panel; final candidate selection group; voting, etc. See <i>Participatory Leadership in The Evidence of the SAMHSA EBP toolkit</i>. A participatory, nonhierarchical/shared leadership structure “provides for a fluidity and permeability of power within the organization among management, staff, and members” (SAMHSA, p.10). Involving members in key decision making will help increase their sense of ownership and responsibility to the program, while potentially increasing their interest and participation in other civic responsibilities in the larger community.</li> </ul>
1.1.4	Budget Control	1-4 2	At HLVLE, budget decisions are managed by the Chief Executive Officer (CEO), a person without lived/living psychiatric experience. Staff provided conflicting reports regarding members’ involvement in budgeting decisions. Some staff reported members are involved in discussions about financial matters, including tax returns, the allocated budget for events, and how members would like to spend allocated funds during HVU meetings. Other staff reported members are not involved in budget decisions.	<ul style="list-style-type: none"> <li>The program may seek technical assistance or guidance regarding the budget, but the ultimate decisions should be made by people with lived psychiatric experience.</li> <li>Explore ways for members to become active participants in the development and control of the consumer-operated services operating budget. In COS, executive staff are transparent with the budget and proactively engage members to participate in budgeting decisions.</li> <li>Identify ways to involve members in major financial decisions and develop a mechanism to regularly report financial status and information to membership.</li> </ul>
1.1.5	Volunteer Opportunities	1-5 5	Interviewed members confirmed volunteering at the program. Volunteer opportunities at the program include distribution of food box donations to the community, janitorial duties, organizing and managing the clothing closet, providing presentations about HLVLE services to outside providers, sorting and distributing	

			<p>donations with a local building supply charity, volunteering on the HVU council, and kitchen operations for members that have a food handler's card. Members earn "Hope Bucks" through volunteering, which can be used at the clothing closet, Hope Closet, to purchase hygiene products, clothing, and household items.</p>	
<b>1.2 Participant Responsiveness</b>				
1.2.1	Planning Input	1-5 5	<p>Staff and members contribute to program planning by attending weekly HVU meetings, joined at the start by the CEO and supported by staff throughout. Members can participate in person or via teleconference. Members can also provide input via the suggestion box; suggestions are reviewed and voted on during weekly HVU meetings. Staff strive to fulfill requests within staffing and budget limits, implementing new classes quickly when feasible, while budget-dependent ideas, like social events, await CEO approval. Members are encouraged to attend BOD meetings to share ideas and input on programming. They can also complete an annual Citizen Survey on the HLVLE website to provide feedback and suggest improvements.</p> <p>Members reported providing input on programming through classes, activities, and one-to-one interactions with staff. Per interviews, low membership and current staffing levels have limited the program's ability to resume some classes and add opportunities.</p>	
1.2.2	Member Dissatisfaction / Grievance Response	1-5 5	<p>The HLVLE grievance policy is outlined in the <i>Member Handbook</i> and the HLVLE website provides details on the Hope Lives Title VI Complaint Procedures, including timeframes for</p>	

			addressing issues. Staff will assist members directly with concerns or assist with the grievance process and completing the complaint form. The CEO and Program Manager address complaints and work with members to resolve issues according to their desired outcomes.	
<b>1.3 Linkage to Other Supports</b>				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	HLVLE staff reported that obtaining the necessary paperwork from clinical teams is a barrier to members starting or resuming services; however, HLVLE staff coordinate with clinical teams on behalf of members when needed and promote services to these teams at least monthly. Staff also reported a relationship with Valleywise Health Community Health Centers to provide forensic re-entry services. Additionally, HLVLE maintains partnerships with the Office of Individuals and Family Affairs, Arizona Health Care Cost Containment System (AHCCCS), and a RBHA.	
1.3.2	Linkage with Other COSPs	1-5 5	HLVLE collaborates with other COSPs through monthly meetings to exchange information, resources, and activities. In partnership with another COSP, HLVLE offers the Triple P – Positive Parenting Program and has also collaborated on Applied Suicide Intervention Skills Training (ASIST). Additionally, HLVLE staff support members in accessing services not offered by HLVLE by connecting them with other community and COSPs. For instance, one staff member shared an example of assisting a member in joining a community art program.	
1.3.3	Linkage with Other Service Agencies	1-5 5	HLVLE has a forensic focus with staff collaborating closely with several courts, judges, and probation or parole officers. HLVLE partners with Waste Not to provide surplus food weekly, and with St. Mary's Food Bank to distribute food	

			boxes to program members and the community. HLVLE also partners with Robinson Ranch to offer equine therapy and hosts community events like parades, overnight camping trips, and visits to local zoos. Additional partnerships include Ability 360, the Maricopa Association of Governments, the Department of Corrections, and Stardust, among others.	
<b>Domain 2 Environment</b>				
<b>2.1 Accessibility</b>				
2.1.1	Local Proximity	1-4 4	The program is centrally located just west of downtown Phoenix in a high-need area near a population cluster. Staff reported that members attending the program reside throughout the county, and some individuals experiencing homelessness stay in the vicinity of the program.	
2.1.2	Access	1-5 4	<p>HLVLE is conveniently located near a major bus and light rail station, both within a short walking distance from the program. Members also use taxis arranged by their outpatient behavioral health provider (clinic). The program has four vans available for member transportation, two of which are wheelchair accessible. Some members drive themselves, and there is sufficient parking on-site. Recently, the Valley Metro Regional Public Transportation Authority changed the bus fare payment system, discontinuing paper passes; staff reported needing to learn the new payment process to determine if HLVLE can continue providing bus passes to members as needed.</p> <p>HLVLE staff typically do not transport members, but staff remain on-site until all members have left and, if necessary, use a program vehicle to</p>	<ul style="list-style-type: none"> <li>Consider offering transportation for members within a specific mile radius to the program when transportation challenges arise, especially on weekends when options are limited.</li> </ul>



			<p>take members to their residences. Some members noted they cannot visit the program on Saturdays due to the lack of weekend cab service.</p> <p>Due to safety concerns in the surrounding neighborhood, the program doors are kept locked. Both staff and members indicated that discussions about adding security have been ongoing but not yet implemented.</p>	
2.1.3	Hours	1-5 3	<p>The program operates Monday through Saturday from 7:00 am to 3:00 pm, serving breakfast and lunch daily. Programming on Saturday is dedicated to a community outing, limited to a small group of up to 10 members, based on a first-come, first-served sign-up process. A recent attempt to open on a Sunday failed due to transportation issues. One Monday each month, the program is closed one half, or full day for staff development training. While traditionally closed on holidays, efforts are underway to open on select holidays. Staffing shortages and funding limit hours and activity options.</p>	<ul style="list-style-type: none"> <li>Continue efforts to hire staff to provide a broader range of hours for members to include evenings. Late afternoon and evening hours or virtual weekend group options could be of value for members with limited ability to attend during the week due to work obligations, appointments, or difficulty accessing reliable transport.</li> </ul>
2.1.4	Cost	1-5 4	<p>Only individuals with Medicaid/AHCCCS are eligible for services. There is no cost for these members to attend the program. The <i>Member Handbook</i> and the HLVLE website indicate a private pay/sliding scale fee option, however staff lacked awareness of this availability. Individuals with private health plans who wish to attend Peer Support Training, arrangements may be made for private payment or credit in exchange for assisting with program tasks.</p>	<ul style="list-style-type: none"> <li>Explore additional funding sources such as through private giving and corporate contributions to support individuals that are not eligible for free services.</li> </ul>
2.1.5	Accessibility	1-4	<p>Staff reported the program can accommodate individuals with varying levels of ability, including</p>	<ul style="list-style-type: none"> <li>Consider expanding accessibility to the physically impaired. Gaps in accessibility</li> </ul>

		2	<p>mobility challenges. All members have equal opportunities to participate in activities both onsite and within the community. The need for interpretation services is identified during intake and is available to members upon request. Accommodations for visually impaired members include staff or program member assistance with reading, and activities are modified to ensure accessibility for all. The facility has wheelchair ramps on the east and west sides of the building, though it lacks handicapped-accessible door openers, requiring someone inside to open the door. There are two accessible wheelchair restrooms with safety grab bars for members.</p>	<p>may create barriers for some members including ease of access to the building and may be a deciding factor for potential members to choose another COSP.</p>
<b>2.2 Safety</b>				
2.2.1	Lack of Coerciveness	1-5 4	<p>Staff and members report that participation is entirely up to each member; members can choose the pace of their engagement and the specific classes or activities they wish to join. Staff estimated 5 – 20 members are court-ordered to attend HLVLE programming through mental health court. Staff are responsible for reporting attendance compliance to the relevant systems.</p>	<p><i>The program continues to compromise the therapeutic relationship between staff and members by staff being responsible for reporting member compliance to justice systems.</i></p> <ul style="list-style-type: none"> <li>• Advocate for members to take responsibility for reporting their attendance to the relevant systems, rather than placing this responsibility on HLVLE staff.</li> <li>• By members being mandated to attend the program, their true ability to choose to participate is moot. As members work to reintegrate into their community, ideally, they should be able to choose the programs and services they find helpful in their personal recovery, rather than be ordered by persons in power, i.e., judge, probation/parole officer, etc. Follow best practices in forensic peer support, adjusting as best practices evolve.</li> </ul>

2.2.2	Program Rules	1-5 5	Members reported feeling safe at the program and shared that safety concerns are addressed directly with staff when present. Rules are created with member input, gathered through private suggestions to staff, HVU meetings, and an anonymous suggestion box. The <i>Member Handbook</i> references “center community agreements” outlining procedures for handling rule violations; however, staff and members interviewed were unfamiliar with these agreements.	
<b>2.3 Informal Setting</b>				
2.3.1	Physical Environment	1-4 3	<p>Reviewers evaluated the physical environment via pre-recorded videos and a live staff-guided tour. Highlights included a newly painted mural on the front of the building symbolizing recovery and growth, member-created artwork in hallways, and ample parking. For security reasons, doors are kept locked, so members are admitted by staff. Members check in at the lobby to view programming schedules, sign up for chores, and register for outings in the Activities Room. Meals are served in the classrooms which feature banquet tables, colorful walls, motivational quotes, and member artwork. Additional member creations are displayed in the jewelry room and throughout the program.</p> <p>Limited spaces for relaxation and recreation were noted, with the General Education Development (GED)/computer room appearing to be used for storage and visible disorganization of the Hope Closet. The outdoor area lacks shade, seating, and tables. A history of theft hinders further improvement of the</p>	<ul style="list-style-type: none"> <li>• Consider exploring opportunities to support program growth, increase space for group activities, and expand the variety of classes offered. This may involve seeking alternative or supplemental funding, such as grants, fundraisers, donations, or organizational support, or potentially relocating to a larger facility if a comparable cost option can be identified.</li> <li>• Enhancing the physical environment is critical to fostering a nurturing, healing, and trauma-informed culture of care. Key environmental factors influencing members’ experiences include the layout and size of spaces, variety and functionality of available areas, cleanliness, state of repair, furnishings, cultural décor, color schemes, decorative objects, as well as sensory elements like smells and sounds. Spaces designed with comfortable seating, soothing lighting, and optional activities like puzzles, books, or games can encourage relaxation and improve focus in an environment that</li> </ul>

			outdoor spaces. Administrative offices are spacious and comfortable in contrast with program areas. Despite space challenges, members report a sense of belonging and feeling safe and supported.	prioritizes well-being. Thoughtfully designed outdoor spaces can further enrich members' experiences.
2.3.2	Social Environment	1-5 4	Staff and members expressed that the program fosters relationships, encourages new friendships, and reduces feelings of loneliness and boredom while providing ongoing opportunities for support within a welcoming and safe environment. Subtle distinctions between staff and members are evident. Members must be accompanied by staff to access specific areas of the building, such as the Hope Closet, administrative offices, and the education center. Additionally, there is a restroom designated for staff only. During interviews, a sense of disconnect was noted by administrative staff in the development of membership programming, and the members participating in the program.	<ul style="list-style-type: none"> <li>• Work to ensure members feel a sense of openness and sincerity with program staff, including administration. Create opportunities for administrative staff to have regular contact with members, such as by sharing meals and having a regular presence in spaces more typically utilized by members.</li> <li>• Assess the reasons why members are not allowed to access the entire building without being accompanied by staff. Consider removing limits to spaces designated exclusively for staff use. In an effort to promote membership ownership of the program, eliminate distinctions between members and staff, and improve a sense of equality.</li> </ul>
2.3.3	Sense of Community	1-4 4	Members reported a strong sense of connection between participants, with some relationships extending beyond the program. Many noted overcoming isolation through involvement in the program and now encourage others to build connections. According to the <i>Citizen Survey 2023</i> , many members expressed that their lives would significantly decline without the support of HVLVE. Staff acknowledged that fostering a sense of community outside the program is not an explicit responsibility; yet it often happens organically. For example, members take the initiative to organize activities with their peers including fishing trips or game nights.	

2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 4	<p>Staff and members reported that there is no time limit on participation; some members have been involved in the program for many years and consider staff and peers a part of their family.</p> <p>Staff reported members recommended to the program by mental health courts or the legal system are free to set their own level of participation and frequency. While mandated attendance from those entities is often brief—typically requiring 45 hours of programming before the next court date—program staff encourage participation without imposing any requirements.</p>	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 2	<p>Staff and members openly share personal life experiences and stories of overcoming challenges. Staff do not disclose personal experiences related to lived/living psychiatric experience. Staff at all levels define their peer role as experience related to criminal justice involvement, substance use, or family of individuals with psychiatric experience.</p> <p>Members reported going beyond sharing their personal stories by sharing their psychiatric experiences with other members and discussing their interactions with their clinics.</p>	<ul style="list-style-type: none"> <li>Review the Peer Principle from The Evidence in the SAMHSA toolkit which fosters the development of reciprocal relationships between members and staff based on equal sharing of lived experiences. Coach and encourage staff to identify aspects of their recovery story that could be integrated into group session, curriculum, and organic impromptu conversations, etc.</li> <li>Help to reduce stigma around mental illness within the program. Members may be hesitant to disclose their story relating to their psychiatric experience, particularly when open expression is suppressed by peers and/or staff, implying stigma. In the EBP of COSP, relationships are based on</li> </ul>

				<p>shared experiences and values; staff and peers share their experiences of mental illness. Peer relationships imply equality, mutual acceptance, and respect.</p> <ul style="list-style-type: none"> <li>Promote transparency and reduce stigma. Exploring effective methods to showcase relatability of staff (both line and executive). Consider making available brief staff biographies. Additionally, ensure that the Board of Directors' biography links on the HLVLE website are functional.</li> </ul>
<b>3.2 Helper Principle</b>				
3.2	Helper Principle	1-4 4	<p>Members and staff confirmed that the program offers numerous opportunities to assist others.</p> <p>Members described helping peers as a daily practice to ensure everyone feels valued and supported. During interviews, staff and members shared examples of times they had assisted or supported others at HLVLE. These included helping new members acclimate to the program, addressing basic needs—such as providing a jacket to someone who was cold—and assisting with practical tasks like renewing car registration and insurance.</p>	
<b>3.3 Empowerment</b>				
3.3.1	Personal Empowerment	1-5 5	<p>All members interviewed agreed that participating in HLVLE has brought positive changes to their lives, including reducing isolation, enhancing coping skills, increasing positive social interactions, and forming new friendships. Members expressed gratitude for the program's role in equipping them with tools and strategies to achieve their recovery goals. Members shared transformative experiences, including life improvement through the program, staff support in navigating the court</p>	

			system, and newfound empowerment to thrive in their lives.	
3.3.2	Personal Accountability	1-5 5	<p>Upon intake, members sign an acknowledgment form agreeing to program expectations outlined in the HLVLE <i>Member Handbook</i>, which details behavioral guidelines and consequences. The program fosters accountability by guiding members individually to take responsibility for actions that breach agreed-upon rules. Members receive warnings for violations, and if issues persist, they may face temporary suspension. In such cases, HLVLE staff collaborate with the members' clinic to develop a re-engagement plan. Expectations are occasionally reviewed during HVU meetings.</p> <p>The program emphasizes personal responsibility, encouraging members to utilize tools and skills for independent living. Staff support this by guiding members in tasks like arranging their own transportation, and by fostering self-reliance and personal growth.</p>	
3.3.3	Group Empowerment	1-4 4	Staff and members agreed that being part of HLVLE has empowered them to express their true selves without fear of judgment. Members highlighted opportunities to influence the program's services through participation in HVU and BOD meetings, involvement in activities, and open communication with staff. Additionally, presenting the program's services to local agencies and sharing how HLVLE has supported their growth fosters confidence and contributes to a more positive outlook on life.	
<b>3.4 Choice</b>				
3.4	Choice	1-5	Members have the option to participate in 3 – 5 daily activities, though Saturday participation is	<ul style="list-style-type: none"> <li>Evaluate the programs' role with the criminal justice system and its responsibilities to</li> </ul>

		4	<p>limited to 10 members due to staffing shortages. While a current activity calendar was shared, some classes are on hold. The calendar on the website is outdated.</p> <p>Participation in any group, class, or activity is voluntary. Justice-system-connected members must individually meet specific classes and hour requirements which include <i>Moral Reconation Therapy (MRT)</i> and <i>Thinking for a Change</i>.</p> <p>Members shared a preference for shorter classes, noting that morning sessions currently last 2 hours and 45 minutes, while afternoon sessions are 1 hour and 45 minutes. They suggested reducing class durations and filling that time with additional options. HVU meeting minutes show some suggestions were implemented, though not all were addressed.</p>	<p>justice involved members. HLVLE should remain as advocates for members and their choice to participate in the program, and resist pressure to become agents of the court.</p> <ul style="list-style-type: none"> <li>• Strive to maintain a consistent group schedule to help create predictability for membership. Reliably share current schedules across various media platforms so that members can make an informed choice to attend, and confidently plan their transportation to the program accordingly.</li> <li>• Ensure that member feedback and suggestions for creating and/or improving current groups are being actively considered and implemented.</li> </ul>
<b>3.5 Recovery</b>				
3.5	Recovery	1-4 4	<p>HLVLE updated the mission, vision, and values over the past year, incorporating input from members. Most of the program's literature emphasizes the forensic aspect of the program. Both staff and members shared diverse views on recovery, focusing on themes like reducing recidivism, avoiding jail and hospitals, and supporting members in their recovery journey to live productive and healthy lives with the help of staff and peers.</p> <p>Members shared that they feel strongly supported by staff and peers when members relapse, enter substance use treatment, or return to jail, highlighting the program's supportive environment even in challenging</p>	<ul style="list-style-type: none"> <li>• While the mission was recently updated, consider expanding its focus beyond reducing recidivism to include psychiatric recovery. This broader emphasis could attract a wider audience, encouraging participation from individuals who may not fully identify with the current mission but could still benefit from the program's activities.</li> </ul>



			situations. This was also reflected in the HVU meeting minutes. Members noted witnessing the life-changing impact of staff, which gives them hope for their own continued recovery.	
<b>3.6 Spiritual Growth</b>				
3.6	Spiritual Growth	1-4 2	Interviews indicated that the program does not offer groups or activities specifically focused on spiritual growth. However, members reported that they have opportunities to discuss their beliefs respectfully in open discussions and some group settings, though not actively encouraged by staff. Staff noted that spiritual growth is not a focus of the program, but members can express themselves, and staff are available to listen. Some activities, such as <i>Recovery Ball</i> , naturally encourage references to personal beliefs or a higher power. These sessions provide members with the opportunity to share about themselves and incorporate their faith, beliefs, or connection to a higher power. When members have died, the program has offered support, including hosting a memorial event involving the release of balloons in honor of a member.	<ul style="list-style-type: none"> <li>• Develop a policy to support spiritual growth within the program. Consider seeking consultation, including other COSPs on how those agencies facilitate expressions of spirituality, and affording members and agency staff opportunities to share their beliefs.</li> <li>• Consider seeking input from members on how to increase opportunities to engage in activities to express and explore faith and spirituality, which is distinctive from cultural considerations, while also continuing to offer the program as a safe environment to explore meaning and purpose.</li> </ul>
<b>Domain 4 Peer Support</b>				
<b>4.1 Peer Support</b>				
4.1.1	Formal Peer Support	1-5 5	Members receive formal peer support primarily through groups and individual one-to-one meetings with staff. The activity calendar features classes such as <i>MRT</i> , <i>Thinking for a Change</i> , <i>Self-Care</i> , and <i>Interpersonal Communication</i> , among others. Staff report the weekly HVU meetings provide a formal opportunity to discuss a member's needs and/or concerns. HVLVE does offer Forensic Peer	

			Support Training which many members have completed.	
4.1.2	Informal Peer Support	1-4 4	Members shared that they have time during the day, when not in groups, to offer and receive support from one another. Interviewed members provided examples of using their recovery experiences to guide and support peers and reported sharing resources during meals, outings, breaks, groups, or activities. Staff also highlighted celebrating members' achievements, such as graduating from Peer Support Training and celebrating birthdays.	
<b>4.2 Telling Our Stories</b>				
4.2	Telling Our Stories	1-5 5	<p>Staff and members described having both formal and informal opportunities to share their stories with staff, peers, and the community. These opportunities include sharing during groups, HVU meetings, through art and poetry, as well as one-to-one interactions between members and staff. Staff and members also expressed sharing their stories at community events, while volunteering, participating at conferences, and during presentations about HVLVE services to clinics. A staff member shared that telling their story creates a sense of emotional connection and acceptance, which deepens their motivation to continue their recovery journey.</p> <p>The stories shared may not directly reflect personal experiences as a mental health consumer but may instead relate to experiences with the criminal justice system or substance use.</p>	<ul style="list-style-type: none"> <li>• See recommendation for item 3.1 <i>Peer Principle</i>.</li> </ul>
4.2.1	Artistic Expression	1-5	Staff and members acknowledged opportunities to explore meaning and purpose through artistic	<ul style="list-style-type: none"> <li>• Expand opportunities to members in which they can express themselves. Seek input</li> </ul>

		3	<p>outlets. The jewelry class, offered twice daily on four days a week, provides an opportunity for creative expression, though only a limited number of members can participate at once. It is unclear how the program ensures all members have the chance to rotate in and participate.</p> <p>A new arts and crafts activity has been added to the schedule in which members work on painting canvases. Additionally, a creative writing class was introduced, although members noted the class is currently on hold. Interviewees shared that member artwork has been entered into contests and has received recognition.</p> <p>Members are supported by HLVLE by posting their jewelry they wish to sell on the website. The website also showcases poetry written over the years by members.</p>	<p>from members on what artistic avenues they wish to pursue that signifies meaning and purpose in their lives. Include members in discussions on budget decisions regarding those activities.</p> <ul style="list-style-type: none"> <li>• Display of member and staff art on the agency website, social networking sites, at the program, or in the community may stimulate interest in artistic expression. If members and staff consent, link artwork with personal shared stories of the artists, potentially reducing stigmatization in the broader community.</li> </ul>
<b>4.3 Consciousness Raising</b>				
4.3	Consciousness Raising	1-4 4	<p>Members shared that participating in the program has given them a sense of belonging and purpose, allowing them to feel a part of something larger than themselves.</p> <p>Opportunities for members to share their voices beyond the COSP community include engaging with justice system representatives, attending Mental Health Day at the Capitol, representing the program at conferences, participating in National Alliance on Mental Illness (NAMI) events, and sharing program information during monthly food box distributions to the community. Additional examples include discussing suicide prevention and the peer community at the Hope Conference, submitting</p>	

			<p>jewelry and poetry in recovery-related contests, and involvement with the Peer and Family Career Academy.</p> <p>Members also network with partner agencies to expand outreach and awareness. One member reported contacting a festival organizer to inquire about the next event date, aiming to showcase jewelry made by program members and distribute program service pamphlets.</p>	
<b>4.4 Crisis Prevention</b>				
4.4.1	Formal Crisis Prevention	1-4 3	<p>Staff reported that crises occasionally occur on site, and during such situations staff prioritize safety by separating members and providing extra support to the member in crisis to de-escalate the situation. Staff collaborate with members' clinics to coordinate care and, when necessary, accompany members to appointments to ensure members' needs are addressed. The program helps facilitate referrals for psychiatric inpatient care or detoxification services when required.</p> <p>Staff participate in monthly all-site meetings that include training sessions to improve their skills in handling program-related situations, attend peer and family conferences, and complete <i>Relias</i> training modules related to crisis prevention. Both staff and members recently have attended conferences focused on suicide prevention. Members shared that classes provide tools to improve coping and communication skills, which can help prevent crises.</p>	<ul style="list-style-type: none"> <li>• Consider making training requirements relate to assisting members with a Serious Mental Illness designation in crisis mandatory for staff working directly with members. Train staff in the same model/approach so there is a shared understanding of appropriate support that can be offered to members when experiencing a crisis.</li> <li>• Provide the same, or similar support and training to members in formal crisis prevention techniques, building a united front when supporting members in crisis.</li> </ul>
4.4.2	Informal Crisis Prevention	1-4	Members interviewed shared that they frequently experience and offer spontaneous	

		4	<p>support to peers while participating in the program. Members often recognize when someone is struggling and step in to help. Examples included helping others find shelter, access food, or connect with detoxification programs as needed. Staff also provide personalized support by meeting individually with members and, when necessary, contacting the members' clinic to coordinate services or explore potential referrals for additional support.</p> <p>All members interviewed expressed that being part of HLVLE has given them a sense of safety, knowing they are never alone.</p>	
<b>4.5 Peer Mentoring and Teaching</b>				
4.5	Peer Mentoring and Teaching	1-4 4	<p>Members and staff expressed that they have individuals within the program whom they admire and can turn to for guidance and support. These meaningful connections extend beyond titles or roles, taking place between members, between members and staff, and among staff. One staff reported that the unique recovery journeys and skills of both members and staff foster natural mentoring and mutual support, with past experiences playing a key role in problem-solving and helping one another.</p>	
<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	<p>Structured problem-solving is a core component of skill-building groups at HLVLE, focusing on teaching self-management strategies. These groups include classes such as <i>Thinking for a Change</i>, <i>MRT</i>, <i>Interpersonal Communication</i>,</p>	<ul style="list-style-type: none"> <li>• Continue efforts to implement established, formal curriculum for groups offered to members</li> <li>• Consider methods to enhance tracking of member attendance to scheduled groups and programs.</li> </ul>

			<p><i>Budgeting, Peer Support Training, Nutrition Kitchen, and Healthy Boundaries.</i></p> <p>Some staff reported that 100% of members participate in formal, structured problem-solving activities at HLVLE, while others observed that many members primarily attend the jewelry class. This class incorporates problem-solving by teaching members to adapt to unexpected challenges, identify and correct errors, and think critically and creatively to overcome obstacles during the crafting process.</p>	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	Staff and members alike reported regularly receiving informal problem-solving support from both peers and staff. Members described the program as a safe and supportive space, emphasizing that help is readily available whenever needed—whether during van rides, hallway interactions, while waiting for transportation, or during community outings.	
5.1.3	Providing Informal Problem-Solving Support	1-5 5	<p>HVU meetings are an avenue for support, particularly during member check-ins. A key theme emphasized was the collective effort to ensure members have what they need, with a strong focus on sharing resources and assisting each other in navigating challenges.</p> <p>Members shared that some members may offer their Hope Bucks to others in need, ensuring access to essentials such as clothing, hygiene products, cleaning supplies, and other items. One member expressed the value of ensuring warm clothing is provided to those in need.</p>	
<b>5.2 Education/Skills Training and Practice</b>				
5.2.1	Formal Practice Skills	1-5 4	HLVLE offers a variety of peer-led classes focused on practical skills, including weekly community food distribution, managing the	<ul style="list-style-type: none"> <li>Explore ways to expand and enhance outreach efforts to engage at least 75% of consumer-operated service members are</li> </ul>

			clothing closet, earning food handler certifications, cooking, healthy boundaries, conflict resolution, communication, and Peer Support Training. Staff estimate that a majority of members participate in at least one skill-building group or activity designed to prepare them for community engagement.	involved in formal skills training focused on employment.
5.2.2	Job Readiness Activities	1-5 2	<p>HLVLE staff reported that fewer than 5% of members currently participate in job-readiness activities. For employment support, staff provide individual assistance. They also reported that 15-20% of members are concerned about losing benefits if they start working, and address this by educating them about the <i>Ticket to Work</i> program and connecting them with benefits specialists.</p> <p>The <i>Citizen Survey 2023</i> showed strong interest in employment goals, highlighting member interest in computer training, resume building, and job applications. Survey also indicated over 50% of members included employment in their service plans, with many aiming to return to work or school. Staff shared that job fairs are occasionally held, and about 5 – 6 members typically express interest in attending these events.</p>	<ul style="list-style-type: none"> <li>• Explore partnerships with other peer-run organizations to enhance job readiness activities, aiming to increase member participation to 75 – 100%.</li> <li>• Expand opportunities for members interested in pursuing employment, and actively seek their input on how they wish to be supported in achieving their employment goals. By talking about work as a possibility, observing peers explore work options, and seeing a path to success, other members may grow interest in seeking employment, even if only part-time.</li> <li>• Consider training staff in <i>Disability Benefits 101</i> to provide members with clear information about how their benefits might be affected by employment and to initiate informed discussions on the topic.</li> <li>• Ensure staff are knowledgeable in the resources available to members with a history of justice involvement in supporting them to realize employment goals e.g., Certificate of Second Chance, restoration of rights.</li> </ul>
<b>Domain 6 Advocacy</b>				
<b>6.1 Self Advocacy</b>				

6.1.1	Formal Self Advocacy Activities	1-5 4	<p>Staff reported that 60 – 70% of members engage in self-advocacy activities. While no formal classes are dedicated to self-advocacy, staff reported that there are activities built into the model that support members to effectively advocate for themselves and the agency. Members involved with the courts shared that program involvement has improved their communication skills, enabling them to better express their needs and become stronger advocates for themselves.</p> <p>HVU meetings equip members with self-advocacy tools, and members often share their growth and HLVE's benefits with clinics to inspire others. Both staff and members support practical skills, such as arranging transportation and communicating respectfully. Members reported improved confidence in navigating entitlement agencies and interacting with clinics in part due to staff role-modeling and learning advocacy skills.</p>	<ul style="list-style-type: none"> <li>• In high fidelity programs, most members (75% - 100%) participate in formal self-advocacy activities. Encourage participation and educate members about why formal self-advocacy activities are important for future growth and independence.</li> </ul>
<b>6.2 Peer Advocacy</b>				
6.2	Peer Advocacy	1-5 5	<p>All interviewed members expressed a strong commitment to helping others and providing peer support. They shared examples of supporting one another through advice, advocacy, and collaborative problem-solving. Members emphasized that they often feel more supported and learn more from each other in peer-to-peer interactions than through formal classes or activities when it comes to incorporating advocacy skills.</p>	
6.2.1	Outreach to Participants	1-5	<p>The program currently lacks an effective strategy for keeping members informed about activities.</p>	<ul style="list-style-type: none"> <li>• Enhance the HLVE website with operative links, current and accurate information related to services such as calendars and</li> </ul>



		2	<p>Members typically rely on physical calendars available on-site when they visit the program or call for updates. According to the <i>HLVLE Outreach-Engagement policy</i>, staff contact absent members after two weeks, with a notice of action sent if there is no response within six months. However, staff reported there is no formal outreach process. When they notice a member's absence, they make an effort to reach out. Additionally, members often take the initiative to check on their absent peers and sometimes assist staff with wellness checks. The agency website and brochure contain outdated information regarding program hours of operation, activities, and services provided. The calendar schedule is inaccurate, and the online service matrix (last updated in 2019) lists classes no longer available. Group schedules, such as <i>MRT</i> and <i>Thinking for a Change</i>, lack session details, which may make it difficult for members to decide about attendance. The social media page appears to be inactive.</p>	<p>activities, and program policies. Enhancing the agency website may improve outreach to members, the community, raise awareness about the program and activities, and can convey peer advocacy and community event information.</p> <ul style="list-style-type: none"> <li>• Explore the benefits of managing online presence on the agency's social media platforms as a means of marketing, outreach, and keeping members informed. Engage members to discuss what steps or changes the program can make to keep members informed of current activities and opportunities within and outside the program, this may increase membership and encourage members to continue to attend the program.</li> <li>• Discuss with members if they allow pictures of membership on the website in place of stock photographs. Collaborate with other COSPs to determine how those agencies address potential privacy or other concerns related to posting membership information on the agency websites.</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	4
1.1.3 Hiring Decisions	1-4	2
1.1.4 Budget Control	1-4	2
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
<b>Domain 2: Environment</b>		
	Rating Range	<u>Score</u>
2.1.1 Local Proximity	1-4	4
2.1.2 Access	1-5	4
2.1.3 Hours	1-5	3
2.1.4 Cost	1-5	4
2.1.5 Accessibility	1-4	2
2.2.1 Lack of Coerciveness	1-5	4
2.2.2 Program Rules	1-5	5
2.3.1 Physical Environment	1-4	3

2.3.2	Social Environment	1-5	4
2.3.3	Sense of Community	1-4	4
2.4.1	Timeframes	1-4	4
<b>Domain 3: Belief Systems</b>		Rating Range	<u>Score</u>
3.1	Peer Principle	1-4	2
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
<b>Domain 4: Peer Support</b>		Rating Range	<u>Score</u>
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	3
4.3	Consciousness Raising	1-4	4
4.4.1	Formal Crisis Prevention	1-4	3
4.4.2	Informal Crisis Prevention	1-4	4
4.5	Peer Mentoring and Teaching	1-4	4
<b>Domain 5: Education</b>		Rating Range	<u>Score</u>
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	4
5.2.2	Job Readiness Activities	1-5	2
<b>Domain 6: Advocacy</b>		Rating Range	Score
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	2
<b>Total Score</b>		<b>176</b>	
<b>Total Possible Score</b>		<b>208</b>	